



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

November 21, 2024 – 11:00 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: Scott Nielson, Vice-Chair – At-Large Member, Gaming (*via Teams*)
Nancy Brune, Secretary – Council Member, City of Las Vegas (*in-person*)
Scott Black – Mayor Pro Tem, City of North Las Vegas (*via Teams and in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)
Pattie Gallo – Mayor Pro Tem, City of Mesquite (*via Teams*)
Brian Knudsen – Mayor Pro Tem, City of Las Vegas (*in-person*)
Frank Nemeec – At-Large Member, Physician (*in-person*)
Jim Seebock – Council Member, City of Henderson (*in-person*)

ABSENT: Marilyn Kirkpatrick, Chair – Commissioner, Clark County
Joseph Hardy – Mayor, City of Boulder City
Tick Segerblom – Commissioner, Clark County

ALSO PRESENT: Linda Anderson, David Cherry, Josh Findlay, Luke Flanagan, Alexander Fuller,
(In Audience) Ngozi Ibekwe, Tomas Hammond, Stacie Sasso

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

EXECUTIVE SECRETARY: Fermin Leguen, MD, MPH, District Health Officer

STAFF: Adriana Alvarez, Emily Anelli, Maria Azzarelli, Tawana Bellamy, Cory Burgess, Daniel Burns, Nikki Burns-Savage, Victoria Burris, Donna Buss, Nancy Cadena, Belen Campos-Garcia, Andria Cordovez Mulet, Rebecca Cruz-Nanez, Cherie Custodio, Gerard Custodio, Kaylina Fleuridas, Xavier Foster, Kimberly Franich, Monica Galaviz, Jacques Graham, Heather Hanoff, Maria Harris, Amineh Harvey, Richard Hazeltine, Raychel Holbert, Carmen Hua, Theresa Ladd, Heidi Laird, Josie Llorico, Cassondra Major, Anilkumar Mangla, Chris Elaine Mariano, Kimberly Monahan, Samantha Morales, Brian Northam, Verallynn Orewyler, Shannon Pickering, Luann Province, Yin Jie Qin, Larry Rogers, Vetahya Sabandith, Kim Saner, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer, Sizemore, Randy Smith, Betty Souza-Lui, Ronique Tatum-Penegar, Will Thompson, Greg Tordjman, Danielle Torres, Donnie Whitaker, Edward Wynder, Merylyn Yegon, Susan Zannis

I. CALL TO ORDER and ROLL CALL

The Vice-Chair called the Southern Nevada District Board of Health Meeting to order at 11:09 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public

to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

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

- Mariel Marcos

The Vice-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 Vice-Chair congratulated these exceptional employees.

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

- Shannon Pickering

The Vice-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 Vice-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.

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

V. ADOPTION OF THE NOVEMBER 21, 2024 MEETING AGENDA *(for possible action)*

The Vice-Chair requested that the agenda be amended so the discussion regarding the District Health Officer Job Description and District Health Officer Employment Agreement (Item VIII.2) be held before the presentation on the Annual Comprehensive Financial Audit Report and Single Audit Report (Item VIII.1).

A motion was made by Member Nemeč, seconded by Member Knudsen, and carried unanimously to approve the November 21, 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:** October 24, 2024 *(for possible action)*
2. **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)*
3. **PETITION #13-25: Approval of the Interlocal Agreement between Clark County, Nevada on behalf of the Department of Family Services and the Southern Nevada Health District for services provided to the Thrive by Zero to Three Prevention Services Program for the period from July 1, 2024 to June 30, 2025;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Brune, seconded by Member Bond, and carried unanimously to approve the November 21, 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

2. **Receive, Discuss, and Approve the District Health Officer Job Description and District Health Officer Employment Agreement;** direct staff accordingly or take other action as deemed necessary *(for possible action)* **(Heard out of order)**

Heather Anderson-Fintak, General Counsel, provided a summary of the proposed revisions to the District Health Officer Job Description and draft District Health Officer Employment Agreement.

Member Seebock inquired as to the removed items from the Job Description related to Human Resources and Information Technology. Ms. Anderson-Fintak advised that those were removed due to an administrative layer between the District Health Officer and those programs. She confirmed that the District Health Officer is over all positions at the Health District.

Further to an inquiry from Member Knudsen, Ms. Anderson-Fintak confirmed that the Employee Agreement with drafted in conjunction with Dr. Lockett.

After discussion, the following motion was made:

A motion was made by Member Nemec, seconded by Member Black, and carried unanimously to approve the District Health Officer Job Description and District Health Officer Employment Agreement, as presented.

1. Review, Discuss, and Accept the Recommendations from the November 20, 2024 Finance Committee meeting regarding the Annual Comprehensive Financial Audit Report and Single Audit Report from FORVIS MAZARS LLP; direct staff accordingly or take other action as deemed necessary (for possible action) (Heard out of order)

Josh Findlay, Senior Manager, of FORVIS MAZARS LLP attended the meeting to present the Independent Auditor's Report and the Single Audit Report.

Mr. Findlay advised that they issued an unmodified audit opinion, with no findings. Mr. Findlay further outlined that the Single Audit had no reportable findings. Mr. Findlay outlined that the following five major federal programs were audited:

- 21.027 – COVID-19 – Coronavirus State and Local Fiscal Recovery Funds
- 93.217 – Family Planning Services
- 93.323 – COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
- 93.391 – COVID-19 – Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises
- 93.967 – Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health

Mr. Findlay further outlined the required communications related to accounting policies and practices, and advised there were no matters reportable related to judgments about the quality of the Health District's accounting principles, no significant issues discussed with management and no disagreements with management.

Mr. Findlay proceeded to outline future accounting pronouncements of GASB 101, GASB 102, GASB 103, and GASB 104.

After discussion, the following motion was made:

A motion was made by Member Nemec, seconded by Member Knudsen, and carried unanimously to accept the recommendations from the Finance Committee to accept the Annual Comprehensive Financial Audit Report and the Single Audit Report, as presented.

Vice-Chair Nielson thanked Donnie Whitaker, Chief Financial Officer, and her team for their hard work associated with the audit.

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

There were no items raised.

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

- DHO Comments

In addition to his written report, Dr. Leguen advised that the construction of the Behavioral Health Clinic at the Decatur Location has been completed. A grand opening will be scheduled in January 2025.

Further to an inquiry from Member Nemecek as to square footage and number of staff of the Behavioral Health Clinic, Dr. Leguen advised that the Behavioral Health Clinic was constructed in the space previously occupied by a cafeteria. Further, Dr. Leguen advised that the Behavioral Health Clinic was staffed by the Health District's behavioral health practitioners to support the integration of primary care with behavioral health services.

XI. INFORMATIONAL ITEMS

1. SNHD Financial Report, as of September 30, 2024
2. Administration Division Monthly Activity Report
3. Community Health Division Monthly Activity Report
4. Community Health Center (FQHC) Division Monthly Report
5. Disease Surveillance and Control Division Monthly Activity Report
6. Environmental Health Division Monthly Activity Report
7. 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 Vice-Chair closed the Second Public Comment portion.

XIII. ADJOURNMENT

The Chair adjourned the meeting at 11:34 a.m.

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



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

November 21, 2024 – 11:00 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/118f65ba-9b86-4044-b320-144f237c6988@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 658 151 803#

NOTE:

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

I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

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

- Mariel Marcos

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

- Shannon Pickering

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

- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 658 151 803#. 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 NOVEMBER 21, 2024 AGENDA *(for possible action)*

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

- 1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** October 24, 2024 *(for possible action)*
- 2. 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)*
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VIII. REPORT / DISCUSSION / ACTION

- 1. Review, Discuss, and Accept the Recommendations from the November 20, 2024 Finance Committee meeting regarding the Annual Comprehensive Financial Audit Report and Single Audit Report from FORVIS MAZARS LLP;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Receive, Discuss, and Approve the District Health Officer Job Description and District Health Officer Employment Agreement;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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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.



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 Nemeec – 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:** Vince Anghel, Christopher Boyd, Cara Evangelista, Tomas Hammond, Maya
(In Audience) 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 Lockett, 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, Verallynn 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.

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- 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 Seebeck, 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 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 brought back at the November Board meeting. The Chair thanked Members Brune and Bond for suggesting a presentation from the candidates, which brought 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 reinstated 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



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** November 21, 2024

RE: Approval of the *Interlocal Agreement between the Southern Nevada Health District and Clark County.*

PETITION # 09-25

That the Southern Nevada District Board of Health *approve the Interlocal Agreement between the Southern Nevada Health District and Clark County for the purchase of birth and death certificates.*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Cassius Lockett, Deputy District Health Officer-Operations *CL*
Susan Zannis, Vital Records Supervisor *SZ*

DISCUSSION:

While minor children are in the custody of the County or during an open child abuse investigation The Southern Nevada Health District Vital Records Office will provide birth and/or death certificates to the Division of Family Services (DFS). The certificates will be used to obtain identification cards, school related registration and to assist in obtaining benefits for the minor children.

FUNDING:

No funding required.



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CBE NO. 607309-24

**INTERLOCAL AGREEMENT FOR THE PURCHASE OF
BIRTH AND DEATH CERTIFICATES**

This INTERLOCAL AGREEMENT hereinafter referred to as "AGREEMENT" is entered into on this _____ day of _____, 20____ by and between CLARK COUNTY, Nevada, hereinafter referred to as "COUNTY" and SOUTHERN NEVADA HEALTH DISTRICT, hereinafter referred to as "HEALTH DISTRICT" for INTERLOCAL AGREEMENT FOR THE PURCHASE OF BIRTH AND DEATH CERTIFICATES.

WITNESSETH:

WHEREAS, NRS 277.180 authorizes public agencies to contract with any one or more other public agencies to perform any governmental service, activity, or undertaking which any of the public agencies entering into the contract is authorized by law to perform;

WHEREAS, HEALTH DISTRICT is the public health entity organized pursuant to Nevada Revised Statutes ("NRS"), Chapter 439 with jurisdiction over all public health matters within Clark County, Nevada; and

WHEREAS, HEALTH DISTRICT provides local administration services for all birth and death records in Clark County, Nevada; and

WHEREAS, COUNTY is the local child welfare services authority pursuant to NRS Chapter 423B; and;

WHEREAS, in support of its provision of welfare services for children either in the custody of COUNTY, or in an open child abuse investigation, the COUNTY desires to obtain relevant birth and death certificates ("CERTIFICATE(S)") from HEALTH DISTRICT.

NOW, THEREFORE, the parties mutually agree as follows:

ARTICLE I: SCOPE OF WORK

AGREEMENT sets forth: HEALTH DISTRICT shall provide CERTIFICATES for the COUNTY'S use in obtaining identification cards for children who into the COUNTY'S custody or in an open child abuse investigation for the purpose of school related registration (e.g., school registration, proof of age/identity, signing up for sports related events), and to obtain benefits while in the custody of COUNTY.

A. RESPONSIBILITIES OF HEALTH DISTRICT

HEALTH DISTRICT shall:

1. Provide CERTIFICATES to COUNTY within three (3) business days from date of upload of a certificate order form;
2. Assign HEALTH DISTRICT contact person(s) who will be responsible for coordinating the proper communication between HEALTH DISTRICT and COUNTY;
3. Notify COUNTY through its designated distribution email when CERTIFICATES are ready for pick-up. COUNTY email is DFSBirthDeathCertRequesDL@ClarkCountyNV.gov.
4. Invoice COUNTY on a monthly basis for the requested CERTIFICATES to include:
 - i. Name and
 - ii. Date of Birth or Date of Death

B. RESPONSIBILITIES OF COUNTY

COUNTY will:

1. Place requests through the HEALTH DISTRICT request link (below) and upload a certificate order form for CERTIFICATE requests:
[https://www.southernnevadahealthdistrict.org/programs/vital-records/birth-or-death-certificate-application-for-HEALTH DISTRICT/](https://www.southernnevadahealthdistrict.org/programs/vital-records/birth-or-death-certificate-application-for-HEALTH-DISTRICT/)
2. Submit purchase order documents to HEALTH DISTRICT pursuant to ARTICLE III below.
3. Designate COUNTY staff responsible for picking up CERTIFICATE in person; and
4. Pay invoice in accordance with ARTICLE III below.

ARTICLE II: TERM OF AGREEMENT

Commencing from the date of execution of AGREEMENT, the term shall be for one (1) year. Thereafter, unless terminated pursuant to the provisions contained herein, the term of AGREEMENT will automatically renew for a one (1) year term, not to exceed seven (7) years from the date of execution.

Notwithstanding the foregoing provision, either party may terminate AGREEMENT, without cause, upon giving ninety (90) days written notice to the other party. In the event the Budget Act and Fiscal Fund Out provision is invoked, AGREEMENT shall expire June 30th of the current fiscal year. Termination due to the failure of COUNTY or HEALTH DISTRICT to appropriate monies shall not relieve the parties' obligations under AGREEMENT incurred through June 30th of the fiscal year for which monies were appropriated for their operations.

ARTICLE III: PRICE, PAYMENT, AND SUBMISSION OF INVOICE

COUNTY agrees to pay HEALTH DISTRICT for services provided as outlined in Article I, Scope of Work and in accordance with rates listed in Exhibit A, Summary of Vital Records Fees, based on approved budget appropriations.

Future CERTIFICATE process are based on the fees established by NRS 440.700 and approved by the District Board of Health. Future prices will for subsequent years fluctuate as the rates approved by the District Board are established.

If COUNTY rejects an invoice as incomplete, HEALTH DISTRICT will be notified within thirty (30) calendar days of receipt and HEALTH DISTRICT will have thirty (30) days to correct the invoice and resubmit.

Invoices shall be submitted as follows: dfsfinancialservices@ClarkCountyNV.gov

HEALTH DISTRICT must notify COUNTY in writing of any changes to HEALTH DISTRICT remit payment address or other pertinent information that may affect issuance of payment and allow thirty (30) days for the change to be processed.

COUNTY is not responsible for late payments on inaccurate invoices and/or incomplete or unsatisfactory deliverables or milestones. COUNTY does not pay late fees or charges. Final payment may be withheld until all deliverables have been submitted and accepted or final services have been rendered.

ARTICLE IV: FISCAL FUNDING OUT CLAUSE

In accordance with the Nevada Revised Statutes (NRS 354.626), the financial obligations under AGREEMENT between the parties shall not exceed those monies appropriated and approved by COUNTY for the then current fiscal year under the Local Government Budget Act. AGREEMENT shall terminate and COUNTY'S obligations under it shall be extinguished at the end of any of COUNTY'S fiscal years in which COUNTY'S governing body fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts which could then become due under AGREEMENT. COUNTY agrees that this section shall not be utilized as a subterfuge or in a discriminatory fashion as it relates to AGREEMENT. In the event this section is invoked, AGREEMENT will expire on the 30th day of June of the current fiscal year. Termination under this section shall not relieve COUNTY of its obligations incurred through the 30th day of June of the fiscal year for which monies were appropriated.

2. Indemnification. The parties do not waive any right or defense to indemnification that may exist in law or equity.
3. Limited Liability. The parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 352.260 and NRS 354.626. Agreement liability of the parties shall not be subject to punitive damages.
4. Statement of Eligibility. Each party acknowledges to the best of its respective knowledge, information, and belief, and to the extent required by law, neither it nor any of its employees/contractors is/are:
 - a. Currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs;
 - b. Has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320A-7(a).
5. Counterparts. This AGREEMENT may be executed in multiple counterparts, each of which shall be deemed an original, but which together shall constitute one instrument.

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

COUNTY OF CLARK:

BY: _____
TICK SEGERBLOM, CHAIR
Clark County Commissioners

SOUTHERN NEVADA HEALTH DISTRICT:

BY: _____
FERMIN LEGUEN MD, MPH
District Health Officer

ATTEST:

BY: _____
LYNN MARIE GOYA
County Clerk

APPROVED AS TO FORM:

Steven Wolfson, District Attorney

BY: _____
SARAH SCHAERRER
Deputy District Attorney

SOUTHERN NEVADA HEALTH DISTRICT

**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

EXHIBIT A



TO: SNHD Vital Records Business Partners

FROM: Vital Records

DATE: July 01, 2024

RE: **Vital Records Fees**

NAC 440.400 Fees. ([NRS 440.175](#), [440.700](#))

Except as otherwise provided in [NRS 440.175](#) and [440.700](#) and as applicable, the State Registrar will, or a local registrar may, charge and collect the following fees

- (a) For searching the files for one name, regardless of whether a record is located, if no copy is made.....\$10
- (b) Except as otherwise provided in paragraph (c), for verifying or witnessing a vital record or document or issuing a certified abstract of a certificate... ..\$10
- (f) For a certified copy of a record of birth.....\$25
- (h) For a certified copy of a record of death originating in a county in which the board of county commissioners has created an account for the support of the office of the county coroner pursuant to [NRS 259.025](#)\$25

Table: Summary of SNHD Fees'

Description of Service	Current Fee	New Fee
Birth Certificates	\$25.00	No Increase
Death Certificates	\$25.00	No Increase
Birth and Death Registration (one-time fee)	\$13.00	No Increase
Search, Verification, Abstract fee	\$10.00	No Increase



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** November 21, 2024

RE: *Approval of the Interlocal Agreement Between Clark County, Nevada on behalf of the Department of Family Services and the Southern Nevada Health District*

PETITION #13-25

That the Southern Nevada District Board of Health *approve the attached Interlocal Agreement between Clark County, Nevada on behalf of the Department of Family Services and the Southern Nevada Health District for services provided to the Thrive by Zero to Three Prevention Services Program for the period from July 1, 2024 to June 30, 2025.*

PETITIONERS:

Susan Crutchfield, RN, BSN, Community Health Nurse Manager *SC*
Lourdes Yapjoco, MSH-PH, RN, CCM, Director of Primary & Preventive Care *SP on behalf of LY*
Cassius Lockett, PhD, Deputy District Health Officer-Operations *CL*
Fermin Leguen, MD, MPH, District Health Officer *FL*

DISCUSSION:

The Interlocal Agreement allows the Southern Nevada Health District to contact families and provide home visiting services to families with children ages zero to three years, who have been brought to the attention of the Department of Family Services, but do not meet the requirement of an investigation to prevent harm and neglect. Prevention services will be based on the Healthy Start model, using a Community Health Worker approach. The services and support provided will include information parents/caregivers can use to take care of themselves and their children such as parenting education, child growth and development education, nutrition and feeding education, healthy lifestyle choices; referrals to needed community resources for physical, mental, emotional, and financial stability. These services will be provided by a community health worker to ensure the safety of children ages zero to three years.

FUNDING:

The funding for this agreement of \$77,076 was made available to the Southern Nevada Health District from Clark County, Nevada on behalf of the Department of Family Services. This funding will cover the following: salaries and fringe benefits for a 1.0 FTE community health worker and general administration/operational cost ie cell phone, office supplies, mileage/local travel and client incentives.



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CBE NO. 607298-24

**INTERLOCAL AGREEMENT FOR THRIVE BY 0-3
PREVENTION SERVICES**

This INTERLOCAL AGREEMENT hereinafter referred to as "AGREEMENT" is entered into on this _____ day of _____, 2024 by and between CLARK COUNTY, Nevada, hereinafter referred to as "COUNTY" and SOUTHERN NEVADA HEALTH DISTRICT, hereinafter referred to as "SNHD" for THRIVE BY 0-3 PREVENTION SERVICES.

WITNESSETH:

WHEREAS, NRS 277.180 authorizes public agencies to contract with any one or more other public agencies to perform any governmental service, activity, or undertaking which any of the public agencies entering into the contract is authorized by law to perform;

WHEREAS, NRS 432B.290(2)(m) authorizes an organization that has entered into a written agreement with an agency that provides child welfare services to provide assessments or services and that has been trained to make such assessments or provide such services;

WHEREAS, pursuant to NRS Chapter 439, SNHD is the public health authority for Clark County, Nevada, and has jurisdiction over all public health matters therein;

WHEREAS, the COUNTY, through its Clark County Department of Social Service, hereinafter referred to as COUNTY, desires to have the services of SNHD to assist COUNTY in preventing harm and neglect to children ages 0-3 who have come to the attention of COUNTY, but do not meet the requirement of investigation; and

WHEREAS, SNHD has the expertise, qualifications, and resources available, and has agreed to provide the resources necessary to prevent and/or mitigate the effects of child neglect and abuse intervention services to children as required.

NOW, THEREFORE, the parties mutually agree as follows:

ARTICLE I: SCOPE OF WORK

AGREEMENT sets forth:

SNHD proposes to prevent harm and neglect to children ages zero to three who have come to the attention of the Clark County Department of Family Services, but do not meet the requirements of the investigation, by providing prevention services and referrals to the necessary resources through its THRIVE BY 0-3 PREVENTION SERVICES Program, hereinafter referred to as "PROGRAM".

PROGRAM shall use the "Partners for a Healthy Baby" research informed home visiting curriculum providing prevention services to support families and prevent child maltreatment for families with children 0 to 3 years of age who have come to the attention of the Clark County Department of Family Services, but do not meet the requirements for an investigation, and may benefit from supportive interventions and linkage to resources. The PROGRAM will serve a minimum of 22 fully enrolled families living in Clark County and will provide one time home visit interventions to an additional 20 families.

The services and support provided by SNHD include Parenting Education using the “Partners for a Healthy Baby” research informed home visiting curriculum; child health and development education for parents and caregivers; nutrition and feeding support using the project curriculum; education on lifestyle choices that can improve health and wellness, including regarding breast feeding, avoiding exposure to smoke, safe sleep practices, and other topics; home visits to assess needs and provide education, support, and necessary referrals through a culturally responsive case management model; and referrals to essential services and available programs including mental and behavioral health services, a medical home environment for health care, job and vocational training, transportation, and related services.

PROGRAM shall measure by tracking the number of families referred to PROGRAM by the Clark County Department of Family Services. In addition, PROGRAM shall measure family acceptance of preventative education and referrals, a secondary outcome will be to increase the percent of children/infants enrolled who have a medical home to 80%. Having a medical home helps ensure the provision of preventative health services through well and sick child visits in which growth/development, illness and injury can be assessed and addressed.

PROGRAM funds shall be used to pay for the salary and fringe of the Community Health Worker (CHW); local travel for CHW to conduct home visits to program participants with the mileage reimbursed at federal approved mileage rate of .67/mile, estimated at 350 miles/month each month for 12 months; car stipend for driving more than 200 miles/month with personal vehicle per SNHD policy; office supplies and postage to support program operations, telephone cost for CHW, and indirect at 10% de minimis of modified total direct costs.

SNHD shall provide services during the AGREEMENT fiscal year 2024/2025, as outlined in Attachment 1, "Expenditures Eligible for Reimbursement".

SNHD shall provide all services, including personnel and materials, to operate and manage the PROGRAM in accordance with Attachment 2, "Scope of Services", attached hereto and incorporated herein as if fully set forth. Changes in the Scope of Services, as described in Attachment 2, must receive prior written approval of COUNTY.

SNHD shall provide client usage records to the Social Service Department of COUNTY on a quarterly basis during the fiscal year beginning (date of award) and ending June 30, 2025. These reports will contain, but are not limited to, the information contained in Attachment 3 “Quarterly Progress Report” to Clark County, including any narrative report to delineate the benefit realized by the COUNTY for Program Support.

ARTICLE II: TERM OF AGREEMENT

The term of this AGREEMENT shall be from July 1, 2024 through June 30, 2025.

Notwithstanding the foregoing provision, either party may terminate AGREEMENT, without cause, upon giving thirty (30) days written notice to the other party. In the event the Budget Act and Fiscal Fund Out provision is invoked, AGREEMENT shall expire June 30th of the current fiscal year. Termination due to the failure of COUNTY or SNHD to appropriate monies shall not relieve the parties’ obligations under AGREEMENT incurred through June 30th of the fiscal year for which monies were appropriated for their operations.

ARTICLE III: PRICE, PAYMENT, AND SUBMISSION OF INVOICE

COUNTY will reimburse SNHD for eligible expenditures outlined in Attachment 1 – Expenditures Eligible for Reimbursement.

COUNTY will reimburse SNHD for all eligible costs of the PROGRAM up to the total amount of funds. Requests for reimbursement/invoices must be submitted monthly unless written approval is obtained by the assigned Grants Coordinator. Invoices must contain the Reimbursement Checklist, Transmittal Invoice with unique alpha-numeric invoice number that contains more than three and less than nine digits, budget spreadsheet outlining all requested reimbursement amounts and funds remaining, a Transaction Detail by Account/General Ledger/statement and Payroll Ledger listing the items that are cleared, source documentation to include detailed receipts to include date and method of payment, invoice pages listing the amount requested, and signed timesheets, to support expenses will be submitted by SNHD. Cancelled checks and/or complete bank statements may be submitted in lieu of General Ledger. Expenditures will be reviewed for consistency with the approved budget and scope of services. Clean invoices will be reviewed for approval in a timely manner. Upon approval, invoices will be processed with net 30 payment terms. SNHD shall pay all costs of the PROGRAM which exceed the total amount of funds provided by COUNTY under this AGREEMENT. SNHD must submit all requests for reimbursement/invoices as a single uploaded PDF in their ZoomGrants.com account. Information on how to submit requests for invoices will be provided upon AGREEMENT approval.

If COUNTY rejects an invoice as incomplete, SNHD will be notified within thirty (30) calendar days of receipt and SNHD will have thirty (30) days to correct the invoice and resubmit.

SNHD must notify COUNTY in writing of any changes to SNHD'S remit payment address or other pertinent information that may affect issuance of payment and allow thirty (30) days for the change to be processed.

COUNTY is not responsible for late payments on inaccurate invoices and/or incomplete or unsatisfactory deliverables or milestones. COUNTY does not pay late fees or charges. Final payment may be withheld until all deliverables have been submitted and accepted or final services have been rendered.

ARTICLE IV: FISCAL FUNDING OUT CLAUSE

In accordance with the Nevada Revised Statutes (NRS 354.626), the financial obligations under AGREEMENT between the parties shall not exceed those monies appropriated and approved by COUNTY for the then current fiscal year under the Local Government Budget Act. AGREEMENT shall terminate and COUNTY'S obligations under it shall be extinguished at the end of any of COUNTY'S fiscal years in which COUNTY'S governing body fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts which could then become due under AGREEMENT. COUNTY agrees that this section shall not be utilized as a subterfuge or in a discriminatory fashion as it relates to AGREEMENT. In the event this section is invoked, AGREEMENT will expire on the 30th day of June of the current fiscal year. Termination under this section shall not relieve COUNTY of its obligations incurred through the 30th day of June of the fiscal year for which monies were appropriated.

ARTICLE V: AMENDMENT / ENTIRE AGREEMENT

Amendment to AGREEMENT may be made only upon mutual consent in writing, by the parties hereto and executed with the same formality attending the original. Executed AGREEMENT, together with any attachments, contains the entire agreement between COUNTY and SNHD relating to the rights granted and obligations assumed by the parties hereto. Any prior agreements, promises, negotiations or representations, either oral or written, relating to the subject matter of agreement not expressly set forth in AGREEMENT are of no force or effect.

ARTICLE VI: SUBCONTRACTS

AGREEMENT is entered into to secure the services of SNHD. Services specified in this AGREEMENT shall not be subcontracted by SNHD without the written consent of COUNTY.

ARTICLE VII: ASSIGNMENTS

Neither party may assign or delegate all or any part of AGREEMENT without the written consent of both parties and executed with the same formality as attending this original.

ARTICLE VIII: NOTICES

Any notice required or permitted to be given hereunder shall be in writing and shall either be delivered personally to the party to whom such notice is given, or sent to it by United States registered or certified mail, postage prepaid and return receipt requested, addressed or delivered to such party at the address or addresses designated below (or such other address or addresses as may hereafter be designated by a party) by written notice to the other party:

To COUNTY: Clark County Community Resource Management
Attention: Valiyah Dela Cruz
1600 Pinto Lane
Las Vegas, Nevada 89106
Email: Valiyah.DelaCruz@ClarkcountyNV.gov

To SNHD: Southern Nevada Health District
Attention: Contract Administrator, Legal Dept.
280 S. Decatur Blvd
Las Vegas, Nevada 89107
Email: contracts@snhd.org

With a copy to: Southern Nevada Health District
Attention: Susan Crutchfield
280 S. Decatur Blvd.
Las Vegas, Nevada 89107
Email: crutchfield@snhd.org

ARTICLE IX: POLICIES AND PROCEDURES

SNHD agrees to abide by all quality assurance, utilization review, peer review and consultation, standardized reporting, credentialing, and policies and procedures mutually established by COUNTY and SNHD.

ARTICLE X: INSURANCE

SNHD, at its own expense, agrees to obtain and maintain in full force and effect during the term of this AGREEMENT, insurance in commercially reasonable amounts calculated to protect itself and the COUNTY from any and all claims of any kind of nature for damage to property or personal injury, including death, made by anyone, that may arise from activities performed or facilitated by this AGREEMENT. Such insurance shall include medical malpractice coverage on SNHD's employees and officers as applicable.

ARTICLE XI: WAIVER AND SEVERABILITY

Any waiver of a breach of any provision of AGREEMENT shall not be deemed a waiver of any other breach of the same or different provision. In the event any provision of AGREEMENT is rendered invalid or unenforceable by any valid act of Congress or the Nevada State Legislature or declared null and void by any court of competent jurisdiction or is found to be in violation of State Statutes and/or regulations, said provision(s) hereof will be immediately void and may be renegotiated for the sole purpose of rectifying the non-compliance. The remainder of the provisions of AGREEMENT not in question shall remain in full force and effect.

ARTICLE XII: LAW OF VENUE

AGREEMENT shall be governed by the laws of the State of Nevada.

ARTICLE XIII: SUSPENSION AND TERMINATION

Suspension. COUNTY may suspend performance by SNHD under this AGREEMENT up to 90 calendar days as COUNTY, at its sole discretion, may prescribe by providing written notice to SNHD. SNHD shall not perform further work under this AGREEMENT as of the effective date of suspension. SNHD may not resume performance, unless and until, COUNTY issues written notice to resume performance.

Termination for Convenience. Either party has the right to terminate this AGREEMENT for convenience by giving the other party hereto thirty (30) calendar day's written notice of intent to terminate.

Termination for Cause. This AGREEMENT may be terminated for cause by either party in the event of substantial failure of the other party to fulfill its obligations under this AGREEMENT through no fault of the terminating party; but only after the other party is given not less than thirty (30) calendar days written notice of intent to terminate; and an opportunity for consultation with the terminating party prior to termination. Neither party shall be considered in default in the performance of its obligations hereunder, to the extent that performance of such obligations is prevented or delayed by any cause, existing or future, which is beyond the reasonable control of such party. Delays arising from the actions or inactions of one or more of SNHD'S principals, officers, employees, agents, subcontractors, vendors or suppliers are expressly recognized to be within SNHD'S control. If after termination for cause it is determined that SNHD has not so failed, the termination shall be deemed to have been effected for the convenience of COUNTY.

Process. The rights and remedies of COUNTY and SNHD provided in this section are in addition to any other rights and remedies provided by law or under this AGREEMENT.

1. Upon receipt by SNHD of a suspension or termination notice, or delivery by SNHD of a termination notice, SNHD shall promptly discontinue all services affected (unless COUNTY'S notice directs otherwise) and deliver or otherwise make available to COUNTY, copies of all deliverables completed pursuant to the schedule set forth in Article I, Scope of Work and Attachment 2 – Scope of Services.
2. In the event this AGREEMENT is terminated by SNHD, SNHD acknowledges that its termination may affect COUNTY'S consideration of SNHD for future projects.
3. In the event of termination of this AGREEMENT, SNHD is eligible for compensation earned based on actual costs or the percentage of work completed, as fairness dictates, less all previous payments. COUNTY will reimburse SNHD for work performed up to and including the date on which SNHD discontinued or should have discontinued all services as determined by paragraph 1. No payment shall be allowed for anticipated profit on performed or unperformed services or other work. Any reimbursement due to SNHD may be adjusted to the extent COUNTY incurs additional costs by reason of SNHD'S default. The final invoice for all work completed as of the date of termination, shall be received by COUNTY within sixty (60) calendar days after date of termination.
4. Upon termination, COUNTY may take over the work and prosecute the same to completion by contract with another party or otherwise.

ATTACHMENT 1

EXPENDITURES ELIGIBLE FOR REIMBURSEMENT

SOUTHERN NEVADA HEALTH DISTRICT

FOR THRIVE BY 0-3 PREVENTION SERVICES

Fiscal Year 2024/2025 County Outside Agency Grant Funds

The following items may be paid with the Clark County General Funds, not to exceed **\$77,076**:

General Administration/Operations	\$ 11,461
Direct Services to County Residents	\$ 65,615
TOTAL	\$ 77,076

ATTACHMENT 2

SOUTHERN NEVADA HEALTH DISTRICT

THRIVE BY 0-3 PREVENTION SERVICES

SCOPE OF SERVICES

Program Year 2024/2025

1. The Objectives of the PROGRAM shall be to:
 - Enroll 22 families with children 0-3 years old who come to the attention of the Clark County Department of Family Services, but do not meet the requirements of an investigation to prevent/mitigate the effects of child neglect/abuse through client screening, education, and navigation services;
 - Complete 20 one-time home visits to families with children 0-3 years old who come to the attention of the Clark County Department of Family Services, but do not meet the requirements of an investigation to prevent/mitigate the effects of child neglect/abuse by providing education and/or resources to the families during a one-time visit;
 - Increase the percentage of infants/children enrolled who have a medical home to 80% to ensure continued growth/development and health monitoring and safety.
2. SNHD shall maintain client data demonstrating client eligibility for services provided and retain such client data as well as all financial records, supporting documents, statistical records, and all other records pertinent to this AGREEMENT for a period of four (4) years.
3. SNHD shall provide to COUNTY written notice of any PROGRAM changes during the fiscal year for which COUNTY funds are allocated under the provisions of this AGREEMENT.
4. SNHD shall give priority attention to referrals for service for COUNTY-identified clients.

ATTACHMENT 3
PERFORMANCE MEASUREMENT
QUARTERLY REPORT TO CLARK COUNTY

Reflecting Months: Year:

AGENCY: SOUTHERN NEVADA HEALTH DISTRICT
PROGRAM: THRIVE BY 0-3 PREVENTION SERVICES

PROGRESS TOWARDS ACHIEVING OUTCOMES:

OUTCOMES	THIS QUARTER	YEAR TO DATE
Enroll 22 families with children 0-3 years old who come to the attention of the Clark County Department of Family Services, but do not meet the requirements of an investigation to prevent/mitigate the effects of child neglect/abuse through client screening, education, and navigation services.	Total # served the quarter ONLY Unduplicated Households and Individuals assisted (specify)	Total unduplicated # served
Complete 20 one-time home visits to families with children 0-3 years old who come to the attention of the Clark County Department of Family Services, but do not meet the requirements of an investigation to prevent/mitigate the effects of child neglect/abuse by providing education and/or resources to the families during a one-time visit.	Total # served the quarter ONLY Unduplicated Households and Individuals assisted (specify)	Total unduplicated # served
Increase the percentage of infants/children enrolled who have a medical home to 80% to ensure continued growth/development and health monitoring and safety.		

NARRATIVE REPORT: (login to ZoomGrants at <https://www.zoomgrants.com/login/> to upload report as part of your Quarterly reports due: 10/10/2024; 01/10/2025; 04/10/2025; and 07/10/2025.)

Information on how to submit the Performance Measurement Quarterly Report can be found at <https://www.youtube.com/watch?v=JP6kKJ-YsJ8&feature=youtu.be> for a quick detailed tutorial or you can email Questions@ZoomGrants.com for assistance.



DISTRICT HEALTH OFFICER

ROLE OVERVIEW

Highly responsible public health professional responsible for providing medical and public health leadership to the Southern Nevada Health District (Health District) and the Southern Nevada Community Health Center (CHC); administering the Health District and Community Health Center programs, and performing any other duties specified by the Southern Nevada District Board of Health (Board of Health). The District Health Officer reports to and serves at the pleasure of the Board of Health.

SUPERVISION RECEIVED AND EXERCISED

Receives general direction from, provides ongoing support to the Board of Health and provides leadership to the executive team, the Health District, and the CHC.

Exercises direct supervision over management, supervisory, professional, technical, and clerical staff.

EXAMPLES OF ESSENTIAL RESPONSIBILITIES AND DUTIES

- Plan, organize, direct, coordinate, and administer public health programs for Clark County
- Maintain accountability for overall administration, financial health, and management of the Health District
- Oversees the development and implementation of public health policy consistent with the mission and overall goals of the Health District
- As appropriate, together with the Chief Medical Officer, provide clinical leadership for assigned programs and projects; oversees the recruitment, support, and retention of clinical personnel
- ~~As appropriate, provide medical consultation to various Health District programs and activities~~
- Plans, directs, and coordinates, through subordinate level managers, the Health District's strategic plan; meets with management staff to identify and resolve problems; assigns projects and programmatic areas of responsibility; reviews and evaluates work methods and procedures
- Manages the development and administration of the Health District and CHC budgets, controls fiscal expenditures and revenues, and recommends yearly budget for Board approval
- ~~Provides management and direct oversight over the Health District's Human Resource function~~
- Provides planning and support for continuous and adequate funding for key programs from all available sources
- ~~Provides management and direct oversight for the Information Technology function~~

SOUTHERN NEVADA HEALTH DISTRICT
District Health Officer (*Continued*)

- Coordinates Health District activities with state and federal programs, local medical societies, and other outside agencies and organizations
- Provide staff assistance to the Board of Health; directs the preparation of and provides reports to the Board of Health, State Board of Health, and other interested parties
- Provide staff assistance to the CHC's Executive Director and CHC Board
- Directs the development and implementation of partnerships and collaborations to provide effective political networks within the community, county, and the state; represents the Health District to elected officials and outside agencies; explains, justifies, and defends programs, policies, and activities; negotiates and resolves sensitive, significant, and controversial issues
- Monitors and evaluates the efficiency and effectiveness of service delivery methods and procedures in a Quality Assurance Program; assesses and monitors work-load, administrative, and support systems and internal reporting relationships; identifies opportunities for improvement, and directs the implementation of changes
- Identifies and analyzes public health policy issues and alternatives; stays abreast of new trends and innovations in the field; participates on a variety of boards and commissions; attends and participates in professional group meetings
- Utilizes principles of media advocacy to communicate the public health mission to stakeholders; works with community coalitions and advocacy groups; guides the Board of Health and the Health District in seeking policy change and action on public health issues; translates policy decisions into organizational and community programs and services
- Serves as the Health District's primary media spokesperson on public health topics or, when appropriate, identify other subject matter experts for a particular topic
- Hires, directs, and supervises division directors, administrative staff, and other employees
- Approves a job description, qualifications, and compensation, and oversees the recruitment, selection, and appointment of a Chief Medical Officer
- As appropriate, assures the development of protocols and standing orders for clinical programs; provide direction and develop polices and protocols for clinical services, including the control and prevention of communicable diseases
- ~~• As appropriate, provide medical consultation to various Health District programs and activities~~
- ~~• As a member of the leadership team, participate in business and program development, organizational management, and strategic and business planning~~
- [Maintains a positive relationship with representatives of the union](#)
- Performs related duties and responsibilities as required

SOUTHERN NEVADA HEALTH DISTRICT
District Health Officer (*Continued*)

Essential Qualifications:

- Knowledge of operational characteristics, services, and activities of public health programs, and of a Federally Qualified Health Center
- Knowledge of organizational and management practices as applied to the analysis and evaluation of programs, policies, and operational needs
- Demonstrated leadership and management skills—supervision, performance evaluation, priority setting, planning, finance, and information technology
- Strong understanding and demonstrated utilization of systems approaches and improvements
- Knowledge of human resources and personnel management
- Principals of grant management/administration
- Public Health organization and function; community problem solving
- Modern and complex principles and practices of program development and administration
- Principles and practices of budget development and expenditure control, including the preparation of clear and concise financial reports
- Principles of medical science and their application to **p**ublic **h**Health and Federally Qualified Health Center programs
- Pertinent **f**ederal, **s**tate, and local laws, codes, and regulations
- As applicable, principles, protocols, and practices of medical diagnosis and treatment including, but not limited to, the treatment and management of communicable diseases **m**ethods of instruction, staff development, and quality assurance for public health programs

Ability to:

- Communicate clearly and concisely, both orally and in writing
- Excel in working in multidisciplinary, team-based settings
- Plan, organize, direct, and coordinate the work of management, supervisory, professional, and technical personnel; delegate authority and responsibility
- Identify and respond to community and Board of Health issues, concerns, and needs
- Develop, implement, and administer goals, objectives, and procedures for providing effective and efficient leadership for the Health District
- Prepare and administer large and complex budgets; allocate limited resources in a cost effective manner
- Analyze problems, identify alternative solutions, project consequences of proposed actions, and implement recommendations in support of goals
- Research, analyze, and evaluate new service delivery methods, procedures, and techniques
- Interpret and apply **f**ederal, **s**tate, and local policies, procedures, laws, and regulations
- Identify and interpret emerging trends in public health and provide information, analysis, and interpretation to the Board of Health and community partners
- Recommend policy changes to support greater efficiency and delivery of public health services

SOUTHERN NEVADA HEALTH DISTRICT
District Health Officer (*Continued*)

Education, Training, and Experience Guidelines

Education and Training:

- Medical Doctor or Master's or Doctoral degree from an accredited college or university in public health, health care administration, public administration, business administration, medicine, or a related field.
- ~~If a physician, completion of accredited medical school and residency, and the ability to obtain an unrestricted license to practice medicine in the state of Nevada within six (6) months of accepting the position~~
- Training, experience, and demonstrated interest in public health and related programs will also be considered

Experience:

- A minimum of 5-10 years of progressively responsible experience in roles that demonstrate growth and/or advancement in complexity and level of responsibility
- Expertise in public health policy and development
- Experience within local, state, or federal public health departments, organizations, or agencies is preferred
- Experience with Federally Qualified Health Centers is a plus

Salary and Benefits

Salary will be commensurate with qualifications and experience. Excellent benefits package, including medical, dental, disability, and life insurance, professional development, paid earned time off and holidays.

License or Certificate:

- If a physician, a current license to practice medicine or osteopathy in the State of Nevada within a year of employment
- If a physician, certification in public health and/or preventive medicine by the appropriate specialty board is preferred
- Possession of or ability to obtain an appropriate, valid Nevada driver's license

Conditions:

All required licenses must be maintained in an active status without suspension or revocation throughout employment. Any employee may be required to stay at or return to work during public health incidents and/or emergencies to perform duties specific to this classification or to perform other duties as requested in an assigned response position. This may require working a non-traditional work schedule or working outside normal assigned duties during the incident and/or emergency.

New employees must complete Incident Command System training, ICS 100, ICS 200, and NIMS as a condition of continuing employment, prior to the completion of the probationary period.

SOUTHERN NEVADA HEALTH DISTRICT
District Health Officer (*Continued*)

FLSA Exempt

Bargaining

Unit Ineligible

Approved by the Board of Health on July 23, 2015

[Revisions Approved by the Board of Health on \[DATE\]](#)



**DISTRICT HEALTH OFFICER
EMPLOYMENT AGREEMENT
C2500062**

This Employment Agreement (“Agreement”) is entered into by and between the Southern Nevada District Board of Health (“Board” or “Employer”) and Cassius Lockett, PhD. (“District Health Officer” “DHO”, or “Employee”) (collectively referred to as “Parties”).

Section 1. Employment: The Board desires to secure DHO services and the Employee hereby accepts employment by Employer to provide such services as the Southern Nevada Health District’s District Health Officer and Executive Secretary for the Board with all duties, powers and authorities provided by law in such capacity, and to perform such executive, managerial, and administrative duties as Employer may specify during the term of this Agreement.

- a. The Employee will render full-time professional services to the Health District in the capacity of the District Health Officer and to the Board in the capacity of the Board’s Executive Secretary. He/she will at all times faithfully, industriously, and to the best of his ability, perform all duties that may be required of him/her by virtue of his position as the Health District’s District Health Officer and the Board’s Executive Secretary, including respecting and adhering to all policies and/or procedures of each.
- b. Scholarly activities such as lecturing or writing are not prohibited as long as such do not interfere with Employee carrying out the duties of District Health Officer and Executive Secretary. The DHO will report such scholarly activities to the Board quarterly.
- c. Employee will not render any services or engage in any other business activity (whether or not for compensation) for any person or entity other than Employer without the prior approval of the Employer.

Section 2. Term: The term of employment under this Agreement is from February 24, 2025 through February 22, 2030 (“Specified Term”) unless sooner terminated pursuant to provisions of Section 6, Termination, herein. If Employee remains employed after the expiration of the Specified Term, and the Parties do not execute a new employment agreement, then Employee shall be employed at-will. Employer shall have the right to extend the term of this Agreement at the time of Employee’s annual performance evaluation, subject to negotiation with and acceptance by the Employee and subject to execution of a written amendment to this Agreement.

Section 3. Compensation: In consideration for performing services as District Health Officer and Executive Secretary, the Board agrees to pay Employee an initial base salary of \$313,239.04 per annum. Compensation shall be paid in biweekly installments less required and/or requested withholdings consistent with Health District’s customary payroll

practices. The Employee's base salary may only be decreased during the Specified Term as part of an across-the-board salary reduction that applies in the same manner to all Health District employees.

- a. Employee is entitled to the same Cost of Living Adjustment as senior executive employees.
- b. Employee's performance will be reviewed annually. Changes to compensation and/or or benefits will be determined by mutual agreement.

Section 4. Benefits: In addition to the compensation specified above, Employee will receive the following benefits:

- a. Employee will continue to be entitled to the same vacation, sick, and personal days as other Health District senior executive employees.
 - i. Employee will also be given 80 hours of executive leave to be utilized within the initial term of the contract. This leave cannot be carried over past the initial term, but can be used under the vacation buyback program.
 - ii. Employee is entitled to the Health District's paid holiday schedule.
- b. Health insurance: 100% of Employee paid premiums and the same health insurance premiums for dependants as other senior executives.
- c. Retirement: Contributions paid by Health District into the state of Nevada Public Employees Retirement System (PERS) on the same terms as other Health District senior executives. In accordance with section 401(a)(17) of the Internal Revenue Code, should Employee's monthly income exceed the PERS active member salary limitation, the difference will be contributed to a deferred compensation plan. In addition to the benefits, beginning on the Effective Date, upon completion of each six months of service, the Health District agrees to purchase an additional three months of PERS service credit on Employee's behalf, not to exceed the five-year purchasing limit set forth by PERS.
- d. Deferred and/or Defined Compensation Plan(s): Employee may participate in the Health District's deferred and/or defined compensation plan(s). The Health District agrees to pay into the Health District's deferred or defined compensation plan the maximum annual limit, in matching with Employee's contributions, allowed by Section 457 of the Internal Revenue Code for each calendar year of the term of this contract.
- e. Automobile: A monthly automobile allowance of \$600.
- f. Professional Organization Membership and Continuing Education: Employee's membership fees in professional organizations, and fees and expenses associated with continuing education activities will be paid on the same terms as other Health District senior executives.

Section 5. Policies and Procedures: Employee is bound by Health District's policies and procedures as they may be from time to time adopted, modified, or amended.

Section 6. Termination: Employer may terminate this Agreement at any time with or without cause.

- a. Termination with Cause. Termination with cause means termination of Employee's employment because of: i) conviction by a court of competent jurisdiction of fraud, misappropriation, or embezzlement of Health District property or funds; ii) conviction of, or pleading nolo contendere to, any felony; iii) Employee's right to participate in Medicare, Medicaid, or any other federal or state health program is terminated for any reason or is relinquished voluntarily; iv) failure to perform the duties required of Employee; v) material breach of this Agreement; and/or vi) Any other reason constituting cause for discharge. A determination of cause is the within the Employer's sole discretion provided that such discretion is exercised in good faith.
- i. Prior to termination with cause as provided in iv), v), and vi) above, Employee shall be given written notice of the breach.
 - ii. Except where Employer has determined that immediate termination is appropriate because Employee has acted recklessly, engaged in misconduct, or where further time to cure would be futile, Employee shall have 30-calendar days to cure such breach. During such cure period, Employee shall continue to be paid the base salary and benefits. If after 30-calendar days, in the sole discretion of Employer, Employee has not cured such breach that was the written basis for the proposed termination, then Employee's employment shall be terminated with cause.
 - iii. If terminated with cause, Employee shall only be paid through the end of the last worked day plus accrued benefits.
- b. Termination without Cause. Employer may terminate this Agreement without cause upon 6-months written notice to Employee. Employer's sole liability to Employee upon such termination will be as follows:
- i. Employee shall receive normal compensation for the days actually worked by mutual agreement after any such notice of termination; plus an amount equal to current salary for 180-working days as severance pay, less applicable withholdings; and full health benefits for 6-months following the month that includes the last day worked. No severance pay shall be made unless and until Employee executes a release of all claims in the form set out in Exhibit A attached hereto.
 - ii. For the purposes of continuation of benefits under the Consolidated Omnibus Budget Reconciliation Act ("COBRA"), the 6-months of paid health insurance coverage shall apply to the maximum continuation period established under COBRA.
- c. In the event Health District at any time during the term of the Agreement reduces the salary or other financial benefits of DHO in a greater percentage than an applicable across-the-board reduction for other Health District employees, DHO may, at his option, be deemed to be "terminated" without cause as of the effective date of such reduction.

Section 7. Employee Resignation: Unless the Parties otherwise agree, in the event Employee voluntarily resigns his position as District Health Officer and Executive

Secretary before the expiration of the Specified Term, Employee shall give Employer six (6) months' advance written notice. Employee shall be paid through the effective date of his resignation, plus all accrued benefits.

If Employee resigns following Employer's offer to accept Employee's resignation, then Employee shall be paid in accordance with Section 6(b), Termination Without Cause, herein.

Section 8. Death: The Employee's agreement will cease upon death. The Health District will pay the Employee's beneficiaries or estate, as appropriate, any compensation or accrued benefits then due and owing, and will continue to pay the salary and benefits for two additional pay periods. In the event of the demise of the Employee, the Health District agrees to provide health and related benefits to the Employee's dependants for six (6) months at no cost to the dependants. Nothing in this section will affect any entitlement of the Employee's heirs to the benefits of life insurance plans, PERS, or other applicable benefits.

Section 9. Indemnification: Employer shall, to the extent required by law and in particular Nevada Revised Statutes Chapter 41, indemnify and defend Employee against any claims alleging professional errors and/or omissions arising out of the performance of his duties as District Health Officer and/or Executive Secretary.

Section 10. Notice: All notices and other communications under this Agreement shall be in writing and shall be given by hand delivery to the other party or by registered or certified mail, return receipt requested, postage prepaid, addressed as follows:

If to Employee: Cassius Lockett, PhD
Administration
280 S Decatur Blvd
Las Vegas, NV 89107

If to Employer: Southern Nevada District Board of Health
Chairperson of the Board
280 S Decatur Blvd
Las Vegas, NV 89107

Section 11. Dispute Resolution: Any dispute or difference of opinion between the DHO and Employer involving the meaning, interpretation, or application of any provision of this Agreement or any other dispute relating to or arising out of the employment relationship between the Parties shall be settled exclusively by binding arbitration in compliance with the Arbitration Agreement signed on May 17, 2021.

Section 12. General Provisions:

- a. Governing Law. The laws of the state of Nevada shall govern this Agreement and the jurisdiction for all arbitration or litigation relevant to this Agreement shall be in Clark County, Nevada.

- b. Entire Agreement; Modification. This Agreement constitutes the entire Agreement between the Parties and may only be amended by written documentation signed by both Parties.
- c. Successors and Assigns. This Agreement shall be binding upon and inure to the benefit of Employer's successors and assigns.
- d. Severability. If any provision(s), or any portion thereof, contained in this Agreement is held unconstitutional, invalid, or unenforceable, the remainder of this Agreement, or portion thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect.
- e. Public Records; Confidentiality. Pursuant to NRS Chapter 239, this Agreement may be open by Health District to public inspection and copying.
- f. Employee and Health District acknowledge to the best of their respective knowledge, information, and belief, and to the extent required by law, neither Employee nor Health District or any of its respective employees/contractors is/are: i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).

IN WITNESS WHEREOF, Employer and Employee have caused this Agreement to be effective November 21, 2024.

Employee:

Employer:

Southern Nevada Health District
Board of Health

By: _____

Cassius Lockett, PhD

By: _____

Chair, Marilyn Kirkpatrick

Date: _____

Date: _____

EXHIBIT A
GENERAL RELEASE

1. I, _____ ("Employee"), for and in consideration of certain payments to be made and the benefits to be provided to me under Section 6 of my Employment Agreement dated as of _____ (the "Employment Agreement") with Southern Nevada Health District Board of Health ("Employer"), and conditioned upon such payments and provisions, do hereby Release and Forever Discharge Employer, the Southern Nevada Health District, and its subsidiaries and affiliates, their officers, Board members, employees, attorneys and agents, respective successors and assigns, heirs, executors and administrators (hereinafter collectively included within the term the "Employer"), acting in any capacity whatsoever, of and from any and all manner of actions and causes of actions, suits, debts, claims and demands whatsoever in law or in equity, which I ever had, now have, or hereafter may have, or which my heirs, executors or administrators hereafter may have, by reason of any matter, cause or thing whatsoever from the beginning of my employment with Employer to the date of these presents arising from or relating in any way to my employment relationship and the termination of my employment relationship with the Employer, including but not limited to, any claims which have been asserted, could have been asserted, or could be asserted now or in the future under any federal, state or local laws, including any claims under the Age Discrimination in Employment Act ("ADEA"), 29 U.S.C. §621 *et seq.*, Americans with Disabilities Act ("ADA"), 42 U.S.C. §2000e *et seq.*, Title VII of the Civil Rights Act of 1964, 42 U.S.C. §2000e *et seq.*, any contracts between the Employer and me and any common law claims now or hereafter recognized and all claims for counsel fees and costs.
2. I hereby agree and recognize that my employment by the Employer was permanently and irrevocably severed on _____, and the Employer has no obligation, contractual or otherwise to me to hire, rehire or re-employ me in the future. I acknowledge that the terms of the Employment Agreement provide me with payments and benefits which are in addition to any amounts to which I otherwise would have been entitled.
3. I hereby agree and acknowledge that the payments and benefits provided by the Employer are to bring about an amicable resolution of my employment arrangements and are not to be construed as an admission of any violation of any federal, state or local statute or regulation, or of any duty owed by the Employer and that this Agreement and General Release is made voluntarily to provide an amicable resolution of my employment relationship with the Employer and the termination of the Employment Agreement.
4. I hereby certify that I have read the terms of this General Release, that I have been advised by the Employer to discuss it with my attorney, and that I understand its terms and effects. I acknowledge, further, that I am executing this General Release of my own volition with a full understanding of its terms and effects and with the intention of releasing all claims recited herein in exchange for the consideration described in the Employment Agreement, which I acknowledge is adequate and satisfactory to me. None of the above-named parties, nor their agents, representatives, or attorneys

have made any representations to me concerning the terms or effects of this General Release other than those contained herein.

5. I hereby acknowledge that I have been advised to obtain the advice of the attorney of my choice and I have been informed that I may consider this General Release for a period of 21 days prior to execution. I also understand that I have the right to revoke this General Release for a period of seven days following execution by giving written notice to the Employer.

Intending to be legally bound hereby, I execute the foregoing General Release this _____ day of _____, 20__.

Employee: _____

Witness: _____



Southern Nevada Health District

FY2024 Audit Presentation

Introductions



Rachel Ormsby, CPA

Partner

Audit Engagement Executive – Single Audit

Rachel.Ormsby@us.forvismazars.com



Josh Findlay, CPA

Director

Audit Engagement Executive – Financial Statement Audit

Josh.Findlay@us.forvismazars.com

Global Presence

Top 10

Global Network*

\$5bn

Combined
Revenue (2023)

100+

Combined Countries &
Territories

400+

Combined Offices &
Locations

1,800+

Combined Partners

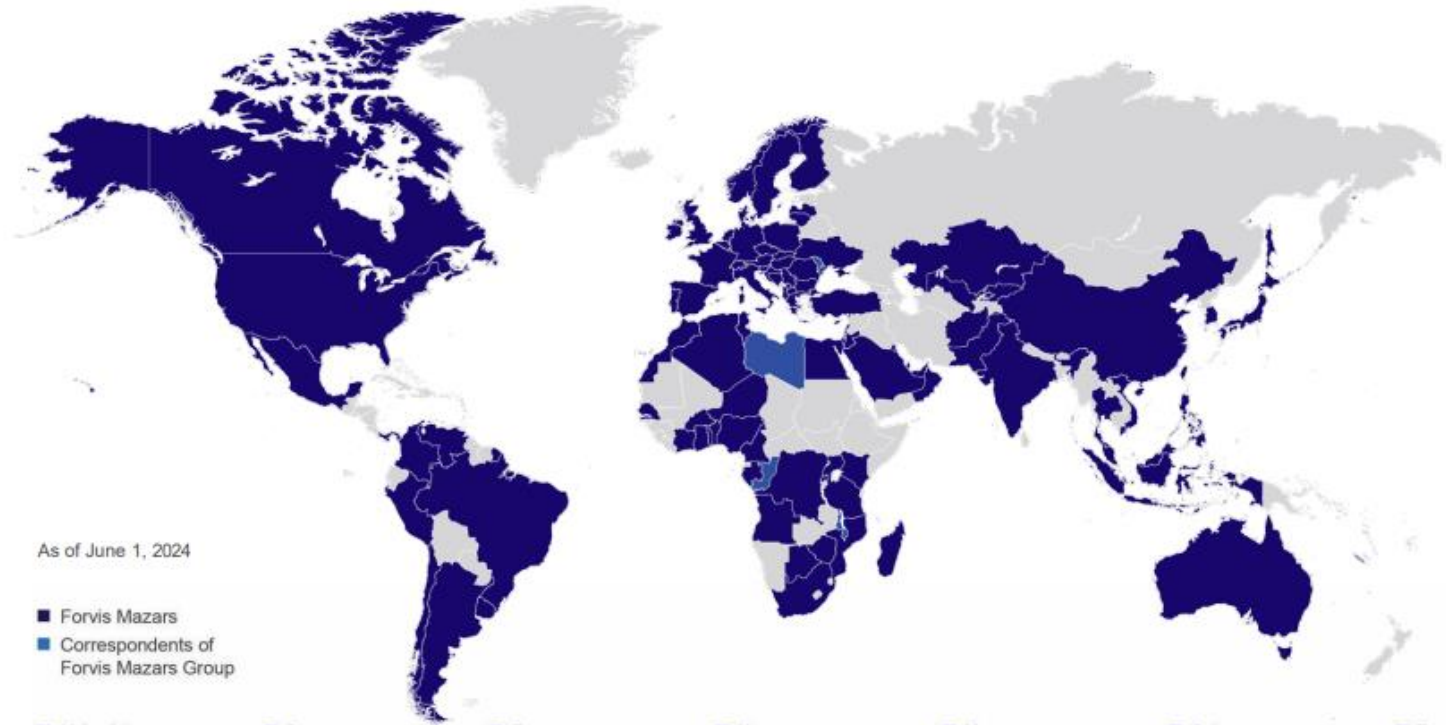
40,000+

Combined Employees

* Source: IAB World Network rankings, based on most recent rankings

2023 revenues: FORVIS \$1.7bn (€1.6bn), Mazars (expected) \$3bn (€2.8bn)

Forvis Mazars is the brand name for the Forvis Mazars Global network (Forvis Mazars Global Limited) and its two independent members: Forvis Mazars, LLP in the United States and Forvis Mazars Group SC, an internationally integrated partnership operating in over 100 countries and territories.



As of June 1, 2024

■ Forvis Mazars
■ Correspondents of Forvis Mazars Group

- | | | | | | | |
|--------------------------|--|--------------|--------------|-------------------|----------------|------------------------|
| ■ Afghanistan | ■ Cameroon | ■ France | ■ Korea | ■ Morocco | ■ Qatar | ■ Togo |
| ■ Albania | ■ Canada | ■ Gabon | ■ Kosovo | ■ Mozambique | ■ Romania | ■ Tunisia |
| ■ Algeria | ■ Cayman Islands | ■ Germany | ■ Kuwait | ■ Netherlands | ■ Rwanda | ■ Türkiye |
| ■ Angola | ■ Chile | ■ Ghana | ■ Kyrgyzstan | ■ New Caledonia | ■ Saudi Arabia | ■ Uganda |
| ■ Argentina | ■ China | ■ Greece | ■ Latvia | ■ Niger | ■ Senegal | ■ Ukraine |
| ■ Australia | ■ Colombia | ■ Hong Kong | ■ Lebanon | ■ Nigeria | ■ Serbia | ■ United Arab Emirates |
| ■ Austria | ■ Congo | ■ Hungary | ■ Libya | ■ North Macedonia | ■ Singapore | ■ United Kingdom |
| ■ Bahrain | ■ Côte d'Ivoire | ■ India | ■ Lithuania | ■ Norway | ■ Slovakia | ■ United States |
| ■ Belgium | ■ Croatia | ■ Indonesia | ■ Luxembourg | ■ Oman | ■ Slovenia | ■ Uruguay |
| ■ Benin | ■ Cyprus | ■ Ireland | ■ Madagascar | ■ Pakistan | ■ South Africa | ■ Uzbekistan |
| ■ Bermuda | ■ Czech Republic | ■ Israel | ■ Malawi | ■ Palestine | ■ Spain | ■ Venezuela |
| ■ Bosnia and Herzegovina | ■ Democratic Republic of the Congo (DRC) | ■ Italy | ■ Malaysia | ■ Panama | ■ Sweden | ■ Vietnam |
| ■ Botswana | ■ Denmark | ■ Japan | ■ Malta | ■ Peru | ■ Switzerland | ■ Zimbabwe |
| ■ Brazil | ■ Egypt | ■ Jordan | ■ Mauritius | ■ Philippines | ■ Taiwan | |
| ■ Bulgaria | ■ Finland | ■ Kazakhstan | ■ Mexico | ■ Poland | ■ Tanzania | |
| ■ Burkina Faso | | ■ Kenya | ■ Moldova | ■ Portugal | ■ Thailand | |

U.S. Presence

Top 10 **\$2bn+**

U.S. Public Accounting Firm*

Revenue (2023)

76

Markets

29

States

600+

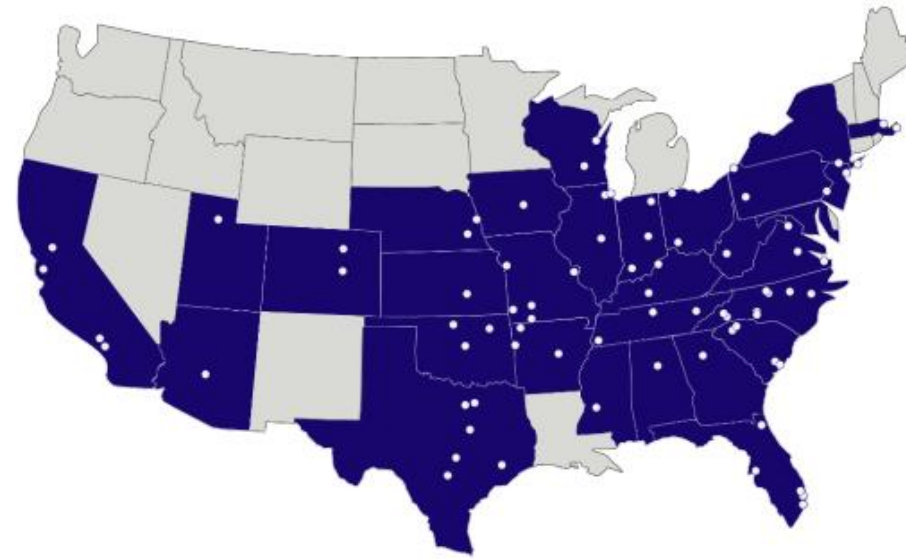
Partners & Principals

7,000+

Employees

*Source: Inside Public Accounting, based on most recent rankings

2023 combined revenues: FORVIS \$1.7bn, Mazars USA (expected) \$305m



As of August 2024

○ Forvis Mazars markets

Alabama
Birmingham

Arizona
Phoenix

Arkansas
Fort Smith
Little Rock
Rogers

California
Irvine
Los Angeles
Sacramento
San Jose

Colorado
Colorado Springs
Denver

Florida
Boca Raton
Jacksonville
Miami
Tampa Bay
West Palm Beach

Georgia
Atlanta

Illinois
Chicago Downtown
Chicago Oakbrook Terrace
Decatur

Indiana
Evansville
Fort Wayne
Indianapolis

Iowa
Des Moines

Kansas
Wichita

Kentucky
Bowling Green
Louisville

Massachusetts
Boston Brewster
Boston State Street

Mississippi
Jackson

Missouri
Branson
Joplin
Kansas City
Springfield
St. Louis

Nebraska
Lincoln
Omaha

New Jersey
Iselin

New York
Long Island
New York City

North Carolina
Asheville
Charlotte SouthPark
Charlotte Uptown
Greensboro

North Carolina (cont)
Greenville
Hendersonville
Raleigh
Winston-Salem

Ohio
Cincinnati
Toledo

Oklahoma
Enid
Oklahoma City
Tulsa

Pennsylvania
Erie
Fort Washington
Pittsburgh

South Carolina
Charleston
Greenville
Spartanburg
Summerville

Tennessee
Knoxville
Memphis
Nashville

Texas
Austin
Dallas
Fort Worth
Houston
San Antonio
Waco

Utah
Salt Lake City

Virginia
Norfolk
Richmond
Tysons, VA

West Virginia
Charleston

Wisconsin
Appleton, WI
Madison, WI

Agenda

Audit Scope and Results

Future Pronouncements and Other Matters

Questions



Audit Scope and Results

Audit Scope and Results

1 Financial Statement Opinions

- Unmodified “Clean” Opinions

2 Report on Internal Control Over Financial Reporting and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards* – Independent Auditor’s Report

- No reportable findings

3 Report on Compliance for Each Major Federal Program; Report on Internal Control over Compliance; and Report on Schedule of Expenditures of Federal Awards Required by Uniform Guidance

- No reportable findings

Audit Scope and Results (Continued)

Single Audit

Major Federal Programs for FY2024

Major Program	Federal Assistance Listing Number	Expenditures
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	21.027	\$1,654,801
Family Planning Services	93.217	\$2,018,796
COVID-19 — Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	\$12,328,022
COVID-19 — Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	\$7,414,598
Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health	93.967	\$3,812,076

Audit Scope and Results (Continued)

Qualitative Aspects of Significant Accounting Policies and Practices

- Significant Accounting Policies
 - The Health District's significant accounting policies are described in *Note 1* of the audited financial statements.
- Alternative Accounting Treatments
 - No matters are reportable.

Audit Scope and Results (Continued)

Qualitative Aspects of Significant Accounting Policies and Practices

- Management Judgments and Accounting Estimates
 - Accounts receivable and related allowance for uncollectible amounts
 - Total other postemployment benefits (OPEB) liability and related deferred inflows and outflows of resources
 - Net pension liability and related deferred inflows and outflows of resources
 - Key estimates related to leases and SBITAs – discount rate, term, and payments
- Financial Statement Disclosures
 - Net pension liability
 - Total OPEB liability
 - Leases & SBITAs

Audit Scope and Results (Continued)

Auditor's Judgments About the Quality of the District's Accounting Principles

- No matters are reportable.

Significant Issues Discussed with Management During the Audit Process

- No matters are reportable.

Disagreements with Management

- No matters are reportable.

Future Pronouncements and Other Matters

Accounting Updates - GASB Statement No. 101, *Compensated Absences*

Summary

- Updates the recognition and measurement guidance for compensated absences under a unified model.
- Defines compensated absences and requires that liabilities be recognized in financial statements prepared using the economic resources measurement focus for leave that has not been used and leave that has been used but not yet paid or settled.
- Liability for compensated absences should be accounted for and reported on a basis consistent with governmental fund accounting principles for financial statements prepared using the current financial resources measurement focus.
- GASB 101 is effective for the District's 2025 fiscal year. Earlier application is encouraged.

Potential Impact

- GASB 101 amends the existing requirement to disclose the gross increases and decreases in a liability for compensated absences to allow governments to disclose only the net change in the liability (as long as they identify it as a net change).
- No longer required to disclose which governmental funds typically have been used to liquidate the liability for compensated absences.
- The changes adopted at transition to conform to the provisions of GASB 101, should be reported as a change in accounting principle in accordance with GASB 100, including the related display and disclosure requirements

Accounting Updates - GASB Statement No. 102, *Certain Risk Disclosures*

Summary

- Provide users of financial statements with essential information about risks related to a governmental entity's vulnerabilities due to certain concentrations or constraints.
- Defines a *concentration* as a lack of diversity related to an aspect of a significant inflow of resources or outflow of resources. A *constraint* is a limitation imposed on a governmental entity by an external party or by formal action of the governmental entity's highest level of decision-making authority. Concentrations and constraints may limit a governmental entity's ability to acquire resources or control spending
- GASB 102 is effective for the District's 2025 fiscal year. Earlier application is encouraged.

Potential Impact

- This Statement requires a government to assess whether a concentration or constraint makes the primary governmental reporting unit vulnerable to the risk of a substantial impact.
- If a governmental entity determines that those criteria for disclosure have been met for a concentration or constraint, it should disclose information in notes to financial statements in sufficient detail to enable users of financial statements to understand the nature of the circumstances disclosed and the governmental entity's vulnerability to the risk of a substantial impact. The disclosure should include descriptions of the following:
 - The concentration or constraint
 - Each event associated with the concentration or constraint that could cause a substantial impact if the event had occurred or had begun to occur prior to the issuance of the financial statements
 - Actions taken by the government prior to the issuance of the financial statements to mitigate the risk.

Accounting Updates - GASB Statement No. 103, *Financial Reporting Model Improvements*

Summary

- Improve key components of the financial reporting model to enhance its effectiveness in providing information that is essential for decision making and assessing a governmental entity's accountability.
- Updates impact Management's Discussion and Analysis, Unusual or Infrequent Items, Presentation of the Proprietary Fund Statement of Revenues, Expenses, and Changes in Fund Net Position, Major Component Unit Information, and Budgetary Comparison Information.
- GASB 103 is effective for the District's 2026 fiscal year. Earlier application is encouraged.

Potential Impact

- Statement requires that the information presented in MD&A be limited to the related topics discussed in five sections: (1) Overview of the Financial Statements, (2) Financial Summary, (3) Detailed Analyses, (4) Significant Capital Asset and Long-Term Financing Activity, and (5) Currently Known Facts, Decisions, or Conditions.
- Display the inflows and outflows related to unusual or infrequent items separately.
- Requires governments to present budgetary comparison information using a single method of communication—RSI and present (1) variances between original and final budget amounts and (2) variances between final budget and actual amounts. An explanation of significant variances is required to be presented in notes to RSI.

Accounting Updates - GASB Statement No. 104, *Disclosure of Certain Capital Assets*

Summary

- Requires capital assets held for sale, intangible assets, lease assets, and subscription assets to be broken out separately in note disclosure.
- GASB 104 is effective for the District's 2026 fiscal year. Earlier application is encouraged.

Potential Impact

- For the capital assets notes disclosure required by Statement 34, the following items should be broken out separately:
 - Lease assets (*Statement 87*) by major class of underlying assets
 - Intangible RTU recognized by an operator (*Statement 94*) by major class of underlying public-private and public-public partnership asset
 - Subscription assets (*Statement 96*)
 - Other intangible assets by major class of asset
- Intangible assets that represent the right to use intangible underlying assets are not required to be disclosed separately but should not be reported with owned intangible assets.

Other Matters

Other Matters

Meeting the Increasing Challenges of Cybersecurity

- Cybersecurity Risk Assessment
 - Identifies possible threats to organizations and can help determine how well the organization can prevent, detect and respond to cyber-attacks
 - Addresses cybersecurity risk in the context of business risk and uses generally accepted frameworks

Questions?

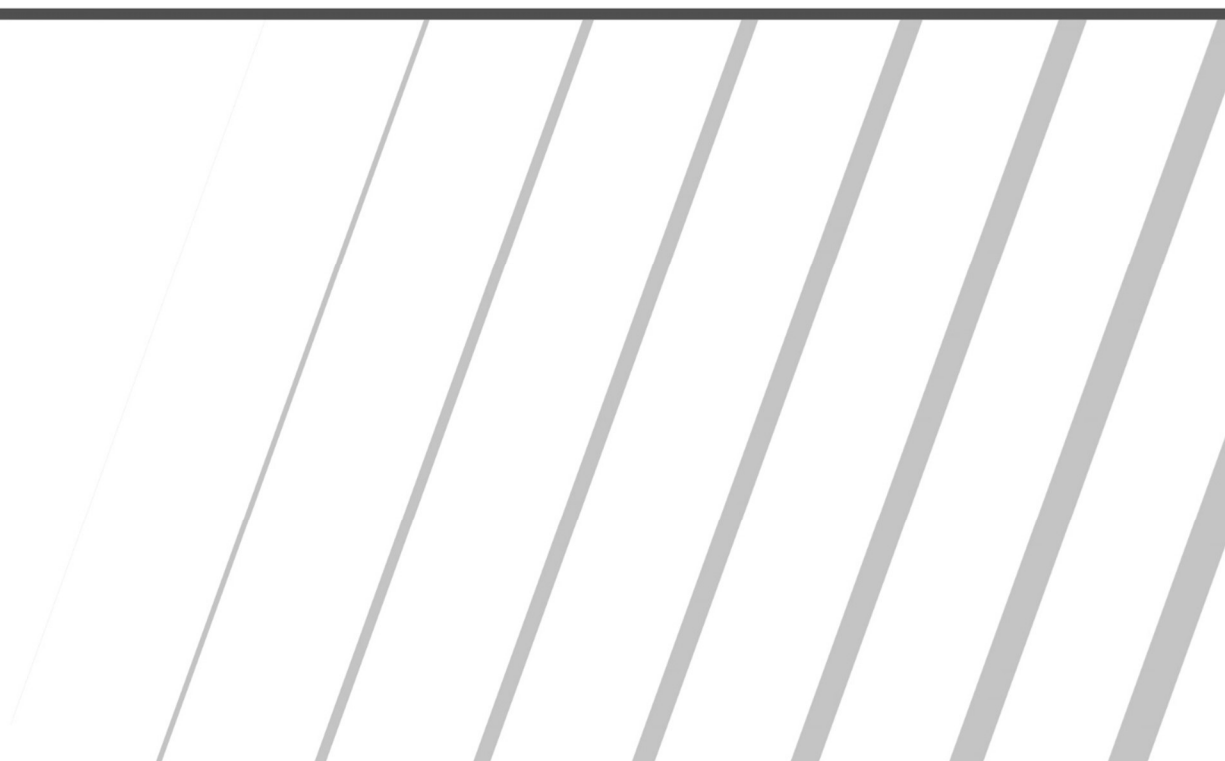
The information set forth in this presentation contains the analysis and conclusions of the author(s) based upon his/her/their research and analysis of industry information and legal authorities. Such analysis and conclusions should not be deemed opinions or conclusions by Forvis Mazars or the author(s) as to any individual situation as situations are fact-specific. The reader should perform their own analysis and form their own conclusions regarding any specific situation. Further, the author(s)' conclusions may be revised without notice with or without changes in industry information and legal authorities.

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Southern Nevada Health District

Financial Statements

June 30, 2024

A decorative graphic consisting of several parallel diagonal lines of varying shades of gray, extending from the bottom right towards the top left, positioned below the horizontal line.

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Financial Section

Independent Auditor's Report

Board of Health and Director of Administration
Southern Nevada Health District

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Southern Nevada Health District (Health District), as of and for the year ended June 30, 2024, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Health District, as of June 30, 2024, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are required to be independent of the Health District, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, budgetary comparisons, pension and other postemployment benefit information as listed in the table of contents be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Health District's basic financial statements. The supplementary information including the budgetary comparisons and the schedule of expenditures of federal awards required by Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements Federal Awards*, as listed in the table of contents, are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the budgetary comparisons and the schedule of expenditures of federal awards are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated **November __, 2024**, on our consideration of the Health District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health District's internal control over financial reporting and compliance.

Dallas, Texas

November __, 2024

**Southern Nevada Health District
Management's Discussion and Analysis
June 30, 2024**

As members of the Southern Nevada Health District's management, we offer the readers of the financial statements of Southern Nevada Health District (Health District) this narrative overview and analysis of the financial activities of the Health District for the fiscal year ended June 30, 2024.

Financial Highlights

The Health District's liabilities and deferred inflows of resources exceeded its assets and deferred outflows of resources at the close of the most recent fiscal year by \$36,756,990. Unrestricted net position could be used to meet the government's on-going obligations to citizens and creditors, if it were a positive number.

The Health District's total net position (deficit) increased by \$6,122,415, primarily due to an increase in property tax revenue, increases in charges for services offset with an increase in related expenditures, as well as a decrease in pandemic related operating grants and related expenditures.

The Health District's total revenue increased by \$2,535,850. This was primarily driven by increases in charges for services, regulatory fees and property tax revenues offset with a decrease in pandemic related grants. Expenses increased by \$10,706,583, primarily due to increase in personnel costs including both salaries and benefits.

Overview of the Financial Statements

The discussion and analysis provided herein is intended to serve as an introduction to the Southern Nevada Health District's basic financial statements. The Health District's basic financial statements consist of three components:

- Government-wide financial statements
- Fund financial statements
- Notes to financial statements

This report also includes both required supplementary information and supplementary information intended to furnish additional detail to support the basic financial statements themselves.

Government-wide Financial Statements

The *government-wide financial statements* are designed to provide readers with a broad overview of the Health District's finances, in a manner similar to a private-sector business.

The *statement of net position* presents financial information on all of the Health District's assets, deferred outflows, liabilities and deferred inflows. The difference between these elements is reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Health District is improving or deteriorating.

The *statement of activities* presents information showing how the Health District's net position changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses are reported for some items that will only result in cash flows in future fiscal periods (e.g., earned but unused vacation leave).

**Southern Nevada Health District
Management's Discussion and Analysis
June 30, 2024**

Both of the government-wide financial statements distinguish functions of the Health District that are principally supported by taxes and intergovernmental revenues (*governmental activities*) from other functions that are intended to recover all or a significant portion of their costs through user fees and charges (*business-type activities*). There were no business-type activities in 2024. The governmental activities of the Health District are comprised of the following functions:

Clinical Services. Includes programs for primary care, communicable diseases, clinical services administration, immunizations, women's health, children's health, refugee health, sexual health program, and other clinical programs.

Environmental Health. Includes programs for environmental health and sanitation, waste management, and other environmental health programs.

Community Health. Includes programs for community health administration, chronic disease prevention and health promotion, epidemiology, food handler education, laboratory services, public health preparedness, emergency medical/trauma services, disease surveillance, vital statistics, and informatics.

Administration. Includes programs for general administration, financial services, legal services, public information, facilities maintenance, information technology, human resources, and business group.

The government-wide financial statements can be found beginning on page 13 of this report.

Fund Financial Statements

A *fund* is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The Health District, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. All of the funds of the Health District can be divided into three categories:

- Governmental funds
- Proprietary funds
- Fiduciary funds

Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on *near-term inflows and outflows of spendable resources, as well as on balances of spendable resources* available at the end of the fiscal year. Such information may be useful in assessing the Health District's near-term financing requirements.

Governmental Funds

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for *governmental funds* with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the Health District's near-term financing decisions. Both the governmental fund balance sheet and the governmental fund statement of revenues, expenditures, and changes in fund balances provide a reconciliation to facilitate this comparison between *governmental funds* and *governmental activities*.

The Health District maintains four individual governmental funds. Information is presented separately in the governmental fund balance sheet and in the governmental fund statement of revenues, expenditures, and changes in fund balances for the general fund and special revenue fund, both of which are considered to be major funds.

**Southern Nevada Health District
Management's Discussion and Analysis
June 30, 2024**

The Health District adopts an annual appropriated budget for its governmental funds. A budgetary comparison statement has been provided for all funds to demonstrate compliance with each budget in either required supplementary information or supplementary information.

The basic governmental fund financial statements can be found beginning on page 15 of this report.

Proprietary Fund

As of June 30, 2024, the Health District only maintains an internal service fund:

An *internal service fund* is used to accumulate and allocate costs internally among various functions. The Health District uses an internal service fund to account for the management of its self-insured workers compensation claims and payment for current non-self-insured workers compensation premiums. The Health District's self-insured workers compensation program became effective on July 1, 2005, after it was approved by the Division of Insurance of the State of Nevada on May 12, 2005, and the Southern Nevada District Board of Health on May 26, 2005. The Health District made the decision in August 2015 to move to a fully funded plan to manage the workers compensation claims. The internal service fund must remain open for future claims from injuries between 2005 and 2015. The internal service fund has been included within the governmental activities in the government-wide financial statements.

Proprietary funds provide the same type of information as the government-wide financial statements, only in more detail. The internal service fund is a single, aggregated presentation in the proprietary fund financial statements. The basic proprietary fund financial statements can be found beginning on page 19 of this report.

Fiduciary Funds

Fiduciary funds are used to account for resources held for the benefit of parties outside of the government. Fiduciary funds are not reported in the government-wide financial statements because the resources of those funds are not available to support the Health District's own programs. The Health District created an Employee Events Fund in July 2015 to manage funds collected by employees to be managed and used by and for employees.

Notes to the Financial Statements

The notes provide additional information that is necessary to acquire a full understanding of the data provided in the government-wide and fund financial statements.

The notes to the financial statements can be found beginning on page 24 of this report.

Other Information

In addition to the basic financial statements and accompanying notes, this report also presents required supplementary information concerning the Health District's progress in funding its obligation to provide pension and other postemployment benefits (OPEB) to its employees.

Required supplementary information can be found beginning on page 47 of this report.

Government-wide Overall Financial Analysis
Summary Statement of Net Position

	Governmental Activities	
	2024	2023
Current and other assets	\$ 72,414,910	\$ 60,530,149
Net capital, lease and subscription assets	38,141,386	37,198,950
Total assets	110,556,296	97,729,099
Deferred outflows of resources	73,071,605	72,757,630
Liabilities		
Short-term liabilities	12,555,402	9,321,870
Long-term liabilities	186,744,388	170,186,395
Total liabilities	199,299,790	179,508,265
Deferred inflows of resources	21,085,101	21,613,039
Net position:		
Net investment in capital assets	30,139,138	29,711,221
Restricted	80,053	1,197,063
Unrestricted	(66,976,181)	(61,542,859)
Total net position	\$ (36,756,990)	\$ (30,634,575)

Total unrestricted net position represents negative 182% of total net position of Governmental Activities and is not available to meet the Health District's ongoing obligations to citizens and creditors. The remainder of the Health District's net position reflects its investment in capital, lease and subscription assets (e.g., land, buildings, equipment, vehicles, infrastructure) and funds restricted for grants and insurance liability reserve. The Health District uses these capital assets to provide a variety of services to citizens. Accordingly, these assets are not available for future spending.

The Health District's total net position (deficit) increased by \$6,122,415 primarily due to increased expenditures related to providing services and decrease in pandemic related grants.

The increases for charges for services was due to an overall increase in immunizations and other medical services. The increase in regulatory services was due to increased fees and number of permits and inspections during fiscal year 2024.

The property tax increase was due to a growing local economy and increases in property values.

The decrease in operating grants was mainly due to the pandemic related grants continuing to wind down during fiscal year 2024.

Summary Statement of Changes in Net Position

	Governmental Activities	
	2024	2023
Revenues:		
Program revenues:		
Charges for services	\$ 67,347,827	\$ 55,059,446
Operating grants and contributions	57,783,029	70,797,117
General revenues:		
Property tax allocation	34,088,562	31,630,078
Other income	2,575,284	3,306,203
Unrestricted investment income	2,143,755	609,763
Total revenues	<u>163,938,457</u>	<u>161,402,607</u>
Expenses:		
Public health		
Clinical services	61,460,781	50,799,463
Environmental health	31,127,930	25,591,459
Community health	61,936,949	72,627,208
Administration	15,218,402	10,038,282
Interest	316,810	297,877
Total expenses	<u>170,060,872</u>	<u>159,354,289</u>
Change in net position	(6,122,415)	2,048,318
Net position, beginning	<u>(30,634,575)</u>	<u>(32,682,893)</u>
Net position, ending	<u><u>\$ (36,756,990)</u></u>	<u><u>\$ (30,634,575)</u></u>

Governmental Activities

During the current fiscal year, net position for governmental activities decreased \$6,122,415 from the 2023 fiscal year to an ending balance of negative \$36,756,990.

Financial Analysis of Governmental Funds

As noted earlier, the Health District uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

The focus of the Health District's governmental funds is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the Health District's financing requirements. In particular, unassigned fund balance may serve as a useful measure of a government's net resources available for discretionary use as they represent the portion of fund balance which has not yet been limited to use for a particular purpose by either an external party, the Health District itself, or a group or individual that has been delegated authority to assign resources for use for particular purposes by the Health District's Board of Health.

**Southern Nevada Health District
Management's Discussion and Analysis
June 30, 2024**

DRAFT

At June 30, 2024, the Health District's governmental funds reported combined fund balances of \$60,727,892, an increase of \$9,101,050 in comparison with the prior year. Approximately 80%, or \$48,648,324 of this amount constitutes unassigned fund balance, which is available for spending at Health District's discretion.

The remainder of governmental fund balance is classified as follows: \$4,697,195 is non-spendable; restricted funds of \$80,053 is Grant-related; \$5,783,613 is assigned to capital project improvements; \$1,518,707 is assigned to administrative projects. The General Fund is the chief operating fund of the Health District. At the end of the current fiscal year, unassigned fund balance of the General Fund was \$48,648,324, while the total fund balance is \$54,872,828. As a measure of operating liquidity, it may be useful to compare both unassigned fund balance and total fund balance to total combined general fund and special revenue fund expenditures.

Unassigned fund balance represents approximately 31.2% of total combined general fund and special revenue fund expenditures and transfers, while total governmental fund balance represents approximately 38.7% of the total governmental expenditures and transfers. The Health District's general fund balance increased by \$7,780,861 during the current fiscal year, attributable to increased charges for services, property tax allocation, and a reduction in transfers to other funds.

Other governmental funds consist of the Special Revenue Fund, the Bond Reserve Fund (also known as Building Fund) and the Capital Projects Fund. The Special Revenue Fund was created in fiscal year 2016 to account for the grant funds the Health District receives and has a non-spendable and restricted fund balance of \$82,081. The Bond Reserve Fund was approved by the Board of Health on March 27, 2008, so that the Health District will be able to pay bonded debt in the event that Clark County issues bonds on behalf of the Health District in order to fund a new facility replacement for the main campus. On December 16, 2010, the Southern Nevada District Board of Health amended the original purpose of the Bond Reserve Fund to allow the Board of Health to utilize the resources of the debt service fund for any identifiable projects at the discretion of the Board that benefit the public health of Clark County.

The Bond Reserve and Capital Funds have an assigned fund balance of \$5,772,983 at the end of the current fiscal year, which increased by \$1,343,414 as compared to the prior fiscal year. This is a significant increase from the prior year attributable to budgeted transfer of \$2,000,000 from the General Fund.

Fund Revenues by Source:

	2024		2023		Increase (Decrease)	
	Amount	Percent	Amount	Percent		
General Fund Revenues						
Charges for services						
Fees for service	\$ 35,119,778	33.61%	\$ 28,940,004	32.48%	\$ 6,179,774	21.35%
Regulatory revenue	27,422,167	26.24%	23,557,537	26.44%	3,864,630	16.41%
Title XIX & other	4,805,902	4.60%	2,561,635	2.88%	2,244,267	87.61%
Total charges for services	67,347,847	64.45%	55,059,176	61.80%	12,288,671	22.32%
Intergovernmental revenues						
Property tax	34,088,562	32.62%	31,630,078	35.50%	2,458,484	7.77%
General receipts						
Contributions and donations	255	0.00%	6,725	0.01%	(6,470)	-96.21%
Interest income	1,971,853	1.89%	554,290	0.62%	1,417,563	255.74%
Other	1,094,229	1.05%	1,842,739	2.07%	(748,510)	-40.62%
Total general fund revenues	\$ 104,502,746	100.00%	\$ 89,093,008	100.00%	\$ 15,409,738	17.30%
Special Revenue Fund Revenues						
Intergovernmental revenues						
Direct federal grants	\$ 21,913,784	36.98%	\$ 20,771,681	28.75%	\$ 1,142,103	5.50%
Indirect federal grants	34,797,567	58.72%	48,965,055	67.77%	(14,167,488)	-28.93%
State funding	1,071,403	1.81%	1,053,926	1.46%	17,477	1.66%
Total intergovernmental revenues	57,782,754	97.50%	70,790,662	97.98%	(13,007,908)	-18.38%
Program Contract Services	1,481,055	2.50%	1,463,464	2.03%	17,591	1.20%
Total special fund revenues	\$ 59,263,809	100.00%	\$ 72,254,126	100%	\$ (12,990,317)	-17.98%
Combined Special Revenue and General Funds	\$ 163,766,555		\$ 161,347,134		\$ 2,419,421	1.50%

**Southern Nevada Health District
Management's Discussion and Analysis
June 30, 2024**

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The increase in fees for service, including immunizations and other medical services and regulatory services, is due to increased fees, number of patients, permits and inspections.

The increase in the property tax allocation of \$2,458,484 is due to a growing local economy, increases in property values, and subsequent increased property taxes. There is a 3% property tax cap on increases for primary residence property in the State of Nevada.

The increase in interest income was due to increased fair market value compared to book value at year end from investments.

The decrease in intergovernmental grant revenues was primarily due to a decrease in grants received and related eligible expenditures in clinical services and community health services areas. These grants were primarily COVID-19 related.

	2024		2023		Increase (Decrease)	
	Amount	Percent	Amount	Percent		
General Fund Expenditures						
Current						
Public health						
Clinical services	\$ 43,768,571	47.77%	\$ 28,764,659	43.82%	\$ 15,003,912	52.16%
Environmental health	24,218,749	26.43%	16,566,156	25.24%	7,652,593	46.19%
Community health services	16,430,847	17.93%	13,289,964	20.24%	3,140,883	23.63%
Administration	3,016,484	3.29%	3,614,059	5.51%	(597,575)	-16.53%
Debt service						
Principal	1,397,637	1.53%	1,438,576	2.19%	(40,939)	-2.85%
Interest	316,810	0.35%	297,877	0.45%	18,933	6.36%
Capital outlay						
Public health	2,470,015	2.70%	1,676,006	2.55%	794,009	47.38%
Total general fund expenditures	<u>\$ 91,619,113</u>	<u>100.00%</u>	<u>\$ 65,647,297</u>	<u>100.00%</u>	<u>\$ 25,971,816</u>	<u>39.56%</u>
Special Revenue Fund Expenditures						
Current						
Public health						
Clinical services	\$ 15,083,768	23.46%	\$ 17,263,902	19.92%	\$ (2,180,134)	-12.63%
Environmental health	2,969,192	4.62%	6,356,418	7.34%	(3,387,226)	-53.29%
Community health services	42,380,835	65.91%	58,134,661	67.09%	(15,753,826)	-27.10%
Administration	1,857,715	2.89%	2,931,204	3.38%	(1,073,489)	-36.62%
Capital outlay						
Public health	2,010,452	3.13%	1,965,708	2.27%	44,744	2.28%
Total special revenue fund expenditures	<u>\$ 64,301,962</u>	<u>100.00%</u>	<u>\$ 86,651,893</u>	<u>100%</u>	<u>\$ (22,349,931)</u>	<u>-25.79%</u>
Combined Special Revenue and General Funds	<u>\$ 155,921,075</u>		<u>\$ 152,299,190</u>		<u>\$ 3,621,885</u>	<u>2.38%</u>

The increase in general fund expenditures was primarily due to an increase in personnel expenses for services provided to patients in relation to the increase in fees for service and an increase in administrative cost including salaries and related benefits.

The decrease in special revenue fund expenditures were primarily due to a decrease in grants received and expended in clinical services and community health services areas.

General Fund Budget Highlights

Final Budget Compared to Actual Results

Current budget procedure allows funds to be moved within programs and departments. Revenues are underbudgeted amounts by \$1,793,972. This is attributable to lower than expected medical and immunization fee activity. Expenditures fell short of budgeted amounts by \$3,113,377, primarily due to a reduction of the services and supplies expense category for standard operations.

**Southern Nevada Health District
Management’s Discussion and Analysis
June 30, 2024**

Detailed information of budgeted revenue and expenditures and actual revenue and expenditures are included in the Supplementary Information on page 47 of the Financial Report.

CAPITAL, LEASE, AND SUBSCRIPTION ASSETS

As of June 30, 2024, the Health District’s net investment in capital, lease and subscription assets for its governmental activities was \$38,141,386. This investment in capital assets includes land, buildings and improvements, vehicles and equipment. The net increase in capital assets for the current fiscal year was approximately \$942,436 or 3%, primarily due to an increase in construction in progress, right-to-use leased building, subscription IT assets, and furniture, offset by retirement and depreciation and amortization on existing assets.

	<u>Balance June 30, 2023</u>	<u>Increases</u>	<u>Decreases</u>	<u>Transfers</u>	<u>Balance June 30, 2024</u>
Governmental activities					
Total governmental activities	\$ 37,198,950	\$ 5,361,850	\$ (4,419,414)	\$ -	\$ 38,141,386

The Health District disposed capital assets by \$206,648. This was primarily due to obsolete office and information technology equipment.

Additional detailed information on the Health District’s capital assets can be found in *Note 4* of this report.

Long-term Debt

At the end of the current fiscal year, the Health District has no outstanding debt other than lease liabilities and subscription liabilities.

Economic Factors and Next Year’s Budgets and Rates

The Health District’s financial position declined during fiscal year 2024-2025. The national public health emergency put in place at the start of the pandemic expired on May 11, 2023. Grant revenue provided for the pandemic response is expected to expire as remaining projects and deliverables for the existing grants are completed.

Although created as an independent governmental entity pursuant to Nevada Revised Statute (NRS) 439.361, the Health District has no taxing authority and relies on revenue from fees and other governmental sources in order to operate. Funding for all capital improvements must be derived from operating revenue unless capital grant funds are awarded.

Currently, the Health District is faced with the need to maintain a reserve to respond effectively to public health emergencies. The Board of Health continued its previous approval of \$1,000,000 of fund balance to be used if needed for that purpose.

The Health District is confronted with inflationary factors affecting the cost of equipment; clinical, laboratory and pharmaceutical supplies; and other services. The Consumer Price Index has increased 2.4% over the past 12 months as an average annual percentage indicating these costs may continue to grow in the immediate future. Bargaining unit negotiation increases scheduled for budget year 2024-2025 will result in significant increased labor costs going forward. In addition, benefit costs will be higher due to increased retirement contributions on increased salaries and group insurance costs in budget year 2024-2025.

**Southern Nevada Health District
Management's Discussion and Analysis
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The Health District will continue to pursue not only proportional allocation of Federal pass-through dollars through the State, but also direct funding from the Federal government. Clark County has 73% of Nevada's population and is 4.7 times the population of Washoe County in Northern Nevada. The additional Federal support will enable the Health District to better address the needs of residents requiring services. Senate Bill 118 was approved during the State of Nevada 2023 Legislative Session. Section 9.2 of the bill made an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services for allocation to specified entities for the improvement of public health. The Health District received an allocation of \$10,950,000 to be utilized over fiscal year 2024-2025 and fiscal year 2025-2026.

Property tax revenue is anticipated to increase by approximately 10% for the 2024-2025 budget year. Charges for services for clinical services continue to grow as services expand to additional locations. Regulatory revenue, environmental health licenses and permit revenues are anticipated to increase as fees are adjusted and regulated activities with national and international venues occur in the community. The increase for the 2024-2025 budget year is anticipated to be approximately 1% for charges for services, licenses, and permits.

At present, the Health District has the financial resources and capacity to maintain current service levels. As Pandemic Relief funding expires, the Health District will need to ensure operational viability by closely monitoring revenues and expenditures in addition to making operational adjustments and pursuing additional funding sources.

Request for Information

These financial statements are designed to provide a general overview to all parties who are interested in the Southern Nevada Health District's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to:

Southern Nevada Health District
Attention: Chief Financial Officer
280 S. Decatur Blvd.
P.O. Box 3902
Las Vegas, Nevada, 89127

This entire report is available online at: <http://www.southernnevadahealthdistrict.org>.

Basic Financial Statements

Southern Nevada Health District
Statement of Net Position
June 30, 2024

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	Primary Government Governmental Activities
ASSETS	
Cash, cash equivalents, and investments	\$ 43,052,961
Grants receivable	19,540,583
Accounts receivable, net	5,344,724
Interest receivable	239,799
Other receivables	499,326
Prepaid items	830,590
Inventories	2,906,927
Capital assets, not depreciated	
Land	3,447,236
Construction in progress	2,781,056
Capital, lease and subscription assets, net of accumulated depreciation and amortization	
Buildings	15,020,233
Improvements other than buildings	2,317,897
Furniture, fixtures, and equipment	5,342,717
Lease assets	7,298,803
Subscription assets	1,427,439
Vehicles	506,005
	<hr/>
Total assets	110,556,296
	<hr/>
DEFERRED OUTFLOWS OF RESOURCES	
Deferred amounts related to pensions	59,866,302
Deferred amounts related to OPEB	13,205,303
	<hr/>
Total deferred outflows of resources	73,071,605
	<hr/>
LIABILITIES	
Accounts payable	5,434,690
Accrued expenses	2,395,190
Workers compensation self-insurance claims	36,799
Unearned revenue	4,688,723
Long-term liabilities, due within one year	
Compensated absences	6,923,519
Lease liabilities	910,934
Subscription liabilities	197,202
Long-term liabilities, due in more than one year	
Compensated absences	4,468,047
Lease liabilities	6,789,650
Subscription liabilities	104,462
Net pension liability	138,595,844
Total OPEB liability	28,754,730
Total liabilities	<hr/> 199,299,790
	<hr/>
DEFERRED INFLOWS OF RESOURCES	
Deferred amounts related to pensions	1,297,261
Deferred amounts related to OPEB	19,787,840
Total deferred inflows of resources	<hr/> 21,085,101
	<hr/>
NET POSITION (DEFICIT)	
Net investment in capital assets	30,139,138
Restricted	80,053
Unrestricted (deficit)	(66,976,181)
	<hr/>
Total net position (deficit)	\$ (36,756,990)
	<hr/>

**Southern Nevada Health District
Statement of Activities
For the Fiscal Year Ended June 30, 2024**

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Functions/Programs	Expenses	Program Revenues		Net (Expenses) Revenues and Changes in Net Position Primary
		Charges for Services	Operating Grants and Contributions	Governmental Activities
Primary Government				
Governmental activities:				
Public health				
Clinical services	\$ 61,460,781	\$ 32,234,960	\$ 14,577,803	\$ (14,648,018)
Environmental health	31,127,930	27,095,298	1,687,961	(2,344,671)
Community health	61,936,949	8,017,569	39,216,949	(14,702,431)
Administration	15,218,402	-	2,300,316	(12,918,086)
Interest	316,810	-	-	(316,810)
Total governmental activities	170,060,872	67,347,827	57,783,029	(44,930,016)
Total function/program	\$ 170,060,872	\$ 67,347,827	\$ 57,783,029	\$ (44,930,016)
General Revenues				
Property tax allocation				\$ 34,088,562
Other income				2,575,284
Unrestricted investment income				2,143,755
Total general revenues and transfers				38,807,601
Change in Net Position (Deficit)				(6,122,415)
Net Position (Deficit), Beginning of Year				(30,634,575)
Net Position (Deficit), End of Year				\$ (36,756,990)

**Southern Nevada Health District
Governmental Funds – Balance Sheet
June 30, 2024**

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	<u>General Fund</u>	<u>Special Revenue Fund</u>	<u>Other Governmental Funds</u>	<u>Total Governmental Funds</u>
ASSETS				
Cash, cash equivalents, and investments	\$ 36,375,179	\$ -	\$ 6,566,699	\$ 42,941,878
Grant receivable	-	19,540,583	-	19,540,583
Accounts receivable, net	5,344,724	-	-	5,344,724
Other receivables	478,656	18,096	-	496,752
Interest receivables	203,230	-	36,446	239,676
Due from other funds	18,182,350	75,000	-	18,257,350
Inventories	2,906,927	-	-	2,906,927
Prepaid items	1,788,240	2,028	-	1,790,268
	<u>65,279,306</u>	<u>19,635,707</u>	<u>6,603,145</u>	<u>91,518,158</u>
LIABILITIES				
Accounts payable	3,443,017	1,550,106	441,567	5,434,690
Accrued expenses	2,395,189	-	-	2,395,189
Workers compensation self-insurance claims	16,799	-	-	16,799
Unearned revenue	4,551,473	137,250	-	4,688,723
Due to other funds	-	17,866,270	388,595	18,254,865
	<u>10,406,478</u>	<u>19,553,626</u>	<u>830,162</u>	<u>30,790,266</u>
FUND BALANCES				
Nonspendable:				
Inventories	2,906,927	-	-	2,906,927
Prepaid items	1,788,240	2,028	-	1,790,268
Restricted for:				
Grants	-	80,053	-	80,053
Assigned for:				
Capital improvements	10,630	-	5,772,983	5,783,613
Administration	1,518,707	-	-	1,518,707
Unassigned	48,648,324	-	-	48,648,324
	<u>54,872,828</u>	<u>82,081</u>	<u>5,772,983</u>	<u>60,727,892</u>
Total fund balances	<u>54,872,828</u>	<u>82,081</u>	<u>5,772,983</u>	<u>60,727,892</u>
Total liabilities and fund balances	<u>\$ 65,279,306</u>	<u>\$ 19,635,707</u>	<u>\$ 6,603,145</u>	<u>\$ 91,518,158</u>

**Southern Nevada Health District
Reconciliation of the Balance Sheet –
Governmental Funds to the Statement of Net Position – Governmental Activities
June 30, 2024**

Total fund balance – governmental funds	\$ 60,727,892
<p>Amounts reported for governmental activities in the Statement of Net Position are different because:</p>	
<p>Capital, lease, and subscription assets used in governmental activities are not current financial resources and, therefore, are not reported in governmental funds. Capital, lease, and subscription asset balance presented below is net of \$959,678 of prepaid subscription assets already reported in the governmental funds.</p>	
Capital, lease, and subscription assets, net of accumulated depreciation and amortization	37,181,708
<p>Long-term liabilities and related deferred inflows and outflows of resources are not due in payable in the current period or are not current financial resources and, therefore, are not reported in the funds. A summary of these items are as follows:</p>	
Postemployment benefits other than pensions	(28,754,730)
Deferred outflows related to postemployment benefits other than pensions	13,205,303
Deferred inflows related to postemployment benefits other than pensions	(19,787,840)
Compensated absences	(11,391,566)
Lease liability	(7,700,584)
Subscription liability	(301,665)
Net pension liability	(138,595,844)
Deferred outflows related to pensions	59,866,302
Deferred inflows related to pensions	(1,297,261)
<p>Internal service funds are used by management to charge the costs of certain activities to individual funds:</p>	
Internal service fund assets and liabilities included in governmental activities in the statement of net position	<u>91,295</u>
Net position of governmental activities	<u>\$ (36,756,990)</u>

**Southern Nevada Health District
Governmental Funds Statement of Revenues, Expenditures, and Changes in Fund Balances
For the Fiscal Year Ended June 30, 2024**

	<u>General Fund</u>	<u>Special Revenue Fund</u>	<u>Other Governmental Funds</u>	<u>Total Governmental Funds</u>
Revenues				
Charges for services				
Fees for service	\$ 35,119,778	\$ -	\$ -	\$ 35,119,778
Regulatory revenue	27,422,167	-	-	27,422,167
Title XIX and other	4,805,902	-	-	4,805,902
Intergovernmental revenues				
Property tax	34,088,562	-	-	34,088,562
Direct federal grants	-	21,913,784	-	21,913,784
Indirect federal grants	-	34,797,567	-	34,797,567
State grant funds	-	1,071,403	-	1,071,403
General receipts				
Contributions and donations	255	-	-	255
Interest income	1,971,853	-	167,157	2,139,010
Other	1,094,229	1,481,055	-	2,575,284
Total revenues	<u>104,502,746</u>	<u>59,263,809</u>	<u>167,157</u>	<u>163,933,712</u>
Expenditures				
Current:				
Public health				
Clinical & nursing services	43,768,571	15,083,768	-	58,852,339
Environmental health	24,218,749	2,969,192	-	27,187,941
Community health	16,430,847	42,380,835	-	58,811,682
Administration	3,016,484	1,857,715	303,956	5,178,155
Total current	<u>87,434,651</u>	<u>62,291,510</u>	<u>303,956</u>	<u>150,030,117</u>
Debt service:				
Principal	1,397,637	-	-	1,397,637
Interest	316,810	-	-	316,810
Capital outlay	2,470,015	2,010,452	519,787	5,000,254
Total other expenditures	<u>4,184,462</u>	<u>2,010,452</u>	<u>519,787</u>	<u>6,714,701</u>
Total expenditures	<u>91,619,113</u>	<u>64,301,962</u>	<u>823,743</u>	<u>156,744,818</u>
Excess (Deficiency) of Revenues Over (Under) Expenditures	<u>12,883,633</u>	<u>(5,038,153)</u>	<u>(656,586)</u>	<u>7,188,894</u>
Other Financing Sources (Uses)				
Transfers in	-	5,014,928	2,000,000	7,014,928
Transfers out	(7,014,928)	-	-	(7,014,928)
Leases issued	1,328,621	-	-	1,328,621
Subscriptions	583,535	-	-	583,535
Total other financing sources and uses	<u>(5,102,772)</u>	<u>5,014,928</u>	<u>2,000,000</u>	<u>1,912,156</u>
Net Change in Fund Balances	7,780,861	(23,225)	1,343,414	9,101,050
Fund Balances, Beginning of Year	47,091,967	105,306	4,429,569	51,626,842
Fund Balances, Ending of Year	<u>\$ 54,872,828</u>	<u>\$ 82,081</u>	<u>\$ 5,772,983</u>	<u>\$ 60,727,892</u>

**Southern Nevada Health District
 Reconciliation of the Statement of Revenues, Expenditures, and Changes in Fund Balances –
 Governmental Funds to the Statement of Activities – Governmental Activities
 For the Fiscal Year Ended June 30, 2024**

Net change in fund balances – total governmental funds	\$ 9,101,050
<p>Amounts reported for governmental activities in the Statement of Activities</p> <p>Governmental funds report capital outlays as expenditures. However, in the Statement of Activities the cost of those assets is allocated over their estimated useful lives and reported as depreciation or amortization. This is the amount of capital outlay recorded in the current period.</p>	
Expenditures for capital assets	5,361,850
Less current year depreciation and amortization	(4,212,766)
Disposal of capital assets	(206,648)
<p>The issuance of long-term debt (e.g. lease and subscription liabilities) provides current financial resources to governmental funds, while the repayment of the principal of long-term debt consumes the current financial resources of governmental funds.</p>	
Principal payments on lease and subscription liabilities	1,397,637
Leases issued	(1,328,621)
Subscriptions	(583,535)
<p>Some expenses reported in the statement of activities</p> <p>(do)/do not require the use of current financial resources, and therefore, (are)/are not reported as expenditures in governmental funds:</p>	
Change in postemployment benefits other than pensions	(1,771,511)
Change in deferred outflows related to postemployment benefits other than pensions	(1,111,106)
Change in deferred inflows related to postemployment benefits other than pensions	1,635,798
Change in compensated absences	(1,403,421)
Change in prepaid subscription assets	(454,565)
Change in deferred outflows related to pensions	1,425,081
Change in deferred inflows related to pensions	(1,107,861)
Change in net pension liability	(12,868,542)
<p>Internal service funds are used by management to charge the costs of certain activities to individual funds:</p>	
Internal service fund change in net position included in governmental activities in the statement of activities	4,745
Change in net position of governmental activities	<u>\$ (6,122,415)</u>

**Southern Nevada Health District
Statement of Net Position – Proprietary Funds
June 30, 2024**

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	Governmental Activities Insurance Liability Reserve
ASSETS	
Current Assets	
Cash and cash equivalents	\$ 22,083
Restricted cash	89,000
Interest receivable	123
Due from other funds	89
	<hr/>
Total current assets	111,295
	<hr/>
LIABILITIES	
Current Liabilities	
Workers compensation self-insurance claims	20,000
	<hr/>
Total current liabilities	20,000
	<hr/>
NET POSITION	
Restricted	91,295
	<hr/>
Total net position	\$ 91,295
	<hr/> <hr/>

Southern Nevada Health District
Statement of Revenues, Expenses, and Changes in Net Position – Proprietary Funds
For Fiscal Year Ended June 30, 2024

	<u>Governmental Activities Insurance Liability Reserve</u>
Nonoperating Revenues	
Investment income	\$ 4,745
Change in Net Position	4,745
Net Position, Beginning of Year	<u>86,550</u>
Net Position, End of Year	<u>\$ 91,295</u>

Southern Nevada Health District
Statement of Cash Flows – Proprietary Funds
For Fiscal Year Ended June 30, 2024

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	<u>Governmental Activities Insurance Liability Reserve</u>
Noncapital and Related Financing Activities	
Repayment of advances received from other funds	<u>\$ (53,829)</u>
Net cash used for noncapital financing activities	<u>(53,829)</u>
Cash Flows from Investing Activities	
Investment income	<u>4,886</u>
Net cash provided by investing activities	<u>4,886</u>
Change in Cash and Cash Equivalents	(48,943)
Cash, Restricted Cash and Cash Equivalents, Beginning of Year	<u>160,026</u>
Cash, Restricted Cash, and Cash Equivalents, End of Year	<u><u>\$ 111,083</u></u>
Reconciliation of Cash Balances of End of Year	
Unrestricted	22,083
Restricted	<u>89,000</u>
	<u><u>\$ 111,083</u></u>

Southern Nevada Health District
Statement of Fiduciary Net Position
June 30, 2024

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	Custodial Fund
ASSETS	
Cash and cash equivalents	\$ 10,675
Prepaid items	500
	<hr/>
Total assets	11,175
	<hr/>
LIABILITIES	
Due to other funds	2,574
	<hr/>
Total liabilities	2,574
	<hr/>
NET POSITION	
Restricted for individuals and organizations	8,601
	<hr/>
Total net position	\$ 8,601
	<hr/> <hr/>

**Southern Nevada Health District
Statement of Changes in Fiduciary Net Position
June 30, 2024**

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	Custodial Fund
Additions	
Contributions	\$ 7,132
	<hr/>
Total additions	7,132
	<hr/>
Deductions	
Services and supplies	9,206
	<hr/>
Total deductions	9,206
	<hr/>
Net Decrease in Fiduciary Net Position	(2,074)
Net Position, Beginning of Year	10,675
	<hr/>
Net Position, Ending of Year	\$ 8,601
	<hr/> <hr/>

Note 1: Summary of Significant Accounting Policies

The Reporting Entity

The accompanying financial statements include all of the activities that comprise the financial reporting entity of the Southern Nevada Health District (Health District). The Health District is governed by a 11-member policymaking board (the Board of Health) comprised of two representatives each from the Board of County Commissioners and the largest city in Clark County, one elected representative from each of the four remaining jurisdictions in the county, a physician member at-large, one representative of a nongaming business, and one representative of the Association of Gaming Establishments. The Health District represents a unique consolidation of the public health needs of the cities of Boulder City, Las Vegas, North Las Vegas, Henderson, Mesquite, and others within Clark County.

The accounting policies of the Health District conform to generally accepted accounting principles as applicable to governmental entities. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

Basic Financial Statements

The Health District's basic financial statements consist of government-wide financial statements, fund financial statements, and related notes. The government-wide financial statements include a statement of net position and a statement of activities, and the fund financial statements include financial information for the governmental, proprietary, and fiduciary funds. Reconciliations between the governmental funds and the governmental activities are also included.

Government-wide Financial Statements

The government-wide financial statements are made up of the statement of net position and the statement of activities. These statements include the aggregated financial information of the Health District as a whole, except for fiduciary activity. The effect of interfund activity has been removed from these statements.

The statement of activities demonstrates the degree to which the direct expenses of a given function or program are offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function. Program revenues include: 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by a given function, and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function. Other sources of revenue not properly included among program revenues are reported instead as general revenues. This statement provides a net cost or net revenue of specific functions within the Health District. Those functions with a net cost are consequently dependent on general-purpose revenues, such as the property tax allocation from Clark County collected from various jurisdictions, to remain operational.

Fund Financial Statements

The financial accounts of the Health District are organized on a basis of funds, each of which is considered a separate accounting entity. The operations of each fund are accounted for using a separate set of self-balancing accounts comprised of assets, deferred outflows of resources, liabilities, deferred inflows of resources, fund balance, revenues, and expenditures/expenses. Separate financial statements are provided for governmental funds, proprietary funds, and fiduciary funds, even though the latter are excluded from the government-wide financial statements.

**Southern Nevada Health District
Notes to Financial Statements
June 30, 2024**

The presentation emphasis in the fund financial statements is on major funds. All governmental funds considered major funds are reported as separate columns in the fund financial statements. All remaining governmental funds are aggregated and reported as other governmental funds in a separate column.

The Health District reports the following major governmental funds:

General Fund. Accounts for all financial resources which are not accounted for in another fund and is the general operating fund of the Health District.

Special Revenue Fund. Accounts for all grant resources that have been restricted for specific programs.

The proprietary fund distinguishes operating revenues and expenses from non-operating items. Operating revenues and expenses generally result from providing services in connection with the proprietary fund's principal ongoing operations. Operating expenses of the internal service fund include claims and administrative expenses. All revenues and expenses not meeting this definition are reported as non-operating revenues and expenses.

The Health District reports the following internal service fund:

The Insurance Liability Reserve Fund. Accounts for the costs associated with the self-funded workers compensation insurance.

Measurement Focus, Basis of Accounting and Financial Statement Presentation

The government-wide, proprietary and fiduciary fund financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants, contributions, and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered "measurable" when in the hands of the intermediary collecting governments and are considered to be available when they are collectible within the current period or soon enough thereafter (within 60 days) to pay liabilities of the current period. For this purpose, the Health District considers property tax revenues to be available if they are collected within 60 days of the current fiscal year end. The major revenue sources of the Health District include the property tax allocation from Clark County collected from various jurisdictions, regulatory revenue, fees for service, and other intergovernmental revenues from state and federal sources, which have been treated as susceptible to accrual as well as other revenue sources. In general, expenditures are recorded when liabilities are incurred, as under accrual accounting. The exception to this rule is that principal and interest on debt service, as well as liabilities related to compensated absences, postemployment benefits, and claims and judgments, are recorded when payment is due.

Cash and Cash Equivalents

The Health District considers short-term, highly liquid investments that are both readily convertible to cash and have original maturity dates of three months or less to be cash equivalents. This includes all of the Health District's cash and cash equivalents held by the Clark County Treasurer, which are combined with other Clark County funds in a general investment pool. As the Health District maintains the right to complete access to its funds held in the investment pool, these invested funds are presented as cash equivalents in the accompanying basic financial statements.

Accounts Receivable

Accounts receivable from patients for services rendered are reduced by the amount of such billings deemed by management to be ultimately uncollectable. The Health District utilizes historical experience for determining the estimated allowance for uncollectible accounts. Under this methodology, historical data is utilized to determine the historical bad debt percentages and applied prospectively to new billings.

Interfund Receivables and Payables

During the course of operations, numerous transactions occur between individual funds for goods provided or services rendered. The resulting payables and receivables outstanding at year end, if any, are referred to as due to or due from other funds. Transactions that constitute reimbursements to a fund for expenditures or expenses initially made from it that are properly applicable to another fund, are recorded as expenditures or expenses in the reimbursing fund and as reductions of expenditures or expenses in the fund that is reimbursed.

Inventories

Inventories are stated at the lower of cost or market. Cost is determined on an average cost basis. Governmental fund inventories are accounted for under the consumption method where the costs are recorded as expenditures when the inventory item is used rather than when purchased.

Additionally, the Health District receives medical vaccines from the State of Nevada (State) for use in the Health District's clinics, which are not included in the Health District's inventory since these vaccines remain the property of the State until they are administered. At June 30, 2024, the estimated value of such vaccines in the Health District's possession was \$1,837,495.

Prepaid Items

Certain payments to vendors reflect costs applicable to future periods and are recorded as prepaid items in both the government-wide and fund financial statements. In the fund financial statements, prepaid items are recorded as expenditures when consumed rather than when purchased.

Capital, Lease and Subscription Assets

Capital, lease and subscription assets, which include property, plant and equipment, are reported in the government-wide financial statements. The Health District considers assets with an initial individual cost of more than \$5,000 and an estimated useful life in excess of one year to be capital assets. Purchased or constructed capital assets are recorded at historical cost or estimated historical cost and updated for additions and retirements during the year. Donated capital assets, if any, are valued at their acquisition value as of the date of donation.

The cost of normal maintenance and repairs that do not significantly increase the functionality of the assets or materially extend the assets' lives are not capitalized. Major outlays for capital assets and improvements are capitalized as the projects are constructed.

Right of use leased assets are recognized at the lease commencement date and represent the Health District's right to use an underlying asset for the lease term. Right of use leased assets are measured at the initial value of the lease liability plus any payments made to the lessor before commencement of the lease term, less any lease incentives received from the lessor at or before the commencement of the lease term, plus any initial direct costs necessary to please the lease asset into service. Right of use leased assets are amortized over the shorter of the lease term or useful lives of the underlying asset using the straight-line method.

**Southern Nevada Health District
Notes to Financial Statements
June 30, 2024**

Subscription assets are initially recorded at the initial measurement of the subscription liability, plus subscription payments made at or before the commencement of the subscription-based information technology arrangement (SBITA) term, less any SBITA vendor incentives received from the SBITA vendor at or before the commencement of the SBITA term, plus capitalizable initial implementation costs. Subscription assets are amortized on a straight-line basis over the shorter of the SBITA term or the useful life of the underlying IT asset.

Depreciation and amortization are computed using the straight-line method over the following estimated useful lives:

Capital Assets Class	Years
Buildings	50
Improvements other than buildings	5 – 25
Furniture, fixtures, and equipment	3 – 20
Vehicles	6

Compensated Absences

It is the Health District's policy to permit employees to accumulate earned but unused vacation and sick pay benefits, which are collectively referred to as compensated absences.

Vacation benefits earned by employees are calculated based on years of full-time service as follows:

Years of Service	Vacation Benefits (Days)
Less than one	10
One to eight	15
Eight to Thirteen	18
More than thirteen	20

The vacation pay benefits for any employee not used during the calendar year may be carried over to the next calendar year, but are not permitted to exceed twice the vacation pay benefits the employee earned per year. The employee forfeits any excess leave.

An employee is entitled to sick pay benefits accrued at one day for each month of full-time service. After 120 months of full-time service, an employee is entitled to 1.25 days of sick pay benefits for each month of full-time service. There is no limit on the amount of sick pay benefits that can be accumulated. Upon termination, an employee with at least three years of service will receive 100% of the sick pay benefits accrual for accrued days up to 100 days, 50% of the accrued days between 101 and 200 days, and 25% of the accrued days greater than 200 days. Upon death of an employee, the estate will receive a lump sum payment for all sick pay benefits accrued.

All vacation and sick pay benefits are accrued when incurred in the government-wide financial statements. A liability for these amounts is reported in governmental funds only if the liability is due and payable, for example, as a result of employee resignations, terminations and retirements. The liability for compensated absences is funded from currently budgeted payroll accounts from the general fund.

Lease Liabilities

The Health District is a lessee for noncancellable leases for office, clinical, and warehouse space. The Health District recognizes a lease liability and an intangible right-to-use lease asset (lease asset) in the government-wide financial statements. The Health District recognizes lease liabilities with an initial, individual value of \$5,000 or more.

At the commencement of a lease, the Health District initially measures the lease liability at the present value of payments expected to be made during the lease term. Subsequently, the lease liability is reduced by the principal portion of lease payments made.

The lease asset is initially measured as the initial amount of the lease liability, adjusted for lease payments made at or before the lease commencement date, plus certain initial direct costs. Subsequently, the lease asset is amortized on a straight-line basis over its useful life or term of lease, whichever is shorter.

Key estimates and judgments related to leases include how the Health District determines (1) the discount rate it uses to discount the expected lease payments to present value, (2) lease term, and (3) lease payments.

- The Health District uses the interest rate charged by the lessor as the discount rate. When the interest rate charged by the lessor is not provided, the Health District generally uses its estimated incremental borrowing rate as the discount rate for leases.
- The lease term includes the noncancellable period of the lease. Lease payments included in the measurement of the lease liability are composed of fixed payments and purchase option price that the Health District is reasonably certain to exercise.

The Health District monitors changes in circumstances that would require a remeasurement of its lease and will remeasure the lease asset and liability if certain changes occur that are expected to significantly affect the amount of the lease liability.

Lease assets are reported with other capital assets and lease liabilities are reported with long-term liabilities on the statement of net position.

Postemployment Benefits Other Than Pensions (OPEB)

The Health District recognizes OPEB amounts for all benefits provided through the plans which include the total OPEB liability, deferred outflows of resources, deferred inflows of resources, and OPEB expense.

The Health District uses the same basis used by Public Employees' Benefits Plan (PEBP) and Retiree Health Program Plan (RHPP) for reporting the total OPEB liability, OPEB-related deferred outflows and inflows of resources, and OPEB expense. For this purpose, benefit payments are recognized by the Health District when due and payable in accordance with the benefit terms.

Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

The Health District uses the same basis used in the Public Employees' Retirement System of Nevada's (PERS) ACFR for reporting its proportionate share of the PERS collective net pension liability, deferred outflows and inflows of resources related to pensions, and pension expense, including information regarding PERS fiduciary net position and related additions to/deductions from. Benefit payments (including refunds of employee contributions) are recognized by PERS when due and payable in accordance with the benefit terms. PERS investments are reported at fair value.

Deferred Inflows and Outflows of Resources

Deferred outflows of resources represent a consumption of net assets that applies to a future period(s) and so will not be recognized as an outflow of resources (expense / expenditure) until then. Deferred outflows for the changes in assumptions and differences between expected and actual experience and actual pension contributions and the Health District's proportionate share of pension contributions are deferred and amortized over the average expected remaining service life of all employees that are provided with pension benefits. Deferred outflows for pension contributions made by the Health District subsequent to the pension plan's actuarial measurement date are deferred for one year. Deferred outflows for the difference between actual and expected experience and changes in assumptions in the total OPEB liability are deferred and amortized over the average expected remaining service life of all employees that are provided with health benefits. Deferred outflows for OPEB contributions made by the Health District subsequent to the OPEB plan's actuarial measurement date are deferred for one year.

Deferred inflows of resources represent an acquisition of net assets that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until that time. The government-wide statement of net position also reports: 1) the net difference between projected and actual earnings on pension plan investments are deferred and amortized over five years, and 2) difference between actual and expected experience and changes in assumptions to the total OPEB liability which are deferred and amortized over the average expected remaining service life of all employees that are provided with health benefits.

Fund Balance and Net Position Classifications

In the government-wide statements, equity is classified as net position and displayed in three components:

Net Investment in Capital Assets. This is the component of net position that represents capital assets net of accumulated depreciation and amortization and reduced by outstanding balances of long-term (lease liabilities and subscription liabilities), that are attributable to the acquisition, construction, or improvement of those assets.

Restricted. This component of net position reports the constraints placed on the use of assets by either external parties and/or enabling legislation.

Unrestricted. All other net position that does not meet the definition of net investment in capital assets and restricted net position.

In the fund financial statements, proprietary fund equity is classified the same as in the government-wide statements. Governmental fund balances are classified as follows:

Nonspendable. Includes amounts that cannot be spent because they are either (a) not in spendable form or (b) legally or contractually required to be maintained intact. This classification includes inventories and prepaid items.

Restricted. Similar to restricted net position discussed above, includes constraints placed on the use of resources that are either externally imposed by grantors, contributors, or other governments; or are imposed by law (through constitutional provisions or enabling legislation).

Committed. Includes amounts that can only be used for a specific purpose due to a formal resolution approved by the Board of Health, which is the Health District's highest level of decision-making authority. Those constraints remain binding unless removed or changed in the same manner employed to previously commit those resources.

Assigned. Includes amounts that are constrained by the Health District's intent to be used for specific purposes, but do not meet the criteria to be classified as restricted or committed. The Board of Health has set forth by resolution authority to assign fund balance amounts to the Health District's Director of Administration. Constraints imposed on the use of assigned amounts can be removed without formal resolution by the Board of Health.

**Southern Nevada Health District
Notes to Financial Statements
June 30, 2024**

Unassigned. This is the residual classification of fund balance in the general fund, which has not been reported in any other classification. The general fund is the only fund that can report a positive unassigned fund balance. Other governmental funds might report a negative unassigned fund balance as a result of overspending an amount which has been restricted, committed or assigned for specific purposes.

The Health District considers restricted amounts to have been spent when expenditures are incurred for purposes for which both restricted and unrestricted fund balance is available. Committed amounts are considered to have been spent when expenditures are incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used.

It is the Health District's policy to expend restricted resources first and use unrestricted resources when the restricted resources have been depleted. It is also the Health District's policy to maintain a minimum unassigned fund balance in the general fund of 16.6% of general fund expenditures (the general fund reserve).

The general fund reserve will be maintained to provide the Health District with sufficient working capital and a comfortable margin of safety to support one-time costs in the event of either a natural disaster or any other unforeseen emergency (as declared by the Board of Health), or unforeseen declines in revenue and/or large, unexpected expenditures/expenses. These circumstances are not expected to occur routinely, and the general fund reserve is not to be used to support recurring operating expenditures/expenses.

Government Grants

Support funded by grants is recognized as the Health District meets the conditions prescribed by the grant agreement, performs the contracted services or incurs outlays eligible for reimbursement under the grant agreements. Grant activities and outlays are subject to audit and acceptance by the granting agency and, as a result of such audit, adjustments could be required.

Use of Estimates

The preparation of these financial statements includes estimates and assumptions made by management that affect the reported amounts. Actual results could differ from those estimates.

Note 2: Stewardship and Accountability

Budgets and Budgetary Accounting

Nevada Revised Statutes (NRS) require that local governments legally adopt budgets for all funds except fiduciary funds. The annual budgets for all funds are adopted on a basis consistent with accounting principles generally accepted in the United States. Budget augmentations made during the year ended June 30, 2024, were as prescribed by law.

The budget approval process is summarized as follows:

At the March Board of Health meeting, management of the Health District submits a final budget for the fiscal year commencing the following July. The operating budget includes proposed expenditures/expenses and the means of financing them.

Upon approval by the Board of Health, the final budget is submitted to Clark County where it is included in Clark County's public hearing held in May.

The Health District's budget is then filed with the State of Nevada, Department of Taxation by Clark County.

**Southern Nevada Health District
Notes to Financial Statements
June 30, 2024**

NRS allows appropriations to be transferred within or among any functions or programs within a fund without an increase in total appropriations. If it becomes necessary during the course of the year to change any of the departmental budgets, transfers are initiated by department heads and approved by the appropriate administrator. Transfers within program or function classifications can be made with appropriate administrator approval. The Board of Health is advised of transfers between funds, and function classifications and the transfers are recorded in the official Board of Health minutes.

At June 30, 2024, indirect cost amounts between the clinical and nursing services, environmental health, and community health programs and the administration program in the general fund have been eliminated in accordance with accounting principles generally accepted in the United States.

Encumbrance accounting, under which purchase orders, contracts, and other commitments for the expenditure of resources are recorded to reserve that portion of the applicable appropriation, is utilized in the governmental funds.

Per NRS 354.626, actual expenditures may not exceed budgetary appropriations of the public health function of the general fund, or total appropriations of the internal service fund, special revenue fund or the individual capital projects funds. The sum of operating and nonoperating expenses in the internal service fund may not exceed total appropriations.

Note 3: Cash and Cash Equivalents

Deposits

The Health District's deposit policies are governed by the NRS. Deposits are carried at cost, which approximates market value and are maintained with insured banks in Nevada. At June 30, 2024, the carrying amount of the Health District's deposits was \$0 as all amounts were swept into the Clark County Investment Pool at the end of the day.

Clark County Investment Pool

The Health District participates in Clark County's investment pool. At June 30, 2024, all rated investments in the Clark County investment pool were in compliance with the rating criteria listed below. Pooled funds are invested according to the NRS which are limited to the following (the Health District has no investment policy that would further limit Clark County's investment choices):

- Obligations of the U.S. Treasury and U.S. agencies in which the maturity dates do not extend more than 10 years from the date of purchase.
- Negotiable certificates of deposit issued by commercial banks or insured savings and loan associations (those over \$100,000 must be fully collateralized) not to exceed 1 year maturity from date of purchase with minimum ratings by at least two rating services of "B" by Thomson Bank Watch or "A-1" by Standard & Poor's or "P-1" by Moody's.
- Notes, bonds, and other unconditional obligations issued by corporations organized and operating in the United States. The obligations must be purchased from a registered broker/dealer. At the time of purchase the obligations must have a remaining term to maturity of no more than 5 years, are rated by a nationally recognized rating service as "A" or its equivalent, or better and cannot exceed 20% of the investment portfolio.
- Bankers' acceptances eligible for rediscount with Federal Reserve Banks, not to exceed 180 days maturity and does not exceed 20% of the portfolio.
- Collateralized mortgage obligations that are rated "AAA" or its equivalent not to exceed 20% of the portfolio.

- Repurchase agreements that are collateralized at 102% of the repurchase price and do not exceed 90 days maturity. Securities used for collateral must meet the criteria listed above.
- Money Market Mutual Funds which are rated “AAA” or its equivalent and invest only in securities issued by the Federal Government, U.S. agencies or repurchase agreements fully collateralized by such securities not to exceed 5 years maturity and does not exceed 20% of the portfolio.
- Asset-backed securities that are rated AAA or its equivalent, not to exceed 20% of the portfolio.
- Investment contracts for bond proceeds only, issuance for \$10,000,000 or more, and collateralized at a market value of at least 102% by obligations of the U.S. Treasury or agencies of the federal government.
- The State of Nevada’s Local Government Investment Pool.

Custodial credit risk is the risk that in the event a financial institution or counterparty fails, the Health District would not be able to recover the value of its deposits and investments. The Clark County Investment Policy states that securities purchased by Clark County shall be delivered against payment (delivery vs. payment) and held in a custodial safekeeping account with the trust department of a third party bank insured by the FDIC and designated by the Clark County Treasurer for this purpose in accordance with NRS 355.172. A custody agreement between the bank and Clark County is required before execution of any transactions, Clark County’s public deposits are in participating depositories of the Nevada Collateral Pool (Pool).

The Pool, which is administered by the State of Nevada, Office of the State Treasurer, is set up as a single financial institution collateral pool that requires each participating depository to collateralize with eligible collateral those ledger deposits not within the limits of insurance provided by an instrumentality of the United States through NRS 356.133 (*i.e.*, in excess of the FDIC levels). The collateral is pledged in the name of the Pool and the market value of the collateral must be at least 102% of the uninsured ledger balances of the public money held by the depository.

Interest rate risk is defined as the risk that changes in interest rates will adversely affect the fair value of an investment. Through its investment policy, Clark County (as the external investment pool operator) manages interest rate risk by limiting the average weighted duration of the investment pool portfolio to less than 2.5 years. Duration is a measure of the present value of a fixed income’s cash flows and is used to estimate the sensitivity of a security’s price to interest rate changes.

Concentration of credit risk is the risk of loss attributed to the magnitude of a government’s investment in a single issuer. At June 30, 2024, all of the Health District’s investments held by the Clark County Treasurer are invested in authorized investments in accordance with NRS 350.659, 355.165, 355.170, and 356.120. The limitations on amounts invested are covered on the aforementioned type of security.

As of June 30, 2024, the carrying amount and market value of the Health District’s investments in the Clark County Investment Pool was \$42,967,870.

Combined Cash and Cash Equivalents

At June 30, 2024, the Health District’s cash and cash equivalents were as follows:

Cash on hand	\$ 6,766
Restricted cash	89,000
Clark County Investment Pool	<u>42,967,870</u>
 Total cash and cash equivalents	 <u><u>\$ 43,063,636</u></u>

**Southern Nevada Health District
Notes to Financial Statements
June 30, 2024**

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At June 30, 2024, the Health District's cash and cash equivalents were presented in the District's financial statements as follows:

Governmental funds	\$ 42,941,878
Proprietary fund	111,083
Custodial funds	<u>10,675</u>
 Total cash and cash equivalents	 <u><u>\$ 43,063,636</u></u>

Note 4: Capital, Lease, and Subscription Assets

Changes in capital, lease, and subscription assets for the year ended June 30, 2024, were as follows:

	Balance June 30, 2023	Additions	Retirements	Transfers	Balance June 30, 2024
Governmental Activities					
Capital assets not being depreciated/amortized:					
Construction in progress	\$ 1,952,654	\$ 898,847	\$ -	\$ (70,445)	\$ 2,781,056
Land	3,447,236	-	-	-	3,447,236
 Total capital assets not being depreciated	 <u>5,399,890</u>	 <u>898,847</u>	 <u>-</u>	 <u>(70,445)</u>	 <u>6,228,292</u>
Capital, leased, and subscription assets being depreciated/amortized:					
Buildings	21,027,013	23,931	-	-	21,050,944
Improvements other than buildings	6,092,699	238,785	(52,868)	14,870	6,293,486
Furniture, fixtures, and equipment	17,834,765	1,329,244	(782,029)	55,575	18,437,555
Right-to-use leased building	7,498,457	1,212,489	-	-	8,710,946
Right-to-use leased equipment	760,227	116,132	(161,013)	-	715,346
Subscription IT asset	1,322,171	1,180,138	-	-	2,502,309
Vehicles	1,358,198	362,284	(34,379)	-	1,686,103
 Totals capital, lease, and subscription assets being depreciated/amortized	 <u>55,893,530</u>	 <u>4,463,003</u>	 <u>(1,030,289)</u>	 <u>70,445</u>	 <u>59,396,689</u>
Accumulated depreciation/amortization for:					
Buildings	(5,322,649)	(708,062)	-	-	(6,030,711)
Improvements other than buildings	(3,663,071)	(347,401)	34,883	-	(3,975,589)
Furniture, fixtures, and equipment	(12,374,273)	(1,313,931)	593,366	-	(13,094,838)
Right-to-use leased building	(833,644)	(816,477)	-	-	(1,650,121)
Right-to-use leased equipment	(377,897)	(260,484)	161,013	-	(477,368)
Subscription IT asset	(458,733)	(616,137)	-	-	(1,074,870)
Vehicles	(1,064,203)	(150,274)	34,379	-	(1,180,098)
 Total accumulated depreciation/amortization	 <u>(24,094,470)</u>	 <u>(4,212,766)</u>	 <u>823,641</u>	 <u>-</u>	 <u>(27,483,595)</u>
 Total capital, leased, and subscription assets, being depreciated/amortized, net	 <u>31,799,060</u>	 <u>250,237</u>	 <u>(206,648)</u>	 <u>70,445</u>	 <u>31,913,094</u>
 Total governmental activities	 <u>\$ 37,198,950</u>	 <u>\$ 1,149,084</u>	 <u>\$ (206,648)</u>	 <u>\$ -</u>	 <u>\$ 38,141,386</u>

For the year ended June 30, 2024, depreciation and amortization expense was charged to the following functions and programs:

Governmental activities:	
Clinical services	\$ 171,293
Environmental health	72,084
Community health	816,361
Administration	<u>3,153,028</u>
 Total depreciation and amortization expense – governmental activities	 <u>\$ 4,212,766</u>

Note 5: Interfund Balances and Transfers

Interfund balances at June 30, 2024 are as follows:

<u>Receivable Fund</u>	<u>Payable Fund</u>	<u>Amount</u>
General Fund	Special Revenue Fund	\$ 17,866,270
General Fund	Other governmental funds	313,506
General Fund	Fiduciary fund	2,574
Special Revenue Fund	Other governmental funds	75,000
Insurance Reserve	Other governmental funds	<u>89</u>
		 <u>\$ 18,257,439</u>

These balances result from the time lag between the dates that: (1) interfund goods and services are provided or reimbursable expenditures occur, (2) transactions are recorded in the accounting system and (3) payments between funds are made.

Interfund transfers for the year ended June 30, 2024, consisted of the following:

<u>Transfers Out of Fund</u>	<u>Transfers In to Fund</u>	<u>Amount</u>
General Fund	Special Revenue Fund	\$ 5,014,928
General Fund	Other governmental funds	<u>2,000,000</u>
		 <u>\$ 7,014,928</u>

Transfers from were used to: (1) move revenues from the fund that statute or budget requires to collect them to the fund that statute or budget requires to expend them, and (2) use unrestricted revenues collected in the general fund to finance various programs accounted for in special revenue fund, and finance the administrative cost allocation to special revenue fund, in accordance with budgetary authorization.

Note 6: Changes in Long-Term Liabilities

Long-term liabilities activity for the year ended June 30, 2024, was as follows:

	Balance June 30, 2023	Increases	Decreases	Balance June 30, 2024	Due Within One Year
Governmental Activities					
Compensated absences	\$ 9,988,145	\$ 10,567,790	\$ (9,164,369)	\$ 11,391,566	\$ 6,923,519
Lease liability	7,256,653	1,328,621	(884,690)	7,700,584	910,934
Subscription liability	231,076	583,535	(512,947)	301,664	197,202
Total long-term liabilities	<u>\$ 17,475,874</u>	<u>\$ 12,479,946</u>	<u>\$ (10,562,006)</u>	<u>\$ 19,393,814</u>	<u>\$ 8,031,655</u>

Compensated absences, lease and subscription liabilities typically have been liquidated by the fund where employees earned and accrued the amounts.

Lessee Activities

The Health District has entered into multiple leases for office, clinical, warehouse space, medical and office equipment. The Health District is required to make principal and interest payments on these spaces. These lease agreements have terms expiring through March 2037. The lease liability was valued using discount rates between 3.25% and 8.00%. This rate was determined using the US Prime Rates applicable for each lease based on the lease period and date of initiation.

Remaining principal and interest payments on leases are as follows:

For the Year Ending June 30,	Principal	Interest
2025	\$ 910,934	\$ 315,060
2026	878,938	272,256
2027	842,565	228,103
2028	679,119	186,664
2029	621,192	148,410
2030 – 2034	2,242,359	472,041
2035 – 2037	1,525,477	77,733
	<u>\$ 7,700,584</u>	<u>\$ 1,700,267</u>

Subscription Liabilities

The Health District has various subscription-based information technology arrangements (SBITAs), the terms of which expire in various years through 2028. The subscription liability was valued using discount rates between 3.25% and 8.25%. This rate was determined using the US Prime Rates applicable for each subscription agreement based on the subscription period and date of initiation.

Remaining principal and interest payments on subscription liabilities are as follows:

<u>For the Year Ending June 30,</u>	<u>Principal</u>	<u>Interest</u>
2025	\$ 197,202	\$ 17,625
2026	66,613	4,521
2027	17,945	2,381
2028	19,904	780
	<u>\$ 301,664</u>	<u>\$ 25,307</u>

Note 7: Risk Management

The Health District, like any governmental entity, is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; and natural disasters.

The Health District has joined together with similar public agencies (cities, counties and special districts) throughout the State of Nevada to be a part of a pool under the *Nevada Interlocal Cooperation Act*. The Nevada Public Agency Pool Insurance (Pool) is a public entity risk pool currently operating as a common risk management and insurance program for its members.

The Health District pays an annual premium and specific deductibles, as necessary, to the Pool for its general insurance coverage. The Pool is considered a self-sustaining risk pool that will provide coverage for its members for up to \$10,000,000 per insured event with a \$10,000,000 annual aggregate per member. Additionally, coverage includes data security events up to a maximum of \$1,000,000 per event. Property, crime, and equipment breakdown coverage is provided to its members up to \$100,000,000 per loss with various sub-limits established for earthquake, flood, equipment breakdown, and money and securities.

The Public Agency Compensation Trust (PACT) was formed to provide workers compensation coverage. POOL/PACT members include counties, cities, school districts, special districts, law enforcement, and towns. The Health District pays premiums based on payroll costs to the PACT for its workers compensation insurance coverage. The PACT is considered a self-sustaining risk pool that will provide coverage for its members based on established statutory limits. The PACT obtains independent coverage for insured events in excess of the aforementioned limits.

The Health District carries medical professional liability insurance. There were no claims for medical malpractice in the past three fiscal year. In addition, the Health District continues to carry other commercial insurance for other risks of loss not covered by the Pool, including employee health and accident insurance. Amounts in excess of insurance coverage for settled claims resulting from these risks were minimal over the past three fiscal years.

Litigation

Various legal claims have arisen against the Health District during the normal course of operations. According to the Health District’s legal counsel, there was no outstanding matters at this time with a material impact, and, therefore, no provision for loss has been made in the financial statements in connection therewith.

The Health District does not accrue for estimated future legal and defense costs, if any, to be incurred in connection with outstanding or threatened litigation and other disputed matters but rather, records such as period costs when the services are rendered.

Note 8: Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

The Health District's employees are covered by the Public Employees' Retirement System of Nevada, which was established by the Nevada Legislature in 1947, effective July 1, 1948, and is governed by the Public Employees Retirement Board (the PERS Board) whose seven members are appointed by the governor. The Health District does not exercise any control over PERS.

PERS is a cost-sharing, multiple-employer, defined benefit public employees' retirement system which includes both regular and police/fire members. PERS is administered to provide a reasonable base income to qualified employees who have been employed by a public employer and whose earnings capacities have been removed or substantially impaired by age or disability.

Benefits, as required by NRS, are determined by the number of years of accredited service at time of retirement and the member's highest average compensation in any 36 consecutive months with special provisions for members entering the system on or after January 1, 2010, and July 1, 2015. Benefit payments to which participants or their beneficiaries may be entitled under the plan include pension benefits, disability benefits, and survivor benefits.

Monthly benefit allowances for members are computed as 2.5% of average compensation for each accredited year of service prior to July 1, 2001. For service earned on or after July 1, 2001, this multiplier is 2.67% of average compensation. For members entering PERS on or after January 1, 2010, there is a 2.5% service time factor and for regular members entering PERS on or after July 1, 2015, there is a 2.25% factor. PERS offers several alternatives to the unmodified service retirement allowance which, in general, allow the retired employee to accept a reduced service retirement allowance payable monthly during his or her lifetime and various optional monthly payments to a named beneficiary after his or her death.

Post-retirement increases are provided by authority of NRS 286.575 - .579, which for members entering the system before January 1, 2010, is equal to the lesser of:

- 1) 2% per year following the third anniversary of the commencement of benefits, 3% per year following the sixth anniversary, 3.5% per year following the ninth anniversary, 4% per year following the twelfth anniversary and 5% per year following the fourteenth anniversary, or
- 2) The average percentage increase in the Consumer Price Index (or other PERS Board approved index) for the three preceding years.

In any event, a member's benefit must be increased by the percentages in paragraph 1, above, if the benefit of a member has not been increased at a rate greater than or equal to the average of the Consumer Price Index (All Items) (or other PERS Board approved index) for the period between retirement and the date of increase.

For members entering PERS with an effective date of membership on or after January 1, 2010 and before July 1, 2015, the post-retirement increases are the same as above, except that the increases do not exceed 4% per year.

For members entering PERS after July 1, 2015, the post-retirement increases 2% per year following the third anniversary of the commencement of benefits, 2.5% per year following the sixth anniversary, the lesser of 3% or the CPI for the preceding calendar year following the ninth anniversary.

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Regular members entering PERS prior to January 1, 2010 are eligible for retirement at age 65 with 5 years of service, at age 60 with 10 years of service, or at any age with 30 years of service. Regular members entering PERS on or after January 1, 2010, are eligible for retirement at age 65 with 5 years of service, or age 62 with 10 years of service, or any age with 30 years of service. Regular members entering PERS on or after July 1, 2015, are eligible for retirement at age 65 with 5 years of service, or at age 62 with 10 years of service or at age 55 with 30 years of service or any age with 33 1/3 years of service.

The normal ceiling limitation on the monthly benefit allowances is 75% of average compensation. However, a member who has an effective date of membership before July 1, 1985, is entitled to a benefit of up to 90% of average compensation. Both regular and police/fire members become fully vested as to benefits upon completion of five years of service.

The authority for establishing and amending the obligation to make contributions and member contribution rates rests with NRS. New hires in agencies which did not elect the employer-pay contribution (EPC) plan prior to July 1, 1983, have the option of selecting one of two alternative contribution plans. Contributions are shared equally by employer and employee in which employees can take a reduced salary and have contributions made by the employer or can make contributions by a payroll deduction matched by the employer.

The PERS basic funding policy provides for periodic contributions at a level pattern of cost as a percentage of salary throughout an employee's working lifetime in order to accumulate sufficient assets to pay benefits when due.

PERS receives an actuarial valuation on an annual basis for determining the prospective funding contribution rates required to fund the system on an actuarial reserve basis. Contributions actually made are in accordance with the required rates established by NRS. These statutory rates are periodically updated pursuant to NRS 286.421 and 286.450. The actuarial funding method used is the entry age normal cost method. It is intended to meet the funding objective and result in a relatively level long-term contributions requirement as a percentage of salary.

For the year ended June 30, 2023, the Health District's required contribution rates for regular members was 17.50% and 33.50% for employer/employee matching and EPC, respectively. The Health District's portion of contributions was \$10,184,139 for the year ended June 30, 2024.

PERS collective net pension liability was measured as of June 30, 2023, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. For this purpose, certain actuarial valuation assumptions are stipulated by the GASB and may vary from those used to determine the prospective funding contribution rates.

The total PERS pension liability was determined using the following economic actuarial assumptions (based on the results of an experience Study covering the period from July 1, 2016 - June 30, 2020), applied to all periods included in the measurement:

Inflation	2.50%
Productivity pay increase	0.05%
Investment Rate of Return	7.25%
Actuarial cost method	Entry age normal and level percentage of payroll
Projected salary increases	Regular: 4.20% to 9.10%, depending on service Police/Fire: 4.60% to 14.50%, depending on service Rates include inflation and productivity increases
Other assumptions	Same as those used in the June 30, 2023 funding actuarial valuation

Pub-2010 General Healthy Retiree Amount-Weighted Above-Median Mortality Table (separate tables for males and females) with rates increased by 30% for males and 15% for females, projected generationally with the two-dimensional monthly improvement scale MP-2020.

The mortality tables listed in the actuary report only provide rates for ages 50 and older. To develop mortality rates for ages 40 through 50, we have smoothed the difference between the rates at age 40 from the Pub-2010 General Employee Amount-Weighted Above-Median Mortality Tables and the rates at age 50 from the Pub-2010 General Healthy Retiree Amount-Weighted Above-Median Mortality Tables.

To develop the mortality rates before age 40, we have used the Pub-2010 General Employee Amount-Weighted Above-Median Mortality Tables rates. This methodology for developing an extended annuitant mortality table is similar to the method used by the IRS to develop the base mortality table for determining minimum funding standards for single-employer defined benefit pension plans under Internal Revenue Code Section 430. While Section 430 is not applicable to the System, we believe this is a reasonable method for developing annuitant mortality rates at earlier ages.

PERS' policies which determine the investment portfolio target asset allocation are established by the PERS Board. The asset allocation is reviewed annually and is designed to meet the future risk and return needs of PERS. The following was the Board adopted policy target asset allocation as of June 30, 2023:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return (Arithmetic)
U.S. stocks	42%	6.85%
International stocks	18%	7.18%
U.S. bonds	28%	0.91%
Real estate	6%	5.25%
Private markets	6%	12.40%
Total	100%	

*These geometric return rates are combined to produce the long-term expected rate of return by adding the long-term expected inflation rate of 2.50%

The discount rate used to measure the total pension liability was 7.25% as of June 30, 2023. The projection of cash flows used to determine the discount rate assumed that employee and employer contributions will be made at the rate specified by NRS. Based on that assumption, PERS' fiduciary net position at June 30, 2023, was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments (7.25%) was applied to all periods of projected benefit payments to determine the total pension liability as of June 30, 2023.

**Southern Nevada Health District
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At June 30, 2024, the Health District's proportionate share of the net pension liability is calculated using a discount rate of 7.25%. The following shows the sensitivity of the valuation of the Health District's proportionate share of the net pension liability assuming the discount rate was either 1% lower or 1% higher:

	<u>1% Decrease (6.25%)</u>	<u>Current Discount Rate (7.25%)</u>	<u>1% Increase (8.25%)</u>
Net pension liability	\$ 215,675,935	\$ 138,595,844	\$ 74,982,669

Detailed information about PERS fiduciary net position is available in the PERS ACFR, which is available on the PERS website, www.nvpers.org under publications.

The Health District's proportionate share of the collective net pension liability was \$138,595,844, which represents 0.75931% of the collective net pension liability, which is an increase from the previous year's proportionate share of 0.69636%. Contributions for employer pay dates within the fiscal year ending June 30, 2023, were used as the basis for determining each employer's proportionate share.

For the period ended June 30, 2024, the Health District's pension expense was \$22,996,885 and its reported deferred outflows and inflows of resources related to pensions as of June 30, 2024, were as follows:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
Differences between expected and actual experience	\$ 18,065,122	\$ -
Net difference between projected and actual earnings on investments	-	1,297,261
Changes in proportion and differences between actual contributions and proportionate share of contributions	18,627,273	-
Change in assumptions	12,989,068	-
Contributions subsequent to the measurement date	10,184,839	-
Total	<u>\$ 59,866,302</u>	<u>\$ 1,297,261</u>

Deferred outflows of resources related to pensions resulting from contributions subsequent to the measurement date totaling \$10,184,839 will be recognized as a reduction of the net pension liability in the year ending June 30, 2025. Other amounts reported as deferred outflows and inflows of resources related to pensions will be recognized in pension expense as follows:

For the Year Ending June 30,

2025	\$ 4,835,019
2026	4,258,746
2027	18,034,376
2028	1,972,768
2029	656,083
Thereafter	<u>18,627,210</u>
Total	<u>\$ 48,384,202</u>

Note 9: Postemployment Benefits Other than Pensions

General Information about the Other Post Employment Benefit Plans

Plan Description: The Health District subsidizes eligible retirees’ contributions to the Public Employees’ Benefits Plan (PEBP), a non-trust, agent multiple-employer defined benefit postemployment healthcare plan administered by the State of Nevada. NRS 287.041 assigns the authority to establish and amend benefit provisions to the PEBP nine-member board of trustees. The plan is now closed to future retirees, however, district employees who previously met the eligibility requirement for retirement within the Nevada Public Employee Retirement System had the option upon retirement to enroll in coverage under the PEBP with a subsidy provided by the Health District as determined by their number of years of service. The PEBP issues a publicly available financial report that includes financial statements and required supplementary information.

That report may be obtained by writing to Public Employee’s Benefits Program, 901 S. Stewart Street, Suite 1001, Carson City, NV, 89701, by calling (775) 684-7000, or by accessing the website at www.pebp.state.nv.us/informed/financial.htm.

Plan Description: The Retiree Health Program Plan (RHPP) is a non-trust, single-employer defined benefit postemployment healthcare plan administered by Clark County, Nevada. Retirees may choose between Clark County Self-Funded Group Medical and Dental Benefits Plan (Self-Funded Plan) and an Exclusive Provider Organization (EPO) plan.

Benefits Provided

PEBP plan provides medical, dental, prescription drug, Medicare Part B, and life insurance coverage to eligible retirees and their spouses. Benefits are provided through a third-party insurer.

As of November 1, 2008, PEBP was closed to any new participants.

RHPP provides medical, dental, prescription drug, and life insurance coverage to eligible active and retired employees and beneficiaries. Benefit provisions are established and amended through negotiations between the respective unions and the Health District.

Employees Covered by Benefit Terms

At June 30, 2023, the following employees were covered by the benefit terms:

	<u>PEBP</u>	<u>RHPP</u>	<u>Total all Plans</u>
Inactive employees or beneficiaries currently receiving benefits	70	64	134
Active members	-	701	701
Total	<u>70</u>	<u>765</u>	<u>835</u>

Total OPEB Liability

The Health District’s total OPEB liability of \$28,754,730 was measured as of June 30, 2023, and was determined by an actuarial valuation as of that date.

Actuarial assumptions and other inputs: The total OPEB liability for all plans as of June 30, 2024 was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

Discount Rate	3.65%
Pre-Medicare Trend Rate	Select: 6.5%, Ultimate 4.0%
Post-Medicare Trend Rate	Select: 5.5%, Ultimate 4.0%
Mortality	Pub-2010 headcount weighted mortality table, projected generationally using scale MP-2021, applied on a gender-specific and job class basis (teacher, safety, or general, as applicable)
Termination Tables	2022 NPERS Actuarial Valuation
Health care cost trend rates	2022 NPERS Actuarial Valuation

Changes in the Total OPEB Liability

	<u>PEBP</u>	<u>RHPP</u>	<u>Total OPEB Liability</u>
Balance at June 30, 2023	\$ 3,382,301	\$ 23,600,918	\$ 26,983,219
Changes for the year:			
Service cost	-	1,772,849	1,772,849
Interest	115,735	894,861	1,010,596
Differences between expected and actual experience	-	-	-
Changes of assumptions	6,884	(602,456)	(595,572)
Benefit payments	(225,925)	(190,437)	(416,362)
Net changes	<u>(103,306)</u>	<u>1,874,817</u>	<u>1,771,511</u>
Balance at June 30, 2024	<u>\$ 3,278,995</u>	<u>\$ 25,475,735</u>	<u>\$ 28,754,730</u>

Changes in Assumptions and Experience:

Certain key assumptions were changed as part of the actuary's updated study. Those changed are summarized below.

- Updated census information, and
- Current plan cost information, including retiree premiums and contributions. The per capita cost assumptions based on recent claims experience came in higher than expected from the prior valuation. Retiree premiums remained flat which further contributes to the experience loss.
- The discount rate was updated from 3.54%, as of June 30, 2022, to 3.65%, as of June 30, 2023 (the actuarial measurement date).
- The Nevada PERS retirement and termination rates were updated to the rates from the 2021 Experience Study and Review of Actuarial Assumptions.
- The mortality projection scale was updated from MP-2020 to MP-2021 to reflect the Society of Actuaries' recent mortality study.

Sensitivity of the total OPEB liability to changes in the discount rate. The following presents the total OPEB liability of the Health District, as well as what the Health District's total OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower (2.65 percent) or 1-percentage point higher (4.65 percent) than the current discount rate:

	<u>1% Decrease Rate (2.65%)</u>	<u>Discount Rate (3.65%)</u>	<u>1% Increase Rate (4.65%)</u>
PEBP	\$ 3,681,000	\$ 3,279,000	\$ 2,944,000
RHPP	30,658,000	25,476,000	21,427,000
Total OPEB liability	<u>\$ 34,339,000</u>	<u>\$ 28,755,000</u>	<u>\$ 24,371,000</u>

Sensitivity of the total OPEB liability to changes in the healthcare cost trend rates. The following presents the total OPEB liability of the Health District, as well as what the Health District's total OPEB liability would be if it were calculated using healthcare cost trend rates that are 1-percentage-point lower (or 1-percentage-point higher the current healthcare cost trend rates:

	<u>1% Decrease</u>	<u>Trend Rates</u>	<u>1% Increase</u>
PEBP	\$ 2,958,000	\$ 3,279,000	\$ 3,600,000
RHPP	21,148,000	25,476,000	31,134,000
Total OPEB liability	<u>\$ 24,106,000</u>	<u>\$ 28,755,000</u>	<u>\$ 34,734,000</u>

OPEB Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

For the year ended June 30, 2024, the Health District recognized OPEB expense of \$1,666,744. The breakdown by plan is as follows:

	<u>PEBP</u>	<u>RHPP</u>	<u>Total All Plans</u>
OPEB Expense	\$ 122,619	\$ 1,544,125	\$ 1,666,744

**Southern Nevada Health District
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June 30, 2024**

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At June 30, 2024, the Health District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
PEBP		
Contributions made in fiscal year ending 2024 after July 1, 2023, measurement date	\$ 207,000	\$ -
Total PEBP	<u>207,000</u>	<u>-</u>
RHPP		
Differences between expected and actual experience	11,278,812	4,599,930
Changes of assumptions or other inputs	1,353,491	15,187,910
Contributions made in fiscal year ending 2024 after July 1, 2023, measurement date	<u>366,000</u>	<u>-</u>
Total RHPP	<u>12,998,303</u>	<u>19,787,840</u>
Total All Plans		
Differences between expected and actual economic experience	11,278,812	4,599,930
Changes in actuarial assumptions	1,353,491	15,187,910
Contributions made in fiscal year ending 2024 after July 1, 2023, measurement date	<u>573,000</u>	<u>-</u>
Total all plans	<u>\$ 13,205,303</u>	<u>\$ 19,787,840</u>

The amount of \$573,000 reported as deferred outflows of resources related to OPEB from Health District contributions subsequent to the measurement date will be recognized as a reduction of the OPEB liability in the year ended June 30, 2025. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

<u>For the Year Ending June 30,</u>	<u>RHPP</u>
2025	\$ (1,113,585)
2026	(838,548)
2027	(755,886)
2028	(740,943)
2029	(740,943)
Thereafter	<u>(2,965,632)</u>
Total	<u>\$ (7,155,537)</u>

Note 10: 457(b) and 401(a) Retirement Plans

The Health District offers all employees an opportunity to participate in two deferred compensation plans that have been established in accordance with Internal Revenue Code Section 457 and 401. These plans are 457(b) or 401(a) plans, and both are administered by Empower Retirement, LLC. The Plans provisions and contribution requirements are established and may be amended by plan administrator. Empower Trust Company, LLC is the trustee of the Empower Retirement, LLC plans. Employees may enroll in the 457(b) plan and/or change their contribution amounts at any time. The 401(a) plan enrollment is limited to Executives that have elected to participate in the 401(a) plan. The Health District does not contribute to the 457(b) plan and provides discretionary contributions to the 401(a) plan.

Note 11: Encumbrances

The Health District utilizes encumbrance accounting in its governmental funds. Encumbrances are recognized as a valid and proper charge against a budget appropriation in the year in which a purchase order, contract, or other commitment is issued. In general, unencumbered appropriations lapse at year end. Open encumbrances at fiscal yearend are included in restricted, committed or assigned fund balance, as appropriate. Significant encumbrances included in governmental fund balances are as follows:

	Assigned Fund Balance
General Fund	<u>\$ 1,518,707</u>

General Fund

\$42,970 of the total encumbrance balance was assigned to purchase clinical health services. \$169,628 of the total encumbrance balance was assigned to purchase community health services. \$1,306,109 of the total encumbrance balance was assigned to purchase administrative services.

Required Supplementary Information

**Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Fund Balance
Budget to Actual – General Fund
For the Fiscal Year Ended June 30, 2024**

	Budgeted Amounts			Variance with Final Budget – Increase (Decrease)
	Original	Final	Actual	
Revenues				
Fees for service	\$ 29,252,088	\$ 37,419,430	\$ 35,119,778	\$ (2,299,652)
Other	908,516	1,912,340	1,094,484	(817,856)
Property tax	33,910,607	34,088,562	34,088,562	-
Regulatory revenue	26,793,004	26,722,205	27,422,167	699,962
Title XIX and other	2,973,242	4,902,767	4,805,902	(96,865)
Investment earnings	732,938	1,251,414	1,971,853	720,439
Total revenues	94,570,395	106,296,718	104,502,746	(1,793,972)
Expenditures				
Public Health:				
Clinical and nursing services				
Salaries and wages	11,051,880	8,883,846	9,163,877	(280,031)
Employee benefits	4,893,622	3,849,617	3,963,268	(113,651)
Services and supplies	27,219,002	37,059,419	30,675,555	6,383,864
Capital outlay	10,000	63,739	47,283	16,456
Total clinical and nursing services	43,174,504	49,856,621	43,849,983	6,006,638
Environmental health				
Salaries and wages	14,842,679	13,946,352	14,115,010	(168,658)
Employee benefits	6,590,919	6,165,274	6,204,259	(38,985)
Services and supplies	6,860,012	4,056,304	3,908,955	147,349
Capital outlay	-	1,482	1,482	-
Total environmental health	28,293,610	24,169,412	24,229,706	(60,294)
Community health				
Salaries and wages	7,768,654	7,550,096	7,753,604	(203,508)
Employee benefits	3,429,191	3,373,096	3,477,433	(104,337)
Services and supplies	7,995,761	5,814,052	5,511,425	302,627
Capital outlay	333,000	145,409	73,868	71,541
Total community health	19,526,606	16,882,653	16,816,330	66,323
Administration				
Salaries and wages	11,517,278	12,335,213	12,444,490	(109,277)
Employee benefits	5,088,885	5,334,327	5,537,547	(203,220)
Services and supplies	(28,825,790)	(14,208,856)	(13,606,325)	(602,531)
Capital outlay	579,938	363,120	2,347,382	(1,984,262)
Total administration	(11,639,689)	3,823,804	6,723,094	(2,899,290)
Total public health	79,355,031	94,732,490	91,619,113	3,113,377
Total expenditures	79,355,031	94,732,490	91,619,113	3,113,377
Excess of Revenue Over Expenditures	15,215,364	11,564,228	12,883,633	1,319,405
Other Financing Sources (Uses)				
Transfers out	(15,226,236)	(9,820,341)	(7,014,928)	2,805,413
Leases issued	-	-	1,328,621	1,328,621
Subscriptions	-	-	583,535	583,535
Total other financing sources (uses)	(15,226,236)	(9,820,341)	(5,102,772)	4,717,569
Net Change in Fund Balances	(10,872)	1,743,887	7,780,861	6,036,974
Fund Balances, Beginning of Year	47,091,967	47,091,967	47,091,967	-
Fund Balances, Ending of Year	\$ 47,081,095	\$ 48,835,854	\$ 54,872,828	\$ 6,036,974

**Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Fund Balance
Budget to Actual – Special Revenue Fund
For the Fiscal Year Ended June 30, 2024**

	<u>Budgeted Amounts</u>			Variance with Final Budget - Increase (Decrease)
	<u>Original</u>	<u>Final</u>	<u>Actual</u>	
Revenues				
Direct federal grants	\$ 25,406,552	\$ 27,146,334	\$ 21,913,784	\$ (5,232,550)
Indirect federal grants	52,739,318	38,932,582	34,797,567	(4,135,015)
State grant funds	523,067	836,500	1,071,403	234,903
Other	1,397,270	1,529,010	1,481,055	(47,955)
Total revenues	<u>80,066,207</u>	<u>68,444,426</u>	<u>59,263,809</u>	<u>(9,180,617)</u>
Expenditures				
Public health:				
Clinical and nursing services				
Salaries and wages	7,094,275	7,551,810	7,053,917	497,893
Employee benefits	3,148,086	3,387,326	3,189,779	197,547
Services and supplies	8,065,438	5,466,020	4,840,072	625,948
Capital outlay	-	31,399	39,486	(8,087)
Total clinical and nursing services	<u>18,307,799</u>	<u>16,436,555</u>	<u>15,123,254</u>	<u>1,313,301</u>
Environmental health				
Salaries and wages	1,007,903	1,553,418	1,455,194	98,224
Employee benefits	447,257	691,425	646,131	45,294
Services and supplies	559,530	826,537	867,867	(41,330)
Capital outlay	-	271,213	277,029	(5,816)
Total environmental health	<u>2,014,690</u>	<u>3,342,593</u>	<u>3,246,221</u>	<u>96,372</u>
Community health				
Salaries and wages	14,392,544	12,392,393	12,074,228	318,165
Employee benefits	6,393,967	5,601,489	5,430,292	171,197
Services and supplies	39,677,851	30,831,874	24,876,315	5,955,559
Capital outlay	1,947,861	1,547,435	1,025,715	521,720
Total community health	<u>62,412,223</u>	<u>50,373,191</u>	<u>43,406,550</u>	<u>6,966,641</u>
Administration				
Salaries and wages	719,493	733,993	728,583	5,410
Employee benefits	310,401	320,456	312,617	7,839
Services and supplies	4,089,466	944,266	816,515	127,751
Capital outlay	5,430,000	1,271,739	668,222	603,517
Total administration expenditures	<u>10,549,360</u>	<u>3,270,454</u>	<u>2,525,937</u>	<u>744,517</u>
Total expenditures	<u>93,284,072</u>	<u>73,422,793</u>	<u>64,301,962</u>	<u>9,120,831</u>
Excess (Deficiency) of Revenue Over (Under) Expenditures	<u>(13,217,865)</u>	<u>(4,978,367)</u>	<u>(5,038,153)</u>	<u>(59,786)</u>
Other Financing Sources (Uses)				
Transfers in	13,226,236	4,978,366	5,014,928	36,562
Total other financing sources (uses)	<u>13,226,236</u>	<u>4,978,366</u>	<u>5,014,928</u>	<u>36,562</u>
Net Change in Fund Balances	8,371	(1)	(23,225)	(23,224)
Fund Balances, Beginning of Year	105,306	105,306	105,306	-
Fund Balances, Ending of Year	<u>\$ 113,677</u>	<u>\$ 105,305</u>	<u>\$ 82,081</u>	<u>\$ (23,224)</u>

**Southern Nevada Health District
Schedules of Changes in the Total OPEB Liability and Related Ratios¹
For the Fiscal Year Ended June 30, 2024**

PEBP Plan	2018	2019	2020	2021	2022	2023	2024
A. Total OPEB liability							
Interest (on the total OPEB liability)	\$ 136,641	\$ 158,929	\$ 142,210	\$ 132,809	\$ 104,479	\$ 101,093	\$ 115,735
Difference between expected and actual experience	(2,407)	(935)	-	240,495	-	(719,219)	-
Changes of assumptions	(408,034)	(582,796)	196,172	770,760	51,775	(575,624)	6,884
Benefit payments	(201,454)	(210,183)	(213,733)	(223,274)	(198,836)	(208,349)	(225,925)
Net change in total OPEB liability	(475,254)	(634,985)	124,649	920,790	(42,582)	(1,402,099)	(103,306)
Total OPEB liability – beginning	4,891,782	4,416,528	3,781,543	3,906,192	4,826,982	4,784,400	3,382,301
Total OPEB liability – ending (a)	<u>\$ 4,416,528</u>	<u>\$ 3,781,543</u>	<u>\$ 3,906,192</u>	<u>\$ 4,826,982</u>	<u>\$ 4,784,400</u>	<u>\$ 3,382,301</u>	<u>\$ 3,278,995</u>
Covered Payroll	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total OPEB Liability as a Percentage of Covered Payroll	N/A	N/A	N/A	N/A	N/A	N/A	N/A

¹ Fiscal year 2018 is the first year of implementation, therefore only seven years are shown. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years.

**Southern Nevada Health District
 Schedule of Changes in the total OPEB Liability and Related Ratios²
 For the Fiscal Year Ended June 30, 2024**

RHPP	2018	2019	2020	2021	2022	2023	2024
A. Total OPEB liability							
Service cost	\$ 2,037,506	\$ 1,984,184	\$ 865,693	\$ 1,035,479	\$ 1,570,297	\$ 2,053,521	\$ 1,772,849
Interest (on the total OPEB liability)	753,304	922,521	675,421	696,006	546,330	590,543	894,861
Changes in benefit terms	-	-	-	-	-	-	-
Difference between expected and actual experience	26,065	(8,138,337)	-	2,485,316	-	11,098,817	-
Changes of assumptions	(3,119,749)	(1,686,349)	1,204,893	577,780	221,432	(15,399,138)	(602,456)
Benefit payments	(339,476)	(236,966)	(322,093)	(643,182)	(345,742)	(58,543)	(190,437)
Net change in total OPEB liability	(642,350)	(7,154,947)	2,423,914	4,151,399	1,992,317	(1,714,800)	1,874,817
Total OPEB liability – beginning	24,545,385	23,903,035	16,748,088	19,172,002	23,323,401	25,315,718	23,600,918
Total OPEB liability – ending (a)	\$ 23,903,035	\$ 16,748,088	\$ 19,172,002	\$ 23,323,401	\$ 25,315,718	\$ 23,600,918	\$ 25,475,735
Covered Payroll	\$ 34,126,701	\$ 34,918,861	\$ 34,918,861	\$ 40,103,356	\$ 49,853,806	\$ 47,400,387	\$ 57,146,546
Total OPEB Liability as a Percentage of Covered Payroll	70.04%	47.96%	54.90%	58.16%	50.78%	49.79%	44.58%

² Fiscal year 2018 is the first year of implementation, therefore only seven years are shown. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years.

**Southern Nevada Health District
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan
Proportionate Share of the Collective Net Pension Liability Information
For the Fiscal Year Ended June 30, 2024**

For the Year Ended June 30	Proportion of the Collective Net Pension Liability	Proportion of the Collective Net Pension Liability	Covered Payroll	Proportion of the Collective Pension Liability as a Percentage of Covered Payroll	PERS Fiduciary Net Position as a Percentage of Total Pension Liability
2014	0.54090%	\$ 61,643,357	\$ 34,707,255	177.60943%	75.30000%
2015	0.54090%	\$ 61,984,011	\$ 32,508,190	190.67198%	75.13000%
2016	0.52151%	\$ 70,180,332	\$ 32,917,342	213.20170%	72.20000%
2017	0.50906%	\$ 67,704,469	\$ 33,079,430	204.67242%	74.40000%
2018	0.50995%	\$ 69,546,020	\$ 33,744,349	206.09679%	75.20000%
2019	0.54171%	\$ 73,866,832	\$ 37,250,362	198.29829%	76.50000%
2020	0.56339%	\$ 78,470,784	\$ 38,532,689	203.64731%	77.04000%
2021	0.64435%	\$ 58,760,106	\$ 44,284,315	132.68830%	86.51000%
2022	0.69636%	\$ 125,727,302	\$ 49,627,892	253.34000%	75.12000%
2023	0.75931%	\$ 138,595,844	\$ 58,077,925	238.63773%	76.16000%

See notes to required supplementary information.

**Southern Nevada Health District
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan
Proportionate Share of Statutorily Required Contribution Information
For the Fiscal Year Ended June 30, 2024**

For the Year Ended June 30	Actuarially Determined Contributions	Contributions in Relation to the Actuarially Determined Contributions	Contribution Deficiency (Excess)	Covered Payroll	Contributions as a Percentage of Covered Payroll
2015	\$ 4,421,639	\$ 4,421,639	\$ -	\$ 32,917,342	13.43%
2016	\$ 4,565,587	\$ 4,565,587	\$ -	\$ 33,079,430	13.80%
2017	\$ 4,724,209	\$ 4,724,209	\$ -	\$ 33,744,349	14.00%
2018	\$ 5,215,051	\$ 5,215,051	\$ -	\$ 37,250,362	14.00%
2019	\$ 5,876,235	\$ 5,876,235	\$ -	\$ 38,532,689	15.25%
2020	\$ 6,753,358	\$ 6,753,358	\$ -	\$ 44,284,315	15.25%
2021	\$ 6,744,173	\$ 6,744,173	\$ -	\$ 44,224,085	15.25%
2022	\$ 7,659,900	\$ 7,659,900	\$ -	\$ 50,228,852	15.25%
2023	\$ 8,259,408	\$ 8,259,408	\$ -	\$ 55,028,438	15.01%
2024	\$ 10,184,839	\$ 10,184,839	\$ -	\$ 54,115,741	18.82%

See notes to required supplementary information.

Note 1. Postemployment Benefits Other Than Pensions

There are no assets accumulated in a trust to pay related benefits.

Changes of Assumptions and Experience

Certain key assumptions were changed as part of the actuary's updated study. Those changes are summarized below:

- The discount rate was updated from 3.54%, as of June 30, 2022, to 3.65%, as of June 30, 2023.
- The Pre-Medicare Select Trend Rate was decreased from 6.75% to 6.50% in 2022.
- The Post-Medicare Select Trend Rate was increased from 5.75% to 5.50% in 2022.

Note 2. Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

For the year ended June 30, 2024, there were no changes in the pension benefit plan terms to the actuarial methods and assumptions used in the actuarial valuation report dated June 30, 2023.

Additional pension plan information can be found at *Note 8* to the basic financial statements.

Note 3. Budget Information

The accompanying required supplementary schedules of revenues, expenditures, and changes in fund balance for the general and major special revenue funds present the original adopted budget, the final amended budget, and actual data. The original budget was adopted on a basis consistent with financial accounting policies and with accounting principles generally accepted in the United States.

Additional budgetary information can be found in *Note 2* to the basic financial statements.

Other Supplementary Information

Nonmajor Governmental Funds

**Southern Nevada Health District
Nonmajor Capital Projects Funds
For the Fiscal Year Ended June 30, 2024**

Capital project funds are used to account for financial resources that are restricted, committed, or assigned to the improvement, acquisition, or construction of capital assets.

Bond Reserve

Accounts for resources that have been committed or assigned to the future acquisition of a new administration building.

Capital Projects

Accounts for resources committed or assigned to the acquisition or construction of capital assets other than a new administration building.

**Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Fund Balance – Budget to Actual – Bond
Reserve Fund
For the Fiscal Year Ended June 30, 2024**

	<u>Original</u>	<u>Final</u>	<u>Actual</u>	<u>Variance with Final Budget - Increase (Decrease)</u>
Revenues				
Interest income	\$ 20,000	\$ 20,000	\$ 18,285	\$ (1,715)
Total revenues	<u>20,000</u>	<u>20,000</u>	<u>18,285</u>	<u>(1,715)</u>
Expenditures				
Public health				
Services and supplies	-	-	-	-
Total expenditures	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Change in Fund Balance	20,000	20,000	18,285	(1,715)
Fund Balance, Beginning of Year	<u>3,024,523</u>	<u>3,024,523</u>	<u>3,024,523</u>	<u>-</u>
Fund Balance, End of Year	<u>\$ 3,044,523</u>	<u>\$ 3,044,523</u>	<u>\$ 3,042,808</u>	<u>\$ (1,715)</u>

**Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Fund Balance – Budget to Actual –
Capital Projects Funds
For the Fiscal Year Ended June 30, 2024**

	<u>Original</u>	<u>Final</u>	<u>Actual</u>	Variance with Final Budget - Increase (Decrease)
Revenues				
Interest income	\$ 40,000	\$ 40,000	\$ 148,872	\$ 108,872
Total revenues	<u>40,000</u>	<u>40,000</u>	<u>148,872</u>	<u>108,872</u>
Expenditures				
Public health				
Administration	-	-	303,956	(303,956)
Capital outlay	1,914,552	1,914,552	519,787	1,394,765
Total expenditures	<u>1,914,552</u>	<u>1,914,552</u>	<u>823,743</u>	<u>1,090,809</u>
Deficiency of Revenues Under Expenditures	<u>(1,874,552)</u>	<u>(1,874,552)</u>	<u>(674,871)</u>	<u>1,199,681</u>
Other Financing Sources (Uses)				
Trasfers in	<u>2,000,000</u>	<u>2,000,000</u>	<u>2,000,000</u>	<u>-</u>
Change in Fund Balance	125,448	125,448	1,325,129	1,199,681
Fund Balance, Beginning of Year	<u>1,405,046</u>	<u>1,405,046</u>	<u>1,405,046</u>	<u>-</u>
Fund Balance, End of Year	<u>\$ 1,530,494</u>	<u>\$ 1,530,494</u>	<u>\$ 2,730,175</u>	<u>\$ 1,199,681</u>

Internal Service Funds

**Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Fund Balance – Budget to Actual –
Insurance Liability Reserve Fund
For the Fiscal Year Ended June 30, 2024**

	<u>Original</u>	<u>Final</u>	<u>Actual</u>	<u>Variance with Final Budget – Increase (Decrease)</u>
Revenues				
Other operating income	\$ -	\$ -	\$ -	\$ -
Total revenues	-	-	-	-
Expenditures				
Claims and settlements	3,000	3,000	-	3,000
Total expenditures	3,000	3,000	-	3,000
Nonoperating Revenues				
Interest income	5,000	5,000	4,745	(255)
Change in Net Position	<u>\$ 2,000</u>	<u>\$ 2,000</u>	<u>\$ 4,745</u>	<u>\$ 2,745</u>
Net Position, Beginning of Year			<u>\$ 86,550</u>	
Net Position, End of Year			<u>\$ 91,295</u>	

Compliance Section

Southern Nevada Health District Schedule of Expenditures of Federal Awards Year Ended June 30, 2024

Federal Grantor / Pass-Through Grantor / Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipients	Total Federal Expenditures
Department of Agriculture				
Passed through from:				
State of Nevada Department of Health and Human Services				
SNAP Cluster				
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program				
	10.561	Ed2306	\$ -	\$ 27,301
Total SNAP Cluster				
			-	27,301
Total Department of Agriculture				
			-	27,301
Department of Justice				
Direct Program:				
Comprehensive Opioid, Stimulant, and other Substances Use Program				
	16.838		32,695	238,835
Total Department of Justice				
			32,695	238,835
Department of Treasury				
Passed through from:				
City of Las Vegas, Nevada				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds				
	21.027	Lab Expansion-City of Las Vegas	-	452,542
Board of Regents, NSHE, obo University of Nevada, Las Vegas				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds				
	21.027	GR17278	-	56,581
Nevada Department of Health and Human Services				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds				
	21.027	SG26071	-	1,076,804
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds				
	21.027	SG26289-1	-	68,874
Total Department of Treasury				
			-	1,654,801
Environmental Protection Agency				
Passed through from:				
Nevada Department of Conservation & Natural Resources				
State Public Water System Supervision				
	66.432	DEP 24-001	-	139,403
Total Environmental Protection Agency				
			-	139,403
Department of Health and Human Services				
Passed through from:				
Nevada Department of Health and Human Services				
		SG26317, SG-2024-00145, SG-2024-00248, SG26318	-	2,809,341
Public Health Emergency Preparedness				
	93.069			
Direct Programs:				
Environmental Public Health and Emergency Response				
	93.070		38,450	316,245
Birth Defects and Developmental Disabilities - Prevention and Surveillance				
	93.073		-	139,579
Passed through from:				
National Environmental Health Association				
		2209-02593, 2209-02594, 2310-04968, 2209-02592, 2109-00984	-	77,420
Food and Drug Administration Research				
	93.103			
Passed through from:				
Nevada Department of Health and Human Services				
		SG26127-1 SG26901, SG26063-1	-	439,573
Project Grants and Cooperative Agreements for Tuberculosis Control Programs				
	93.116			
Direct Program:				
Injury Prevention and Control Research and State and Community Based Programs				
	93.136		1,286,863	2,521,379

**Southern Nevada Health District
Schedule of Expenditures of Federal Awards (Continued)
Year Ended June 30, 2024**

Federal Grantor / Pass-Through Grantor / Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipients	Total Federal Expenditures
Passed through from:				
Nevada Department of Health and Human Services				
Injury Prevention and Control Research and State and Community Based Programs	93.136	SG26449-1 SG25946 DO 1416	109,722	357,186
<i>Total Injury Prevention and Control Research and State and Community Based Programs</i>			1,396,585	2,878,565
Passed through from:				
University of Nevada, Las Vegas				
Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	GR14034	-	56,061
Direct Programs:				
Family Planning Services	93.217		-	2,018,796
<i>Health Center Program Cluster</i>				
Community Health Centers	93.224		-	1,215,152
Affordable Care Act (ACA) Grants for New and Expanded Services under the Health Center Program	93.527		-	58,553
<i>Total Health Center Program Cluster</i>			-	1,273,705
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243		-	539,575
Passed through from:				
Nevada Department of Health and Human Services				
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	SG25902	-	57,011
<i>Total Substance Abuse and Mental Health Services Projects of Regional and National Significance</i>			-	596,586
Immunization Cooperative Agreements	93.268	SG26327, SG-2024-00291, SG26294	-	1,248,771
COVID-19 — Immunization Cooperative Agreements	93.268	SG25388-1	-	3,536,578
<i>Total Immunization Cooperative Agreements</i>			-	4,785,349
Viral Hepatitis Prevention and Control	93.270	SG-2024-00551, SG26217-1	-	28,001
Direct Program:				
Racial and Ethnic Approaches to Community Health	93.304		22,207	228,743
Passed through from:				
National Association of County Health Officials				
Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity and Security	93.318	2024-031902	-	2,253
Passed through from:				
Nevada Department of Health and Human Services				
CDC Partnership: Strengthening Public Health Laboratories	93.322	800-22-04	-	3,454
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	SG25218-2, SG25708-1, SG26045-1	-	7,857,645

**Southern Nevada Health District
Schedule of Expenditures of Federal Awards (Continued)
Year Ended June 30, 2024**

Federal Grantor / Pass-Through Grantor / Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipients	Total Federal Expenditures
COVID-19 — Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	SG25640-1, SG26896, SG26215, SG26388-2, SG25916-1, SG26082, SG-2024-00095, SG-2024-00067, SG-2024-00036, SG-2024-00056, SG25489	275,535	4,470,377
<i>Total Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)</i>			275,535	12,328,022
COVID-19 — Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	93.354	SG25503-1	-	219,654
National and State Tobacco Control Program	93.387	SG26283-1	-	536,815
Direct Program:				
COVID-19 — Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391		4,735,767	7,137,915
Passed through from: Nevada Department of Health and Human Services				
COVID-19 — Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	SG25393-1	-	276,683
<i>Total Activities to Support State, Tribal, Local and Territorial Health Department Response to Public Health or Healthcare Crises</i>			4,735,767	7,414,598
Passed through from: National Association of County Health Officials Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health				
	93.421	2024-013005	-	31,999
Passed through from: Nevada Department of Health and Human Services COVID-19 — Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health				
	93.421	C2200082	-	100,765
<i>Total Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health</i>			-	132,764
The National Cardiovascular Health Program	93.426	SG26352	-	89,085
The Innovative Cardiovascular Health Program	93.435	SG25882	-	28,715
Direct Programs:				
FIP Verification	93.526		-	8,972
Temporary Assistance for Needy Families	93.558		-	672,151
Passed through from: Catholic Charities Homeless Shelter Las Vegas Refugee and Entrant Assistance State/Replacement Designee Administered Programs				
	93.566	C1900052 F2410002	-	317,813
Passed through from: Nevada Department of Health and Human Services Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B				
	93.686	4800011701-028, 4800012270-028	-	281,270

**Southern Nevada Health District
Schedule of Expenditures of Federal Awards (Continued)
Year Ended June 30, 2024**

Federal Grantor / Pass-Through Grantor / Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipients	Total Federal Expenditures
Direct Program:				
PPHF: Racial and Ethnic Approaches to Community Health Program Financed Solely By Public Prevention and Health Funds	93.738		162,714	543,829
Passed through from: University of Nevada, Reno				
Opioid STR	93.788	UNR-24-126 UNR-23-62	-	1,505,963
Passed through from: University of California San Diego				
Allergy and Infectious Diseases Research	93.855	KR 705354-003 706050	-	49,756
Passed through from: Nevada Department of Health and Human Services				
Maternal, Infant and Early Childhood Homevisiting Grant Program	93.870	SG25666-1 SG26395-1 SG25829	-	325,033
Passed through from: National Institutes of Health University of Washington Medical Library Assistance				
	93.879	NNLM Health Equity	-	1,479
Passed through from: Nevada Department of Health and Human Services				
National Bioterrorism Hospital Preparedness Program	93.889	SG26135 SG 26323 SG-2024-00191	83,823	1,353,432
Passed through from: Clark County				
Minority HIV/AIDS Fund (MHAF)	93.899	4800012229-028	-	14,819
		4800011669-028 4800012245-028 4500375806-028	-	1,238,093
Passed through from: Nevada Department of Health and Human Services				
HIV Care Formula Grants	93.917	SG-2024-00299, SG26120, SG-2024-00297, SG26118, SG-2024-00298, SG26119, SG-2024-00300, SG26121	-	843,159
Direct Programs:				
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918		-	82,819
Healthy Start Initiative	93.926		-	208,598
Passed through from: YALE				
Special Projects of National Significance	93.928	GR115345	-	811
Direct Program: HIV Prevention Activities Health Department Based				
	93.940		1,230,703	2,767,474
Passed through from: Nevada Department of Health and Human Services				
HIV Prevention Activities Health Department Based	93.940	SG26073-2, SG26077-1	309,174	2,383,737
<i>Total HIV Prevention Activities Health Department Based</i>			1,539,877	5,151,211
Direct Program: Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs				
	93.946		-	82,847

**Southern Nevada Health District
Schedule of Expenditures of Federal Awards (Continued)
Year Ended June 30, 2024**

Federal Grantor / Pass-Through Grantor / Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipients	Total Federal Expenditures
Passed through from:				
Nevada Department of Health and Human Services				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	SG25859-1, SG26478	-	28,635
Direct Program:				
Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health	93.967		156,900	3,812,076
Passed through from:				
Nevada Department of Health and Human Services				
Sexually Transmitted Diseases (STD) Prevention and Control Grants	93.977	SG-2024-00107 SG26123-1 SG-2024-00059 SG26026-1	-	1,592,069
Passed through from:				
Centers for Disease and Prevention University of Washington				
Sexually Transmitted Diseases (STD) Provider Education Grants	93.978	UWSC13075	-	69,507
Passed through from:				
Comagine Health				
Cooperative Agreements for Diabetes Control Programs	93.988	4100.CEO.17.SNHD	-	50,650
Preventive Health and Health Services Block Grant	93.991	SG26460-1, SG25880	-	45,282
Total Department of Health and Human Services			8,411,858	54,683,598
Department of Homeland Security				
Passed through from:				
Nevada Division of Emergency Management, Homeland Security				
Homeland Security Grant Program	97.067	AppID401421	-	97,530
Passed through from:				
University of Nevada, Las Vegas				
Homeland Security Biowatch Program	97.091	GR17838-1	-	18,000
Total Department of Homeland Security			-	115,530
Total Federal Awards Expended			\$ 8,444,553	\$ 56,859,468

Note 1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (Schedule) includes the federal award activity of the Southern Nevada Health District (Health District) under programs of the federal government for the year ended June 30, 2024. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Health District, it is not intended to and does not present the financial position, changes in net position/fund balance or cash flows of the Health District.

Note 2. Summary of Significant Accounting Policies

The Health District's summary of significant accounting policies is presented in *Note 1* to the Health District's basic financial statements for the year ended June 30, 2024.

Expenditures reported on the Schedule are reported on the modified accrual basis when they become a demand on current available federal resources and eligibility requirements are met, except for subrecipient expenditures, which are recorded on the cash basis.

Such expenditures are recognized following the cost principles contained in the Uniform Guidance or other regulatory requirements, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts, if any, shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

Note 3. Indirect Cost Rate

The Health District has not elected to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Independent Auditor's Report

Board of Health and Director of Administration
Southern Nevada Health District
Las Vegas, Nevada

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Southern Nevada Health District (Health District), as of and for the year ended June 30, 2024, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements, and have issued our report thereon dated **November __, 2024**.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Health District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control. Accordingly, we do not express an opinion on the effectiveness of the Health District's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Health District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Board of Health and Director of Administration
Southern Nevada Health District

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Dallas, Texas

November __, 2024

Report on Compliance for Each Major Federal Program and Report on Internal Control over Compliance

Independent Auditor's Report

Board of Health and Director of Administration
Southern Nevada Health District
Las Vegas, Nevada

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Southern Nevada Health District's (Health District) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Health District's major federal programs for the year ended June 30, 2024. The Health District's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Health District complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2024.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the "Auditor's Responsibilities for the Audit of Compliance" section of our report.

We are required to be independent of the Health District and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Health District's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Health District's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Health District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Health District's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Health District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Health District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the "Auditor's Responsibilities for the Audit of Compliance" section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

Board of Health and Director of Administration
Southern Nevada Health District

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Dallas, Texas
November __, 2024

Section I - Summary of Auditor's Results

Financial Statements

1. Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:
- Unmodified Qualified Adverse Disclaimer
2. Internal control over financial reporting:
- Significant deficiency(ies) identified? Yes None reported
- Material weakness(es) identified? Yes No
3. Noncompliance material to the financial statements noted? Yes No

Federal Awards

4. Internal control over compliance for major federal programs:
- Significant deficiency(ies) identified? Yes None reported
- Material weakness(es) identified? Yes No
5. Type of auditor's report issued on compliance for major federal programs:
- Unmodified Qualified Adverse Disclaimer
6. Any audit findings disclosed that are required to be reported by 2 CFR 200.516(a)? Yes No

**Southern Nevada Health District
 Schedule of Findings and Questioned Costs (Continued)
 Year Ended June 30, 2024**

7. Identification of major federal programs:

Assistance Listing Number(s)	Name of Federal Program or Cluster
21.027	COVID-19 — Coronavirus State and Local Fiscal Recovery Funds
93.217	Family Planning Services
93.323	COVID-19 — Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
93.391	COVID-19 — Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises
93.967	Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health

8. Dollar threshold used to distinguish between Type A and Type B programs: \$1,705,784.

9. Auditee qualified as a low-risk auditee?

Yes No

Southern Nevada Health District
Schedule of Findings and Questioned Costs (Continued)
Year Ended June 30, 2024

Section II – Financial Statement Findings

Reference Number	Finding
	No matters are reportable.

Section III – Federal Award Findings and Questioned Costs

Reference Number	Finding
	No matters are reportable.

**Southern Nevada Health District
Summary Schedule of Prior Audit Findings
Year Ended June 30, 2024**

DRAFT

Reference Number	Finding
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No matters are reportable.



DATE: November 21, 2024

TO: Southern Nevada District Board of Health Members

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

SUBJECT: District Health Officer Report

American Diabetes Month

In recognition of American Diabetes Month in November, the Southern Nevada Health District is raising awareness of one of the most widespread diseases in the United States. Diabetes is the eighth leading cause of death in the U.S. and the primary cause of kidney failure, lower limb amputations and blindness. People with diabetes also face a higher risk of developing serious complications from flu and COVID-19.

The Health District's Office of Chronic Disease Prevention and Health Promotion is calling attention to the diabetes epidemic by offering free diabetes self-management education and support classes for people who have diabetes, and a free [online program](#) for people who have prediabetes. Free virtual classes, using Teams, are scheduled for November 7, 14 and 21 from 10 a.m. to noon. The class, taught by health educators, provides participants with helpful information about diabetes as well as healthy recipes and other resources. Registration for the virtual class is available by completing the online [Get Healthy Clark County Diabetes Workshop Interest Form](#) or calling (702) 759-1270. For information on additional classes, events and programs offered during November, visit the [Get Healthy Clark County Community Calendar](#).

In 2023, 12.8% of adults in Clark County (238,102 people) had diabetes. Approximately 283,700 people in Nevada, or 11.3% of the adult population, have been diagnosed with diabetes. Nationally, more than 38 million Americans have diabetes, with 8.7 million unaware of their condition, increasing their health risks. An estimated 1.2 million Americans are diagnosed with diabetes every year. Approximately 816,000 people in Nevada have prediabetes with blood glucose levels that are higher than normal, but not yet high enough to be diagnosed as diabetes. Prediabetes puts people at increased risk of developing type 2 diabetes, heart disease and stroke.

The following people should be screened for prediabetes and diabetes:

- Anyone with a body mass index (BMI) higher than 25 (23 for Asian Americans), regardless of age, who has additional risk factors. To calculate BMI, visit [Get Healthy Clark County | Obesity](#).
- Anyone 35 and older.
- Any adult who is overweight or has obesity.
- Anyone who has been diagnosed with prediabetes.

A simple blood sugar test can determine if a person has prediabetes or type 1, type 2, or gestational diabetes. Testing is quick, and results are usually available soon after. For more information on screening, visit [CDC|Testing for Diabetes](#).

In addition to health concerns, diabetes also carries a significant financial burden. People with diabetes have medical expenses approximately 2.6 times higher than those who do not have diabetes. In 2017, it was estimated that total indirect costs from lost productivity due to diabetes was \$704 million.

To learn more about diabetes resources in Southern Nevada, go to [Get Healthy Clark County|Local Diabetes Resources](#) or [Viva Saludable|Recursos locales para la diabetes](#). Additional information about screening is available at [CDC|Additional 12 Million US Adults Eligible for Diabetes Screening](#). To learn more about American Diabetes Month, visit the American Diabetes Association [website](#).

National Latinx AIDS Awareness Day

The Southern Nevada Health District observed National Latinx AIDS Awareness Day (NLAAD) on Tuesday, October 15, focusing on the disproportionate impact of HIV in Hispanic/Latinx communities while promoting effective ways to prevent, treat and stop the transmission of HIV among Hispanic/Latinx people.

Approximately 1.2 million people in the United States have HIV. About 13% of them have it but don't know it. Nearly 32,000 new cases were reported nationally in 2022. In 2023, Clark County reported 500 new HIV cases, 200 of which were among Hispanics. Some 12,000 people in Clark County were living with HIV in 2023, and of those, 3,683 were Hispanic.

At some point in their lives, an estimated one in 36 Hispanic men will be diagnosed with HIV, as will one in 106 Hispanic women. According to the Centers for Disease Control and Prevention, the rate of new HIV infections among Hispanic men is nearly three times that of white men, and the rate among Hispanic women is more than four times that of white women.

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 the Southern Nevada Health District Main Public Health Center, 280 S. Decatur Blvd., Las Vegas, NV 89107.
- No-cost express 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, and at the Fremont Public Health Center. 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 patients who qualify.

For more information about National Latinx AIDS Awareness Day, visit [National Latinx AIDS Awareness Day | HIV.gov](#).

Influenza Surveillance

Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other health care providers. In Clark County, as of October 19, 2024, for the 2024-2025 influenza season, 13 influenza-associated hospitalizations have been reported. To date, no deaths associated with influenza have been reported this season. The percentage of emergency department and urgent care clinic visits for influenza-like illness (fever plus cough or sore throat) remained stable at 2.1% during weeks 41 and 42. Currently, Influenza A has been the dominant strain detected within the region. During week 42, 2.1% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to respiratory illness that included ILI. This percentage was below the national baseline of 3%. Among 55 states/jurisdictions, the respiratory illness activity level in the state of Nevada was minimal. The Southern Nevada Health District will continue to update the public on the progression of the influenza season and encourage influenza vaccination for all people 6 months of age and older without contraindications.

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.

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](#).

Community Meetings

Week ending 11/03:

Ad-hoc Meetings:

- Attended a meeting with Aneil Gill, legislative assistant to Representative Susie Lee, to discuss health care provider and access issues

Week ending 10/27:

Monthly:

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

Professional Development/Conferences:

- Attended the “HIV 101: Core Principles of HIV Management for People Who Are Newly Diagnosed With HIV” facilitated by the International Antiviral Society-USA (IAS-USA)

Week ending 10/20:

Monthly:

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

Quarterly:

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

Professional Development/Conferences:

- Attended the “Using a New Approach to Data to Understand Health and Equity in your Community” webinar facilitated by the County Health Rankings & Roadmaps
- Attended the “Improving Community Mental Health Through Screening & Triage: A Innovation Project Case Study of Monterey CA” webinar facilitated by the National Association of County and City Health Officials (NACCHO)and CredibleMind

Ad-hoc Meetings:

- Attended a meeting with Dr. Michael Holtz, Dr. Kelly Morgan, Dr. Christian Young, and EMS/Trauma System staff regarding a Blood Pilot Program
- Attended the Reviewer Rating to review applicants for the Class of 2029 at the Kirk Kerkorian School of Medicine

Week ending 10/13:

Monthly:

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

Quarterly:

- Attended the Southern Nevada Community Health Center Quality, Credentialing and Risk Management Committee meeting

Annually:

- Attended the Southern Nevada Community Health Center Executive Director Annual Review Committee meeting

Media/Interviews/Panelist/Presenter/Events:

- Interview with Isabella Aldrete (NV Independent) on my career at SNHD, impact of Health District programs on the Latino community, SNHD's response to the pandemic (English and Spanish)

Professional Development/Conferences:

- Attended the "CDC COCA – Updates on Diagnostic Testing and Outpatient Treatment for COVID-19 and Influenza" webinar

Week ending 10/06:

Quarterly:

- Attended the Medical Advisory Board meeting

Media/Interviews/Panelist/Presenter/Events:

- Attended the 2024 City of Henderson – State of the City

Professional Development/Conferences:

- Attended the Latest Update on Urgent Virus Outbreaks: October 2024 webinar

Ad-hoc Meetings:

- Collaboration meeting with Dr. Shawn Gerstenberger, UNLV School of Public Health
- Collaboration meeting with Dr. Christina Demopolous, UNLV School of Dental Medicine
- Participated in a meeting with Luis Aceves and Rebecca Aceves (R.E.A.C.H.) to explore possible collaborations
- Attended the Trauma Medical Audit Committee (TMAC) meeting

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)

SNHD INCOME STATEMENT

(UNAUDITED)

As of September 2024

Summary of Revenues, Expenses, and Net Position (September 30, 2024 – Unaudited)

Revenues

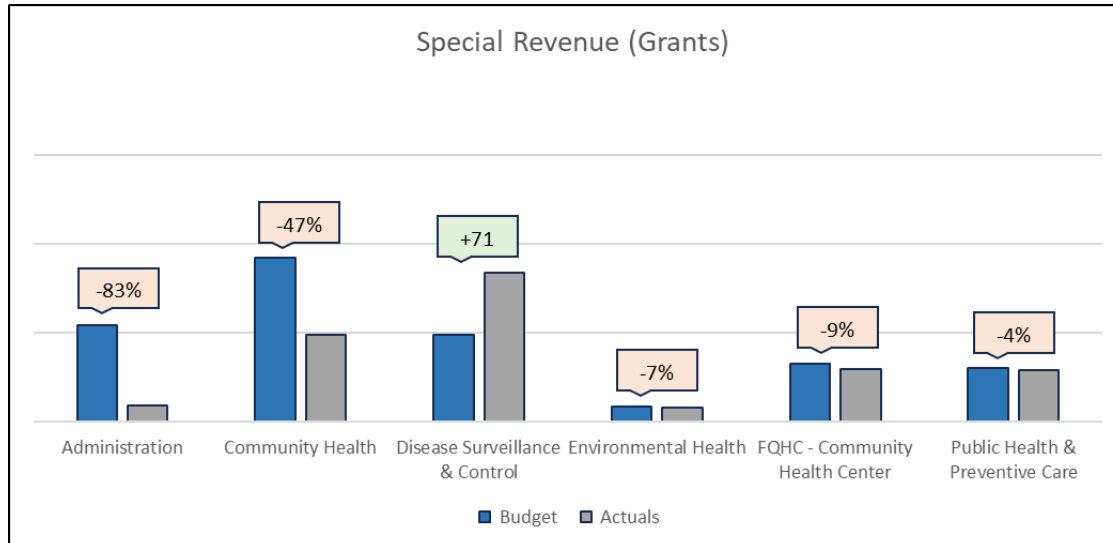
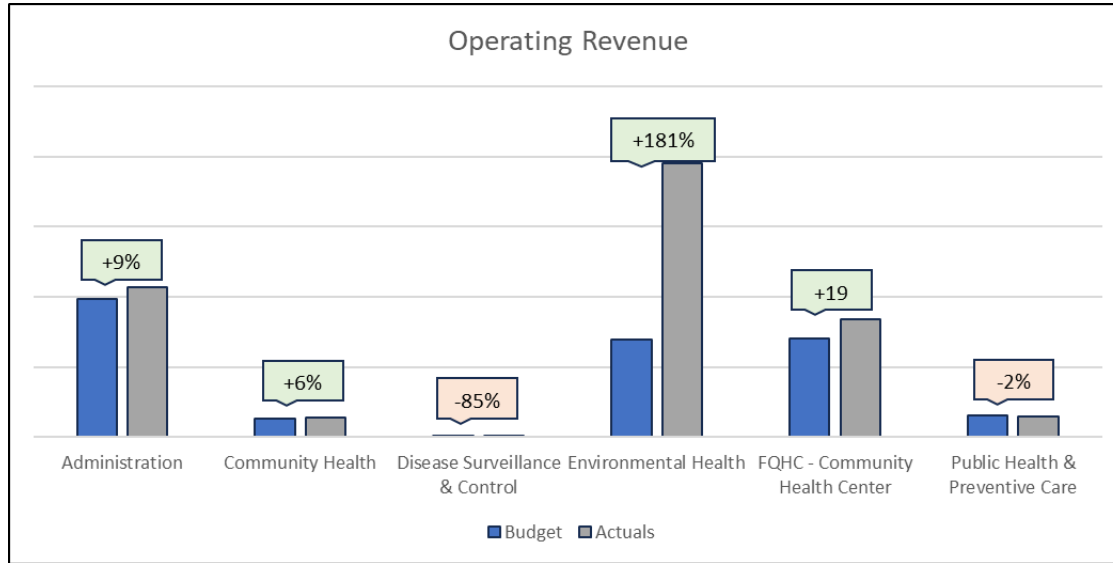
- General Fund revenue (Property Taxes, Charges for Services, Licenses/Permits & Other) is \$41.53M compared to a budget of \$26.73M, a favorable variance of \$14.8M.
- Special Revenue Funds (Grants) is \$12.52M compared to a budget of \$16.04M, an unfavorable variance of \$3.52M.
- Total Revenue is \$54.05M compared to a budget of \$42.76M, a favorable variance of \$11.29M.

Expenses

- Salary, Tax, and Benefits is \$24.91M compared to a budget of \$24.74M, an unfavorable variance of \$177K.
- Other Operating Expense is \$17.93M compared to a budget of \$18.01M, a favorable variance of \$73.81K.
- Indirect Cost/Cost Allocation is \$0K compared to a budget of \$2.23K, an unfavorable variance of \$2.23K.
- Total Expense is \$42.84M compared to a budget of \$42.75M, an unfavorable variance of \$103K.

Net Position: is \$11.12M compared to a budget of \$21.07K, a favorable variance of \$11.10M. (See Notes for Revenues and Expenses).

REVENUES



Division	Budget as of September 2024	Actual as of September 2024	Variance Favorable (Unfavorable)	% +/-
Operating Revenue (Charges, Fees, Taxes, etc.)				
Administration	\$ 9,857,230	\$ 10,707,625	\$ 850,394	9%
Community Health	1,345,446	1,419,996	74,550	6%
Disease Surveillance & Control	5,000	760	(4,240)	-85%
Environmental Health	6,961,424	19,543,751	12,582,326	181%
FQHC - Community Health Center	7,034,590	8,376,621	1,342,031	19%
Public Health & Preventive Care	1,521,311	1,484,480	(36,831)	-2%
SUBTOTAL	\$ 26,725,001	\$ 41,533,232	\$ 14,808,231	55%
Special Revenue (Grants)				
Administration	\$ 3,261,027	\$ 540,592	\$ (2,720,435)	-83%
Community Health	5,537,122	2,926,061	(2,611,061)	-47%
Disease Surveillance & Control	2,949,792	5,041,781	2,091,989	71%
Environmental Health	505,602	472,250	(33,352)	-7%
FQHC - Community Health Center	1,967,227	1,790,821	(176,406)	-9%
Public Health & Preventive Care	1,816,820	1,744,597	(72,223)	-4%
SUBTOTAL	\$ 16,037,591	\$ 12,516,101	\$ (3,521,489)	-22%
TOTAL REVENUE	\$ 42,762,592	\$ 54,049,334	\$ 11,286,742	26%

NOTES:

- 1) DUE TO TIMING. ANNUAL FOOD PERMIT REVENUES BILLED ON JULY 1ST (~70% OF ANNUAL REVENUE FOR ENVIRONMENTAL HEALTH). OTHER MAJOR REVENUE BILLING OCCURS IN JANUARY.
- 2) MAJOR GRANT SPENDING FOR LAB EXPANSION TO OCCUR IN SUBSEQUENT PERIODS OF FISCAL YEAR.
- 3) REDUCTIONS IN COVID-RELATED TESTING DECREASED NEED FOR GRANT RELATED LAB SUPPLIES IN 1ST QUARTER OF FISCAL YEAR 2025 IMPACTING GRANT REIMBURSEMENTS.
- 4) TIMING DIFFERENCE AND INCREASE IN GRANT FUNDED PURCHASE OF MEDICAL SUPPLIES AND SUBRECIPIENT EXPENSES.

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Revenues by Category

REVENUE BY CATEGORY	Administration	Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Public Health & Preventive Care	TOTALS BY CATEGORY
<i>Licenses & Permits</i>	\$ -	\$ 115,525	\$ -	\$ 19,426,325	\$ -	\$ -	\$ 19,541,849
<i>Property Taxes</i>	9,412,794	-	-	-	-	-	9,412,794
<i>Charges for Services</i>	764,040	1,304,471	-	-	7,873,605	1,093,671	11,035,787
<i>Intergovernmental</i>	540,592	2,926,061	5,041,781	472,250	1,790,821	1,744,597	12,516,101
<i>Investment Earnings</i>	529,260	-	-	-	-	-	529,260
<i>Other</i>	1,530	-	760	117,426	503,016	390,809	1,013,541
<i>Contributions</i>	-	-	-	-	-	-	-
TOTALS BY DEPT	\$11,248,217	\$4,346,057	\$ 5,042,541	\$20,016,000	\$10,167,442	\$ 3,229,077	\$54,049,334

Revenue Categorization

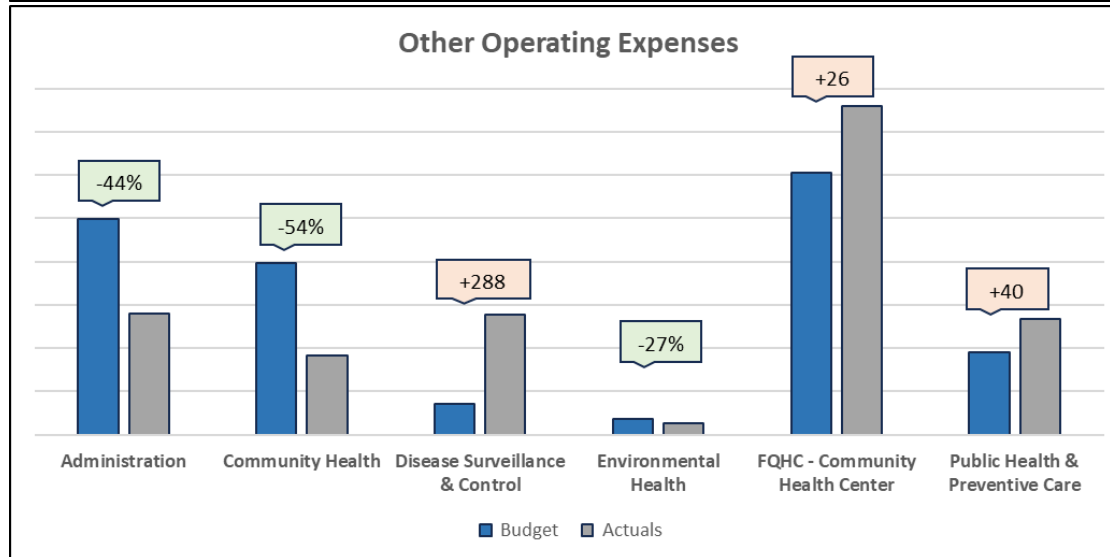
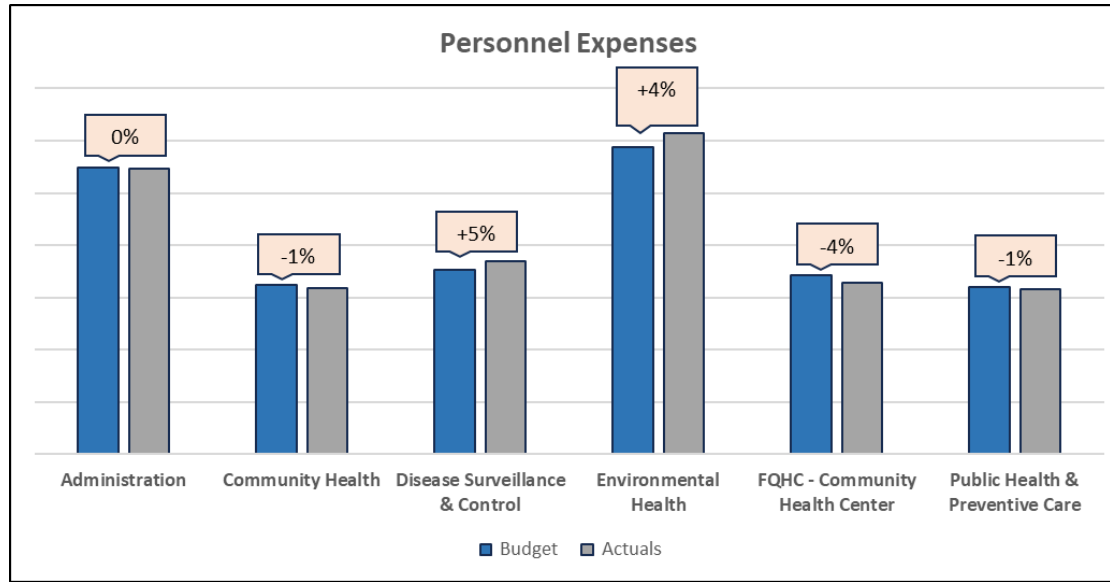
General Fund

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

Special Revenue Fund

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

EXPENSES



Division	Budget as of September 2024	Actual as of September 2024	Variance Favorable (Unfavorable)	% +/-
Employment (Salaries, Taxes & Benefits)				
Administration	\$ 5,484,399	\$ 5,458,253	\$ 26,146	0%
Community Health	3,229,004	3,184,683	44,321	-1%
Disease Surveillance & Control	3,521,911	3,696,315	(174,404)	5%
Environmental Health	5,876,982	6,135,512	(258,530)	4%
FQHC - Community Health Center	3,431,900	3,285,985	145,915	-4%
Public Health & Preventive Care	3,191,934	3,151,893	40,041	-1%
SUBTOTAL	\$ 24,736,129	\$ 24,912,641	\$ (176,512)	1%
Other (Supplies, Contractual, Capital)				
Administration	\$ 4,996,283	\$ 2,789,423	\$ 2,206,860	-44%
Community Health	3,969,278	1,821,558	2,147,720	-54%
Disease Surveillance & Control	716,870	2,781,591	(2,064,721)	288%
Environmental Health	370,660	270,620	100,040	-27%
FQHC - Community Health Center	6,056,211	7,605,697	(1,549,486)	26%
Public Health & Preventive Care	1,896,331	2,662,935	(766,604)	40%
SUBTOTAL	\$ 18,005,633	\$ 17,931,824	\$ 73,809	0%
Total Operating Expenses	\$ 42,741,763	\$ 42,844,465	\$ (102,702)	0%
Indirect Costs/Cost Allocations	\$ (2,234)	\$ -	\$ (2,234)	-100%
Transfers IN	(1,380,689)	(1,088,750)	(291,939)	-21%
Transfers OUT	1,382,683	1,088,750	293,933	-21%
Total Transfers & Allocations	\$ (240)	\$ (0)	\$ (240)	-100%
TOTAL EXPENSES	\$ 42,741,523	\$ 42,844,465	\$ (102,942)	0%

NOTES:

- 1) LAB EXPANSION PROJECT CAPITAL EXPENSES ANTICIPATED TO OCCUR IN SUBSEQUENT PERIODS OF FISCAL YEAR.
- 2) REDUCTIONS IN COVID-RELATED TESTING DECREASED NEED FOR GRANT RELATED LAB SUPPLIES LEVELS IN 1ST QUARTER OF FISCAL YEAR 2025.
- 3) TIMING DIFFERENCE AND INCREASE IN GRANT FUNDED PURCHASE OF MEDICAL SUPPLIES AND SUBRECIPIENT EXPENSES.
- 4) RISING DEMAND AND COST OF PRESCRIPTION MEDICATIONS DRIVING INCREASE SUPPLIES EXPENSE FOR THE FQHC. OPENED SECOND PHARMACY LOCATION AT FREMONT CLINIC.

Expenses by Category

EXPENSE BY CATEGORY	Administration	Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Public Health & Preventive Care	TOTALS BY CATEGORY
<i>Salaries</i>	\$ 3,694,926	\$ 2,171,831	\$ 2,533,324	\$ 4,208,723	\$ 2,258,478	\$ 2,180,386	\$ 17,047,669
<i>Taxes & Benefits</i>	1,763,327	1,012,852	1,162,990	1,926,789	1,027,507	971,507	7,864,972
<i>Contractual</i>	2,468,492	1,034,788	990,879	118,909	336,357	688,627	5,638,051
<i>Indirect/Cost Allocation</i>	(5,746,772)	706,843	1,071,804	1,041,392	1,971,961	954,772	0
<i>Supplies</i>	185,072	766,987	1,693,122	58,061	6,651,331	1,928,013	11,282,586
<i>Property</i>	111,634	4,250	47,786	-	608,318	-	771,988
<i>Travel & Training</i>	24,225	15,533	49,805	93,649	9,691	46,295	239,199
TOTALS BY DEPT	\$ 2,500,905	\$ 5,713,084	\$ 7,549,710	\$ 7,447,524	\$ 12,863,643	\$ 6,769,600	\$ 42,844,465

Expense Categorization



Expenses (All Funds)

- *Salaries* – includes expenses associated with employee compensation such as salaries, overtime, longevity, etc.
- *Taxes & Fringe Benefits* – includes expenses associated with the employer-paid portion of FICA/Medicare, Health Insurance, Life Insurance, 100% employer-paid retirement (NVPERS), etc.
- *Capital Outlay* – includes expenses associated with capital purchases such as equipment, computer software/hardware, furniture, etc.
- *Contractual* – includes expenses associated with contractual agreements such as professional services, subscriptions, computer software, maintenance, etc.
- *Supplies* – includes expenses associated with Medical Supplies, Vaccines, Lab Supplies, office supplies, etc.
- *Indirect Costs/Cost Allocations* – SNHD Overhead rate is 19.57%. Indirect costs associated with special revenue funds are recovered generally at the allowed 10% de minimis rate. Cost Allocations make up the remaining 9.57%. NOTE: The de minimis rate for federal grants increased from 10% to 15% effective October 1, 2024.
- *Transfers In* – funds transferred into special revenue fund from the general fund.
- *Transfers Out* – funds transferred out of the general fund into other funds.



MEMORANDUM



Date: November 21, 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 – October 2024**

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Executive Summary

The Office of Communications worked on advertising materials for the Bridge Vaccine Confidence campaign, updated the branding plan for reaccreditation, and worked on articles for the Public Health Perspective newsletter. Staff was active on social media promoting the Strip Club (fentanyl and xylazine test strips), CredibleMind, World Mental Health Day, Breast Cancer Awareness Month, and many more. Staff participated in the Clark County Employee Health Fair and the Harry Reid Aviation Health Fair. Health Cards served 12,844 total clients, including 2,475 online renewals. As of October 31, 2024, the Health District had 825 active employees. Human Resources arranged 55 interviews, extended 13 job offers (three declined) and onboarded 12 new staff. There were seven terminations, two promotions, three flex-reclasses, no transfers and no demotions. Ten employment opportunities were posted. The first Manager’s Conference was held, with 80 participants, consisting of three learning subjects (Abilities, Leadership Style, and Skills).

Office of Communications

News Releases Disseminated:

- Health District observes National Latinx AIDS Awareness Day

Press:

- Substance use dashboard
- Test strips mail order program
- LVAC lifeguard plan
- Bed bugs
- Wastewater testing
- West Nile virus

Five hundred and eighteen news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in October. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at [202410-PI-Report.pdf](#).

Advertisements, Projects Completed and Social Media Summary:

In October, staff worked on advertising materials and media placements for the Bridge Vaccine Confidence campaign. Team members updated the Health District branding plan in anticipation of the upcoming PHAB reaccreditation and worked on articles for the Public Health Perspective newsletter. They also provided product support for Health Equity and Environmental Health programs. Throughout the month, the Office of Communications responded to 145 public information email inquiries and addressed 103 internal project requests. These requests include graphic design, website content, advertising and marketing, outreach materials, and translation services. Staff updated the Health District websites including SNHD.info, SNHD.info/covid and GetHealthyClarkCounty.org.

On social media, staff focused on promoting the Strip Club (fentanyl and xylazine test strips), walk audits, Mpox vaccines, CredibleMind, Hispanic Heritage Month Health Equity Chats, DIS Day, Your Shot campaign, Safe Sleep, World Mental Health Day, HPV vaccine reminders, Latinx AIDS Awareness Day, Get Healthy blog, Breast Cancer Awareness Month, Mpox update videos, Flu and COVID vaccines, National Health Education Week, National Lead Poisoning Prevention Week, Nevada Day, free COVID-19 Tests, Perspective articles, pop-up produce stands, Halloween safety, and Health District Spirit Week.

Community Outreach and Other:

Staff coordinated program participation for the Clark County Employee Health Fair and the Harry Reid Aviation Health Fair, organized radio interviews to bring awareness and promote Health District programs and participated in the Springs Preserve Haunted Harvest community event.

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

Meetings and Events of Note:

- October 04: Feria Binational Meeting
- October 10: Media Training
- October 10: Final Summary Meeting — UNLV/SNHD Partnerships CME and Project ECHO

- October 15: Legislative Update meeting
- October 16: National Public Health Information Coalition/CDC Monthly Communication call
- October 17: National Public Health Association Advocacy and Policy Committee
- October 17: Haunted Harvest set-up
- October 17, 18,19 and 20: Participate in Haunted Harvest/Springs Preserve
- October 30: Flyer Distribution to REACH (Bridge Grant)
- October 23: SNHD LV Grand Prix Planning Meeting
- October 29: Office of Rep. Susie Lee Staff Visit

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
October 1-31, 2024	44	23	52%	32

Facilities

Monthly Work Orders	Oct 2023	Oct 2024		YTD FY24	YTD FY25	
Maintenance Responses	180	525	↑	796	1,392	↑
Electrical Work Orders	12	40	↑	35	123	↑
HVAC Work Orders	21	39	↑	110	122	↑
Plumbing Work Orders	15	33	↑	30	84	↑
Preventive Maintenance	30	35	↑	88	138	↑
Security Responses	2,311	2,463	↑	7,092	10,454	↑

Current Projects

Decatur Location

- Installed overhead PA system, counters, and wall protection in Behavioral Health Clinic
- Installed new award display cases in main lobby
- Began construction on front lobby reception desk

SNPHL Location

- Installed ADA compliant automatic doors

Finance

Total Monthly Work Orders by Department	Oct 2023	Oct 2024		YTD FY24	YTD FY25	
Purchase Orders Issued	486	594	↑	2,127	2,359	↑
Grants Pending – Pre-Award	3	2	↓	16	11	↓
Grants in Progress – Post-Award	10	10	=	42	43	↑

* 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 Awarded – October 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, HIV Prevention and Surveillance Program, Year 1 of 5 (hivsv25)	P-CDC	10/2/2024	8/1/2024	5/31/2025	\$206,339	New effort	1.65
State of Nevada, Family Planning, Year 2 of 2 (fpnv_25)	State	10/3/2024	7/1/2024	6/30/2025	\$400,500	FY2025 renewal	2.70
State of Nevada, Bureau of Behavioral Health Wellness and Prevention, Fatal Drug Overdoses Report Project, Year 1 of 4 (sudors25)	P-CDC	10/7/2024	9/1/2024	8/31/2025	\$254,255	New effort	2.00
State of Nevada, Immunization Program, Year 2 of 6 (imm_25)	P-CDC	10/8/2024	7/1/2024	6/30/2025	\$713,621	FY2025 renewal	5.37
Board of Regents, NSHE, obo University of Nevada, Las Vegas, Nevada Childhood Lead Poisoning Prevention Program, Amendment #3 (nclpp_22)	P-CDC	10/9/2024	9/30/2021	9/29/2025	\$50,000	FY2025 renewal	0.28
State of Nevada, Immunization Supplemental	P-CDC	10/18/2024	10/1/2024	6/0/2025	\$203,031	New effort	2.50

Grants Awarded – October 2024							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Program (immhee25)							
State of Nevada, Office of HIV, Ending the HIV Epidemic Program, Year 1 of 5 (nvehe_25)	P-CDC	10/22/2024	8/1/2024	5/31/2025	\$1,780,413	New effort	8.22
State of Nevada, Office of State Epidemiology, AMD round 2 (elc2am25)	P-CDC	10/24/2024	8/1/2024	7/31/2027	\$489,587	New effort	3.45

Contracts Awarded – October 2024							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
City of North Las Vegas, Lab Expansion, Amendment #1 (lbnlv23)	ILA	10/28/2024	11/1/2022	6/30/2026	\$-	Extended end date	0.00

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 October, we averaged 80 “passing and paying” online renewal clients per day, with a total of 2,475 clients renewing online.

CLIENTS SERVED	Oct 2024	Sept 2024	Aug 2024	July 2024	June 2024	May 2024
FH Cards – New	6,946	5,933	6,340	6,740	6,836	7,409
FH Cards – Renewals	963	829	930	986	970	1,069
FH Cards – Online Renewals	2,475	2,671	2,826	2,507	2,312	2,371
Duplicates	569	487	583	538	503	612
CFSM (Manager) Cards	247	225	251	252	279	253
Re-Tests	1,519	1,271	1,450	1,649	1,568	1,685
Body Art Cards	125	42	115	127	97	107
TOTALS	12,844	11,458	12,495	12,799	12,565	13,506

Human Resources (HR)

Employment/Recruitment:

- 0 New job title for October
- 825 active employees as of October 31, 2024
- 12 New Hires, including 0 rehires and 1 reinstatement
- 7 Terminations, including 1 retirement
- 2 Promotions, 3 Flex-reclasses
- 0 Transfers, 0 Lateral Transfers
- 0 Demotions
- 36 Annual Increases
- 55 Interviews
- 16 Offers extended (3 offers declined)
- 10 Recruitments posted
- Turn Over Rates
 - Administration: 0.00%
 - Community Health: 0.96%
 - Disease Surveillance & Control: 1.19%
 - Environmental Health: 1.00%
 - Public Health & Preventive Care: 0.37%
 - FQHC: 1.13%

Temporary Employees

- 27 Temporary Staff
- 1 New Agency Temporary Staff Member (Express)
- 0 Agency Temporary Staff Members assignment ended

Employee/Labor Relations

- 2 Coaching and Counseling, 2 Verbal Warnings, 0 Written Warnings, 0 Suspensions, 0 Final Written Warnings, 1 Termination, 1 Probationary Release
- 2 Grievances
- 2 Arbitrations
- 50 Hours of Labor Meetings (with Union)
- 60 hours investigatory meetings

- 5 Investigations
- 11 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 38 interns and 1,140 applied public health practice hours in October 2024.

Interns and Clinical Rotations	Oct 2024	YTD
Total Number of Interns ¹	38	92
Internship Hours ²	1,140	2,814

¹Total number of students, residents, and fellows

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

Safety

- Inquiries – 62
- Investigations – 2
- Safety Publications – 4
- Trainings – 2

Training (In-Person and Online)

- Leadership Development Program Cohort Meeting – 6 participants
- Manager’s Conference – 80 participants

*The Spanish version of SNHDs online Diabetes Prevention program was updated and is currently available at [Recursos locales para la diabetes - Viva Saludable](#).

New Hire Orientation

- October 7, 2024 – 1 New Hire
- October 14, 2024 – 6 New Hires
- October 28, 2024 – 5 New Hires

Information Technology (IT)

Service Requests	Oct 2023	Oct 2024		YTD FY24	YTD FY25	
Service Requests Completed	1,072	1,080	↑	4,502	4,370	↓
Service Requests Opened	1,207	1,205	↓	5,037	4,840	↓

Information Services System Availability 24/7	Oct 2023	Oct 2024		YTD FY24	YTD FY25	
Total System	97.91	97.59	↓	98.15	96.94	↓

*Total Monthly Work Orders by Department	Oct 2023	Oct 2024		YTD FY24	YTD FY25	
Administration	301	312	↑	1,094	1,178	↑

Community Health	108	104	↑	467	447	↓
Environmental Health	199	196	↓	835	777	↓
**Primary & Preventive Care	257	176	↓	1,054	992	↓
**Disease Surveillance & Control	200	152	↓	575	541	↓
**FQHC	148	220	↑	813	823	↑
Other	19	27	↑	62	63	↑

	Oct 2023	Oct 2024		YTD FY24	YTD FY25	
First Call Resolution & Lock-Out Calls						
Total number of calls received	1,207	1,205	↓	4,321	4,940	↑

Workforce Team – Public Health Infrastructure Grant (PHIG)

Workforce Team

- Workforce engagements:
 - Participated in the Strategic Planning/Objective Development session in October 2024.
- Participated in the Monthly CDC Project Officer meeting.
- Participated in the Monthly ASTHO Workforce Planning and Assessment Group pop-up session: Information for this session included: Announcements.
- PHAP Update: PHAP website.
- WA King County Public Health Summer Camp (pathway/pipeline program) Presentation Shayla Holcomb, Nursing Quality & Practice-Partnership Manager. Greg Wilson, Program Manager with Environmental Health Division. Alle Glover, Public Health Camp Intern. Maegan Chua, Public Health Camp Intern. José Reyes MSN, RN, UW DNP-PHSL.
- THE (The Human Experience) Public Health Camp 2024 – August 5-9th, 2024
 - THE Public Health Camp is an innovative career exploration experience for young people in King County, WA. This initiative was designed by the Education Engagement Strategy Troupe at Public Health – Seattle & King County to engage and educate the community about public health practices.
- Participated in the PHIG Local Workforce Directors Peer Network hosted by Big Cities Health Coalition on the subject of Building the Next Generation of Diverse Public Health Leaders and Professionals provided by Health Career Connections.
- Participated in the Evolution of the Community Health Worker Hub within Public Health presentation hosted by the Public Health Institute with presentations by Riverside Public Health organization.

CDC Requirements

- During the Region 9 Hub meeting in September, created a PHIG successes video. Video tagged to social media identifying SNHD and the Double Up Food Bucks program as a PHIG success.

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

- Remain vigilant for the release of the 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.
 - Provided feedback on over 50 activities and objectives to leaders and teams submitting their word for Strategic Priorities to begin in January 2025.
- Set up and expended 10 staff hours populating VMSG Dashboard with new objectives and activities for the next 5 years. 20 more hours on this phase of the project is anticipated.
- Began planning for Strategic Objectives review with the PM/QI Team (Performance Management / Quality Improvement).
- 9 hours staff time invested in PHF virtual conference.
 - New Performance Management toolkit has multiple resources to aid in measuring and building effectiveness of this “young” program.
- Invested 7 staff hours to acquire Mental Health First Aid certification. PM work happens across SNHD and its locations. Being aware of challenges and interventions for the well-being of staff and patients is an important resource and part of preparedness.

Quality Improvement

- Started planning for training and enablement of the third division, thus far, (Disease Surveillance & Control) for QI infrastructure, support, and growth.
- Upgraded stock training materials based on feedback from the last 200 trainees as part of Continuous Quality Improvement in the QI.
- Completed first 3 stages of PDSA for the Behavioral Health Access to Care project. The storyboard will be completed and published in November 2024.

PHAB Reaccreditation

- Continuing quarterly meetings with contributors.
- Shifting more submission responsibility to Health Equity team to align expertise with PHAB requirements.
- Spent 8 hours staff time to attend PHAB documentation workshop and repackaging and disseminating information to contributors.
 - Planning office hours in November and again in January 2025.
- Invested 12 staff hours in Workforce Development webinars and resources.
- Connected NVDPBH staff to SNHD staff regarding State Accreditation. The work of the state will ultimately benefit SNHD while increasing collaboration between agencies.

PHIG

- Spent 5 staff hours building relationships with 2 mentees in other PHIG funded agencies for cross functional learning.
 - Benefit to SNHD is the growth of insight regarding Lean Six Sigma Black Belt certification and methodology to upgrade QI systems.
- 4 staff hours spent on maintenance of budgets, reporting, and outcomes related to the grant and QI/Accreditation.

Appendix A – Office of Communications

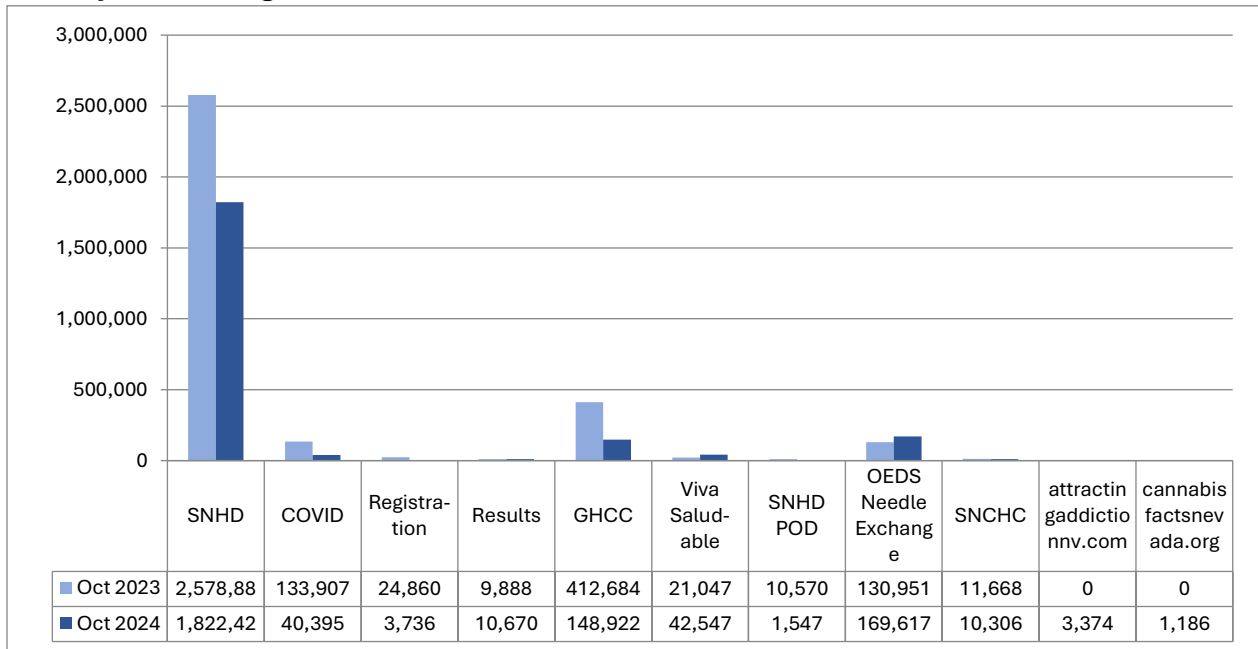
Media, Collateral and Community Outreach Services:

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

	Oct 2023	Oct 2024		YTD FY24	YTD FY25	
Media – Digital/Print Articles	30	34	↓	183	198	↑
Media - Broadcast stories	77	90	↓	471	565	↑
Collateral - Advertising/Marketing Products	45	24	↑	93	184	↑
Community Outreach - Total Volunteers ¹	10	12				
Community Outreach - Volunteer Hours	620	864	↑	2,654	2,766	↓

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

Monthly Website Page Views:



*Tracking page visits for attractingaddictionnv.com and cannabisfactsnevada.org websites.

Social Media Services		Oct 2023	Oct 2024		YTD FY24	YTD FY25
Facebook SNHD	Followers	13,323	13,493	↑	N/A	N/A
Facebook GHCC	Followers	6,146	6,114	↓	N/A	N/A
Facebook SHC	Followers	1,711	1,641	↓	N/A	N/A
Facebook THNK/UseCondomSense	Followers	5,377	5,261	↓	N/A	N/A
Facebook Food Safety	Followers	121	171	↑	N/A	N/A
Instagram SNHD	Followers	4,349	4,888	↑	N/A	N/A
Instagram Food Safety	Followers	527	526	↓	N/A	N/A
Instagram GetHealthyCC	Followers	113	229	↑	N/A	N/A
*Instagram @Ez2stop	Followers	0	151	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	433	429	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,851	1,826	↓	N/A	N/A
X (Twitter) Food Safety	Followers	99	104	↑	N/A	N/A
X (Twitter) SNHDinfo	Followers	10,385	10,306	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	344	347	↑	N/A	N/A

Social Media Services		Oct 2023	Oct 2024		YTD FY24	YTD FY25
X (Twitter) THINK/ UseCondomSense	Followers	690	678	↓	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	128	124	↓	N/A	N/A
Threads SNHD	Followers	536	914	↑	N/A	N/A
*TikTok @Ez2stop	Views	0	25	↑	N/A	N/A
**TikTok SNHD	Views	0	28	↑	N/A	N/A
YouTube SNHD	Views	206,648	212,680	↑	790,845	840,894
YouTube THINK / UseCondomSense	Views	278	332	↑	1,012	1,043
<p>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</p>						

Appendix B – Finance – Payroll Earnings Summary – September 14, 2024 to September 27, 2024

PAYROLL EARNINGS SUMMARY
September 14, 2024 to September 27, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 325,789.10	\$ 6,254,794.84	\$ 2,306,342.15	\$ 8,752,968.00	26%	
ENVIRONMENTAL HEALTH	\$ 639,272.58	\$ 12,302,917.85	\$ 4,436,814.92	\$ 16,165,526.00	27%	
COMMUNITY HEALTH	\$ 301,512.61	\$ 6,279,179.27	\$ 2,100,305.48	\$ 8,845,899.00	24%	
DISEASE SURVEILLANCE & CONTROL	\$ 372,860.90	\$ 7,664,601.00	\$ 2,591,115.03	\$ 9,652,903.00	27%	
FQHC	\$ 344,292.98	\$ 6,574,363.87	\$ 2,376,626.41	\$ 9,532,374.00	25%	
ADMINISTRATION W/O ICS-COVID	\$ 589,903.29	\$ 10,969,723.73	\$ 4,152,063.09	\$ 14,907,050.00	28%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,573,631.46	\$ 50,045,580.56	\$ 17,963,267.08	\$ 67,856,720.00	26%	27%
FTE	817					
Regular Pay	\$ 2,225,926.00	\$ 40,912,883.23	\$ 14,989,847.34			
Training	\$ 9,555.27	\$ 137,419.00	\$ 51,061.82			
Final Payouts	\$ -	\$ 422,841.42	\$ 72,091.91			
OT Pay	\$ 22,325.05	\$ 368,982.92	\$ 158,301.58			
Leave Pay	\$ 275,790.74	\$ 7,122,243.78	\$ 2,259,890.15			
Other Earnings	\$ 40,034.40	\$ 1,081,210.21	\$ 432,074.28			
TOTAL	\$ 2,573,631.46	\$ 50,045,580.56	\$ 17,963,267.08			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
September 14, 2024 to September 27, 2024

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Cardona, Anthony (Tony)		10.00	465.13	Duque, Armando	19.50	760.50
Munford, Elizabeth		2.50	128.86	Cunnington-Morrison, Corey	15.00	489.65
Ubando, Marjorie		3.00	154.63			
Galaviz, Monica		0.75	49.89			
Tran, Amy		15.50	931.43			
Thede, Stacy		0.50	16.25			
Masters, Christopher		16.25	528.21			
Brown, Dominique		5.00	158.15			
Chacon, Yury		4.50	139.11			
Murphy, Melissa		8.00	303.34			
Marquez Anthony		5.00	150.19			
Total Administration		71.00	3025.19		34.50	1250.15

COMMUNITY HEALTH SERVICES						
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
				Barry, Nancy	1.13	38.66
Total Community Health Services		0.00	0.00		1.13	38.66

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Anderson, Renita		0.25	11.05	Avalos, Mayra	0.38	16.63
Manaloto, Xcelza	FP_24	0.25	17.06	Diaz, Michelle	2.00	56.02
Bingham, Julie	FP_24	0.25	17.06			
Total FQHC-Community Health Clinic		0.75	45.17		2.38	72.65

PUBLIC HEALTH & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Hamilton, Isabel		0.25	14.25			
Maciel, Marisol	IMMEQ_22	6.50	326.24			
Enzenauer, Lizette	IMMEQ_22	47.50	2641.14			
Robles, Cynthia		7.50	367.23			
Robles, Cynthia	IMMEQ_22	14.25	697.75			
Salomon, Vicki		1.50	69.77			
Arquette, Jocelyn		2.00	147.35			
Johnson, Jessica L	IMMVFC25	1.00	69.99			
Contreras, Alondra		0.25	18.42			
Drew, Rebecca	IMMBR_24	7.00	272.00			
Gomez, Karen		3.00	102.77			
Luong, Stephen	IMMEQ_22	7.00	477.80			
Nagai, Sage	IMMEQ_22	3.50	232.83			
Wong, Michelle	IMMEQ_22	12.25	774.55			
Sparlin, Autum	IMMEQ_22	5.00	358.80			
Jefferson, Markia	IMMEQ_22	6.50	294.99			
Zavala, Isaac	IMMEQ_22	13.75	847.27			
Hernandez, Edith		3.00	102.77			
Hughes, DeAngelo		6.00	195.04			
Espenilla Marko Ruyg		8.25	247.81			
Fisher-Armstrong Gimmeko		4.00	168.04			
Landini Karleena		4.00	296.55			
Total Public Health & Preventative Care		164.00	8723.36		0.00	0.00

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Herrera, Reyna		2.00	117	Raman, Devin	2.63	128.92
McIntyre, Eric		0.50	30.05			
Total Disease Surveillance & Control		2.50	147.05		2.63	128.92
Combined Total		424.37	22325.05		168.88	5665.42

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Bober, Belinda		4.00	294.68	Brounstein, Jodi	1.50	66.52
O'Malley, Erin		4.00	186.04	Cavin, Erin	3.00	133.05
Kurtti, Donna		1.00	51.54	Sharif, Rabea	3.00	123.24
Navarrete, George (Larry)		0.50	36.84	Thompson, William B	5.25	210.32
Billings, Jacob		2.25	161.46	Smith, Jess	4.50	171.06
Cohen, Valerie		1.00	71.76	Sanders, Jennifer	5.63	193.29
Robinson, Gary		6.00	399.14	Valadez, Alexis	7.13	238.40
Sheffer, Thanh		24.00	1554.9	Diaz-Ontiveros, Luz	2.63	87.83
Piar, Diane		4.75	307.74	McCann, Alexandra	6.00	195.86
Lett, Kendra		12.50	790.34	Calzado, Neil	7.50	244.82
Ortiz-Rivera, Vanessa		6.25	395.17	Jones, Mallory	7.13	232.58
Lucas, Brianna		7.25	435.66	Sripamong, Jacqueline	5.25	171.38
Parangan, Christopher	FDILL_24	4.00	240.37	Charfauros, Adair	8.63	281.55
Walton, Shaunte		1.50	81.33	Bieser, Nickolas	3.00	88.41
Kaplan, Kristopher		7.50	417.02	Galvez, Alexis	13.50	429.37
Park, James		12.75	708.93	Hall, Alyssa	2.63	77.36
Cummins, Veronica		11.75	653.34	Decicco, Natalya	6.00	176.82
Choi, Jessica		5.50	283.49	Weber, Lauren	4.88	143.67
Darang, Chase		1.50	75.29	Erickson, Sarah	10.88	320.49
Valadez, Alexis		-15.01	-753.11	Hernandez, Lillian	8.25	243.13
Valadez, Alexis	FDILL_24	5.63	282.32	Ryan, Erica	1.88	55.26
Rakita, Daniel		2.50	122.41	Herrera, Carlos	3.38	96.88
Diaz-Ontiveros, Luz		3.25	163.12	Jones, Jalen	4.50	129.18
Michel, Guillermo		6.00	293.78	Roberts, Jamie	0.38	10.76
Jones, Mallory		10.75	526.37	Nwaonumah, Nosa	0.75	21.53
Thein, Kelsey		6.00	293.79	Wright, Mercer	0.75	21.53
Brown, Tevin		6.00	293.79	Hernandez, Abel	0.38	10.76
Najera, Luisa		6.00	293.79			
Craig, Jill		0.75	36.72			
Wade, Cynthia		2.75	134.65			
Riehle, Joshua		0.25	12.24			
Ross, Alyssa		0.50	22.69			
Ahmed, Maryam		8.75	397.1			
Bidinger, Joy		5.00	238.54			
Ballard, Jessica	PH1EH_23	0.50	22.1			
Bieser, Nickolas		-0.50	-22.1			
Galvez, Alexis		11.75	560.55			
Decicco, Natalya		3.50	154.72			
Grave De Peralta, Jelena	PH1EH_23	0.50	22.1			
Thompson Deshawn		3.25	143.67			
Total Environmental Health		186.12	10384.28		128.25	4175.05

Appendix C – Finance – Payroll Earnings Summary – September 27, 2024 to October 11, 2024

PAYROLL EARNINGS SUMMARY
September 28, 2024 to October 11, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 331,457.81	\$ 6,586,252.65	\$ 2,637,799.96	\$ 8,752,968.00	30%	
ENVIRONMENTAL HEALTH	\$ 638,960.58	\$ 12,941,878.43	\$ 5,075,775.50	\$ 16,165,526.00	31%	
COMMUNITY HEALTH	\$ 297,667.90	\$ 6,576,847.17	\$ 2,397,973.38	\$ 8,845,899.00	27%	
DISEASE SURVEILLANCE & CONTROL	\$ 374,213.61	\$ 8,042,303.87	\$ 2,968,817.90	\$ 9,652,903.00	31%	
FQHC	\$ 353,576.82	\$ 6,927,940.69	\$ 2,730,203.23	\$ 9,532,374.00	29%	
ADMINISTRATION W/O ICS-COVID	\$ 583,771.45	\$ 11,553,495.18	\$ 4,735,834.54	\$ 14,907,050.00	32%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,579,648.17	\$ 52,628,717.99	\$ 20,546,404.51	\$ 67,856,720.00	30%	31%
FTE	818					
Regular Pay	\$ 2,302,262.39	\$ 43,217,666.16	\$ 17,294,630.27			
Training	\$ 1,799.59	\$ 139,218.59	\$ 52,861.41			
Final Payouts	\$ 121.39	\$ 423,931.53	\$ 73,182.02			
OT Pay	\$ 30,570.73	\$ 399,553.65	\$ 188,872.31			
Leave Pay	\$ 220,558.63	\$ 7,342,802.41	\$ 2,480,448.78			
Other Earnings	\$ 24,335.44	\$ 1,105,545.65	\$ 456,409.72			
TOTAL	\$ 2,579,648.17	\$ 52,628,717.99	\$ 20,546,404.51			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
September 28, 2024 to October 11, 2024

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Cardona, Anthony (Tony)		7.50	348.85	Price, Keri	15.00	515.44
Price, Keri		10.00	515.44	Cunnington-Morrison, Corey	15.00	489.65
Viote, Jorge		4.00	266.09			
Silva-Minnich, Rosanna		4.00	252.91			
Galaviz, Monica		1.75	116.41			
Thede, Stacy		12.50	406.31			
Masters, Christopher		1.00	32.51			
Arzate, Mario		2.00	63.26			
Ines, Heinrich		18.50	585.13			
Wright, Michael		7.00	379.52			
Total Administration		68.25	2966.43		30.00	1005.08

COMMUNITY HEALTH SERVICES						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Total Community Health Services		0.00	0.00		0.00	0.00

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Diaz, Michelle		0.25	10.50			
Orea-Valencia, Mirelly		0.75	30.68			
Anderson, Renita		0.75	33.15			
Bingham, Julie	IMMEQ_22	3.50	238.90			
Henriquez, Sergio	IMMEQ_22	6.00	221.58			
Total FQHC-Community Health Clinic		11.25	534.81		0.00	0.00

PUBLIC HEALTH & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Maciel, Marisol	IMMEQ_22	10.00	501.92	Sprance-Grogan, Carolyn	0.38	14.25
Enzenauer, Lizette	IMMEQ_22	25.50	1417.86	Arquette, Jocelyn	0.38	18.42
Robles, Cynthia		12.00	587.58	Contreras, Alondra	12.75	626.20
Robles, Cynthia	IMMEQ_22	26.01	1273.33	Carcamo, Monica	12.00	353.64
McTier, Chika		8.50	594.94			
Luong, Stephen	IMMEQ_22	12.50	853.23			
Wong, Michelle	IMMEQ_22	9.75	616.47			
Delgado, Diana	STD_24	0.75	51.19			
Sparlin, Autum		3.50	251.16			
Sparlin, Autum	IMMEQ_22	21.25	1524.90			
Sparlin, Autum	GSSHC_25	2.50	179.40			
Zavala, Isaac	IMMEQ_22	6.75	415.94			
Hernandez, Edith		15.00	513.85			
Miranda, Consuelo		6.00	185.48			
Fisher-Armstrong, Gimmeko		19.00	798.16			
Landini, Karleena		0.50	37.06			
Total Primary & Preventative Care		179.51	9802.47		25.50	1012.51

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Shingu, Michele	HIVPRV25	12.50	809.84	Shingu, Michele	18.75	809.84
Johnson, Monique	HIVPRV25	5.00	300.46			
O'Connor, Kelli	HIVPRV25	12.50	790.35			
Radeloff, Cheryl	HIVPRV25	2.50	184.18			
Montgomery, Joshua	HIVPRV25	12.00	758.73			
Castro, Janet	HIVPRV25	12.00	602.28			
Flournoy, Tiffany	ODTAA_25	7.00	420.64			
Hamilton, Samantha	ODTAA_25	5.50	225.01			
Martinez Sainz, Jose (Cassandra)	HIVPRV25	6.00	265.23			
Valencia, Marissa	HIVPRV25	6.50	343.31			
Burgess, Glenn	HIVPRV25	6.00	286.24			
Baltazar, Josephine	HIVPRV25	3.00	132.62			
Total Disease Surveillance & Control		90.50	5118.89		18.75	809.84
Combined Total		568.63	30570.73		196.88	6939.32

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Brounstein, Jodi		1.00	66.52	Brounstein, Jodi	1.88	83.15
Kaderlik, Patricia		4.50	299.35	Robinson, Gary	3.25	144.13
Bober, Belinda		3.00	221.01	Whiting-Green, Willandra	7.13	292.69
Taylor, George		7.75	515.55	Sharif, Rabea	9.00	369.72
Daspit, Theresa		1.50	99.78	Ramakrishnan, Veena	3.00	120.18
Billings, Jacob		5.75	412.62	Thompson, William B	4.88	195.30
Diaz, Nathan		-1.38	-91.80	Smith, Jess	0.75	28.51
Sheffer, Thanh		19.50	1263.35	McCann, Alexandra	9.00	293.79
Whiting-Green, Willandra		2.25	138.64	Sabandith, Vetahya	7.50	244.82
Lett, Kendra		10.50	663.89	Wells, Jordan	0.50	16.32
Ortiz-Rivera, Vanessa		6.25	395.17	Sripamong, Jacqueline	22.13	722.23
Pontius, Kevin		6.00	379.37	Ahmed, Maryam	12.00	363.07
Lucas, Brianna		8.50	510.78	Galvez, Alexis	9.00	286.24
Ramakrishnan, Veena		2.00	120.18	Hall, Alyssa	10.13	298.39
McGahen, Ryan		1.50	90.14	Vinh, Jonathan	5.25	154.72
Parangan, Christopher		5.50	330.50	Weber, Lauren	3.75	110.51
Kaplan, Kristopher		14.00	778.43	Erickson, Sarah	0.75	22.10
Park, James		7.00	389.22	Herrera, Carlos	3.00	86.12
Cummins, Veronica		6.75	375.31	Jones, Jalen	2.25	64.59
Martens, Gary		0.50	27.11	Roberts, Jamie	1.88	53.82
Reyes, Abegail		14.00	721.61	Nwaonumah, Nosa	3.00	86.12
Darang, Chase		1.50	75.29	Wright, Mercer	2.25	64.59
Valadez, Alexis		6.25	313.69	Hernandez, Abel	0.38	10.76
Rakita, Daniel		19.75	967.06			
Jones, Mallory		6.00	293.79			
Thein, Kelsey		3.75	183.62			
Brown, Tevin		10.50	514.13			
Najera, Luisa		1.75	85.69			
Craig, Jill		4.50	220.34			
Wade, Cynthia		5.50	269.31			
Jufar, Lydia		3.75	183.62			
Ross, Alyssa		2.50	113.46			
Ahmed, Maryam		10.00	453.83			
Galvez, Alexis		5.00	238.53			
Hall, Alyssa		6.75	298.39			
Gonzalez, Kimberly		1.00	44.21			
Roberts, Jamie		1.25	53.82			
Thompson, Deshawn		3.00	132.62			
Total Environmental Health		219.12	12148.13		122.63	4111.88

Appendix D – Finance – Payroll Earnings Summary – October 12, 2024 to October 25, 2024

PAYROLL EARNINGS SUMMARY
October 12, 2024 to October 25, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 337,211.99	\$ 6,971,833.81	\$ 3,023,381.12	\$ 8,752,968.00	35%	
ENVIRONMENTAL HEALTH	\$ 642,408.38	\$ 13,697,802.86	\$ 5,831,699.93	\$ 16,165,526.00	36%	
COMMUNITY HEALTH	\$ 300,196.40	\$ 6,929,157.33	\$ 2,750,283.54	\$ 8,845,899.00	31%	
DISEASE SURVEILLANCE & CONTROL	\$ 377,138.04	\$ 8,481,776.99	\$ 3,408,291.02	\$ 9,652,903.00	35%	
FQHC	\$ 361,780.44	\$ 7,308,471.33	\$ 3,110,733.87	\$ 9,532,374.00	33%	
ADMINISTRATION W/O ICS-COVID	\$ 591,569.46	\$ 12,269,707.42	\$ 5,452,046.78	\$ 14,907,050.00	37%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,610,304.71	\$ 55,658,749.74	\$ 23,576,436.26	\$ 67,856,720.00	35%	35%
FTE	825					
Regular Pay	\$ 2,158,371.59	\$ 45,379,305.81	\$ 19,456,269.92			
Training	\$ 9,399.66	\$ 148,618.25	\$ 62,261.07			
Final Payouts	\$ 10,971.43	\$ 462,224.76	\$ 111,475.25			
OT Pay	\$ 25,576.58	\$ 425,130.23	\$ 214,448.89			
Leave Pay	\$ 370,276.74	\$ 7,716,599.07	\$ 2,854,245.44			
Other Earnings	\$ 35,708.71	\$ 1,526,871.62	\$ 877,735.69			
TOTAL	\$ 2,610,304.71	\$ 55,658,749.74	\$ 23,576,436.26			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
October 12, 2024 to October 25, 2024

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Munford, Elizabeth		1.45	74.73			
Viote, Jorge		9.00	598.71			
Silva-Minnich, Rosanna		7.00	442.59			
Ubando, Marjorie		15.50	798.92			
Shore, Steven		0.50	23.23			
Arriaga, Jocelyn		4.00	155.43			
Tran, Amy		10.75	645.99			
Thede, Stacy		12.25	398.19			
Murphy, Melissa		8.00	303.34			
Burgess, Anna		10.00	420.08			
Total Administration		78.45	3861.21		0.00	0.00
COMMUNITY HEALTH SERVICES						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
				Barry, Nancy	0.38	12.89
Total Community Health Services		0.00	0.00		0.38	12.89

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Orea-Valencia, Mirelly		1.00	40.92	Romero, Esther	2.25	66.31
Servando, Maria Cristina		1.50	110.51			
Manaloto, Xcelza	FP_24	0.25	17.06			
Bingham, Julie	IMMEQ_22	14.00	955.61			
Henriquez, Sergio	IMMEQ_22	7.50	276.98			
Alfaro, Stacey		0.75	25.01			
Total FQHC-Community Health Clinic		25.00	1426.09		2.25	66.31

PUBLIC HEALTH & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Maciel, Marisol	IMMEQ_22	4.00	206.17	Contreras, Alondra	3.00	147.34
Enzenauer, Lizette		5.00	278.01			
Enzenauer, Lizette	IMMEQ_22	17.25	959.15			
Robles, Cynthia		7.00	342.75			
Robles, Cynthia	IMMEQ_22	11.50	563.09			
Arquette, Jocelyn		11.00	810.37			
McTier, Chika	IMMEQ_22	7.50	524.95			
Contreras, Alondra		8.00	589.36			
Gomez, Karen		6.00	205.54			
Nagai, Sage	IMMEQ_22	7.00	465.66			
Wong, Michelle	IMMEQ_22	2.50	158.06			
Sparlin, Autum	IMMEQ_22	8.25	592.02			
Zavala, Isaac	IMMEQ_22	7.25	446.74			
Aucalla, Gennessis		6.00	205.54			
Landini, Karleena		2.50	185.35			
Public Health & Preventive Care		110.75	6532.76		3.00	147.34

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
O'Connor, Kelli	HIVPRV25	12.00	758.73	Raman, Devin	0.38	18.42
Ewing, Tabitha	HIVPRV25	8.00	505.82	Hamilton, Samantha	11.63	317.05
King, Micah		3.75	255.97	Bravo Rosas, Jazmin	11.63	309.40
Castro, Janet	HIVPRV25	12.00	602.29			
Kelton, Jennifer	HIVPRV25	5.50	236.82			
Burgess, Glenn	COSSUP25	1.25	59.63			
DiGoregorio, Amanda	HIVPRV25	7.00	379.52			
Total Disease Surveillance & Control		49.50	2798.78		23.63	644.88
Combined Total		475.20	25576.58		194.13	6458.92

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Brounstein, Jodi		0.25	16.63	Brounstein, Jodi	0.75	33.26
Navarrete, George (Larry)		2.50	184.18	Northam, Korie	0.75	36.84
Dalton, Jonathan		2.00	133.05	Santiago, Anthony	7.50	332.61
Daspit, Theresa		2.50	166.31	Robinson, Gary	4.88	216.20
Billings, Jacob		1.25	89.70	Sharif, Rabea	4.00	164.32
Edwards, Tara		0.50	35.00	Ramakrishnan, Veena	9.75	390.60
Sheffer, Thanh		4.50	291.54	Feng, Yuzhen	8.63	336.37
Piar, Diane		9.75	631.68	Smith, Jess	3.75	142.55
Lett, Kendra		12.50	790.34	Wills, Jerry	12.00	422.54
Pontius, Kevin		5.00	316.14	Blackard, Brittanie	9.00	316.90
Lucas, Brianna		4.50	270.41	Sanders, Jennifer	5.63	193.29
Hernandez, Stephanie		2.00	114.04	Valadez, Alexis	2.63	87.83
Walton, Shaunte		3.00	162.65	Diaz-Ontiveros, Luz	9.75	326.24
Kaplan, Kristopher		6.25	347.52	McCann, Alexandra	5.25	171.38
Cummins, Veronica		7.00	389.22	Charfauros, Adair	6.00	195.86
Reyes, Abigail		3.50	180.40	Ahmed, Maryam	15.00	453.83
Darang, Chase		6.00	301.14	Galvez, Alexis	10.13	322.02
Rakita, Daniel		0.25	12.24	Hall, Alyssa	6.00	176.82
McCann, Alexandra		5.75	281.55	Dunne, Rebecca	1.13	33.30
Michel, Guillermo		10.25	501.89	Vinh, Jonathan	7.50	221.03
Calzado, Neil		18.00	881.37	Decicco, Natalya	3.38	99.46
Sabandith, Vetahya		5.00	244.82	Weber, Lauren	8.25	243.13
Thein, Kelsey		5.00	244.82	Erickson, Sarah	4.88	143.67
Wells, Jordan		9.75	477.41	Herrera, Carlos	3.75	107.65
Brown, Tevin		6.75	330.51	Roberts, Jamie	6.00	172.24
Najera, Luisa		13.00	636.54	Nwaonumah, Nosa	5.63	161.47
Wade, Cynthia		7.25	354.99	Hernandez, Abel	3.00	86.12
Jufar, Lydia		5.25	257.07			
Bidinger, Joy		4.00	190.83			
Hall, Alyssa		10.00	442.06			
Gonzalez, Kimberly		6.50	287.33			
Concepcion, Derrell Glen		12.00	530.47			
Hernandez, Lilian		1.00	44.21			
Roberts, Jamie		4.00	172.24			
Hernandez, Abel		4.00	172.24			
Thompson, Deshawn		10.75	475.20			
Total Environmental Health		211.50	10957.74		164.88	5587.52



Memorandum

Date: November 21, 2024

To: Southern Nevada District Board of Health

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

Subject: Community Health Division Monthly Activity Report – October 2024

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

A. Chronic Disease Prevention Program (CDPP)

The CDPP worked with the Partners for a Healthy Nevada (PHN) coalition to recognize Childhood Obesity Awareness Month and promote the 5-2-1-0 initiative in September. Sixteen (16) PHN partners shared 5-2-1-0 materials and resources at 21 scheduled programs, outreach events and activities during September. Partners also shared 5-2-1-0 messages via social media and other communication platforms during September which dovetailed with a paid campaign in English and Spanish. In total, over 3,100 people received educational and promotional materials and over 179,000 were reached through media efforts.

The Move Your Way Summer Initiative wrapped up in September. This initiative promotes physical activity at outreach events and provides free opportunities for physical activity at local recreation center pools. We reached over 10,000 people through 17 outreach events and pool parties.

The Soda Free Summer initiative also wrapped up in September. Soda Free Summer's initiative encourages people to limit or eliminate sugary beverages during the summer and choose water or other healthier beverages. Our efforts reached over 7,600 people at seven (7) community outreach events.

CDPP staff serve on the Technical Advisory Committee (TAC) for the City of Las Vegas' (CLV) Vision Zero (VZ) Plan. CDPP has been working with the City of Las Vegas on a Guiding Principles for Safe Routes to Parks document that will help support implementation of VZ strategies. The city worked with the community and members of the TAC to develop a draft Guiding Principles for Safe Routes to Parks document and after review, the document was finalized and added to the CLV Vision Zero website. When the next Vision Zero plan is updated, the Safe Routes to Parks plan will be added as an amendment. CDPP will be working with the City of Las Vegas to support the implementation of Safe Routes to Parks strategies outlined in the document as part of the REACH grant.

Our CDPP staff has successfully expanded the Barber/Beauty Shop Health Outreach Program (BSHOP/BeSHOP) by adding one (1) new barber shop and one (1) new beauty shop. Barber and beauty shop owners, stylists, and barbers have been trained and the new locations are now

integrated into the ongoing blood pressure screening schedule. This brings the total number of local, Black-owned barber and beauty shops participating in the BSHOP/BeSHOP initiative to 17 (12 barber and 5 beauty shops).

B. Tobacco Control Program (TCP) Update

The TCP launched a new website: smokefreeparkssnv.org as part of their smoke-free parks initiative. This website serves to educate the public and issue stakeholders on the benefits of smoke-free recreational spaces.

TCP's youth vaping prevention initiative: "Breakdown", established a partnership with the Nevada Association of Student Councils. TCP staff attended the Southern Nevada Student Council Presidents' Meeting to promote vape-free lifestyles to high school students throughout Southern Nevada. Additionally, staff sponsored the African American Youth Leaders Training and Summit, which empowers faith-based youth leaders from approximately 30 churches to become more effective leaders. Staff provided materials for the workshop addressing mental health and substance use among teens, including vaping.

This team collaborated with the Mexican Patriotic Committee to promote tobacco-free lifestyles through the Por Mi Por Ti Por Nosotros initiative during the annual Fiestas Patrias celebration held at the Sammy Davis Jr. Festival Plaza at Lorenzi Park. The event was promoted as smoke and vape-free. No smoking and no vaping signage was posted throughout event grounds as friendly reminders to the public. Announcements promoting the Nevada Tobacco Quitline were done in English and Spanish throughout the duration of event. Over 700 people attended the outdoor event on September 14th.

Team TCP hosted a Native Hawaiian / Pacific Islander Ohana Outing in partnership with UNLV. This event was a women's volleyball game between the University of Hawaii and UNLV. Before and during the game Island eNVy staff tabled and distributed materials that promoted the smoke-free lifestyle and available tobacco cessation resources to patrons who attended the game. This event was held on September 24th. There were an estimated 3,000+ people in attendance.

In September, our staff was invited to develop an article that will run in a highly popular local LGBT publication called the Las Vegas Spectrum. The focus of the article was on the high smoking and vaping rates of the LGBT+ community (in comparison to other communities) and the available resources to quit.

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

A. Education Committee

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

The Committee discussed the education outline for the Hemorrhage Control protocol and reviewed the paramedic mentorship/internship program.

B. Drug/Device/Protocol Committee (DDP)

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

The DDP reviewed proposed changes to the Clark County EMS System Emergency Medical Care Protocols, and discussed adding Buprenorphine to the formulary.

C. Medical Advisory Board (MAB)

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

The Board heard sub-committee reports on revisions to the Clark County protocols.

D. Regional Trauma Advisory Board (RTAB) MAB)

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

RTAB agreed to support an attempt to pass legislation requiring a primary seatbelt law. Other legislative issues regarding traffic safety were discussed, and a report was presented from a SNHD Health Education & Injury Prevention Ad hoc member regarding all the community events taking place within the next 2-3 months.

E. OEMSTS – October 2023 / 2024 Data

EMS Statistics	Oct 2023	Oct 2024	
Total certificates issued:	84	89	↑
New licenses issued:	71	83	↑
Renewal licenses issued (recert only):	0	7	↑
Driver Only:	37	47	↑
Active Certifications: EMT:	912	858	↓
Active Certifications: Advanced EMT:	1872	1882	↑
Active Certifications: Paramedic:	1967	2069	↑
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 and other limited uses of this information for response and recovery operations. SNHD and community partners will provide presentation for November District After Dark.
2. OPHP continued to review and revise plans, threat response guides, and both internal and external training.
3. Our Planners completed the Administrative Preparedness Annex.
4. The 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.
5. Assistance was provided to the revisions of the COVID AAR.
6. 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.
7. Sixty-five SNHD employees were fit tested for personal protective equipment.
8. Planners are currently serving as reviewers for Project Public Health Ready 2024 review cycle.
9. OPHP Planners coordinated automation of emergency notification system updates with IT and Human Resources.
10. Planners perpetuated revision of SNHD Basic EOP and Direction and Control Annexes.
11. 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.
12. Planners and Senior Administrative Assistant met to discuss the SNPOD website and related procedures. Staff are working on a list of businesses and partner organizations to reach out to regarding updating or initiating Closed POD MOUs.
13. Our Planners began work on theme and development of the 2026 Preparedness calendars.

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. The feedback from participants was extremely positive.
2. New Hire Orientation for Emergency Preparedness and Security was not provided in October due to every other month schedule.
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 held the initial Planning Meeting for the Extreme Health Seminar planned for March 12, 2025.
9. OPHP Planners attended Common Operating Picture Seminar/Tabletop hosted by City of Henderson Department of Emergency Management.
10. Our Planners attended a Train Derailment TTX Exercise for the City of Henderson.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. Trainers and Clinical Advisor confirmed First Receiver Documentation Training on December 4th 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 and SNHD contractors.
4. Hospital Area Command full scale exercises/training conducted with 19 standalone Emergency Departments supported by county and city Fire Departments.
5. Planners and Clinical Advisor, in coordination with Clark County Fire Department, conducted two (2) Hospital Area Command drills at freestanding emergency departments (FSED).
6. Planners and Clinical Advisor finalized the Patient Movement Annex.
7. Our Planners and Clinical Advisor continue planning efforts for the Information Sharing Annex and Resource Management Annex.
8. Trainer, Clinical Advisor and Senior Planner continue to support NDMS/FCC TTX on October 8th and Full-Scale Exercise on November 6th at Nellis Air Force Base.
9. OPHP staff facilitated review and update of SNHPC Hazard Vulnerability Analysis (HVA), sub-committee meeting on October 16th, a deliverable of Hospital Preparedness Program grant.
10. OPHP and Clinical Advisor begin planning efforts for the Medical Response Surge Exercise 2024.
11. Our Planners attended a healthcare system partner's Emergency Management Committee Meetings.
12. The Planners continue efforts for the ProCare Hospice Exercise.

D. Fusion Center Public Health Analyst:

1. Disseminated public health information between SNHD and the Southern Nevada Counter Terrorism Center (SNCTC).

2. Provided public health input on threat assessment activities such as election and F1 intelligence.
3. Reviewed large venue, special events for public health concerns such as Las Vegas Marathon and local music festivals.
4. Participated in the weekly NFL GSOC.
5. Developed appropriate connections to increase communication between SNHD, SNCTC and its partner organizations.
6. Provided SNHD Disease Surveillance and Control with white papers from fusion center sources for situational awareness.
7. Produced and distributed event specific information on MPox Clade 1 and major chicken recall.
8. Providing SNHD IT management team with relevant threat data from Fusion Center sources.

E. Grants and Administration:

1. OPHP is awaiting Notice of no cost extensions from FY 2024.
2. Both the Manager and Supervisor continue to support special event planning in advance of Formula One Event in November and New Years Eve.
3. The OPHP Manager participated in several Extreme Heat debriefs with community partners and interviews with the media following the 2024 season. Several initiatives are in process of being planned for next summer.
4. Our Manager continues to collaborate and coordinate Basic Life Support training for SNHD licensed personnel with management and union to fund this required training.
5. OPHP Manager continues to participate in leadership training with SNHD contractor.
6. The Bi-Annual Employee performance evaluations completed with employees.
7. Manager continues to represent Community Health Division management on various SNHD working group committees.

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. The MRC Coordinator and one Volunteer attended Climate Resilience Fair to distribute preparedness information. This activity is associated with the Heat Lab Working group.
3. MRC Coordinator gave preparedness presentations to two nursing classes at Nevada State University.

MRC Volunteer Hours FY2025 Q2

(Economic impact rates updated April 2024):

Activity	October	November	December
Training			
Community Event	5		
SNHD Clinic			
Total Hours	5		
Economic impact	\$167.45		

IV. VITAL RECORDS

A. October is currently showing a 13% increase in birth certificate sales in comparison to October 2023. Death certificate sales currently showing a 12.3% increase in comparison to October 2023. SNHD received revenues of \$31,824 for birth registrations, \$22,373 for death registrations; and an additional \$7,930 in miscellaneous fees.

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

Vital Statistics Services	October 2023	October 2024		FY 23-24 (October)	FY 24-25 (October)	
Births Registered	1,541	2,366	↑	6,911	8,640	↑
Deaths Registered	1,150	1,876	↑	6,014	7,305	↑
Fetal Deaths Registered	22	13	↓	65	61	↓

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

Vital Statistics Services	Oct 2023	Oct 2024		FY 23-24 (Oct)	FY 24-25 (Oct)	
Birth Certificates Sold (walk-in)	43	6	↓	190	32	↓
Birth Certificates Mail	120	108	↓	551	509	↓
Birth Certificates Online Orders	2,991	3,445	↑	15,081	14,584	↓
Birth Certificates Billed	114	140	↑	420	515	↑
Birth Certificates Number of Total Sales	3,268	3,699	↑	16,242	15,640	↓
Death Certificates Sold (walk-in)	23	14	↓	80	93	↑
Death Certificates Mail	164	133	↓	683	700	↑
Death Certificates Online Orders	7,153	8,095	↑	28,268	31,297	↑
Death Certificates Billed	30	36	↑	142	171	↑
Death Certificates Number of Total Sales	7,370	8,278	↑	29,173	32,261	↑

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

Vital Statistics Sales by Source	Oct 2023	Oct 2024		FY 23-24 (Oct)	FY 24-25 (Oct)	
Birth Certificates Sold Valley View (walk-in)	1.3%	.2%	↓	1.2%	.2%	↓
Birth Certificates Mail	3.7%	2.9%	↓	3.4%	3.3%	↓
Birth Certificates Online Orders	91.5%	93.1%	↑	92.9%	93.2%	↑
Birth Certificates Billed	3.5%	3.8%	↑	2.6%	3.3%	↑
Death Certificates Sold Valley View (walk-in)	.3%	.2%	↓	.3%	.3%	
Death Certificates Mail	2.2%	1.6%	↓	2.3%	2.2%	↓
Death Certificates Online Orders	97.1%	97.8%	↑	96.9%	97%	↑
Death Certificates Billed	.4%	.4%		.5%	.5%	

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

Revenue	October 2023	October 2024		FY 23-24 (Oct)	FY 24-25 (Oct)	
Birth Certificates (\$25)	\$81,700	\$92,475	↑	\$406,050	\$391,000	↓
Death Certificates (\$25)	\$184,250	\$206,950	↑	\$729,325	\$806,525	↑
Births Registrations (\$13)	\$28,041	\$31,824	↑	\$139,477	\$131,846	↓
Deaths Registrations (\$13)	\$21,112	\$22,373	↑	\$84,136	\$93,587	↑
Convenience Fee (\$2)	\$6,416	\$7,240	↑	\$30,790	\$30,198	↓
Miscellaneous Admin	\$509	\$690	↑	\$2,204	\$2,741	↑
Total Vital Records Revenue	\$322,028	\$361,552	↑	\$1,391,982	\$1,455,897	↑

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	October 2023	October 2024		FY 23-24 (Oct)	FY 24-25 (Oct)	
Passport Applications	585	651	↑	2,646	2,436	↓

Revenue	October 2023	October 2024		FY 23-24 (Oct)	FY24-25 (Oct)	
Passport Execution/Acceptance fee (\$35)	\$20,475	\$22,785	↑	\$92,610	\$85,260	↓

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.

1. Our program facilitated two workshops on Communication and Language assistance to the FQHC staff in both the Decatur and Freemont clinics. with SNHD programs and grant subrecipients to plan and coordinate COVID-19 community strategies and events.

2. This same program participated in the 2024 Health & Wellness Fair sponsored by the Clark County Department of Aviation at the Harry Reid International Airport on October 9th, 2024.

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	42	42
NAAT NG/CT	1582	1303
Syphilis	1022	873
RPR/RPR Titers	229/89	160/70
Hepatitis Total	2027	1341
HIV/differentiated	940/23	684/20
HIV RNA	143	104

4. COVID testing:
 - Performed SARS-CoV-2 PCR extraction on the KingFisher Flex platform exclusively.
 - SNPHL maintains a capacity of 2000 tests/day with a turnaround-time of <48 hours (current TAT two-day currently at / near goal).
 - For October, the average daily testing was 20 and the average turnaround time was 39 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.

- Since the script problem of Tecan instrument cannot be resolved by manufacture, we asked SNHD Contracts and SNHD Purchasing to discuss with manufacture to return this instrument if it is feasible.

Monthly summary of COVID PCR/NAAT testing:

Month	# PCR & NAAT/#POS	COVID	# PCR & NAAT/#POS
January	1,144/148	July	716/166
February	1,160/77	August	1560/202
March	680/42	September	731/107
April	204/18	October	456/101
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	3			33
	Campy Screen	11	17	3	15	5	3	4	1	3	3			65
Neisseria species	Gonorrhoeae Culture	48	85	47	41	24	36	39	28	29	42			419
	Gram Stain/WBC	0	5	0	0	5	0	0	0	5	0			15
	Neisseria ID	0	0	0	0	1	1	1	0	0	0			3
	Haemophilus ID	7	0	2	1	0	0	0	0	0	0			10
Unknown ID	Bacterial ID	0	0	0	0	0	1	12	0	1	0			14
	WGS (PulseNet)	29	23	17	30	20	20	18	28	17	18			220

Salmonella	Salmonella Screen	14	10	12	19	12	15	14	14	11	10			131
	Salmonella Serotype	13	10	12	16	14	12	11	14	10	10			122
Shigella	Shigella Screen	10	10	4	10	6	3	3	5	4	5			60
	Shigella Serotype	7	10	2	3	5	3	2	4	1	4			41
STEC	STEC Screen	10	2	2	4	1	4	3	7	2	2			37
	STEC Serotype	1	1	1	0	1	2	1	5	1	1			14
Unknown	Stool Culture	5	6	2	0	6	0	0	5	5	7			36
Vibrio	Vibrio ID	0	0	1	0	0	0	0	3	0	0			4
	Vibrio Screen	0	0	1	3	0	1	0	5	0	0			10
Yersinia	Yersinia Culture/ID	1	2	1	0	0	0	0	0	1	0			5

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were two (2) cases for GI outbreak investigation in October.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In October, SNPHL performed 25 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	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 18 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in October 2024.
5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 187 bacterial organisms have been identified in October.
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 October 2024, SNPHL has sequenced 71 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	56		

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 October, we tested a total of 333 mosquito pool samples. There were zero (0) positive WNV mosquito pool samples identified in October. 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 October, a total of 28 clinical isolates, *Neisseria gonorrhoeae* nine (9) isolates and *Neisseria meningitidis* four (4) 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 2017 samples in October.

D. All-Hazards Preparedness:

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

E. October 2024 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. Passed the proficiency test with CAP CM-B 2024 UA w/Body Fluid & Urine Sed Photos; CAP LPX-B; WSLH Legionella; CAP BCPV-C Blood ID; CAP FH9-C Hematology, earning a 100% grade.
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 was delivered 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 October, 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. The new influenza surveillance season just started in October. 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.
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 October.
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. Eight (8) contractors visited SNPHL.
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

October SNPHL Services	2023	2024	
Clinical Testing Services ¹	5,357	6,886	↑
Epidemiology Services ²	1,173	41	↓
State Branch Public Health Laboratory Services ³	0	0	↓
All-Hazards Preparedness Services ⁴	8	7	↓
Environmental Health Services ⁵	1,064	389	↓

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

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

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

⁴ Includes Preparedness training, teleconferences, and Inspections.

⁵ Includes vector testing.

MEMORANDUM

Date: November 19, 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 – October 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.

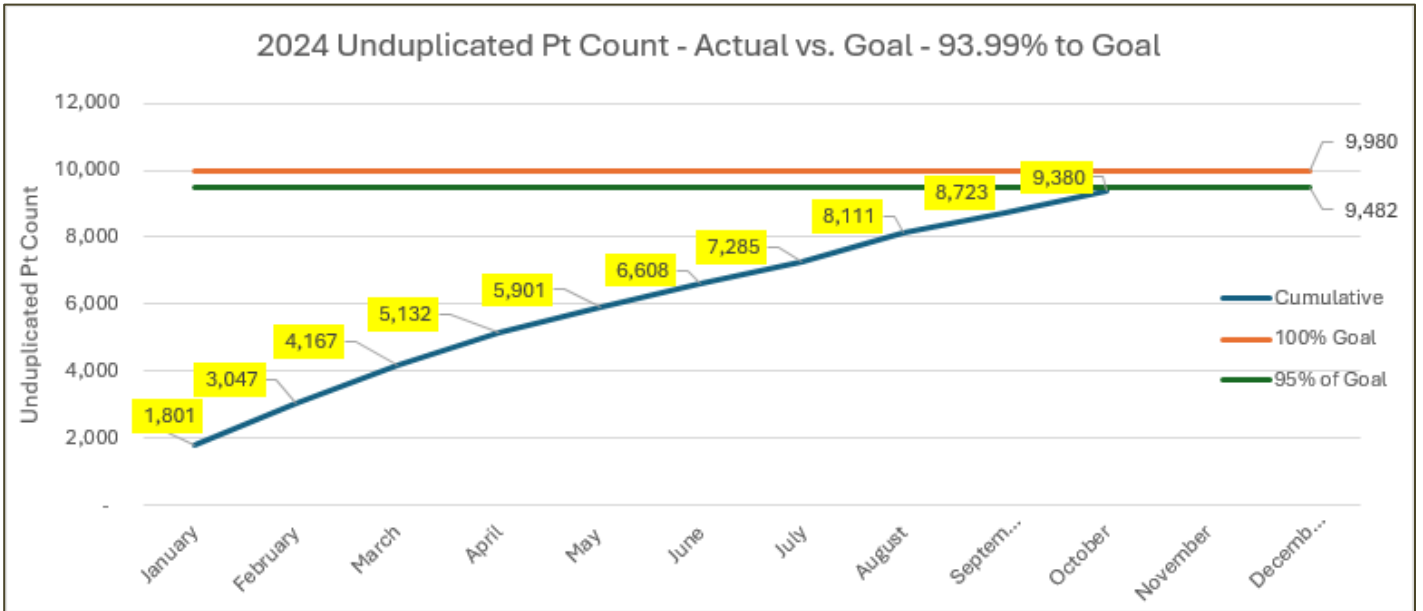
October Highlights

Administrative

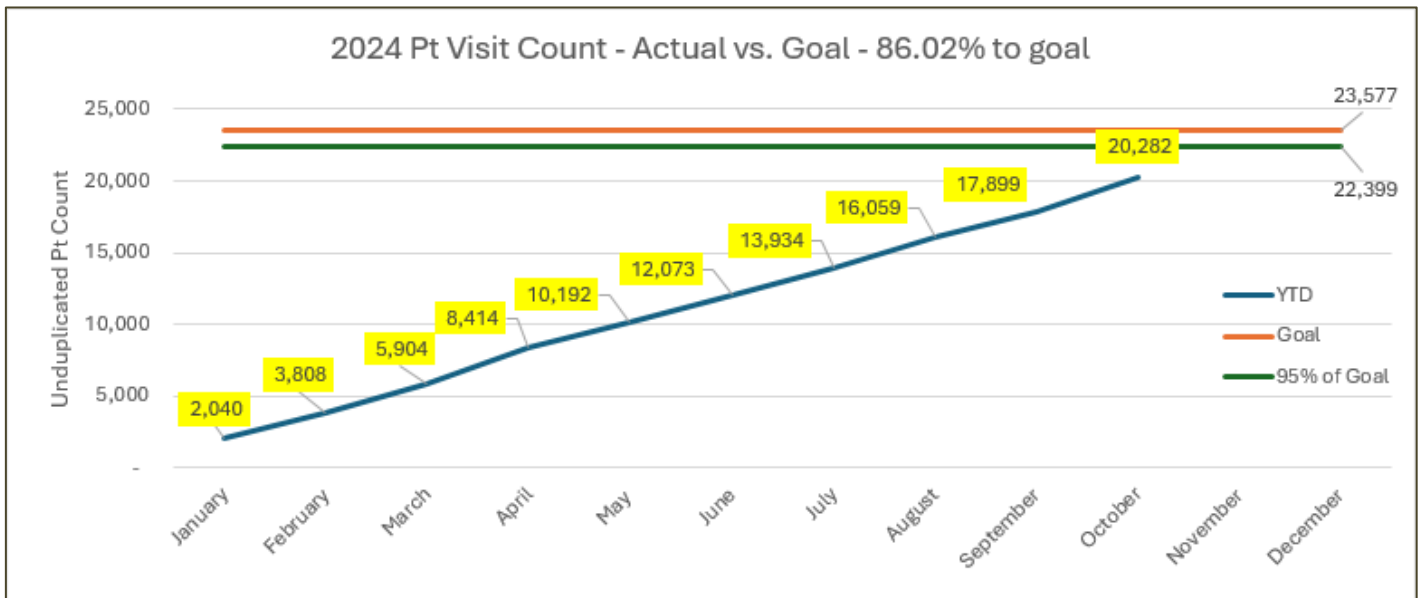
- HRSA Operational Site Visit (OSV): 2/25/25 – 2/27
- HRSA Title X site visit: 9/2025
- Ryan White site visit successfully completed on 11/6/24 with no findings.
- New Medical Director hired. Start date: 2/3/25
- Behavioral Health Clinic at Decatur buildout complete. Soft opening on 11/24.
 - Open House: 1/15/25
- Medicaid PPS rate setting cost report submitted on 10/31/24.
- Two employees awarded Employee of the Month.
- Six employees were recognized for Exemplary Services awards.

Access

Unduplicated Patients through October 2024



Patient Visits through October of 2024



Provider Visits by Program and Site – October 2024

Facility	Program	OCT '25	OCT '24	OCT YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	714	402	44%	2,388	1,488	38%
Fremont	Family Health	400	66	84%	1,411	574	59%
Total	Family Health	1,114	468	58%	3,799	2,062	46%
Decatur	Family Planning	220	127	42%	666	537	19%
Fremont	Family Planning	172	32	81%	523	343	34%
Total	Family Planning	392	159	59%	1,189	880	26%
Decatur	Sexual Health	604	597	1%	2218	2247	-1%
Fremont	Sexual Health	150			507		
ASEC	Sexual Health		128		113	511	
Total	Sexual Health	754	725	4%	2,838	2,758	3%
Decatur	Behavioral Health	145	138	5%	496	503	-1%
Fremont	Behavioral Health	126	1		480	1	
Total	Behavioral Health	271	139	49%	976	504	48%
Decatur	Ryan White	264	210	20%	974	908	7%
Fremont	Ryan White	15			78		
Total	Ryan White	279	210	25%	1,052	908	14%
FQHC Total		2,810	1,701	39%	9,854	7,112	28%

Pharmacy Services

	Oct-23	Oct-24		FY24	FY25		% Change YOY
Client Encounters (Pharmacy)	1,433	1,572	↑	5,355	5,756	↑	7.5%
Prescriptions Filled	2,037	2,605	↑	7,478	9,394	↑	25.6%
Client Clinic Encounters (Pharmacist)	40	71	↑	136	222	↑	63.2%
Financial Assistance Provided	17	42	↑	70	138	↑	97.1%
Insurance Assistance Provided	10	2	↓	18	37	↑	105.6%

- A. Dispensed 2,605 prescriptions for 1,572 clients.
- B. Pharmacist completed 71 client clinic encounters.

- C. Assisted 42 clients to obtain medication financial assistance.
- D. Assisted two (2) clients with insurance approvals.

Family Planning Services

- A. Family Planning program access is up 59% in October and 26% year-over-year. A quality improvement project is underway to build upon this success with the aim of simplifying the scheduling process and reducing waste in the appointment schedules.
- B. The program is scheduled for a comprehensive site visit and audit of program compliance in September 2025. Work to prepare for the audit will commence following the health center's OSV in February 2025.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 65 referrals between October 1st and October 31st. There were three (3) pediatric clients referred to the Medical Case Management program in October and the program received four (4) referrals for pregnant women living with HIV during this time.
- B. There were 719 total service encounters in the month of October provided by the Ryan White program (Linkage Coordinator, Eligibility Workers, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator). There were 353 unduplicated clients served under these programs in October.
- C. The Ryan White ambulatory clinic had a total of 533 visits in the month of October, including: 28 initial provider visits, 217 established provider visits including 9 tele-visits (established clients). There were 38 nursing visits and 250 lab visits. There were 65 Ryan White services provided under Behavioral Health by licensed behavioral health providers and the Psychiatric APRN during the month of October and 51 unduplicated clients served. There were 15 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services.
- D. The Ryan White clinic continues to use Rapid StART, 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 seven (7) patients seen under the Rapid StART program in October.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 1,324 unique services to 867 unduplicated patients for the month of October.
- B. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- C. The FQHC-SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the PPC- Sexual Health and Outreach Prevention.
- D. Participation 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.
- E. The FQHC-SHC staff continues to see patients for Mpox evaluation and referral for vaccine.
- F. The FQHC-SHC has implemented Hepatitis A virus (HAV) & Hepatitis B virus (HBV) administration, staff was provided training.

Refugee Health Program (RHP)

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

Client required medical follow- up for Communicable Diseases	-
Referrals for TB issues	8
Referrals for Chronic Hep B	2
Referrals for STD	9
Pediatric Refugee Exams	30
Clients encounter by program (adults)	51
Refugee Health screening for October 2024	51
Total for FY24-25	233

Eligibility and Insurance Enrollment Assistance

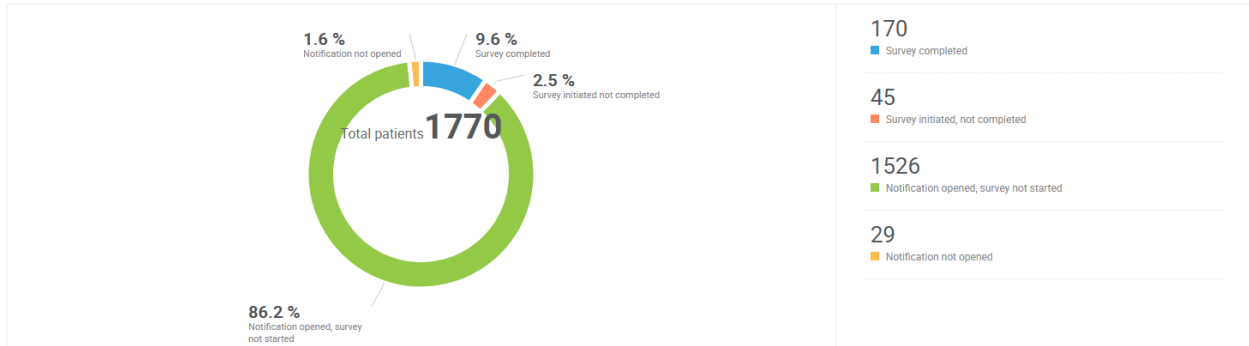
Nothing significant to report for the month of October.

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 Health District Patient Satisfaction Survey – October 2024

Overview



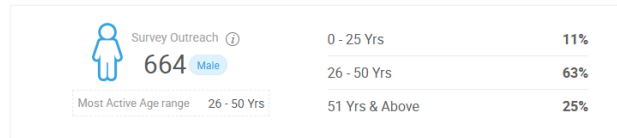
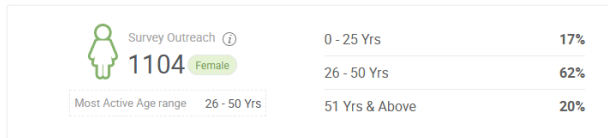
170
Survey completed

45
Survey initiated, not completed

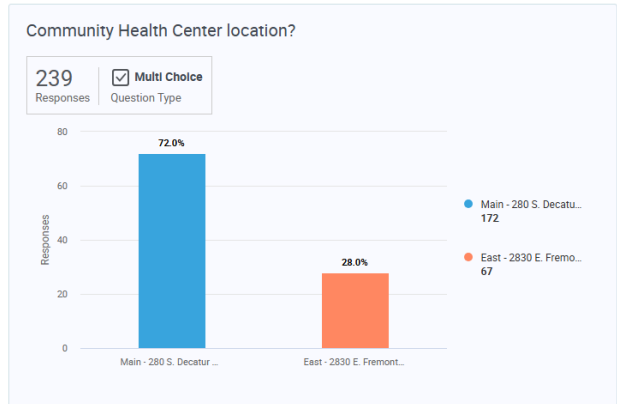
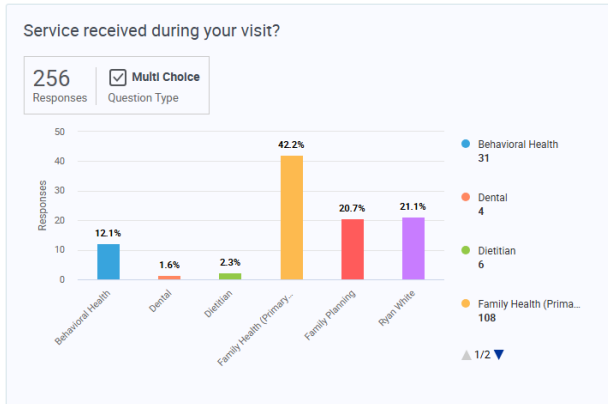
1526
Notification opened, survey not started

29
Notification not opened

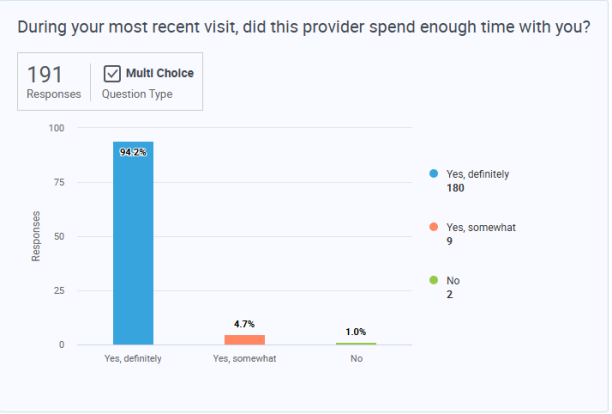
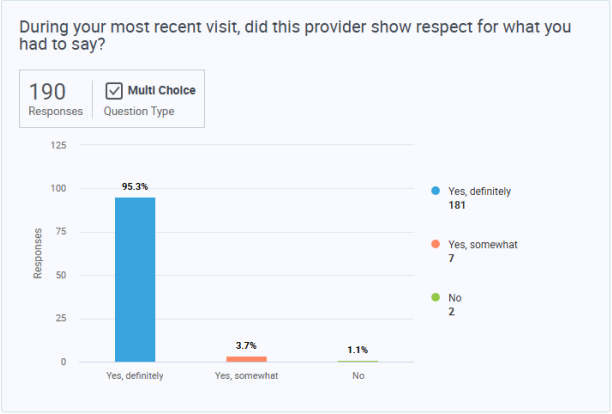
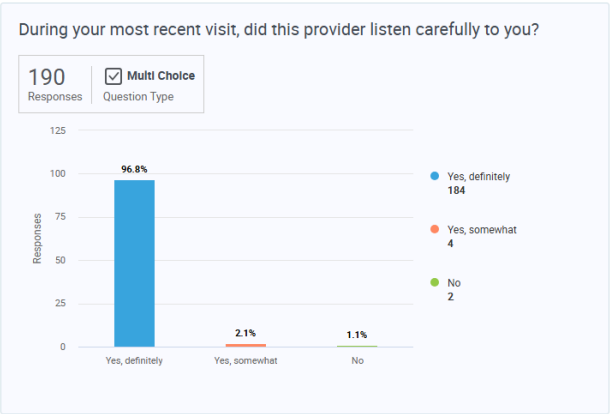
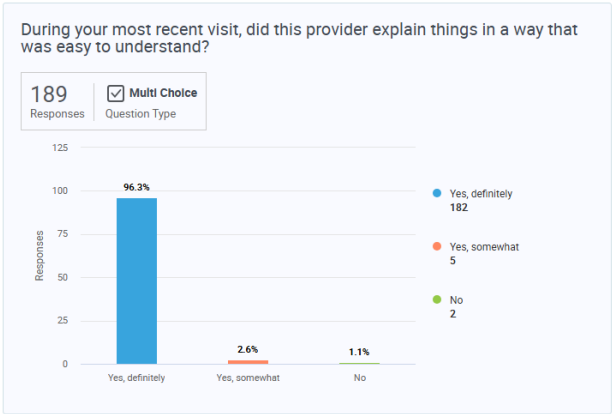
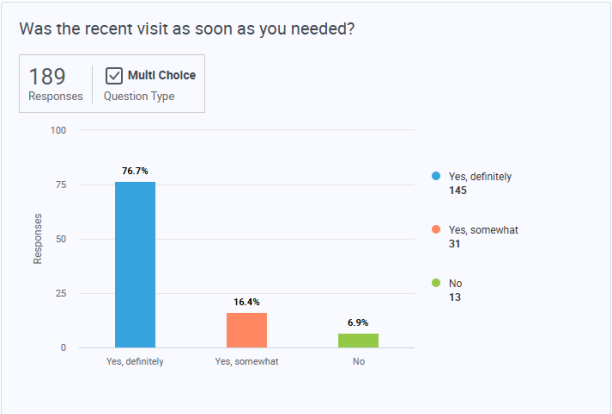
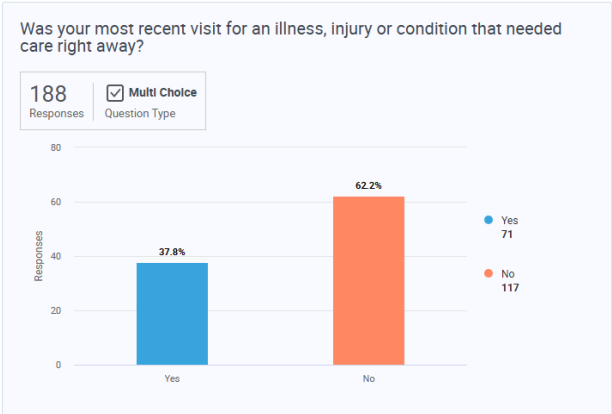
Gender



Service and Location

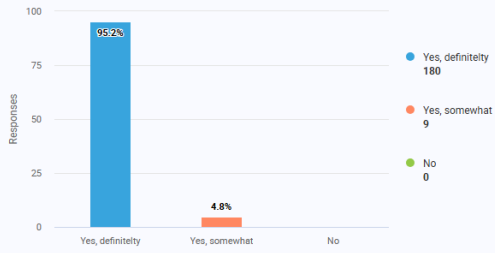


Provider, Staff, and Facility



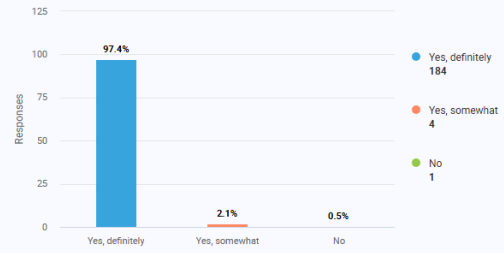
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

189 Responses Multi Choice Question Type



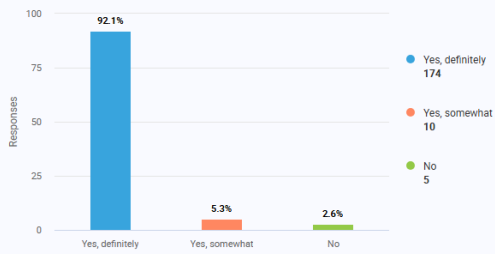
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

189 Responses Multi Choice Question Type



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

189 Responses Multi Choice Question Type



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

190 Responses Multi Choice Question Type

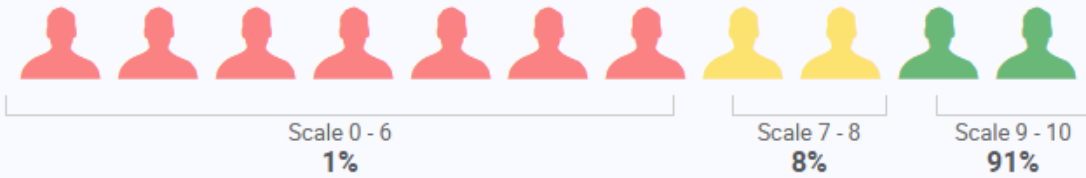


How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?

189
Responses

123 Numbers
Question Type

90 | Net Promoter Score (NPS)



2
Scale 0 - 6

15
Scale 7 - 8

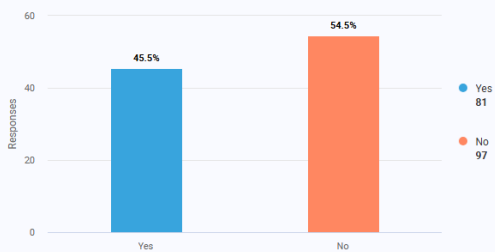
172
Scale 9 - 10

General Information

Do you have health insurance?

178
Responses

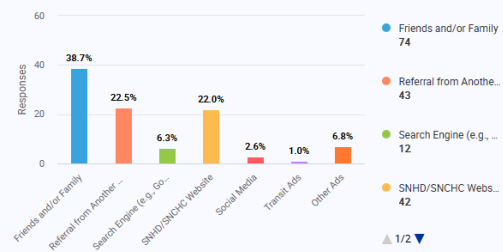
Multi Choice
Question Type



How did you hear about us?

191
Responses

Multi Choice
Question Type








Memorandum

Date: November 21, 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 – October 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.

	October 2023	October 2024		YTD 23	YTD 24	
Sexually Transmitted						
Chlamydia	1066	1008	↓	10,561	10,125	↓
Gonorrhea	550	433	↓	4,803	4,354	↓
Primary Syphilis	22	9	↓	205	128	↓
Secondary Syphilis	21	7	↓	282	198	↓
Early Non-Primary, Non-Secondary¹	50	24	↓	524	461	↓
Syphilis Unknown Duration or Late²	121	65	↓	1,249	1,189	↓
Congenital Syphilis (presumptive)	4	0	↓	46	27	↓
Moms and Babies Surveillance³						
Pregnant Persons Living with HIV⁴	4	4	→	29	40	↑
Pregnant Syphilis Cases	16	5	↓	159	96	↓
Perinatally Exposed to HIV	3	2	↓	21	30	↑
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	October 2023	October 2024		YTD 23	YTD 24	
Haemophilus influenzae, invasive disease	1	2	↑	26	39	↑

	October 2023	October 2024		YTD 23	YTD 24	
Hepatitis A	0	0	→	6	8	↑
Hepatitis B, acute	2	3	↑	26	33	↑
Influenza	37	33	↓	254	752	↑
Pertussis	7	1	↓	34	43	↑
RSV	160	40	↓	922	2002	↑
Enteric Illness						
Amebiasis	0	1	↑	4	4	→
Campylobacteriosis	19	10	↓	165	177	↑
Cryptosporidiosis	2	4	↑	12	26	↑
Giardiasis	9	2	↓	65	49	↓
Rotavirus	1	0	↓	102	116	↑
Salmonellosis	23	7	↓	183	134	↓
Shiga toxin-producing Escherichia coli (STEC)	7	4	↓	49	75	↑
Shigellosis	8	4	↓	69	119	↑
Yersiniosis	3	3	→	15	31	↑
Other						
Coccidioidomycosis	21	13	↓	223	194	↓
Hepatitis C, acute	2	0	↓	5	10	↑
Invasive Pneumococcal Disease	15	10	↓	165	183	↑
Lead Poisoning	30	21	↓	154	135	↓
Legionellosis	1	0	↓	29	26	↓
Meningitis, aseptic	6	1	↓	31	24	↓
Meningitis, Bacterial Other	2	0	↓	10	4	↓
Streptococcal Toxic Shock Syndrome (STSS)	3	0	↓	29	28	↓
New Active TB Cases Counted (<15 yo)	0	0	→	2	3	↑
New Active TB Cases Counted (>= 15 yo)	8	7	↓	62	58	↓

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	20	3	56	0
Gonorrhea	12	0	16	0
Syphilis	29	2	190	0
HIV/AIDS (New to Care/Returning to Care)	25	5	118	0
Tuberculosis	80	0	8	0
TOTAL	166	10	388	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

- a. 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 October 31, 2024, Clark County had 319 cases of mpox, an additional 1 case during the month of October.
- 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. There were no investigations in the month of October, The 2024 WNV season may be coming to an end, and mosquito surveillance will end October 31.
- c. **Norovirus outbreak at a private event:** On 10/15/24, ACDC received a complaint from a community member that 31 out of 71 guests became ill after their event. ACDC and OIE quickly mobilized to obtain a line list of guests, begin interviews, offer stool kits and create a tailored survey to administer to all guests so a cohort study could be done. Contact attempts were made to all guests and staff who attended or worked at the event. A high response rate was achieved and 2 individuals from separate households tested positive for Norovirus thus confirming the cause of the outbreak. OIE is in the process of analyzing collected data to identify possible sources. The outbreak is over, final data and reports are being compiled.
- d. **Norovirus at an elementary school:** On 10/24/24, ACDC received a call from CCSD health office notifying us that 7 out of 18 kids in a single class were out sick with GI symptoms. ACDC mobilized quickly to obtain a line list of ill kids, begin interviews, and offer stool kits. Two students from separate households tested positive for Norovirus thus confirming the cause of the outbreak. Interviews have been completed; no further illnesses were reported this week. This outbreak is over, final reports are pending.
- e. **Influenza:** SNHD started the influenza surveillance for the 2024-2025 season on September 29, 2024. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, seasonal influenza activity is low. Statewide, the outpatient respiratory illness activity in Nevada has been minimal. Locally, as of 10/26/2024, for the 2024 - 2025 influenza season, 33 influenza-associated hospitalizations and zero deaths associated with influenza were reported. Influenza A has been the dominant type circulating. The influenza surveillance will continue through 5/17/2025.

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 October:

Naloxone Distribution//	Agency	# Trained	# of Naloxone doses distributed
10/1/2024	Shine a Light		1500
10/1/2024	Valley View Community Cares		804
10/1/2024	City of Henderson		1008
10/2/2024	AIDS HEALTHCARE FOUNDATION		240
10/3/2024	Wellpath		360
10/3/2024	Las Vegas Valley Water District		50
10/3/2024	SNHD - PPC		216
10/3/2024	The Center		624
10/3/2024	CrossRoads of Southern Nevada		504
10/3/2024	Protective Force International		72
10/3/2024	Hope Christian Health Center		2400
10/3/2024	The Moorish Science Temple of America, Inc. BT#57		72
10/3/2024	SNHD - Event		36
10/3/2024	PACT COALITION		24
10/3/2024	Olive Crest		26
10/8/2024	SNHD - DIIS		100
10/9/2024	Henderson Comprehensive Treatment Center		288
10/9/2024	Sober Testing Services		936
10/9/2024	NDOC - High Desert		96
10/10/2024	City of North Las Vegas - Homeless Outreach		168

10/10/2024	Happy Campers		72
10/10/2024	Resorts World		96
10/10/2024	Sco-ville		48
10/10/2024	SNHD - FQHC - Decatur		144
10/10/2024	High Risk Pregnancy Center		48
10/16/2024	Nevada Department of Motor Vehicles		24
10/16/2024	Henderson Equality Center		48
10/16/2024	Southern NV CERT 3V Program	16	40
10/16/2024	Puentes		72
10/16/2024	Trac-B		960
10/16/2024	HELP USA		48
10/16/2024	Breaking the Cycle Drug Court		96
10/17/2024	UNLV - Pharmacy		600
10/17/2024	NDOC - Southern Desert		216
10/17/2024	SNHD - DIIS		1032
10/17/2024	SNHD - L2A		720
10/17/2024	Treasure Island		48
10/17/2024	City of Las Vegas Dept of Public Safety		48
10/17/2024	TINHIIH		720
10/17/2024	Nevada Transportation Authority		24
Total		16	14,628

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 October:

FTS Distribution		
10/02/2024	Wellpath at CCDC	300 Strips
10/02/2024	SNHD	100 Strips
10/02/2024	SNHD	100 Strips
10/02/2024	Sin City Sisters of Perpetual Indulgence Inc	300 Strips
10/02/2024	AIDS Healthcare Foundation	1200 Strips
10/04/2024	PACT	300 Strips
10/08/2024	SNHD	200 Strips
10/09/2024	There is No Hero in Heroin	300 Strips
10/09/2024	Sco-ville	300 Strips
10/09/2024	Catholic Charities	300 Strips

10/09/2024	Community Counseling Center	300 Strips
10/09/2024	UNLV Student Wellness Center	700 Strips
10/09/2024	Comprehensive Treatment Center	300 Strips
10/09/2024	Happy Camper Overdose Response	1000 Strips
10/09/2024	Trac-B/Impact Exchange	1100 Strips
10/10/2024	MOAPA Police Department	300 Strips
10/16/2024	Comprehensive Treatment Center	300 Strips
10/16/2024	UNI Cares Project	300 Strips
10/16/2024	Signs of Hope	300 Strips
Total FTS:		8,000 Strips

XTS Distribution		
10/02/2024	Wellpath at CCDC	300 Strips
10/02/2024	SNHD	300 Strips
10/02/2024	Hope Christian Health Center	300 Strips
10/08/2024	SNHD	200 Strips
10/09/2024	UNLV Student Wellness Center	700 Strips
10/09/2024	Sco-ville	300 Strips
10/09/2024	Comprehensive Treatment Center	300 Strips
10/09/2024	Happy Camper Overdose Response	1000 Strips
10/23/2024	SNHD	200 Strips
Total XTS:		3,600 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 LVMPD’s National Night Out Community Outreach Events. We were present at both Bolden Area Command

location at Doolittle Park, as well as Northeast Area Command location at Bob Price Park. These were non-testing events; however, we were able to distribute Narcan, Fentanyl and Xylazine test strips, condoms, STD/HIV educational materials, and provide PrEP/PEP education. This will go a long way in stigma reduction by normalizing availability and visibility of sexual health and harm reduction services. We additionally partnered with REACH Organization on October 5th to provide services at their annual event held at the East Las Vegas Community Center focused on the Latinx population of Southern Nevada. We also held outreaches with our regular partners, Fantastic Indoor Swap Meet and Oddfellows (2 dates) this month. We offered onsite rapid HIV and HCV testing as well as syphilis testing, harm reduction supplies, and additional educational materials at these locations. 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. ODS participated with LVMPD Vice and associated community partners outreach which focused on diversion for sex workers and those trafficked and was held October 2nd. ODS offered PrEP/PEP information, STD and HIV testing and care services, and harm reduction supplies. These events will happen roughly every 6-8 weeks and SNHD will strive to continue our collaboration to offer these vital services to this vulnerable population in Clark County.
2. On October 19th 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 a “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. We are grateful to our senior leadership for their continued support of 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

1. 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	Oct-23	Oct-24		YTD 23	YTD 24	
Outreach/Targeted Testing	1306	508	↓	10616	10843	↑
Clinic Screening (SHC/FPC/TB)	767	148	↓	6909	6946	↑
Outreach Screening (Jails)	335	357	↑	2887	2561	↓
Collect2 Protect	6	4	↓	136	89	↓
TOTAL	2414	1017	↓	20548	20439	↑

Outreach/Targeted Testing POSITIVE	4	1	↓	60	46	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	0	→	10	13	↑
Outreach Screening (Jails, SAPTA) POSITIVE	0	2	↓	13	7	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	4	3	↓	83	66	↓

C. Office of Informatics and Epidemiology (OIE)

1. EpiTrax and Data Warehouse

- a. Work with the Epidemiology and Surveillance teams to monitor systems and applications, investigate and troubleshoot issues, and resolve them as they arise. Provide ongoing user account support, reassign COVID jurisdiction events to SNHD, and review Hepatitis C and Hepatitis B cases to correct any misassigned case statuses from ELR automation logic. Implement auto-assignment of cases to users upon CMR and contact creation. Update AIDS-defining conditions in the clinical tab, revise TB and Norovirus forms, and expand the hospitalization dropdown list.
- b. Continue to update and enhance data warehouse: updated treatments table for form and status, analyze test results to account for multiple flu types within a single patient.
- c. Pentaho report updates: updated HIV/STD Disposition, HIV/STD Timely Activity, TB retesting, DIIS no activities, EpiTrax Case Workload, ODTA QA, and ODTA outcomes reports.
- d. Conduct daily task and issue reviews with the Informatics team and hold weekly reviews with the Epidemiology and Surveillance teams, as well as EpiTrax end users. Continue managing tasks in Microsoft Teams to ensure timely completion. To date, 446 tasks have been completed, with 70 tasks remaining.

2. Electronic Message Staging Area (EMSA)

- a. Continue to work on EMSA2, including mapping new codes, integrating incoming labs, data processing, and reviewing logic for exceptions and errors. Review Syphilis titer test result logic, and update ELR logic to automatically set case status based on Arsenic and Mercury levels for "Exposure, chemical or biological" cases.
- b. Conduct regular sessions to review message exceptions.
- c. Begin processing eCRs from HCA Southern Hills in EMSA, with ongoing mapping of exceptions for incoming messages.

3. Southern Nevada Public Health Laboratory (SNPHL)

- a. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) support.
- b. Interoperate SNPHL LIMS 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. Clark County Coroner’s Office, Sunrise Hospital-Microbiology lab, So. NV

Veterans Home, Veterans Administration (VA), and Office of Disease Surveillance (ODS).

- e. Continue expanding the Outreach system to enhance efficient and timely specimen ordering and result delivery for partners. Onboarding is planned for Valley Hospital, the Office of Disease Surveillance (ODS), and Environmental Health.
- f. Prepare for the implementation of a new instrument.

4. Electronic Health Record (EHR) System

- a. Maintain the system to support patient care and documentation, with configuration adjustments to enhance charting, reporting efficiency, and to accommodate new locations and services.
- b. Continue data extraction and processing using Fast Healthcare Interoperability Resources (FHIR); collaborate with NV HIE and eCW on eCR and FHIR implementation.
- c. Continue adopting Azara, the data warehouse and analytics platform.
- d. Implement configuration changes and reporting enhancements for the Healthy Start Program (Maternal and Child Health).
- e. Complete Family Planning interface reconciliation and resolve FPAR report prompt/filter issues.
- f. Engage in ongoing discussions to consolidate and streamline Sexual History Documentation.
- g. Extract data from eCW for iCircle risk factors.
- h. Implement the Care Plan feature.
- i. Evaluate the No-Show Prediction feature.
- j. Generate and review monthly reports for FQHC and Primary Care Center.

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. Implement Outreach project for orders/results to/from SNPHL.
- g. De-commission old data feeds since Outreach system was 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. Maintain and enhance COVID-19 lab results portal.

7. API Server

- a. Continue to review extraction of necessary data process from HIE API response for PILLARS project.
- b. Continue extracting weather data from the National Weather Service API for Heat Related Death and Illness report.

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: Continue UMC/HCA error exception handling and mapping new codes.
- d. MMG GENV2 Phase 3 completed and currently live. Continue MMG TB/LTBI mapping variables, lab, occupation, and 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 surveillance system for new providers and future support.

10. Grant Updates

- a. ELC DMI and ELC ED grant October monthly progress reports were completed.
- b. Received 2024-2025 ELC base grant award from the state to support epi and lab activities in Clark County, Nevada.
- c. COVID health disparity grant Q1 progress report was completed.
- d. Discussed with PACT Coalition for Partnership for Success (PFS) grant award.

11. Contracts

- a. Interlocal agreement with Clark County Coroner's Office for SUIDS_25, SUIDB_25, and SUIDA_25 is awaiting the program's response.

D. Staff Facilitated/Attended the following Trainings/Presentations

1. 10/01/2024: Facilitated Congenital Syphilis (CS) Huddle for Summerlin Hospital; 20 people in attendance; 4 ODS Health Educator attendees.
2. 10/02/2024: Media Interview with Fox 5 on SNHD's "Strip Club" launch; 2 people in attendance; 1 ODS Health Educator attendee.
3. 10/02/2024: Facilitated Harm Reduction in Action Training with Roseman Nursing Students; ~11 people in attendance; 1 ODS staff in attendance
4. 10/02/2024: City of Las Vegas recognized Rebecca Cruz-Nanez as one of the "Citizens of the Month" (September) for her advocacy for children's mental health working with the Children's Advocacy Alliance of Nevada; ~100 people in attendance; 1 SNHD ODS staff attendee.
5. 10/02/2024: Facilitated "Mental Health in Corrections"; 11 people in attendance; 11 SNHD ODS staff attendees.
6. 10/03/2024: Attended African American Steering Committee Meeting facilitated by the Nevada Minority Health and Equity Coalition as SNHD representative; 15 people in attendance; 1 ODS staff attendees.
7. 10/03/2024: Tabled event with Nevada Contractor's Association on Naloxone and harm reduction supplies; ~40 people in attendance; 2 ODS Health Educators in attendance.
8. 10/03/2024: Attended the HIDTA Prevention Summit as a public health representative; ~300 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
9. 10/04/2024: Facilitated Clark County Children's Mental Health Consortium (CCCMHC) monthly meeting as Chair; ~45 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
10. 10/07/2024: Attended People with Disabilities Focus Group for Community Context Assessment facilitated by NICRP; 9 people in attendance; 1 ODS Health Educator attendee.
11. 10/07/2024: Media Interview with Stateline on fentanyl and methamphetamine use and overdose increase in Nevada; 2 people in attendance; 1 ODS Health Educator attendee.
12. 10/07/2024: Attended Bureau of Behavioral Health, Wellness and Prevention Presentation on Mental Health Block Grant; ~150 people in attendance; 1 SNHD ODS staff attendee.

13. 10/08/2024: Facilitated Motivational Interviewing Training; 13 people in attendance; 5 SNHD ODS staff attendees.
14. 10/08/2024: Presented SUIDC Community Participatory Sessions to the MCH Coalition; ~35 people in attendance; 1 ODS Health Educator attendee.
15. 10/08/2024: Attended Rural Population Focus Group for Community Context Assessment facilitated by NICRP; 20 people in attendance; 1 ODS Health Educator attendee.
16. 10/08/2024: Attended Child Mental Health Action Coalition meeting as public health representative; ~40 people in attendance; 2 SNHD ODS staff attendees.
17. 10/09/2024: Attended "Clinical Perspectives on STI Diagnostics: Impact of Point of Care Testing for Gonorrhea and Chlamydia"; 50 people in attendance; 1 ODS Health Educator attendee.
18. 10/09/2024: Attended BARHII Transforming Community Coalitions of Community of Practice Session 4 Training; 20 people in attendance; 1 ODS Health Educator attendees.
19. 10/10/2024: Presented on CredibleMind at the Healthy Start Consortium Meeting; 25 People in attendance; 1 SNHD ODS staff attendee.
20. 10/10/2024: Facilitated training on Congenital Syphilis clinical education session at UMC hospital; 12 people in attendance; 3 ODS staff attendees.
21. 10/10/2024: Facilitated Overdose Response with Naloxone Training - Nevada Department of Transportation; 16 people in attendance; 1 ODS Health Educator attendee.
22. 10/14/2024: Presented to the Public Health Advisory Board on Suicide Prevention work and CredibleMind; 40 people in attendance; 3 SNHD ODS staff attendees.
23. 10/15/2024: Attended Nevada 211 Ambassador's Alliance Meeting as SNHD representative; 30 people in attendance; 1 ODS Health Educator attendee.
24. 10/15/2024: Attended Residents Living in ZIP 89101 Focus Group for Community Context Assessment facilitated by NICRP; 20 people in attendance; 1 ODS Health Educator attendee.
25. 10/15/2024: Attended ICS Position Specific Training; 30 people in attendance; 5 ODS staff attendees.
26. 10/15/2024: Attended Child Death Review team meeting as SNHD representative; ~16 people in attendance; 4 ODS staff attendees.
27. 10/16/2024: Media Interview with an Independent journalist on vending machine work; 2 people in attendance; 1 ODS Health Educator attendee.
28. 10/16/2024: Attended Older Adults (60+) Focus Group for Community Context Assessment Facilitated by NICRP; 20 people in attendance; 1 ODS Health Educator Attendee.
29. 10/16/2024: Facilitated Overdose Response with Naloxone Training - Southern Nevada CERT 3V Team; 9 people in attendance; 1 ODS Health Educator attendee.
30. 10/16/2024: Attended Border Health Summit as SNHD representative; ~200 people in attendance; 1 ODS Health Educator attendee.
31. 10/17/2024: Attended HIV Health and Wellness Summit: Building Bridges to Health facilitated by The LGBTQ Center; 100 people in attendance; 10 ODS staff attendees.
32. 10/17/2024: Attended 6-week Leadership Accelerator Training Course; ~40 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
33. 10/17/2024: Facilitated "Living, Working, and Thriving with HIV in the Silver State in the Silver Years" for the Center's Building Bridge's 2 Health; 40 people in attendance; 8 ODS staff attendees.
34. 10/17/2024: Attended Child Death Advanced Review meeting as SNHD representative; 10 people in attendance; 4 ODS staff attendees.
35. 10/18/2024: Presented on SUID at Sunrise WIC staff meeting; ~20 people in attendance; 1 ODS Health Educator attendee.
36. 10/21/2024: Attended Veterans Focus Group for Community Context Assessment. Facilitated by NICRP; 15 people in attendance; 1 ODS Health Educator attendee.
37. 10/21/2024: Facilitated "Social Determinants of Health" with AETC's Dr. Jennifer Bennett at SNHD; 27 people in attendance; 9 ODS staff attendees.

38. 10/22/2024: Facilitated Youth Mental Health First Aid; 14 people in attendance; 12 SNHD ODS staff attendees.
39. 10/23/2024: Facilitated Perinatal HIV Prevention Education at Henderson Hospital Partum, NICU, and Labor and Delivery; 40 people in attendance; 6 ODS Health Educator attendees.
40. 10/23/2024 – 10/24/2024: Attended Day 2 and Day 3 of the SUID & SDY Case Registry Reverse Site Visit in Atlanta, GA; ~108 people in attendance; 1 Health Educator attendee
41. 10/24/2024: Attended Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting; 16 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
42. 10/24/2024: Attended BARHII Transforming Communities of Coalition Session 6; 20 people in attendance; 1 ODS Health Educator attendee.
43. 10/28/2024: Attended Roseman University's IMPACT Award Recognition; 50 people in attendance; 7 ODS staff attendees.
44. 10/29/2024: Facilitated Harm Reduction in Action Training for There is No Hero in Heroin (TINHIIH); ~7 people in attendance; 1 SNHD ODS Health Educator attendee.
45. 10/30/2024: Facilitated on Perinatal HIV Public Health Detailing for Spring Valley Hospital Post/Ante Partum, NICU, and Labor and Deliver; 15 people in attendance; 2 ODS Health Educator attendees.
46. 10/30/2024: ESRI ArcGIS dashboard collaboration knowledge transfer meeting.
47. 10/17/2024: Informatics Academy - 8 Steps to Success: Designing Public Health Informatics Systems.
48. 10/27-30/2024: American Public Health Association (APHA) Annual Conference in Minneapolis, MN.

E. Other Projects

1. Continue collaborating with the CDC to implement the TEFCA early demonstration project.
2. Maintain and enhance the iCircle web application, including user account support, site maintenance, and data corrections and updates.
3. Review manuscripts from the UNLV Base Model project.
4. Assist the Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.
5. Complete the implementation of the ELR feed for Women's Health Associates of Southern Nevada (WHASN).
6. Maintain the NHA Data Webservice Script.
7. Continue working on the Healthy Start Project.
8. Collaborate on the Community Status Assessment and Community Context Assessment (CHA) project with NICRP.
9. Conduct the October Child Death Review and Advanced Child Death Review. Continue working with CDC to implement TEFCA early demonstration project.
10. Update NETSS file for HIV and SOGI data fields.
11. Review Open Enterprise Master Patient Index (EMPI) with the vendor, focusing on user and API automation workflows. The following FQHC/Clinical reports were completed and submitted.

F. OIE Reports

1. **The following FQHC/Clinical reports were completed and submitted**
 - a. EBO Custom Report – Referral Report
 - b. County CQM report
 - c. FQHC locations Medicaid visits
 - d. FOCUS Qrtly Report
 - e. Imms HL7 Info filtered Report
 - f. Azara UDS Data validation

- g. RSR Result for site visit documentation
- h. CAREWare eCW lab upload
- i. OCDPHP Referral Reports

2. Epidemiology Reports

- a. Data quality reports to support the Office of Disease Surveillance's activities and STD/HIV grant deliverables.
- b. Monthly - Drug Overdose Report – External
- c. Monthly - BOH report
- d. Monthly and quarterly disease statistics
- e. Weekly Mpox case and vaccination report
- f. Ongoing monthly and quarterly reports for FOCUS HIV grant project
- g. Monthly NVDRS, SUDORS and NCLPP reports
- h. Outreach site HIV testing stats-weekly
- i. EPT report- weekly
- j. Weekly arbovirus update
- k. Weekly Internal Heat Related Illness report
- l. Monthly Heat Related Death and Illness report

3. Other Project Updates - OIE

- a. Daily, weekly, and monthly SNPHL reports and upkeep
- b. State NETSS weekly/YTD report
- c. Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard
- d. CSTE/CDC Forecasting Workgroup calls
- e. SNHD Health Equity Report - working on updates for 2025 SNHD COVID-19 Health Disparity grant quarterly progress report.
- f. 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.
- g. Continue working with ESRI to build a new respiratory disease dashboard.
- h. Continue working with our Power BI contractor to migrate our current lead dashboard from R Shiny into Power BI platform.

G. Disease Statistics

1. Communicable Disease Statistics: September 2024 disease statistics are below. (see Table 1).

Table 1



September 2024: Clark County Disease Statistics* Data as of 11/05/2024

Disease	2022		2023		2024	
	September	YTD	September	YTD	September	YTD
VACCINE PREVENTABLE						
COVID-19	3,778	240,744	2,178	23,832	1,710	15,481
Haemophilus influenzae, invasive	2	15	4	25	4	37
Hepatitis A	0	8	0	8	1	8
Hepatitis B, acute	1	17	2	24	4	30
Hepatitis B, chronic	83	611	153	1,052	69	832
Influenza	4	477	13	217	10	719
Meningococcal disease (<i>N. meningitidis</i>)	0	0	2	2	0	2
Monkeypox	62	283	1	4	0	8
Mumps	0	1	0	0	0	3
Pertussis	13	63	9	27	1	42
RSV	156	1,151	52	762	20	1,962
SEXUALLY TRANSMITTED						
Chlamydia	1,025	9,601	1,076	9,495	964	9,125
Gonorrhea	504	4,782	462	4,253	423	3,923
HIV	51	380	53	379	24	395
Stage 3 HIV (AIDS)	25	141	16	119	3	75
Syphilis (Early non-primary, non-secondary)	56	491	42	474	44	438
Syphilis (Primary & Secondary)	66	557	46	444	29	311
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	1	0	3
Congenital Syphilis	1	36	6	42	1	27
ENTERICS						
Amebiasis	0	1	2	4	0	3
Campylobacteriosis	12	95	16	145	17	167
Cryptosporidiosis	0	12	4	10	1	22
Giardiasis	4	36	7	56	2	47
Rotavirus	1	126	7	101	3	116
Salmonellosis	16	122	18	160	18	127
Shiga toxin-producing <i>E. coli</i> (STEC)	3	54	4	42	7	72
Shigellosis	6	54	9	61	16	116
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	5	1	4	0	13
Yersiniosis	0	7	1	12	1	28
OTHER						
Brucellosis	0	1	0	0	0	0
Coccidioidomycosis	17	110	22	202	14	182
Exposure, Chemical or Biological	0	9	0	1	0	4
Hepatitis C, acute	0	2	0	3	1	10
Hepatitis C, chronic	235	2,305	136	1,960	160	1,239
Invasive Pneumococcal Disease	10	126	9	150	9	173
Lead Poisoning	7	97	8	124	13	114
Legionellosis	3	22	4	28	5	26
Listeriosis	0	3	0	0	1	5
Lyme Disease	1	6	1	7	0	8
Malaria	1	7	0	7	0	4
Meningitis, Aseptic	7	25	5	25	2	23
Meningitis, Bacterial Other	0	6	3	8	0	4
Meningitis, Fungal	2	5	0	0	0	3
Q Fever, acute	0	0	0	1	0	0
Rabies, exposure to a rabies susceptible animal	21	252	23	264	26	265
Streptococcal Toxic Shock Syndrome (STSS)	0	5	1	26	0	28
Tuberculosis (Active)	5	44	7	55	7	53
West Nile virus neuroinvasive disease	0	0	1	1	0	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.

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

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

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



Quarter 3, 2024: Clark County Disease Statistics*

Data as of 11/05/2024

Disease	2022		2023		2024		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison
	Qtr 3	YTD	Qtr 3	YTD	Qtr 3	YTD	Qtr 3 (2019-2023 aggregated)	Qtr 3 (2024)	Change b/t current & past 5-year?
VACCINE PREVENTABLE									
COVID-19	33,407	240,744	6,341	23,632	7,279	15,481	670.46	98.81	↓X
Haemophilus influenzae, invasive	7	15	6	25	11	37	0.09	.	-
Hepatitis A	3	6	3	6	4	8	0.16	.	-
Hepatitis B, acute	3	17	10	24	10	30	0.11	.	-
Hepatitis B, chronic	217	611	423	1,052	227	832	4.76	3.08	↓X
Influenza	23	477	51	217	32	719	0.48	0.43	↓
Influenza-associated pediatric mortality	0	0	0	0	0	2	.	.	-
Meningococcal disease (<i>N. meningitidis</i>)	0	0	2	2	0	2	.	.	-
Monkeypox	259	263	2	4	2	8	1.10	.	-
Mumps	1	1	0	0	0	3	.	.	-
Pertussis	19	63	15	27	5	42	0.20	.	-
RSV	273	1,151	97	762	37	1,962	4.34	0.50	↓X
SEXUALLY TRANSMITTED									
Chlamydia	3,292	9,601	3,298	9,495	2,982	9,125	71.73	40.48	↓X
Gonorrhea	1,580	4,782	1,451	4,253	1,320	3,923	33.61	17.92	↓X
HIV	131	335	131	379	112	395	2.33	1.52	↓X
Stage 3 HIV (AIDS)	38	115	46	119	19	75	0.83	0.26	↓X
Syphilis (Early non-primary, non-secondary)	190	491	167	474	119	438	3.07	1.62	↓X
Syphilis (Primary, Secondary)	207	557	153	444	108	311	3.69	1.47	↓X
CONGENITAL CONDITIONS									
Hepatitis C, Perinatal Infection	0	0	0	1	1	3	.	.	-
Congenital Syphilis	7	36	12	42	10	27	44.45	.	-
ENTERICS									
Amebiasis	0	1	3	4	0	3	.	.	-
Campylobacteriosis	42	95	48	145	46	167	0.83	0.62	↓
Cryptosporidiosis	3	12	5	10	5	22	0.11	.	-
Giardiasis	16	36	23	56	16	47	0.33	0.22	↓
Rotavirus	5	126	33	101	17	116	0.27	0.23	↓
Salmonellosis	43	122	62	160	54	127	1.05	0.73	↓
Shiga toxin-producing <i>E. coli</i> (STEC)	10	54	18	42	32	72	0.27	0.43	↑
Shigellosis	27	54	23	61	41	116	0.39	0.56	↑
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	4	5	2	4	3	13	0.05	.	-
Yersiniosis	4	7	4	12	6	28	0.05	.	-
OTHER									
Coccidioidomycosis	44	110	65	202	63	182	0.90	0.86	↓
Encephalitis	6	13	0	0	0	1	.	.	-
Exposure, Chemical or Biological	8	9	0	1	2	4	.	.	-
Hepatitis C, acute	0	2	2	3	2	10	.	.	-
Hepatitis C, chronic	750	2,305	398	1,960	423	1,239	17.63	5.74	↓X
Invasive Pneumococcal Disease	23	126	25	150	30	173	0.50	0.41	↓
Lead Poisoning	25	97	37	124	36	114	0.56	0.49	↓
Legionellosis	7	22	10	28	13	26	0.16	0.18	↑
Listeriosis	0	3	0	0	1	5	.	.	-
Lyme Disease	3	6	7	7	4	8	0.08	.	-
Malaria	4	7	0	7	3	4	.	.	-
Meningitis, Aseptic	17	25	16	25	9	23	0.35	.	-
Meningitis, Bacterial Other	3	6	6	8	1	4	0.09	.	-
Meningitis, Fungal	5	5	0	0	0	3	.	.	-
Streptococcal Toxic Shock Syndrome (STSS)	2	5	9	26	6	28	0.076	.	-
Tuberculosis, Active	15	44	16	55	19	53	0.26	0.26	↓
West Nile Virus neuroinvasive disease	0	0	1	1	3	14	0.14	.	-

*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.




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



Memorandum

Date: November 21, 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	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Routine Inspections	1,607	2,091	↑	7,942	8,882	↑
Reinspections	128	160	↑	642	723	↑
Downgrades	108	158	↑	582	663	↑
Closures	11	10	↓	54	48	↓
Special Events	104	122	↑	289	320	↑
Temporary Food Establishments & Tasting Event Booths	1,199	1,458	↑	2,237	2,519	↑
TOTALS	3,157	3,999	↑	11,746	13,155	↑

1. Enforcement Actions and Investigations:

- A. **Mothership Coffee, 2708 N. Green Valley Pkwy.:** On October 4, the facility was closed for an Imminent Health Hazard (IHH), no hot water. The hot water was restored, and the facility was reopened with eight demerits the same day.
- B. **Sabores De Mexico, 2570 E. Tropicana Ave.:** On October 14, the facility was closed due to exceeding 15 demerits during an identified unpermitted change of permit holder (CPH) inspection. The inspector documented 30 demerits. The facility was reinspected and reopened with six demerits on October 24.
- C. **Las Vegas Marriott, 1935 E. Fremont St.:** On October 16, the facility was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The

inspector documented eight demerits. The facility was reinspected and reopened with zero demerits on October 17.

- D. **Mimosas Gourmet Bar, 3455 S. Durango Dr.:** On October 24, the facility was closed for an IHH, no hot water. The inspector documented 21 demerits. Violations included: barehand contact with ready-to-eat foods, expired foods, and potential for cross-contamination of foods/food contact surfaces. The facility was put into the Administrative Process and the permit holder is required to attend a Supervisor Conference prior to reopening. The facility remains closed at this time.
- E. **Taqueria San Miguel Portable Unit for the Service of Food (PUSF), 3025 N. Las Vegas Blvd.:** On October 29, the unit was closed for an IHH, other condition or circumstance that may endanger public health. Critical violations included: not reporting to a commissary or servicing area daily when in operation; operating out of a residence; and selling homemade foods. The inspector observed approximately 15-20 pounds of various meats, 20 containers of salsas, and 60 pounds of prepared vegetables. The inspector documented 10 demerits. The unit was reinspected and reopened with zero demerits on October 31
- F. **Taqueria San Miguel #3 PUSF, 3216 Civic Center Dr.:** On October 29, the unit was closed for an IHH, other condition or circumstance that may endanger public health. Critical violations included: not reporting to a commissary or servicing area daily when in operation; operating out of a residence; and selling homemade foods. An onsite worker said that foods are prepared, stored, and supplied to both PUSFs (#1 and #3) from a residence. The inspector observed an excessive amount of food, equipment, and supplies; various large cold-holding equipment; reach-in coolers storing food products; and storage racks with food, equipment, and supplies. The inspector documented 10 demerits. The unit remains closed at this time.
- G. Multi-agency responses for unpermitted food vendor complaints were conducted in conjunction with Clark County Business Licensing, City of North Las Vegas Business Licensing, the City of North Las Vegas Police Department, and the Las Vegas Metropolitan Police Department.
- H. Staff closed 228 unpermitted food vending complaint investigations.

2. **Onsite Intervention Training:**

A. Onsite Intervention Training was held with the following facilities: Seafood City Supermarket - Grill City, 10405 S. Eastern Ave.; Panna Thai Restaurant, 6015 S. Fort Apache Rd.; and Ocean One Bar and Grille Restaurant, 3663 S. Las Vegas Blvd.

3. **Supervisory/Managerial Conferences:**

A. Conferences were held with the following facilities: Fantastic Indoor Swap Meet, 1717 S. Decatur Blvd.; and Mimosas Gourmet, 3455 S. Durango Dr.

ENVIRONMENTAL HEALTH Outbreak Response – Fiscal Year Data

Outbreak Response	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Legionella Travel Associated Investigations	3	5	↑	10	12	↑
Legionella Residential Investigations	3	0	↓	5	6	↑

4. **Outbreak Response:**

A. **Round 1 Arcade, 7400 S. Las Vegas Blvd.:** On October 4, staff responded to multiple cases of foodborne illness. Staff did not observe risk factors that could lead to foodborne illness. The investigation resulted in an A grade.

- B. Panda Express, 7560 W. Lake Mead Blvd.:** On October 7, staff responded to multiple cases of foodborne illness. Staff observed risk factors that could lead to illness including inadequate cooking temperatures and improper handwashing practices. The investigation resulted in an A grade.
- C. Wingstop, 7260 W. Azure Dr.:** On October 8, staff responded to a lab-confirmed case of *Campylobacter*. Staff did not observe risk factors that could lead to foodborne illness. The investigation resulted in an A grade.
- D. Mario's Westside Market, 1425 W. Lake Mead Blvd.:** On October 9, staff responded to multiple cases of foodborne illness. Staff observed risk factors that could lead to illness including food held at improper temperatures and malfunctioning food equipment. The investigation resulted in a B downgrade. The facility passed their reinspection with an A grade.
- E. Grimaldi's Pizzeria, 3355 S. Las Vegas Blvd.:** On October 10, staff responded to a lab-confirmed case of *Shigella*. Staff observed risk factors that could lead to illness including improper handwashing practices and improper holding temperatures for time/temperature control for safety (TCS) foods. The investigation resulted in a B downgrade. The facility passed their reinspection with an A grade.
- F. Outback Steakhouse, 521 N. Stephanie St.:** On October 10, staff responded to a lab-confirmed case of *Campylobacter*. Staff observed risk factors that could lead to illness including cross-contamination of raw food with ready-to-eat foods. The investigation resulted in an A grade.
- G. Peking Express, 3278 N. Las Vegas Blvd.:** On October 16, staff responded to a lab-confirmed case of *Yersinia*. Staff observed risk factors that could lead to illness including improper cleaning and sanitizing practices. The investigation resulted in a B downgrade. The facility passed their reinspection with an A grade.
- H. Tacos El Gordo, 724 E. Charleston Blvd.:** On October 17, staff responded to a lab-confirmed case of Shiga toxin producing *E. coli*. Staff did not observe risk factors that could lead to foodborne illness. The investigation resulted in an A grade.
- I. A Simple Affair, 9931 W. Charleston Blvd.:** On October 17, staff responded to multiple cases of foodborne illness, including a lab-confirmed case of *Norovirus*, after attending a single special event at the location. The facility did not have health permits with SNHD, and food was provided from an unpermitted vendor. Staff discussed proper cleaning and disinfection strategies, employee health, proper permitting, and approved food sources. No food was onsite at the time of the investigation. The operator started the process to obtain a proper health permit. Regulatory Support Office staff followed up with the unpermitted vendor to notify them of the permitting requirements and process.
- J. McDonald's, 7171 W. Ann Rd.:** On October 30, staff responded to multiple cases of foodborne illness. Staff did not observe risk factors that could lead to foodborne illness. The investigation resulted in an A grade.
- K. Wynn Buffet, 3131 S. Las Vegas Blvd.:** On October 31, staff responded to multiple cases 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	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Notices of Violations (New & Remails)	0	7	↑	14	19	↑
Adjudicated Hearing Cases	5	6	↑	22	15	↓
Total Cases Received	46	79	↑	283	318	↑
Total Cases Referred to Other Agencies	18	10	↓	86	77	↓
Hearing Penalties Assessed	\$4,000	\$10,000	↑	\$25,750	\$18,500	↓

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Inspections	168	242	↑	958	1,098	↑

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

Underground Storage Tanks	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Compliance Inspections	33	53	↑	178	245	↑
Final Installation/Upgrade/Repair Inspections	4	4	→	11	10	↓
Closure Inspections	1	2	↑	3	5	↑
Spill Report Investigations	1	3	↑	6	7	↑

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

Permitted Disposal Facilities	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Inspections	16	38	↑	57	100	↑
Reinspections	1	1	→	6	3	↓

III. VECTOR SURVEILLANCE

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

Vector Surveillance and Other EH Services	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
West Nile Virus Surveillance Traps Set	358	425	↑	1,729	1,942	↑
West Nile Virus Surveillance Mosquitoes Tested	799	410	↓	2,800	1,657	↓
West Nile Virus Surveillance Submission Pools Tested	13,853	3,878	↓	57,211	20,501	↓
West Nile Virus Surveillance Positive Mosquitoes	3	0	↓	24	42	↑
West Nile Virus Surveillance Positive Submission Pools	80	0	↓	1,007	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	202	32	↓	674	137	↓
Public Accommodations Inspections	19	14	↓	72	35	↓
Public Accommodations Complaints	33	27	↓	116	86	↓
Mobile Home/Recreational Vehicle Park Inspections	10	6	↓	15	8	↓
Mobile Home/Recreational Vehicle Park Complaints	1	4	↑	6	9	↑

IV. EH ENGINEERING

1. Solid Waste Plan Review Program (SWPR):

- A. **Permits Issued** – Las Vegas Recycling (Recycling Center) and CertainTeed Gypsum (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 Center (1); 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 November:** None

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Asbestos Permits Issued	93	81	↓	335	290	↓
Revised Asbestos Permits Issued	1	9	↑	23	31	↑

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Tentative Maps-Received	7	18	↑	60	52	↓
Tentative Maps-Lot Count	423	825	↑	1,810	3,036	↑
Final Maps-Received	23	23	→	95	69	↓
Final Maps-Lot Count	671	1,142	↑	3,640	2,784	↓
Final Maps-Signed	22	20	↓	83	60	↓
Final Maps (Signed)-Lot Count	1,105	1,057	↓	4,422	2,903	↓
Improvement Plans-Received	21	18	↓	78	60	↓
Improvement Plans-Lot Count	619	1,006	↑	2,940	2,784	↓
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	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Residential ISDS Permits	2	7	↑	25	24	↓
Commercial ISDS Permits	1	1	→	2	2	→
Commercial Holding Tank Permits	6	1	↓	19	14	↓
Residential Tenant Improvements	17	19	↑	91	73	↓
Residential Certifications	1	0	↓	3	0	↓
Compliance Issues	8	8	→	28	35	↑

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Public Water System Sanitary Surveys	7	20	↑	20	27	↑
Public Water System Violations Issued	0	3	↑	26	27	↑

2. Safe Drinking Water Activity:

A. Eight *coliform* positive results were reported from routine monitoring events. Other than where noted, those samples were *E. coli* negative.

- **Shetland Water District:** One routine sample was coliform positive. The repeat samples were coliform negative.
- **Roark Estates Water Association:** One routine sample was coliform positive. Four repeat samples were coliform positive. Corrective actions are due by November 19.
- **North Las Vegas Utilities:** One routine sample was coliform positive. The repeat samples were coliform negative.
- **Lee Canyon Campgrounds United States Forest Service:** 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	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
School Facility Kitchen Inspections	78	63	↓	254	229	↓
School Facility Kitchen Complaints	1	0	↓	2	3	↑
School Facility Inspections	111	81	↓	313	201	↓
School Facility Complaints	5	4	↓	13	15	↑
Summer Food Service Surveys	0	0	→	0	0	→
Child Care Facility Inspections	39	15	↓	79	130	↑
Child Care Facility Complaints	4	2	↓	12	11	↓
Body Art Facility Inspections	46	43	↓	206	204	↓
Body Art Facility Complaints	3	5	↑	19	23	↑
Body Art Artist Special Event Inspections	0	4	↑	0	6	↑
Total Program Services Completed	287	217	↓	898	822	↓

1. **Schools:**

- A. **CP Squires Elementary School, 1312 E. Tonopah Ave.:** During a routine inspection, staff found out that the air conditioning system had not been functioning adequately since the first week of August. An occupied classroom had an ambient temperature over 85°F. The Nevada Administrative Code (NAC) requires that ambient temperatures in school classrooms be between 65°F and 85°F. The students and staff were relocated to classrooms with acceptable room temperatures. Staff will work with the school district administration to ensure that the air conditioning system is repaired.
- B. **Ullom Elementary School Kitchen, 4865 E. Sun Valley Dr.:** During a routine inspection, staff found milk that was above 41°F. SNHD Regulations require that refrigeration maintain all TCS foods at 41°F or less. The food service staff prepared bags of breakfast to be served the next day and then placed the bags into one milk cooler. Four hours later the milk in the prepared bags was between 53°F and 59°F. The temperature rise resulted when the overpacking of the cooler restricted cool air circulation in the unit. The bags were removed, and the milk was voluntarily discarded. When empty, the cooler returned to normal operation. CCSD Food Service Department Administration will work with the school's food service staff to develop a system of packing the breakfasts that does not result in milk or other TCS food exceeding 41°F. SNHD staff will continue to monitor the situation.
- C. **Stevens Elementary School Kitchen, 550 Dave Wood Cir.:** Staff conducted a routine inspection and found a walk-in refrigerator holding TCS food at an ambient

temperature of 48°F. The food was voluntarily discarded, and the refrigerator was taken out of service. SNHD staff will follow-up to ensure that the refrigerator is holding an adequate temperature before it is used to hold TCS food.

D. American Heritage Academy K-12, 2100 Olympic Ave.: Staff investigated a complaint alleging that the gym was too hot. Staff conducted a survey and found that the temperature in the gym was 75°F. The complaint was not substantiated.

E. Silvestri Middle School, 1055 E. Silverado Ranch Blvd.: Staff investigated a complaint alleging that a sewer odor was present in the cafeteria. The inspector found a strong odor within both cafeteria restrooms that extended into the cafeteria. School staff was required to investigate the cause of the odor, correct the condition, and report the findings and corrective actions to SNHD. Staff will continue to monitor the situation. The complaint was substantiated.

2. Child Care:

A. Imagination Station Early Learning Center Palace, 2750 S. Rancho Dr.: Staff conducted an intervention meeting with facility management to discuss the repeat violations and ongoing non-compliance with SNHD Regulations. Staff reviewed the violations noted on previous inspection reports and assisted facility management with the development of a plan to ensure that they can properly educate and train employees on how to meet the regulation requirements.

3. Body Art:

A. Crown Electric Tattoo Company, 4632 S. Maryland Pkwy.: Staff investigated a complaint alleging that dermal piercings were being done at the facility and one dermal piercing became infected. Dermal piercings are prohibited by SNHD Regulations. The inspector found no evidence of dermal piercings being done; there were signs posted saying that the shop only does dermal top changes. The owner of the shop provided several text messages of clients asking for a dermal piercing with responses stating that they are not licensed for dermal piercings. The complaint was unsubstantiated.

B. Bad Apple Tattoo, 5640 W. Charleston Blvd.: Staff investigated a complaint alleging that an artist was not checking identification or having clients fill out required paperwork prior to tattooing. SNHD Regulations require that all patrons complete a consent form before body art is administered. The inspector found that the consent forms were being filled out by clients, but a copy of the client's identification was not attached to the consent form as required. SNHD Regulations require that a copy of identification be kept if the patron is under the age of 21 or of the parent when a minor under the age of 18 is receiving body art. The owner will train staff on the identification requirement. The complaint was substantiated.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

Food Pre-Permitting Services	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Food Safety Assessment Meetings	0	0	→	1	2	↑
Total Pre-Permitting Services	1,477	1,346	↓	8,884	7,508	↓
New Project Submissions	246	181	↓	1,285	967	↓
Released Projects	419	236	↓	1,490	927	↓
Total Service Requests Currently in Pre-Permitting	1,515	1,388	↓			

1. Enforcement Actions and Investigations:

- A. On Demand Sushi, 9250 S. Rainbow Blvd.:** During a final permitting inspection, staff found the three-compartment sink in disrepair after an unapproved modification of the drain board. The modification included cutting the sink and rewelding the drainboard, which created uneven and uncleanable surfaces. SNHD Regulations require food equipment to be sanitation listed to the American National Standards Institute (ANSI)/National Sanitation Foundation (NSF) standards. Any unapproved modifications may void the ANSI/NSF sanitation certification. At the follow-up inspection, a new sink was installed, and the health permit was approved.
- B. Wynn Airstream Annual Itinerant, 3131 S. Las Vegas Blvd.:** Plans were reviewed and approved for an Airstream trailer that will operate on the Wynn Golf Course for special events as a high-risk annual itinerant. The Airstream will be fitted with commercial restaurant equipment and will offer a menu that may include burgers, hot dogs, tacos, and pizza. The final permitting inspection is still pending.
- C. Jason Aldean’s Las Vegas, 3716 S. Las Vegas Blvd.:** During a rough plumbing inspection, staff noticed construction of a sixth bar which was not included in the original plans. All drinking establishments are required to submit a permit application and plans for review prior to construction. Plans for the bar were subsequently submitted, reviewed, and approved. The final permitting inspection is still pending.
- D. Noodle Master, 9711 S. Eastern Ave.:** While reviewing an application for a CPH, staff determined that the facility did not qualify for a CPH due to extensive remodeling and cancellation of sushi permit operations. A facility with extensive remodels and changes in operation is required to apply for a new health permit. The submitted plans were reviewed and approved, and the application was reprocessed as a new permit. After a final inspection, the permit was approved.
- E. Flamingo GR Burger, 3555 S. Las Vegas Blvd.:** During a pre-permitting inspection, staff found insufficient lighting on the cook line and at the wait station; missing grout around floor sinks; a broken cove base tile; an unsealed entrance plate into the walk-in cooler; incomplete scupper drains and drink rail; and missing under the counter lighting in the bar. All construction and corrections must be completed prior to final approval. The final permitting inspection is still pending.

VII. AQUATIC HEALTH PROGRAM

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

Aquatic Health Operations	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Total Operation Inspections	746	617	↓	2,984	3,031	↑
Complaint Investigations	21	8	↓	169	144	↓
Inactive Body of Water Surveys	9	7	↓	41	32	↓
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	1	4	↑	14	31	↑
Total Program Services Completed	777	636	↓	3,208	3,238	↑

1. Aquatic Health Operations

- A. Pinehurst Apartments, 6650 W. Warm Springs Rd.:** A routine inspection at the North Pool resulted in an IHH closure due to multiple violations. One of the two gates did not self-latch, the pool had multiple broken drain covers, and the filter pump was inoperable. An unsecure and improperly working gate can allow unauthorized access to the enclosure and pose an increased drowning risk for children. An inoperable filtration system increases bather exposure to unknown pathogens. The pool remains closed at this time.
- B. Ascaya, 1 Ascaya Blvd.:** A routine inspection conducted at the pool resulted in an IHH closure due to a gap greater than seven inches in the fence. A breach in the enclosure can allow unauthorized access to the enclosure and pose an increased drowning risk for children. Following repairs, the pool was reinspected the same day and approved to reopen.
- C. Laguna Palms Condos, 3145 E. Flamingo Rd.:** Routine inspections conducted at the pool and spa resulted in IHH closures due to multiple violations. The pool had high chlorine and high cyanuric acid. The chlorine in the spa was low. High chlorine concentrations can cause skin, eye, and lung irritation. High cyanuric acid levels inhibit the action of chlorine. Failure to maintain proper chemical concentrations is a health hazard to bathers. Following corrections, both the pool and spa were reinspected and approved to reopen.
- D. Bavington Court, 2133 Twickenham Pl.:** Routine inspections conducted at the East Pool and Spa resulted in IHH closures due to low chlorine. Water that is not properly disinfected exposes bathers to unknown pathogens that can make them sick. Following corrections, both the pool and spa were reinspected and approved to reopen.
- E. Las Casitas Condos, 4800 S. Rainbow Blvd.:** A routine inspection conducted at the spa resulted in an IHH closure due to a broken drain cover. Broken drain covers pose an entrapment and/or entanglement risk, which could result in drowning. The spa remains closed at this time.
- F. Ely on Fremont, 901 Fremont St.:** A routine inspection conducted at the spa resulted in an IHH closure due to multiple violations. The spa had no detectable chlorine and high pH. High pH reduces the effectiveness of the disinfectant and can cause skin irritation. Following corrections, the spa was reinspected the same day and approved to reopen.
- G. Boulevard at 4201 Apartments, 4201 S. Decatur Blvd.:** Routine inspections conducted at the pool and spa resulted in IHH closures due to a nonfunctional ground

fault circuit interrupter (GFCI) for the underwater lights. A non-functional GFCI is an electrocution risk to bathers. Both the pool and spa remain closed at this time.

- H. **Harmon Pines Apartments, 6000 W. Harmon Ave.:** Routine inspections conducted at the pool and spa resulted in IHH closures due to multiple violations. In addition to high cyanuric acid in the pool and spa, the pool had high chlorine, and the spa had high pH. The pool and spa remain closed at this time.
- I. **Fairway Villas, 4785 Wild Draw Dr.:** A routine inspection conducted at the spa resulted in an IHH closure due to multiple violations. The spa had high chlorine and a broken drain cover. The spa remains closed at this time.
- J. **Adam Elm Apartments, 550 Elm Dr.:** A routine inspection conducted at the pool resulted in an IHH closure due to a gap greater than seven inches in the fence. Following repairs, the pool was reinspected the same day and approved to reopen.
- K. **Durango Canyon Apartments, 4515 S. Durango Dr.:** A routine inspection conducted at the pool resulted in an IHH closure due to a gate propped open and unattended that did not self-latch. Following repairs, the pool was reinspected the same day and approved to reopen.

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

Aquatic Health Plan Review	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Total Pre-Permitting Services	473	394	↓	1,455	1,474	↑
New Project Submissions	74	122	↑	227	290	↑
Released Projects	91	65	↓	376	171	↓
Total Projects Currently in Plan Review	393	412	↑			

2. Aquatic Health Plan Review:

- A. **Cantera Apartments, 7600 S. Rainbow Blvd.:** A plumbing inspection for an interior remodel of the South Pool was conducted. A large section of the pool decking and coping had been removed without prior SNHD approval. Submittal of a deck remodel application allows staff to assess if the work is compliant with the SNHD Regulations. The contractor was instructed to revise the initial application to include the deck remodel scope of work and materials. Plans resubmission is still pending.
- B. **Tropicana Laughlin - Pool, 2121 S. Casino Dr.:** A remodel inspection for replacement of the pool heater and circulation pumps resulted in failure. System flow was not able to be determined as gauge readings appeared inaccurate and there was no display on the pump to determine the pump speed. Not being able to identify the flow of the pump prevents determining if the flow is within the acceptable range to ensure safe pool water. A reinspection is still pending.
- C. **Tropicana Laughlin - Spa, 2121 S. Casino Dr.:** A plumbing inspection on the spa for installation of suction outlet fitting assemblies (SOFAs) on the main filtration system, the hydrotherapy jet system, and the skimmer equalizer lines resulted in failure. The sump depth for the SOFAs did not measure the required depth for the listed model. A reinspection is still pending.
- D. **Evora, 6159 S. Buffalo Dr.:** Final permitting inspections conducted on the spas resulted in failure due to multiple violations which included non-complaint handrails and missing depth markers. A reinspection is still pending.

VIII. REGULATORY SUPPORT

1. Staff participated in or performed the following activities and participated in the following external meetings: EH Orientation and training for new environmental health specialists; Council for Food Protection (CFP) leadership meetings; 2024 Retail Flexible Funding Model Mentorship Team meetings; National Environmental Health Association Food Safety Program committee meeting; SW States Retail Program Standards Network call; CFP Fall Board 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; and conducted preliminary research for a variance request allowing the sale of kratom.
2. Staff attended Verbal Defense Training on October 9; Incident Command System Position Specific training on October 15; and the Managers Conference on October 17.
3. Regulatory Support Office staff released Jalen Jones from training to the Special Programs Office on October 11.
4. Staff facilitated and presented on the 48-hour exemption for reduced oxygen packaged food at the quarterly Food Safety Partnership meeting on October 28.
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 Hazard and Critical Control Point (HACCP) plans. There are currently nine cook chill/sous vide plans, seven 2-barrier plans, 20 other HACCP plans, six waivers, and five operational plans in review.

IX. SPECIAL PROCESSES

ENVIRONMENTAL HEALTH Label Review – Fiscal Year Data

Label Review	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Facility Label Review Submissions	16	8	↓	80	67	↓
Facility Label Review Releases	17	14	↓	89	87	↓
Number of Labels Approved	342	177	↓	1,300	922	↓

ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data

Special Processes Review	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Cook Chill/Sous Vide Submissions	0	1	↑	2	3	↑
Cook Chill/Sous Vide Releases	2	0	↓	7	1	↓
2-Barrier ROP Submissions	1	1	→	2	2	→
2-Barrier ROP Releases	0	1	↑	3	2	↓
Other HAACP Special Processes Submissions (Including ROP of fish, unpasteurized durably packaged juice, preservation, curing, etc.)	1	0	↓	4	0	↓
Other Special Processes Releases	0	0	→	0	4	↑

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

Waivers & Operational Plans Review	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Waiver Review Submissions	2	3	↑	3	4	↑
Waiver Review Releases	2	1	↓	5	4	↓
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	Oct. 2023	Oct. 2024		FY 23-24	FY 24-25	
Registrations Approved	19	21	↑	60	57	↓

CDS/hh

Memorandum



Date: November 6, 2024

To: Southern Nevada District Board of Health

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

RE: PUBLIC HEALTH & PREVENTIVE CARE BOARD OF HEALTH REPORT – October 2024

I. Immunization Program

A. Immunization Program Activities

1. The COVID-19 vaccination continues in all four Public Health Centers. A total of 646 COVID-19 vaccines were administered in the Immunization PHCs. COVID-19 vaccine started providing the new COVID-19 2024-2025 formulation in September 2024.
2. The clinics began to administer the new trivalent Flu 2024-2025 formulation. A total of 2944 flu vaccines were administered between all four Immunization Public Health Centers.
3. For the month of October, there were 2,537 clients seen with 8,474 vaccines administered in all four Immunization PHCs.
4. There were 227 immunization records reviewed.
5. The collaboration with the American Cancer Association and the HPV Learning Collaborative is completing Year 2. Year 2 preliminary data has been processed and Mid-Year data has been reviewed in collaboration with epidemiology. The mid-year data presentation was presented to the ACS in October 2024 by the Epidemiology team.

B. Immunization Outreach Activities

1. There were 2 outreach clinics conducted at the CCSD Family Support Center. 698 vaccines were administered to 230 clients.
2. There were 64 immunization records transcribed in NV WebIZ, and missing immunizations were administered if needed. In addition, 8 clients were issued immunization records and were up to date with the vaccines.
3. A school-based outreach clinic was held at Carroll Johnston MS. 82 vaccines were administered to 37 clients. There were 7 records transcribed in NV WebIZ.
4. There were 7 outreach events in partnership with East Las Vegas Community Center, Mexican Consulate, Help of Southern Nevada and Nevada Homeless Alliance. 163 vaccines were administered to 124 clients.
5. Total clinics in October- 10 clinics, 943 vaccines were administered to 391 clients, and 75 records were transcribed in NV WebIZ.

II. COVID-19 Vaccine Campaign

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

1. There were 544 COVID-19, 507 Flu, and 6 RSV vaccines administered through 61 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
 - Main Express-Decatur location, Wednesday and Thursday 0800-1600.
 3. Community partnerships and collaborations included Chicanos Por La Causa, Community Lutheran Church, Hope Christian Health Center, Mammo-Rama Extravaganza, REACH 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 homelessness 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. Recently, the national stockpile released additional MPOX vaccines with expiration date of 10/31/24 for those uninsured.
 2. A total of 47 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. October PRIDE parade was attended both days as well as PRIDE bingo, offering vaccines and education.

III. Community Health Nursing

A. Nursing Education

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

B. Maternal Child Health

There was one (1) new lead referral for the month of October. There was one (1) new referral for the Newborn Screening Program for the month of October.

B. Nurse Family Partnership (NFP)

The Southern Nevada Health District-Nurse-Family Partnership (NFP) has 175 active families. Forty-seven are participating in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Fifty-five are participating through the Temporary Assistance for Needy Families (TANF) funding. Both grants are from the Nevada Division of Public and Behavioral Health.

During the month of October, services were provided to a total of 120 families and 174 visits were completed. Nurse home visitors continue to provide education, community resources, and support to pregnant first-time mothers in the community until their children reach the age of two. NFP continues to be a valuable service to families served.

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). A total of 40 active families were served for the month of October 2024.

Our program now has a full team of 8 Community Health Workers (CHW's), including our Consortium Coordinator who promotes Healthy Start in the community. All CHW's are being trained to conduct program outreach, as we continue to grow the program. Outreach included the Halloween Spooktacular with UMC's Healthy Living Institute, Baby Steps, Children's Cabinet, CNS: Health Equity Fair, Baby's Bounty: MOMS Tour, Whitney Library: Family Connect Event, Ann Lynch Elementary: Trunk or Treat Event, and UMC's Labor and Delivery Event.

IV. Sexual Health Outreach and Prevention Program (SHOPP)

- A. Express Testing provided 265 screening encounters, including 32 Clients who were tested at Homeless Outreach events, 2 clients at Aid For Aides of Nevada, and 18 at Fremont Friday clinics.
- B. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. The CSCM nurses, in coordination with perinatal Hep B and HIV programs, continue to meet monthly to plan future targeted education sessions to increase knowledge and awareness of these diseases and available resources. The team completed 3 Academic detailing opportunities at multiple units at Henderson Hospital, UMC ER, and Spring Valley Hospital.
- C. Members of SHOPP team provided education about our programs at Gilead Focus Nevada Partner Meeting and a review of abstract presented in June at the Continuum 2024 Conference. Shannon Pickering attended the eCW Conference. Express Testers in October assisted in completing 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. Three NEON referrals were received 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. The two nurses for Complex STI navigation continue their orientation.
- 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 October 2024.

VI. Employee Health Nursing

- A. There were three (3) SNHD employees who tested for COVID-19 in October 2024. Zero (0) PCR tests conducted. Three (3) tests from outside entities. Three (3) employees tested positive for COVID in October 2024.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continued for the month of October 2024. Annual catch-up TB testing is ongoing. Twenty-two (22) Tuberculosis tests were completed in October 2024.
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continued for the month of October 2024. Nineteen (19) medical clearances were conducted.
- D. There are no employee Blood Borne Pathogens exposure case for the month of October 2024.
- E. There are no new employee TB exposure cases for the month of October 2024.
- F. Vaccine Clinics
 - October 1 – October 31, 2024
Employees Total: 170 employees
 - 112 COVID-19 Updated booster
 - 160 Influenza Vaccines.
 - 0 Monkeypox Vaccines
 - 5 other vaccinesTotal vaccines given: 277
- G. New Hire/ Onboarding: 12 new hires were onboarded in October 2024.
- H. Policies and procedures continue to be reviewed and updated.

PUBLIC HEALTH AND PREVENTIVE CARE

MONTHLY REPORT

October 2024

Client Encounters by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	Mobil e	Homeless Outreach	Targeted Populations	*Other BTS Clinic	TOTAL
Immunization	1,385	719	304	129	0	0	38	86	267	2,928
Immunization Records Issued	164	14	48	1						227
Newborn Metabolic Screening	0	0	0	0						0
SHOPP	265						32			297
TB Treatment & Control	1,945									1,945
SAPTA Services (Ended 09/30/2024)										
TOTAL	3,759	733	352	130	0	0	70	86	267	5,397

Client Encounters by Program

Program	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
Immunizations**	3,222	2,928	↓	16,705	14,502	↓
Immunizations Records Issued	179	227	↑	1,539	2,171	↑
COVID-19 Vaccine Given*	1133	544	↓	1,768	947	↓
Newborn Met. Screening	0	0	→	2	0	↓
SHOPP	194	297	↑	748	1,100	↑
TB Treatment & Control	1,569	1,945	↑	6,454	6,161	↓
TOTAL	6,297	5,941	↓	27,216	24,881	↓

Total Client Immunizations Administered by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	e Clinic	Homeless Outreach	Targeted Populations	*Other BTS Clinic	TOTAL
Total Immunizations Administered ***	4,801	2554	836	283	0	0	80	198	943	9,695

*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	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
Total Immunizations Administered	8,076	9,695	↑	35,893	33,232	↓

Immunization Program						
	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
Immunizations						
Flu Vaccine Given	1,389	2,944	↑	2,018	3,572	↑
Gratis	33	136	↑	580	576	↓
COVID Vaccine*	592	646	↑	1,388	1,054	↓
*Given by Immunization Clinics						
Vaccines for Children (VFC)						
Number of VFC Compliance Visits	9	9	→	21	24	↑
Number of IQIP Visits	5	0	↓	8	0	↓
Number of Follow Up Contacts	41	35	↓	101	107	↑
Number of Annual Provider Training	4	10	↑	17	25	↑
Number of State Requested Visits	74	26	↓	190	73	↓
Perinatal Hepatitis B						
# of Expectant Women	15	10	↓	15	14	↓
# of Infants	75	63	↓	71	64	↓
Total # of Infants Delivered	3	4	↑	12	18	↑
New Cases	15	1	↓	20	12	↓
Closed Cases	6	3	↓	9	38	↑
				Averages		
Childcare Program						
Childcare Audits	19	12	↓	24	16	↓
Baseline Immunization Rate	80%	84%	↑	81%	85%	↑
# of Final Audits	19	12	↓	24	16	↓
Final Immunization Rate	94%	99%	↑	93%	94%	↑
# of Records Reviewed	1732	1151	↓	2306	1384	↓
Covid-19 Vaccine Campaign						
	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
COVID-19 Vaccine Campaign						
# of COVID-19 Vaccines administered	1133	544	↓	1,768	947	↓
# of Monkeypox Vaccine administered	45	47	↑	122	143	↑
# of Influenza Vaccine administered	829	507	↓	925	622	↓
# of Healthcare Provider Compliance Visits	1	0	↓	4	7	↑
# of Newly Enrolled Healthcare Provider Education Sessions	2	6	↑	15	15	→
# of Potential Healthcare Provider Recruitment Sessions	1	0	↓	23	2	↓
# of Healthcare Provider Contacts	50	40	↓	666	120	↓

Community Health Program						
Nursing Field Services	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
MCH Team Home Visit Encounters	20	20	→	44	63	↑
NFP (Team 1)	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
Referrals	14	19	↑	72	62	↓
Enrolled	13	4	↓	35	25	↓
Active	111	121	↑			
NFP (Expansion Team)	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
Referrals	1	1	→	14	15	↑
Enrolled	1	0	↓	18	7	↓
Active	61	55	↓			
MCH	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
# of Referrals Received	8	7	↓	17	20	↑
# from CPS	6	5	↓	12	13	↑
# of Lead Referrals	2	1	↓	4	6	↑
# of Total Admissions	3	5	↑	5	19	↑
EHB *	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
Referrals	3	0	↓	12	n/a	↑
Enrolled	1	0	↓	13	n/a	↑
Active	34	4	↓			
*Phasing to Healthy Start						
Thrive by 0 - 3	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
Referrals	50	50	→	219	124	↓
One-Time Home Visits	12	6	↓	33	9	↓
Enrolled	4	5	↑	8	10	↑
Active	13	21	↑			
Healty Start**	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
Referrals	N/A	21	^	N/A	63	^
Enrolled	N/A	2	^	N/A	26	^
Active	N/A	40	^			
**New program as of 01/01/2024						
^No data available						

Tuberculosis Program						
Tuberculosis	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
Activities*	201	275	↑	911	1,012	↑
Number of Monthly Pulmonary Specialist Clinic Clients Seen	40	32	↓	111	113	↑
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	30	73	↑	105	282	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	5	7	↑	21	24	↑
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,232	1,765	↑	5,692	5,409	↓
*New EMR system- Counting only successful activities						
Substance Abuse Prevention & Treatment Agency (SAPTA) **	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
# of Site Visits	1		↓	6		↓
# of Clients Screened	27		↓	112		↓
# of TB Tests	22		↓	94		↓
# of Assessments only	5		↓	18		↓
** Funding ends 09/30/2024						
Sexual Health Outreach and Prevention Program (SHOPP)						
SHOPP - Express Testing	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
# of Screening encounters	194	265	↑	748	970	↑
# of Clients Screened	192	265	↑	742	968	↑
# of Clients with positive STI identified	17	29	↑	73	89	↑
SHOPP- Linkage	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
# of clients referred to Linkage	10	18	↑	43	69	↑
# of clients linked to care	8	18	↑	32	65	↑
SHOPP- Congenital Syphilis Case Management Program (Nurse)	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
infants)	8	10	↑	53	37	↓
# of Clients enrolled in CM	4	7	↑	29	24	↓
# of Active pregnant/ postpartum	20	45	↑			
# of Infants being followed	9	18	↑			
# of Provider/ Community trainings	2	3	↑	4	14	↑
Patients with Resources and Engagement in care (SURE)	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
# of Outreach events	n/a	5	^	n/a	20	^
SHOPP- Complex STI Navigation	Oct 2023	Oct 2024		FY 23-24	FY 24-25	
# of Clients referred	n/a	4	**	n/a	21	**
# of Clients navigated	n/a	4	**	n/a	20	**
*Outreach started 03/01/2024						
^ No data available				# of Field Tx Visits (HATS)	10	
** No data available - data collecting began 12/01/2023						
Non-cumulative						