



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

January 23, 2025 – 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 (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)
Pattie Gallo – Mayor Pro Tem, City of Mesquite (*in-person*)
Joseph Hardy – Mayor, City of Boulder City (*in-person*)
Brian Knudsen – Mayor Pro Tem, City of Las Vegas (*in-person*)
Frank Nemec – At-Large Member, Physician (*in-person*)
Jim Seebock – Council Member, City of Henderson (*in-person*)
Tick Segerblom – Commissioner, Clark County (*in-person*)

ABSENT:

N/A

ALSO PRESENT:

(In Audience)

Stephanie Adams, Julie Anderson, Linda Anderson, Emily Antuna, Taylor Avery, Samantha Barnes, Byan Beaman, Peter Belmonte, Eurshaun Bennett, Jennifer Bertolani, Christopher Boyd, Gabriela Bran, Yolanda Brewer, Rod Buzzas, Victor Byers, Ashley Byrd, Rebecca Carmody, John Ching, Nelly Chow, Nick Christie, Georgi Collins, Melissa Conner, Rebecca Crooker, Muhammad Darwish, Sean Dort, Calai Elumalai, Elizabeth Erb-Ryan, John Fildes, Chris Fisher, Michael Flores, Mauricio Fonseca, Mike Forche, Megan Fortier, Diego Galindo, Dana Gentry, Chris Giunchigliani, Alexander Graves, Sabrina Gray, Cade Grogan, Joelle Gutman-Dodson, Ryan Hafen, Jhordimae Hernandez, Amanda Hertzler, Jam Harvey, Allison Herzik, Todd Hightower, LuAnn Holmes, Maya Holmes, Gabe Hunterton, Marc Kahn, Darius Kennedy, Scott Keros, Joshua Khorsandi, Jeremy Kilburn, Kristina Kleist, Deborah Kuhls, Kevin Kuravilla, Liezel Lenhart, Daniel Llamas, Stephanie Martinez, Eric Matesen, Bradley Mayer, Rick McCann, Michelle McGrorey, Jason McKinney, Allison McNickle, Christopher Meilchen, Paola Mena, Guadalupe Mesa Redmond, Jacquie Miller, Sandy Miller, Chris Nelson, Alison Netski, Staniela Nikolova, Emily Osterberg, Nicole Owens, Brandy Padilla-Jones, Vivek Pamulapati, Phil Parker, Priya Patel, Kris Perez, Francesca Petrucci, Mike Powell, Anna Prendergast, Susan Putz, Isabel Quinones, John Recicar, Heather Richards, Nancy Rivera, Brian Rogers, Lisa Rogge, Brittney Roso, Alex Rowan, Adriana Saenz, Kendra Saint Martin, Stacie Sasso, Nick Schneider, Joe Scott, Andrew Sheep, Samuel Sheller, Todd Sklamberg, Steven Speakman, Joann Strobbe, Sheri Stucke, Shana Tello, Jennifer Terrebonne, Danny Thompson, Ashley Tolar, Joey Valdez, Mason Van Houweling, Sylvia Vazquez, Sarah Williams

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

EXECUTIVE SECRETARY: Fermin Leguen, MD, MPH, District Health Officer (*absent*)

STAFF: Talibah Abdul-Wahid, Elizabeth Adelman, Adriana Alvarez, Kristen Anderson, Emily Anelli, Bonnie Archie, Lisa Archie, Maria Azzarelli, Tawana Bellamy, Haley Blake, Amanda Brown, Nicole Bungum, Daniel Burns, Nikki Burns-Savage, Victoria Burris, Donna Buss, Nancy Cadena, Belen Campos-Garcia, Andria Cordovez Mulet, Carol Cottam, Shea Crippen, Rebecca Cruz-Nanez, Corey Cunningham, Cherie Custodio, Gerard Custodio, Liliana Davalos, Aaron DelCotto, Rayleen Earney, Kaylina Fleuridas, Jason Frame, Kimberly Franich, Tamara Giannini, Jacques Graham, John Hammond, Heather Hanoff, Richard Hazeltine, Raychel Holbert, Carmen Hua, Candice Humber, Dan Isler, Danielle Jamerson, Dustin Johnson, Jessica Johnson, Stacy Johnson, Horng-Yuan Kan, Theresa Ladd, Dann Limuel Lat, Cassius Lockett, Erick Lopez, Sandy Lockett, Cassondra Major, Anilkumar Mangla, Jonas Maratita, Blana Martinez, Kimberly Monahan, Stephanie Montgomery, Samantha Morales, Christian Murua, Semilla Neal, Todd Nicolson, Brian Northam, Verallynn Orewyler, Laura Palmer, Kyle Parkson, Desiree Petersen, Luann Province, Jeff Quinn, Emma Rodriguez, Larry Rogers, Alexis Romero, Kim Saner, Aivelhyn Santos, Chris Saxton, Dave Sheehan, Karla Shoup, Maria Sarkara Singh, Jennifer, Sizemore, Randy Smith, Candyce Taylor, Will Thompson, Rebecca Topol, Renee Trujillo, Justin Tully, Shylo Urzi, Jorge Viote, Donnie Whitaker, Edward Wynder, Lourdes Yapjoco, Susan Zannis, Lei Zhang, Ying Zhang

The Chair advised that individuals intending to provide public comment on Item VII.1 (MEMORANDUM #01-25: Application for Renewal of Authorization as an Adult Trauma Center with Change of Level from Level II to Level I for Sunrise Hospital) could either speak during the First Public Comment or during the Public Hearing.

The Chair recognized the passing of Dr. Carol Whitmoyer, who was a founding board member of the Health District, at the age of 92, from Boulder City, on December 22, 2024. As a founding board member, Dr. Whitmoyer contributed to the establishment of the Health District and the Board wanted to recognize her contributions.

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:06 a.m. 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

Member Black joined the meeting at 9:09 a.m.

III. RECOGNITIONS

1. Pop-Up Produce Stands Program (Nicole Bungum, Lisa Archie, and Stephanie Montgomery)

- Outstanding Plan Implementation – Nevada Chapter of the American Planning Association

The Chair recognized Nicole Bungum, Lisa Archie, and Stephanie Montgomery for their work on the Pop-Up Produce Stands Program. Recently, the Nevada chapter of the American Planning Association recognized the Pop-Up Stands at the Bonneville Transit Center with the Outstanding Plan Implementation Award. The pop-up stands are aimed at helping address the problem of food insecurity by giving people increased access to affordable, locally grown, organic fresh fruits and vegetables. On behalf of the Southern Nevada Health District and Board of Health, the Chair congratulated staff on this recognition.

2. Jessica Johnson, Health Education Supervisor

- 2024 Impact Award – Roseman University of Health Sciences

The Chair recognized Jessica Johnson, Health Education Supervisor, for being honored as Roseman University's 2024 Community Partner Impact Award. Jessica was nominated for her leadership in securing and managing the Nevada Overdose 2 Action grant, supporting Roseman's EMPOWERED Program. Further, as co-chair of the Southern Nevada Opioid Advisory Council, Jessica continues to champion critical public health initiatives that address substance use challenges in our community. On behalf of the Southern Nevada Health District and Board of Health, the Chair congratulated Ms. Johnson on this recognition.

3. Jason Frame, Chief Information Officer

- 2024 CIO Award – Info-Tech Research Group

The Chair recognized Jason Frame, Chief Information Officer, for receiving the 2024 Info-Tech CIO Award for extraordinary technology leadership. These awards celebrate exceptional IT leaders who deliver significant value to their organization and achieve outstanding results in stakeholder satisfaction in business division categories. Award winners were selected from a competitive pool of hundreds of candidates. On behalf of the Southern Nevada Health District and Board of Health, the Chair congratulated Mr. Frame on this recognition.

4. Southern Nevada Health District – December and January Employees of the Month

- Aivelhyn Santos and Erick Lopez (December)
- Stephen Luong and Rayleen Earney (January)

The Chair recognized the December and January Employees of the Month. The Health District, and the Board of Health, recognized those employees that went above and beyond for the Health District and our community and that best represented the Health District's C.A.R.E.S. Values. On behalf of the Board of Health, the Chair congratulated these exceptional employees.

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

- Candice Humber and Tamara Giannini

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

6. Southern Nevada Health District – 2024 Employee and Manager of the Year

- Desiree Petersen and Kimberly Franich

The Chair recognized the 2024 Employee and Manager of the Year. The two individuals were selected from all the winners this past year that went above and beyond for the Health District and our community, and that best represent the C.A.R.E.S. Values. On behalf of the Board of Health, the Chair congratulated these exceptional employees.

Member Nielson joined the meeting at 9:18 a.m.

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.

Mauricio Fonseca and Lupa Mesa, from the Culinary Union 226, appeared representing 60,000 culinary union workers and their families. Mr. Fonseca stated that to ensure there was a strong trauma system based on community needs, he urged the Board to follow the regulations and deny the Sunrise application. They did not support the proposal because there was no shortage.

Joshua Khorsandi, a medical student at the Kirk Kerkorian School of Medicine at UNLV, was a resident of Las Vegas and wanted to practice medicine here when he finished school. Mr. Khorsandi wished to propose an important change that would benefit public health and business and establish Las Vegas in sustainability and innovation. Mr. Khorsandi proposed the replacement of plastic cutting boards in restaurants with safer and more sustainable alternatives such as wood, bamboo, glass or stainless steel. Mr. Khorsandi indicated that plastic cutting boards may seem a convenient low-cost option, however they wear out quickly requiring frequent replacement. In contrast, materials like bamboo and wood are durable and have natural antibacterial properties. Glass and stainless steel are non-porous, easy to sanitize and virtually indestructible. Mr. Khorsandi indicated that plastic cutting boards in food preparation released microplastics and nano plastics, tiny particles that are not visible to the naked eye but can infiltrate our food. Once ingested these microplastics do not pass through our bodies but accumulate in vital organs including the lungs, liver, brain, ovaries, testis and kidneys. Mr. Khorsandi advised there is evidence that shows microplastics have been detected in placentas and human fetuses raising serious concerns about their long-term effects on development, reproduction and overall health. Mr. Khorsandi highlighted the research that has been conducted within the last few years, that could lead to a surge in chronic diseases, developmental abnormalities in children and irreversible harm to future generations. Mr. Khorsandi indicated that several individuals in the hospitality and restaurant industries have provided overwhelmingly positive feedback. Further, Mr. Khorsandi outlined the effects of microplastics on the

environment. Mr. Khorsandi stated that if Las Vegas took the critical step towards reducing microplastics it would set an example for other cities to follow. This would position Las Vegas as a pioneer in sustainability. Mr. Khorsandi included that this initiative benefits everyone; for businesses, it means long-term savings and strong customer loyalty, and for consumers, it means safer food and better health.

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

V. ADOPTION OF THE JANUARY 23, 2025 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Black, and carried unanimously to approve the January 23, 2025 Agenda, as presented.

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

1. **APPROVE MINUTES/BOARD OF HEALTH MEETING:** November 21, 2024 *(for possible action)*
2. **PETITION #11-25: Approval of the Interlocal Service Agreement between the Southern Nevada Health District and the Las Vegas Metropolitan Police Department to collaborate on training and enhancement activities related to pre-arrest and pre-trial diversion for those with substance use disorder and those vulnerable to overdose;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **PETITION #12-25: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOME) to collaborate on the abstraction of sudden unexpected infant death (SUID) and sudden death in the young (SDY) data for entry into the National Fatality Review Case Reporting System (NFR-CRS);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **PETITION #14-25: Approval of a Lease Addendum between the Southern Nevada Health District and Horizon 8888, LLC to extend the existing lease;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **PETITION #15-25: Approval of Contract (C2100037) Amendments A01, A02, and A03, between the Southern Nevada Health District and Accela for Accela Civic Platform – Environmental Health Software as Service licenses to apply monetary credit, one year of VIP service for no additional fee, and training credits for delayed implementation;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
6. **PETITION #16-25: Approval of an Interlocal Contract between the Southern Nevada Health District and the City of Las Vegas to provide services to support the Southern Nevada District Community Partnership to Promote Health Equity, Year 2 grant awarded to the SNHD by the Centers for Disease Control and Prevention (CDC) (Award #NU58DP007746), referred to as Racial and Ethnic Approaches to Community Health**

(REACH); direct staff accordingly or take other action as deemed necessary *(for possible action)*

7. **PETITION #18-25: Approval of an Interlocal Contract between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada (RTC) to increase access to fruits and vegetables**; direct staff accordingly or take other action as deemed necessary *(for possible action)*
8. **PETITION #19-25: Approval of an Interlocal Agreement (CBE #60656-23) between Clark County, Nevada, select member municipalities and the Southern Nevada Health District for member participation in the Southern Nevada Type 3 – Incident Management and Assistance Team (IMAT)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*
9. **PETITION #20-25: Approval of the Amendment to the Interlocal Agreement Between Clark County, Nevada and the Southern Nevada Health District for Medical Core & Support Services for HIV/AIDS Infected & Affected Clients in Las Vegas, Ryan White, Transitional Grant Area**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Black, seconded by Member Nielson, and carried unanimously to approve the January 23, 2025 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.

1. **MEMORANDUM #01-25: Application for Renewal of Authorization as an Adult Trauma Center with Change of Level from Level II to Level I for Sunrise Hospital**; direct staff accordingly or take other action as deemed necessary. *(for possible action)*

John Hammond, EMS & Trauma System Manager, Laura Palmer, EMS & Trauma System Supervisor, and Stacy Johnson, Regional Trauma Coordinator, represented SNHD's Office of EMS & Trauma Systems (OEMSTS). Ms. Johnson presented Sunrise Hospital's application to change its Trauma Center designation from a Level II to a Level I. Neither the Regional Trauma Advisory Board (RTAB) nor the Trauma Medical Audit Committee (TMAC) recommended the application for Sunrise from a Level II to Level I to be approved. Based upon review, the Health District staff recommended the application of Sunrise Hospital's trauma designation change from Level II to Level I.

Further to an inquiry from Member Brune regarding catchment areas, Ms. Johnson advised that, as per regulations, catchment areas were determined by OEMSTS and any change to the regulations required Board approval. Member Black requested clarification on the circumstances that would constitute or necessitate a change to the catchment areas. Ms. Johnson advised that, historically, when a new trauma center is added to the system there

would be a change to catchment areas. However, Ms. Johnson noted that the only other time that the catchment areas changed was two years after the Mike O'Callaghan Military Medical Center (MOMMC) was established, it was determined that its catchment area was not providing enough volume to sustain its needs and MOMMC and UMC came to an agreement on a change to catchment areas, which was reviewed and approved by OEMSTS. Further to a request for clarification from Member Brune, Ms. Johnson advised that catchment areas would change when a brand-new trauma center was established because it needs EMS to transport patients to the facility. Ms. Johnson further advised that due to the volume of patients that Sunrise Hospital currently received, it would not require a change in catchment areas because it receives all steps of the Trauma Field Criteria as a Level I. Further to an inquiry from Member Seebock, Ms. Johnson advised that if a facility moved from a Level III to a Level II, that would require a change in catchment areas since a Level II can only receive lower trauma acuity patients. Chair Kirkpatrick inquired whether having two Level I's would impact on the catchment areas. Ms. Johnson indicated that she did not believe it would affect the Level I; however, if a Level III upgraded to a Level II, then catchment areas would be effected. Member Seebock inquired as to the effect on catchment areas having two Level I's. Ms. Johnson indicated that she did not think there would be an impact because Sunrise currently received the same acuity whether it was a Level II or a Level I.

Member Bond stated that staff's presentation indicated that there would be no change in catchment area, but also indicated an increased capacity for physicians and the quality of care, yet there was no data to support those assumptions. Member Bond stated that neither the Board, the state nor Clark County have control over changes to the catchment area. Member Bond indicated that there could be a request for changes to the catchment area, which was totally independent of another change in the trauma system, that would come to OEMSTS, which was the same department that was recommending Sunrise to upgrade to a Level I. Ms. Johnson responded that if there was data to support a catchment change, then it would go to OEMSTS for review and determine if there truly was a need.

Further to an inquiry from Member Bond regarding the Health District stating that there was a need for the upgrade to Level I, Ms. Johnson indicated that the Health District believes that the benefits outweigh the negative to approve Sunrise as a Level I.

The Chair provided feedback on the RTAB and Medical Advisory Board (MAB) meetings, suggesting the members should make the effort to attend in-person to ensure clear and understandable discussion and decisions. The Chair stressed that GMEs were not necessarily a need, unless they stay in our community. The Chair requested further explanation on GMEs, the guarantee, and the expectation. Ms. Johnson advised that GMEs was a requirement a Level I under the American College of Surgeon (ACS). The ACS does not outline the required number of GMEs nor that medical residents stay in a community. Ms. Johnson advised that hospitals may engage the ACS at any time for certification; the trauma regulations do not outline a specific order for certification. Mr. Hammond advised that the SNHD's trauma regulations are scheduled for a review following the end of the 2025 legislative session.

Member Hardy inquired whether the county funding for UMC was stable and would continue to be stable. The Chair advised that the county funding was stable and committed to UMC. Member Hardy inquired whether having an additional Level I would allow for additional grants and funding to southern Nevada. Member Hardy advised that the Las Vegas Global Economic Alliance voted to focus on healthcare and believed that an additional Level I would increase the reputation of southern Nevada.

Member Nemeč stated that the physician shortage was not in the areas that would be addressed in a trauma center. The shortage was of primary care doctors, general surgeons, OB/GYNs, which are not typically trained for in a trauma center. Member Nemeč indicated that there can be training in anesthesia, which is a general training, that can do trauma anesthesia, that did not require a dedicated additional Level I to address the shortage. Member Nemeč stated that 90% of the shortages in southern Nevada would not be addressed by any expansion of a trauma training program.

Member Bond stated that the OEMSTS presentation outlined the positives of Sunrise Hospital becoming a Level I absent of capacity needs, absent of long transport times, absent of lack of care, and absent of any quality of care. Further, Member Bond indicated that staff's recommendation indicated that the approval of the upgrade would improve quality and access of physicians; however, there was no requirement in the regulations for a Level I to provide GMEs. Further, there was nothing preventing Sunrise from requesting a change to the catchment areas. Ms. Johnson advised that the requirement of a Level I to have GMEs and produce research was with the ACS. Member Bond indicated that the traditional definition of need in the Southern Nevada Trauma System Annual Report was not subjective, but believed it was transport times, access to care, gaps in care, issues with capacity, which were finite and measurable. Member Bond stated that there was nothing in the regulations that had to do with need being based on GMEs or numbers of physicians.

Member Black indicated that need was currently being met by having two trauma systems in the community, one that was a Level I and one that was a Level II that was functioning as a Level I. Further, Member Black indicated that if someone was in an automobile accident and needed Level I trauma care, they would go to the closest trauma center in the catchment area. Currently, the one Level I and the one Level II that was functioning as a Level I were meeting the needs of the community. Member Black stated that the two different trauma centers, one was private and one was public, one was supported by the county, were both collectively part of the ecosystem of the communities trauma system. Member Black expressed his appreciation to staff and noted that staff was not partial to any brand or location, but was looking a wholistic and complete trauma system to meet the needs of the growing community. Member Black noted that the need was being met because there was a Level II that was functioning as a Level I and striving to meet the need in the community.

Further to an inquiry from the Chair, Mr. Hammond outlined that new trauma center applications must be submitted to the state for initial approval; however, a change of level does not. If the Board of Health makes an approval determine, a letter is submitted to the state to endorse the trauma center's license.

Member Gallo inquired as to the benefit to Sunrise to upgrade to Level I if it was already operating as a Level I. Ms. Johnson advised that she could not speak to the direct benefit to Sunrise, however advised that the benefit to the community would be that it would have to continue operating as a Level I. If Sunrise did not receive the change to Level I, then any of the requirements of operating as Level I could be stopped at any time.

Further to an inquiry from Member Nemeč as to the recommendations of RTAB on the application, Ms. Johnson advised that RTAB recommended denial of the application. Ms. Johnson further advised that, as per SNHD Trauma System Regulations, RTAB, TMAC and OEMSTS were required to make recommendations to the Board of Health on the application.

*Member Knudsen left the meeting at 10:27 a.m.
Member Knudsen returned to the meeting at 10:29 a.m.*

Todd Sklamberg, CEO of Sunrise Hospital, acknowledged the symbiotic relationship that Sunrise has with UMC and all other providers. As the two safety net hospitals in the community, they work collaboratively to care for the needs of everyone in the community.

Further to an inquiry from Member Nemeč, Mr. Sklamberg advised that he did not know the current trauma activation fees, but confirmed that the activation fees would remain the same. Mr. Sklamberg further advised that he was not aware as to how the activation fee compared to UMC. Further, Member Nemeč inquired as to the Centers for Medicare & Medicaid Services (CMS) star rating for Sunrise. Mr. Sklamberg advised that Sunrise was a one-star facility, which was the lowest, and noted that Sunrise fell short on some of the patient experience scores.

Further to an inquiry from Member Hardy as to the funding of the residency program at Sunrise, Mr. Sklamberg advised that once a facility reached capacity for its residency program, the federal government, Medicare, funds the residency program. Sunrise was currently at the capacity of 19 residents. Therefore, Sunrise receives federal funding for 19 residents, primarily in pediatrics, and has a total of approximately 70 residents in total. Further to an inquiry from the Chair on the actual number of residents, Mr. Sklamberg advised that Sunrise Health System (Sunrise Hospital, Mountainview Hospital and Southern Hills Hospital) had almost 300 residents that were in Las Vegas. Mr. Sklamberg advised that some of the residents may attend another hospital in their network for advanced training. Further, Mr. Sklamberg advised that the goal was to keep all 300 residents in town.

The Chair inquired as to what more could be done to keep residents here after they finish their training. Mr. Sklamberg advised that the 2022 Nevada Health Workforce Report indicated that 41% of Southern Nevada residents planned to remain in the area. Mr. Sklamberg advised that with Sunrise being approved as a Level I solidified its commitment to residency education.

Further to an inquiry from Member Black on the number of years that Sunrise has been a Level II and whether they were a lookalike Level I in terms of the ACS standards, Mr. Sklamberg advised that Sunrise was a Level II trauma center for 20 years and was verified as meeting all the standards of the ACS as a Level I.

The Chair inquired how Sunrise would cover the expenses of investing more in GMEs, if the activation fees would not be changing. Mr. Sklamberg advised that it would be a short-term investment and a long-term return. Mr. Sklamberg advised that Sunrise wanted to attract the best residents to its program, and to stay after their training is completed. Mr. Sklamberg advised that an investment had to be made for hospital-based physicians or the community would have a shortage in surgeons.

Member Nemeč advised that the decision on the application was more than just the financial impact. Member Nemeč indicated that any deficits from UMC would be made up by the taxpayers and any profits that a for-profit hospital receives get sent to the shareholders and the corporation. Member Nemeč inquired whether there was any commitment that would see parity of the activation fees. Mr. Sklamberg advised that there was no change in volume, acuity, or patient load. Mr. Sklamberg advised that, in theory, because there was no change in

any activation fees. Mr. Sklamberg advised that Sunrise was the largest provider of Medicaid services in the state, 20% of all recipients in the state received their inpatient hospitalization and acute care at Sunrise, and 25% of Clark County Medicaid recipients received their care at Sunrise. Mr. Sklamberg advised that Sunrise had a commitment to self-pay, uncompensated care, and did not receive any supplemental support from the county.

Member Bond stated that there had been various comments that Sunrise's activation fees would not change; however, there was nothing preventing Sunrise to make a change in the future. Mr. Sklamberg advised that his presentation was based on the current facts and did not know what was going to happen in 10 years. Mr. Sklamberg reiterated Sunrise's commitment to the community.

The Chair opened for Public Comment.

*Member Brune left the meeting at 11:09 a.m.
Member Bond left the meeting at 11:10 a.m.*

Dr. Nelly Chow was a former general surgery resident at the Sunrise Health GME Consortium and recently returned to Las Vegas to practice as a cardiothoracic surgeon. Dr. Chow advised that there was no cardiothoracic fellowship in the state of Nevada and had to leave for two years; however, her intention was always to come back to Nevada to serve this community. Dr. Chow was a cardiothoracic surgeon to provide thoracic oncologic care to the community, which was in need of surgical sub-specialists. Dr. Chow advised that her time at Sunrise inspired her to come back to this community. Dr. Chow stated that the retention rate of Sunrise's residency program was very high and has trained general surgeons, emergency room physicians, anesthesiologist, bariatric surgeon, and colorectal surgeons. Dr. Chow stated that the Level I designation was long overdue and was deserved for the excellent program that has provided excellent education.

Dr. Nancy Rivera was a general surgeon and trauma surgeon at Sunrise Hospital, and the General Surgery Program Director, as well as the Sunrise Health GME Consortium Designated Institutional Officer (DIO), which oversees 13 of the residencies in the consortium. Dr. Rivera stated her full support of Sunrise Hospital being a Level I trauma center. Dr. Rivera advised that their consortium included 303 residents in 13 different specialties, including family medicine, internal medicine, as well as all other sub-specialties discussed earlier today. Dr. Rivera stated that Sunrise played a major role in the training of next generation doctors in most specialties, but most importantly in trauma for ER surgery, anesthesia and radiology residents. Dr. Rivera stated that the consortium also trained residents from other programs, for example Valley and Kingman residents. Dr. Rivera stated that the general surgery residency program graduated a total of 23 surgeons, nine of those graduated surgeons have pursued a career in trauma critical care fellowship.

*Member Nemeč left the meeting at 11:12 a.m.
Member Brune returned to the meeting at 11:12 a.m.
Member Bond returned to the meeting at 11:12 a.m.*

Dr. Rivera stated that as of next year, five of those previous graduates would be practicing in Las Vegas. Dr. Rivera indicated that having a Level I trauma center helped recruit the best medical students, the best residents and therefore helped retain the best doctors. A Level I trauma center helps to recruit various sub-specialties that were in great need in Las Vegas.

Dr. Rivera stated that as the DIO, she was fully dedicated to the residents in Las Vegas and hoped to provide excellent training for future doctors.

Member Nemec returned to the meeting at 11:14 p.m.

Brian Rogers had been in EMS leadership in the community for over 35 years. Mr. Rogers advised that when UMC decided that they did not want to have a paramedic school anymore, Sunrise Hospital was the only facility to step up. Since then, over 300 paramedics from all the different agencies have gone through paramedic school. Mr. Rogers advised that no matter the decision, EMS would still transport. Mr. Rogers advised that EMS does not consider a patient's ability to pay, and only that a patient goes to the right hospital at the right time, based on the catchment area. Mr. Rogers expressed his support of Sunrise Hospital being a Level I trauma center.

Member Nemec returned to the meeting at 11:14 p.m.

Dr. Brandy Padilla-Jones, a trauma surgeon at Sunrise Hospital and the Associate Program Director for the Mountainview and Sunrise General Surgery Program, was present to advocate for the upgrade of Sunrise to a Level I trauma center. Dr. Padilla-Jones advised that Sunrise was aiming to expand and develop its multiple residency programs. Dr. Padilla-Jones stated that the clinical experience gained from Sunrise Hospital was invaluable, and the depth of acuity and pathology sets Sunrise apart from other community programs. Dr. Padilla-Jones stated that the exposure to high acuity and diverse pathology not only sharpens a resident's skills but often inspires many to remain in the community. This was critical in addressing Nevada's physician shortage and the urgent need to retain physicians. The idea of working at a Level I trauma center was very attractive to trauma surgeons and general surgeons. By recognizing Sunrise as a Level I trauma center it will attract top-tier trainees and physicians. Dr. Padilla-Jones believed that offering the title to an institution that was a pillar in the community and has already functioned at that capacity for years, would elevate the status of the city and instill trust in the community and assure millions of visitors every year that they will be provided with care and kept safe. Dr. Padilla-Jones expressed her pride in what Sunrise had achieved and noted that recognition of Sunrise would ensure their dedication to excellence in healthcare education and community service.

Samual Sheller, owner of Guardian Elite Medical Services, and a member of RTAB, discussed the support of Sunrise with all the franchise providers. Mr. Sheller advised that patients were already being transported to Sunrise as a Level I. Mr. Sheller stated that by moving forward with the approval of Sunrise there would be no changes in patient distribution, transport volumes, catchment or EMS response and transport time. Further, Mr. Sheller advised that it would also lead to an increase in the number of specialists and physicians in the area.

Dr. Amanda Hertzler, a graduate from Touro University Nevada College of Osteopathic Medicine and a current Valley Health System general surgery resident, supported the Level I trauma designation for Sunrise. Dr. Hertzler stated that a robust healthcare system hinged on having skilled, well-trained physicians, which is where Sunrise played a pivotal role in the future of the medical community. Dr. Hertzler noted that for many years, residents in the Valley Health System had to travel outside of Nevada to gain essential trauma experience, which was costly, logistically challenging and created a disconnect between the residents and the local healthcare needs of the community. However, now with Sunrise Hospital offering to train residents this gap as been bridged and residents o longer have to leave Las

Vegas to gain trauma experience in order to become fully capable surgeons. Dr. Hertzler noted that the partnership between Sunrise and the residency program has allowed talented residents to remain in Las Vegas to receive comprehensive and high-quality training in trauma surgery. The training was critical to be prepared to handle complex, life-threatening situations with the skill and expertise that the community deserves. Furthermore, keeping the residents in Las Vegas was not just a matter of convenience but a matter of retention. Dr. Hertzler noted that as more residents complete their training in Las Vegas, they are more likely to stay and practice locally, contributing to the long-term health of the community. Dr. Hertzler stated that the presence of a Level I trauma center, like Sunrise, was a key factor in retaining the residents and encouraging them to build their careers in Las Vegas. Dr. Hertzler outlined her personal experience at Sunrise fostered a deep love for the art of surgical critical care. Dr. Hertzler gained invaluable insights and hands-on experience that shaped her career aspirations. Dr. Hertzler expressed her excitement to pursue a fellowship in surgical critical care with the intention of returning to Las Vegas upon completion. The mentorship and opportunities provided by Sunrise inspired Dr. Hertzler to further her education and back that knowledge back to the community. In conclusion, Dr. Hertzler stated that by maintaining Sunrise as a Level I trauma center was not just vital for the education of surgery residents, it was an investment in the healthcare infrastructure of Las Vegas. Dr. Hertzler indicated that in supporting Sunrise it ensured that the community had access to highly trained, locally rooted surgeons capable of providing the best possible care in times of crisis.

Rick McCann, founder and retired executive director of the Nevada Association of Public Safety Officers, outlined that for the past 25 years he was involved in handling more than 125 officer involved shootings and other critical incidents, some of which resulted in severe injuries and death to officers. Mr. McCann had seen the need to transport police officers, as well as citizens, to medical facilities to treat their injuries. Mr. McCann outlined that in those situations, officers nor families would feel there was no need for a second Level I trauma center to handle those medical needs. Mr. McCann stated that the officers and family members only wanted one thing, for their loved ones to get to the best and most qualified medical facility. Mr. McCann asked whether there was a true need for a second Level I trauma center in Southern Nevada, and to consider whether there would be such a need in the eyes of the injured and dying police officers and their families. Mr. McCann stated that they would see the need. Mr. McCann stated that the questions should not be why another Level I, but why not another Level I.

Dr. Alexander Graves, a current resident at Sunrise Health GME Consortium, outlined that there were hundreds of programs across the country for medical students interested in surgery. Dr. Graves outlined that there was a mix of academic programs, community programs and hybrid programs. Dr. Graves outlined that in a community program there was early hands-on training and excellent graduated autonomy. When interviewing for the program Dr. Graves spoke to residents and determined that they were competent, skilled surgeons. Dr. Graves expressed that when he began working as an intern, he had multiple opportunities to do chest tubes, central lines, and intubations. Dr. Graves stated that he enjoyed teaching those procedures. Dr. Graves outlined that he met his wife at Sunrise and their goal was to remain in Las Vegas.

Dr. Andrew Sheep, an emergency room physician at Sunrise, was also on faculty with the emergency medicine residency and medical director at the Mountainview Paramedic Institute. Dr. Sheep outlined that Sunrise offered training in emergency medicine and part of that training was for residents to do trauma rotations with the trauma surgery department. Dr.

Sheep indicated that in order to recruit high-quality emergency room medicine physicians, Sunrise being upgraded to a Level I would only improve their chances of attracting the highest caliber residents. Dr. Sheep stated that the paramedic institute students also had a desire for high quality research and Sunrise being a Level I trauma center would increase the research, funding, and opportunities for both the emergency medicine residents and paramedic students. Dr. Sheep stated that, since the residency program opened in 2018, they have kept over half of their residency graduates in Las Vegas working in area emergency rooms and by designating Sunrise as a Level I trauma center it would only increase the retention of emergency medicine residents. Dr. Sheep stated that, in terms of the amount of Level I trauma centers per capita, Nevada was the lowest in the country, having one Level I trauma center for approximately 3 million people in the Las Vegas area. Dr. Sheep expressed his concern as a physician and as a citizen. Dr. Sheep concluded by saying that the people of Southern Nevada deserved higher quality residents and higher quality paramedics, and by designating Sunrise as a Level I trauma center would accomplish both those goals.

Dr. Ryan Hafen, program director for anesthesia, supported Sunrise Hospital becoming a Level I trauma center. Dr. Hafen advised that there was a shortage of anesthesiologists. Dr. Hafen advised that he had 1200 applicants for eight residency positions. Dr. Hafen stated that when he interviewed the potential residents the question continued to come up whether Sunrise was a Level I. Dr. Hafen advised that nothing would change clinically if Sunrise became a Level I, but what would change was the excellence stamp which meant something to future students and medical students. Dr. Hafen advised that Sunrise was losing locally grown medical students to out-of-state facilities. Dr. Hafen advised that he was born at Sunrise Hospital and was honored to be able to train the next generation of anesthesiologists. Dr. Hafen stated that Sunrise and UMC stood together to provide for the 1 October victims. Dr. Hafen advised when they received the call about the shooting at UNLV, his brother was there taking classes. Dr. Hafen advised that all surgeries were called and all residents, anesthesia attendings, and trauma surgeons were all ready to receive victims. Dr. Hafen advised that Sunrise received one patient that was transferred from UNLV that was shot. He indicated that the attending surgeon was a resident that graduated, and an anesthesiology resident, saved the patient's life. Dr. Hafen stated that he was tired of being last place and the Board had a decision to stop being last place. Dr. Hafen supported Sunrise being a Level I.

Sandy Miller, the chair of the board of Sunrise Hospital, expressed the Sunrise board's active role in Sunrise upgrading from a Level II to a Level I trauma center. Ms. Miller advised that the board supported and was pleased with the ACS report. Ms. Miller outlined her family history in Las Vegas since 1951. Ms. Miller stated that Las Vegas had the best hotels, best entertainment, best sports facilities, best parties, and now had two excellent Level I trauma centers. Ms. Miller urged the Board to support Sunrise's application, so everyone knows that Las Vegas had two Level I trauma centers in the community.

Nick Schneider, director of government affairs for the Vegas Chamber, expressed support of Sunrise's application to upgrade their facility to a Level I facility. Mr. Schneider appreciated the work of the Board and OEMSTS staff. Mr. Schneider advised that the key component of the Vegas Chamber's mission was fostering economic growth and attracting businesses, which included access to quality healthcare and a resilient healthcare system. The change in designation supports bolstering the medical workforce through talent development, providing an opportunity to ensure and expand the GME program. Mr. Schneider indicated that an upgraded designation supports Sunrise's commitment to post-graduate education through a robust residency program. Mr. Schneider noted that the change would also support the

community through enhanced capacity, care quality and improved resilience. Mr. Schneider recognized that there were concerns about the impact to the other Level I facility and the current patient volume may not be an urgent need. Mr. Schneider noted that UMC did phenomenal work and were fantastic partners in the community. Mr. Schneider noted that the upgrade would augment research capabilities and the ability to offer highly specialized services.

Emily Osterberg, director of government affairs for the Henderson Chamber, expressed support of upgrading Sunrise Hospital's trauma designation from a Level II to a Level I. Ms. Osterberg stated that Nevada's population continues to grow at exponential rates increasing medical needs. Ms. Osterberg stated that by upgrading to a Level I trauma designation, Sunrise would be able to expand its GME program, which would help attract new physicians and increase training for future healthcare providers through a robust residency program. In addition to having another hospital with a Level I trauma designation, Ms. Osterberg indicated it would elevate healthcare standards for the growing community. Ms. Osterberg advised that economic development was a priority of the Henderson Chamber, and while it was important the Henderson Chamber also wanted to ensure that the current residents and business owners were receiving the best healthcare possible. Ms. Osterberg advised that having another Level I trauma center in Southern Nevada enhanced patient capacity, resilience and care quality while advancing physical training, medical research and specialized services. Ms. Osterberg believed this was the right step in elevating healthcare standards in the community and encouraged the Board to support the new designation.

Stacie Sasso, the executive director for the Health Services Coalition, represented 27 union and employer-sponsored self-funded health plans in Southern Nevada, that represented just over 300,000 lives in Southern Nevada. Ms. Sasso advised that she previously provided public comment on this topic, appearing before RTAB and the joint Board of Health and County Commissioner meeting. Ms. Sasso advised she wanted to continue to see the system work efficiently and the patients to receive timely care when needed. Ms. Sasso advised that the different activation fees and fee structure was significant and subject to change as a hospital chooses. Ms. Sasso stated that trauma centers were lucrative because of activation fees. Ms. Sasso stated that there had been no reported unmet need in the existing system. Ms. Sasso stated that the Health District staff reported that there was even capacity within the existing system. Ms. Sasso stated that the current system was working well. Ms. Sasso stated that promises that were not binding of new doctors and research was not something that the Health District could enforce. Ms. Sasso advised that in other communities there was an unregulated proliferation of trauma centers based on hospital market considerations and not community need for more trauma care that resulted in an over-saturated system, diluted quality of care, strained resources and undermined the financial stability of existing trauma centers. Ms. Sasso advised that the ACS committee on trauma underscored that trauma system growth should be based on need identified through data-driven methods and not the market considerations of healthcare and hospital systems. Ms. Sasso stated that there was nothing in the Sunrise application that ensured quality improvement at Sunrise Hospital. Ms. Sasso advised that there was nothing in the promises made by Sunrise that would bind them to the report by Health District staff. Ms. Sasso stated that there wasn't anything that prevented changes to the catchment areas, even though Sunrise indicated that they would not request a change to catchment areas. Ms. Sasso advised that in Southern Nevada there were four trauma centers, UMC as a Level I, which was a vital resource to the community. Ms. Sasso advised that her organization supported UMC and their incredible work as a trauma center. Ms. Sasso stated that they opposed the change to the existing system based on the

business desire of a for-profit hospital without a demonstrated need for more trauma care, that they believe would negatively impact UMC. Ms. Sasso advised that there was no certificate of need process in Southern Nevada, there was only the regulatory structure which was critical to preserve the entire community. Ms. Sasso advised that the entire community would be negatively impacted by the recommendation to approve the unneeded trauma designation. Ms. Sasso urged the Board to follow the trauma system regulations to make a decision based on need and make no changes to the existing, well-performing trauma system. Ms. Sasso stated that RTAB was tasked with making recommendations on applications for changes in trauma center designations and new applications. Ms. Sasso stated that both RTAB and TMAC recommended denial of the Sunrise application because there was no demonstrated need. Ms. Sasso indicated that more people was not a demonstration of need, however more trauma cases, long wait times, and lack of hospital capacity would demonstrate a need. Ms. Sasso stated that both the impact and annual trauma system report demonstrated that there was no need for additional trauma resources and that the current system was performing well and meeting patient needs. Ms. Sasso urged the Board to follow the recommendations of RTAB and TMAC and reject Sunrise's application for a Level I designation. Ms. Sasso stated that for over 20 years, since Sunrise was first designated as a trauma center with any need, the Board of Health and RTAB have worked to ensure that there was a well-functioning, financially stable trauma system that met the community need for trauma care. Ms. Sasso stated that they would strongly prefer to be creating a better system, one that did not have two trauma centers three miles from each other, they support protecting the current Level I trauma center. Ms. Sasso stated that the Health District was shirking its responsibilities by supporting the upgraded designation without following the regulatory grid that was created. Ms. Sasso requested that the Board not abandon the principles that have guided the decision-making or set precedent that changes could be made to the system absent of a demonstrated need.

Staniela Nikolova started a public comment regarding inhabitable living conditions at her apartment building. The Chair advised that the Board was hearing public comments on the Public Hearing regarding a trauma center and Ms. Nikolova would have to wait until the Second Public Comment period.

Maya Holmes, health policy director for the Culinary Health Fund, was the payer representative on RTAB since 2019 and the Culinary Health Fund was a member of the Health Services Coalition. Ms. Holmes stated that the Trauma System Regulations required TMAC and RTAB to submit advisory positions to the Board of Health on a new trauma center and designation change applications. Ms. Holmes further stated that the regulations were clear that the Board of Health had the authority to approve new trauma centers and designation change applications based on a demonstration of need, which had been understood historically to be a need for trauma care in the community, based on system performance, capacity and trauma cases. Ms. Holmes stated that population growth did not automatically translate into trauma case growth or growth that exceeded existing capacity. Ms. Holmes advised that the growth of trauma centers in other regions without need-based planning had led to too many trauma centers which have negatively impacted the quality-of-care resources and the financial stability of existing trauma centers. Ms. Holmes stated that the incentive to create unneeded trauma capacity was financial and an activation fee was attached to any trauma center activation. Ms. Holmes stated that their experience was that the activation fees were tens of thousands of dollars even when the patient was able to get up and walk out of the trauma center, which was an expensive use of limited healthcare dollars. Ms. Holmes stated that the ACS committee on trauma stated that trauma system planning

and growth should be based on need, identified through data-driven methods and not the market desires of healthcare and hospital systems. Further, Ms. Holmes stated that the committee encouraged government officials responsible for trauma center designation to develop metrics to determine the need for additional trauma before adding or upgrading new centers. Ms. Holmes stated that RTAB spent years discussing metrics and criteria for making changes to the trauma system based on need, which should not be abandoned now. Ms. Holmes appreciated that TMAC, in the most recent Southern Nevada Annual Trauma System Report, recognized the importance of controlled and appropriate growth of the trauma system for future sustainability. Ms. Holmes stated that those principles were consistent with trauma system regulations and should continue to be the guiding principles of the Southern Nevada trauma system planning and growth. Ms. Holmes noted that, in the most recent Annual Trauma System Report, TMAC found that the current trauma system was functioning efficiently with no delays in care, no notable changes in system performance or other aberrations in patient care or pre-hospital services. Ms. Holmes advised that RTAB spend a lot of time on the Sunrise application and recommended denial because there was no demonstrated need. TMAC also rejected added a second Level I trauma center three miles from the existing Level I trauma center. Ms. Holmes noted that neither the impact report for Sunrise's application nor the 2023 Southern Nevada Annual Trauma System Report demonstrated a need to expand the Southern Nevada trauma system. Ms. Holmes noted that both reports indicate the overall system was performing well, there were no gaps in the current system impacting care or failure to accommodate patient need, specifically, median transport times for all levels throughout the system were excellent. Ms. Holmes advised that trauma transports for Levels I, II and III overall and specifically at Sunrise were down in 2023. Ms. Holmes stated that from 2019 to 2023, Sunrise had the smallest growth in transports and was below the overall system growth. In 2023, Sunrise had a nearly 18% drop in Level I patients and a 4% drop in Level II patients compared to the previous year. Ms. Holmes requested that the Board following the RTAB and TMAC recommendations to deny the Sunrise application for a designation change. Ms. Holmes expressed disappointment that the Health District staff were recommending approval for something that did not meet existing regulations and expressed concern about how the Health District could deny any future application if it did not deny this application. Ms. Holmes noted that the presentation claimed there would be new benefits to the community with an additional Level I trauma center and noted that was still three miles from a state-of-the-art community hospital that operates as a non-profit solely for the benefit of the community. Ms. Holmes stated that the Health District did not have any ability to require Sunrise to do any of the things they presented, and they were not recognized factors for determining the need for trauma system changes. Ms. Holmes requested that the Board comply with the regulations that were created for this situation.

Chris Giunchigliani, a former chair of the Board of Health, spoke in opposition of the application. Ms. Giunchigliani stated that the trauma registry had been in place since 1987 and UMC had been in place as a Level I trauma center since 1988. Ms. Giunchigliani stated that, initially, the State Board of Health was given the duty to grant trauma designations; however, passed it the Board of Health in 2004. Ms. Giunchigliani stated that as the Board of Health assumed the role of building a framework, Sunrise and Siena went to the governor and circumvented the Board of Health to obtain the designation for a Level II, which disturbed the catchment areas. Ms. Giunchigliani stated that the Board of Health was not included in any discussion and need was not determined, it was done politically. Ms. Giunchigliani stated that the regulations required a hospital applying to be designated as a trauma center must demonstrate need, and a hospital must describe how their inclusion would affect the trauma system. Ms. Giunchigliani advised that she was a member of RTAB, which voted 13-4 to deny

the application. Ms. Giunchigliani noted that both RTAB and TMAC made recommendations to deny the application but neither RTAB nor TMAC received a needs assessment. Ms. Giunchigliani noted that the decision today was about demonstrated need to expand the trauma system. Ms. Giunchigliani requested that the Board reject the application. Ms. Giunchigliani indicated that a needs-based determination had not been made which was required by the trauma regulations and NRS 450B.237. Ms. Giunchigliani noted that activation fees were defined by NRS 450B.105. Ms. Giunchigliani stated that a county hospital was still dependent somewhat on its county partners to assist when their money is down. Ms. Giunchigliani noted that private hospitals can change their activation fees at any time, and they can make promises today that the activation fee won't change. Ms. Giunchigliani took issue that the upgraded Level I designation would help with physician shortage. Ms. Giunchigliani noted that acuity would not change, catchment areas would not change, volume would not change, because it was all being met currently. Ms. Giunchigliani asked that the Board respect everyone that testified, and noted that the Board was to determine whether or not there was an actual need for a Level I to compete with the county hospital that has been a Level I since 1988.

Mason Van Houweling, CEO of UMC, spoke on behalf of the trusted military experts in the Air Force, but also UMC and UNLV trauma medical experts. Mr. Van Houweling stated that, for HCA and Sunrise, this meeting was just a step along the way to overturn the trauma system and noted this would not be its last stop. Mr. Van Houweling stated that if the Board denied the application, Sunrise already had plans to keep marching its application up to the state level. Mr. Van Houweling stated that to HCA, the Board was just a checkbox when all the other experts have said that no change was needed and the trauma system was working well, which included RTAB's vote of 13-4 to deny the application. Mr. Van Houweling noted that based on the overall assessment of need, the Southern Nevada Annual Trauma System Report stated there were no concerns or deficiencies with the current system. Mr. Van Houweling noted that there was capacity to do even more within the existing four trauma centers. Mr. Van Houweling stated that Sunrise liked to mention that they had recently been approved through the ACS verification process, but what they also forgot to mention was that the verification process only focuses on capabilities and no needs assessment. Mr. Van Houweling also stated that the ACS had been clear in its guidance warning that economic benefits of trauma care may shift focus away from what is best for the patient, or the population served. Mr. Van Houweling stated that the application today was an example of what was best for HCA and not for the people of Southern Nevada. Mr. Van Houweling stated that the focus should be on expanding the services that are lacking, such as mental health services, specialized care for sexual assault victims, rather than expanding a trauma system that is already among the best in the nation. Mr. Van Houweling stated that the largest hospital chain in the United States was working tirelessly to establish unnecessary for-profit Level I trauma centers, which prioritized shareholders over the actual needs of the community. Mr. Van Houweling stated that arbitrarily expanding the local trauma system was unwise and dangerous, which would create waste, increase costs, erode expertise and ultimately jeopardize the life-saving care that was already available in the community. Mr. Van Houweling noted that while more sounded better, quality care required repetition and volume, and diluting trauma volume would diminish quality and impact academic medicine. Mr. Van Houweling noted that Sunrise said nothing would change, saying catchment areas wouldn't change, activation fees wouldn't change, patient volume wouldn't change and interfacility transfers wouldn't change. Mr. Van Houweling inquired that if that were true, why was Sunrise fighting for this upgrade, against all the advice from the experts. Mr. Van Houweling inquired whether Sunrise expected everyone to believe that the shareholders of the largest hospital chain in the United States did not expect to profit from toppling the local trauma system. Mr. Van

Houweling noted that, according to Keiser Health News, HCA had a disturbing pattern of charging exorbitant trauma activation fees that could be up to ten times those non-HCA facilities across the nation. Mr. Van Houweling stated that trauma centers could not become profit centers for HCA, at the expense of the local patients and small businesses that cover their employees. Mr. Van Houweling advised that HCA did not share UMC's commitment to Nevada and could shut down services if they did not meet their annual or quarterly profit goals. On the other hand, Mr. Van Houweling confirmed that UMC was the hometown trauma center purposely built for incredible volume caring for patients in their most great need. Mr. Van Houweling concluded by stating that their bottom line was saving lives and not appeasing out-of-state shareholders.

Danny Thompson was a native of Henderson, and a member of the board at Sunrise Hospital. Mr. Thompson was the executive director of the Nevada AFL-CIO for over 20 years and oversaw all the political operations of every union in the state. Mr. Thompson was disheartened to listen to the comments about discrediting Sunrise Hospital. Mr. Thompson stated that Sunrise Hospital was the largest provider of Medicaid in the state of Nevada, more so than UMC. Mr. Thompson stated that for a for-profit hospital that didn't receive the funding and governmental assistance that the other hospital did, it spoke for itself. Mr. Thompson said that he didn't think anyone could question the commitment of Sunrise or HCA to the community because they had been a partner of the community and a part of the community for decades. Mr. Thompson said that the trauma system was working, and this upgrade would make it better. Mr. Thompson noted that none of the staff comments said that the upgrade would harm the trauma system, it would make it better for the community. Mr. Thompson noted that in 2002 doctors were leaving the state due to medical malpractice insurance being so expensive, which resulted in legislature putting a cap on medical malpractice insurance. Mr. Thompson noted that during the last legislative session, legislature removed those caps and the impact was immediate. Mr. Thompson noted that if the cost to medical malpractice insurance went back to how it was in 2002, there would be a hard time keeping doctors. Mr. Thompson noted that Mr. Sklamberg spoke about not knowing what was going to happen in the future, but by giving Sunrise this designation, Mr. Thompson stated that it would make the trauma system better. Mr. Thompson confirmed his support of the designation.

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

Member Nemecek thanked everyone for the excellent presentation. Member Nemecek stated that Sunrise had a warm place in his heart, as he was born there and professionally served as its Chief of Staff, along with being on the board of trustees. Member Nemecek advised that he had a daughter that wanted to return to Las Vegas for residency and having a robust residency program was important. Member Nemecek noted that the Board heard from law enforcement about the need to be able to care for first responders. Member Nemecek stated that looking at the recommendations and the assessment of the present system, law enforcement was protected. Member Nemecek indicated that the denial of this application would not negatively impact Graduate Medical Education and would not jeopardize the ability to respond to first responders who have been injured in the line of duty. Member Nemecek confirmed that his recommendation to the Board was to follow the recommendations of RTAB, who worked so hard to give their recommendations, and deny the application.

The Chair requested clarification from Member Nemecek on whether he wished to make a motion. A motion was made by Member Nemecek and seconded by Chair Kirkpatrick to deny the application.

The Chair called for discussion on the motion.

Member Hardy expressed his appreciation for the discussion and recognized that there was a trauma system that worked in the community. Member Hardy stated that by looking at Las Vegas and the attitude that others have about our community and lifestyle, that an atmosphere has been created that has tainted the excellence of the current system. Member Hardy stated that the reality was that we need to attract more, we need to have more and to do that we need to look like we care about everybody. Member Hardy stated that he did not see access being changed with the catchment areas and thought that it would be difficult to change. Member Hardy confirmed that he would not support the motion for denial.

Member Bond thanked staff in how they tried to put together their presentation and everyone that presented. Member Bond believed that the comments made were not negative about Sunrise and apologized to those individuals that believed the Board was speaking negatively about Sunrise. Member Bond believed that the quality of care in trauma in Las Vegas was exceptional and the current system was what was needed in Las Vegas. Member Bond stated that if there was a new need then a process should be followed to determine the best way to fill that need. Member Bond further stated that she didn't think that the Board could deny any future applications if this application was approved.

Member Black noted that the Board heard a great deal of hypotheticals, speculation, subjective opinions and viewpoints. Member Black recognized the bravery of Health District staff to say there was value and a benefit in this consideration that outweighed the potentially projected negatives or downsides. Member Black acknowledged the Health District staff for their vantage point as he believed that staff looked at the application through a lens of the trauma system in its entirety without subjectivity and the political issues. Member Black believed that the system does work, as it had been said many times, because of the current components of the system; there is a facility that is a Level I and there is a facility that is a Level II that sees Level I patients and aspires to be a Level I. Mr. Black noted that the need was not unmet because of the system that was in place. Member Black ask the hypothetical question of whether UMC would have capacity currently to take care of all the Level I trauma needs, accidents, shootings, etc. in the community, if there was no Level II in the community.

The Board asked Mr. VanHouweling to respond to the question. Mr. VanHouweling requested to defer the question to Dr. John Fildes, as he was a recognized leader in trauma in the community.

Dr. Fildes indicated that the hypothetical asked had been tested in cities like Chicago and in other municipalities where members of the trauma system have elected to leave and the burden of patient care shifted to other members of the trauma system. In those cases, Dr. Fildes stated that there was a lag time to restore staffing levels and to create additional capacity. Dr. Fildes stated that in the current system there was additional capacity in all three centers to additional patients. Dr. Fildes noted that it would be overcome for a while, but it would be uncomfortable in the short-term, which was not unlike what other metropolitan areas have already gone through.

Ms. Anderson-Fintak advised the Chair there was a request for public comment after the close of the public comment period. The individual had since left the meeting.

Ms. Anderson-Fintak further requested clarification of Member Nemeč's motion. Member Nemeč advised that his motion was to deny Sunrise's application due to RTAB's recommended denial, clarifying that no need was established.

Member Knudsen stated that in his position at the City of Las Vegas, he interacted a lot with healthcare professionals. He pointed out that there were two doctors on the Board that disagreed, which was his experience in the medical field in general. Member Knudsen believed that healthcare in Nevada would move forward faster if there could be agreement amongst providers. Member Knudsen respected both Sunrise and UMC, along with their leadership. Member Knudsen thanked Mr. Sklamberg for his presentation. Mr. Knudsen indicated that he spoke to a number of people about this issue because he understood the argument for and against. Member Knudsen noted that the consistent messaging was whether there would be a potential sacrifice or threat to UMC, as the community hospital. Member Knudsen confirmed that he would support the motion as he could not risk a potential threat to UMC.

Member Segerblom stated that Sunrise was located in his district and that it was a fantastic resource for the community. With the closing of Desert Springs, Member Segerblom stated that Sunrise really stepped up for East Las Vegas. Member Segerblom stated that he did not hear that the need expressed would justify the upgrade and, therefore, would support the motion. Member Segerblom noted that Sunrise was a valuable member of the community, the largest hospital in Nevada, and he was very proud of it.

Member Seebock thanked the presenters. As a former first-responder, Member Seebock stated that he only wanted to go where he could get the best care and as long as there was a trauma surgeon available. Member Seebock appreciated the courage of staff to present their recommendation, which was contrary to the recommendations from RTAB and TMAC. Member Seebock agreed with Member Hardy because he felt it was never good to play catch-up. He believed that with the low ranking of the state in trauma care, there was an opportunity with a facility willing to step up and be a Level I. Member Seebock stated that it was imperative that the system did not fall into a situation of being at capacity. Member Seebock noted that it was more about advancing, trying to improve, and taking a little risk to move forward in trauma care. Mr. Seebock confirmed that he would not be in support of the motion.

Member Nielson indicated that he agreed with the other Board members that the presentations today were excellent and contained a lot of information that was very helpful in evaluating this application. Member Nielson stated that there was nothing significant or substantial presented that outlined how the change from Level II to Level I for Sunrise would negatively impact UMC. Member Nielson stated that what was heard was that if this change was made, it further solidified the activities that were currently ongoing at Sunrise that benefit the community. Member Nielson noted that the Board needed to look at whether a need has been demonstrated, a regulatory requirement, which was difficult. Member Nielson indicated that if the definition of need was better defined then the Board would have a much better idea of how to act in this situation. Member Nielson confirmed that his position was that it was a benefit to the community which was a need and therefore, he would not be supporting the motion.

The Chair called for a vote on the current motion.

A motion was made by Member Nemec, seconded by Chair Kirkpatrick and carried by a vote of 7-4 to deny the Change of Level from Level II to Level I for Sunrise Hospital based on the recommendation of the Regional Trauma Advisory Board that there was no need.

<u>AYES</u>	<u>NAYS</u>
1. Bond	1. Black
2. Brune	2. Hardy
3. Gallo	3. Nielson
4. Kirkpatrick	4. Seebock
5. Knudsen	
6. Nemec	
7. Segerblom	

Member Segerblom left the meeting at 12:18 p.m.

VIII. REPORT / DISCUSSION / ACTION

1. PETITION #17-25 – Approval of Augmentation to the Southern Nevada Health District FY2025 Budget; direct staff accordingly or take other action as deemed necessary (*for possible action*)

The Board indicated that they did not require a presentation on the following resolutions regarding the budget augmentation:

- **Resolution #01-25**
 - General Fund: Increase of the General Fund Budget by \$8,773,819, thereby increasing its appropriation from \$101,785,951 to \$110,559,770
- **Resolution #02-25**
 - Grant Fund (Special Revenue): Increase of the Grant Fund (Special Revenue) by \$15,550,049, thereby increasing its appropriation from \$69,786,406 to \$85,313,230

A motion was made by Member Hardy, seconded by Member Nielson, and carried unanimously to accept the recommendations from the Finance Committee and approve Petition #17-25 related to the Budget Augmentation to the Southern Nevada Health District (i) General Fund (Resolution #01-25) and (ii) Grant Fund (Special Revenue) (Resolution #02-25) Budget for the Fiscal Year Ending June 30, 2025, as presented, to meet the mandatory financial requirements of NRS 354.598005.

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

The Chair noted that there would be some transitions of Board members and expressed the Board's well wishes to those that would not be continuing on the Board.

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

- DHO Comments

On behalf of Dr. Leguen, Dr. Cassius Lockett, Deputy District Health Officer-Operations, did not provide any comments in addition to the written report.

XI. INFORMATIONAL ITEMS

1. FY2024 District Health Officer and Division Accomplishments
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.

Staniela Nikolova provided a public comment regarding inhabitable living conditions at her apartment building. Ms. Nikolova stated that, within the past year and half, she moved into an apartment at 811 East Bridger Avenue which had a building-wide cockroach infestation. Ms. Nikolova was upset that the Health District does not regulate residential buildings and their habitability. Ms. Nikolova stated that the Health District simply refers individuals to legal aid, who then refer individuals to an attorney, which is costly for disadvantaged individuals. Ms. Nikolova believed that Veterans Affairs also placed veterans in this apartment building. Ms. Nikolova indicated that building management were essentially preying on residents by not fully taking care of the pest problem located within building walls. Building management will not tell you what chemicals they are spraying within your unit, despite multiple written requests. Active pest control measures in individual apartments and cleaning will fix this problem. Ms. Nikolova utilized legal options under Nevada law to terminate the lease, for example giving 14-day notice of habitability breach, which was ignored. Ms. Nikolova stated that the landlords then charge illegitimate move-out fees that impact an individual's ability to rent again if they do not pay them. Ms. Nikolova believed that the Health District should be more actively involved in helping to make housing rentals safer for residents of Nevada, same as for tourists with hotels and restaurants.

Chair Kirkpatrick advised that there may be a bill in the legislative session that would address the uninhabitable concern. Member Knudsen provided Ms. Nikolova with his number to assist in navigating the City of Las Vegas process.

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

XIII. ADJOURNMENT

The Chair adjourned the meeting at 12:25 a.m.

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



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

January 23, 2025 – 9:00 A.M.

Meeting will be conducted In-person and via Microsoft Teams

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

Red Rock Trail Conference Room

NOTICE

Microsoft Teams:

<https://events.teams.microsoft.com/event/b154d8ef-a37d-4ab6-a887-3fdd3d21070b@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 859 365 420#

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. Pop-Up Produce Stands Program (Nicole Bungum, Lisa Archie, and Stephanie Montgomery)

- Outstanding Plan Implementation – Nevada Chapter of the American Planning Association

2. Jessica Johnson, Health Education Supervisor

- 2024 Impact Award – Roseman University of Health Sciences

3. Jason Frame, Chief Information Officer

- 2024 CIO Award – Info-Tech Research Group

4. Southern Nevada Health District – December and January Employees of the Month

- Aivelhyn Santos and Erick Lopez (December)
- Stephen Luong and Rayleen Earney (January)

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

- Candice Humber and Tamara Giannini

6. Southern Nevada Health District – 2024 Employee and Manager of the Year

- Desiree Petersen and Kimberly Franich

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

- **By Teams:** Use the Teams link above. You will be able to provide real-time chatroom messaging, which can be read into the record or by raising your hand. Unmute your microphone prior to speaking.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 859 365 420#. 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 JANUARY 23, 2025 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:** November 21, 2024 *(for possible action)*
- 2. PETITION #11-25: Approval of the Interlocal Service Agreement between the Southern Nevada Health District and the Las Vegas Metropolitan Police Department to collaborate on training and enhancement activities related to pre-arrest and pre-trial diversion for those with substance use disorder and those vulnerable to overdose;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. PETITION #12-25: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOME) to collaborate on the abstraction of sudden unexpected infant death (SUID) and sudden death in the young (SDY) data for entry into the National Fatality Review Case Reporting System (NFR-CRS);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. PETITION #14-25: Approval of a Lease Addendum between the Southern Nevada Health District and Horizon 8888, LLC to extend the existing lease for the warehouse);** direct staff accordingly or take other action as deemed necessary *(for possible action)*

5. **PETITION #15-25: Approval of Contract (C2100037) Amendments A01, A02, and A03, between the Southern Nevada Health District and Accela for Accela Civic Platform – Environmental Health Software as Service licenses to apply monetary credit, one year of VIP service for no additional fee, and training credits for delayed implementation; direct staff accordingly or take other action as deemed necessary (for possible action)**
6. **PETITION #16-25: Approval of an Interlocal Contract between the Southern Nevada Health District and the City of Las Vegas to provide services to support the Southern Nevada District Community Partnership to Promote Health Equity, Year 2 grant awarded to the SNHD by the Centers for Disease Control and Prevention (CDC) (Award #NU58DP007746), referred to as Racial and Ethnic Approaches to Community Health (REACH); direct staff accordingly or take other action as deemed necessary (for possible action)**
7. **PETITION #18-25: Approval of an Interlocal Contract between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada (RTC) to increase access to fruits and vegetables; direct staff accordingly or take other action as deemed necessary (for possible action)**
8. **PETITION #19-25: Approval of an Interlocal Agreement (CBE #60656-23) between Clark County, Nevada, select member municipalities and the Southern Nevada Health District for member participation in the Southern Nevada Type 3 – Incident Management and Assistance Team (IMAT); direct staff accordingly or take other action as deemed necessary (for possible action)**
9. **PETITION #20-25: Approval of the Amendment to the Interlocal Agreement Between Clark County, Nevada and the Southern Nevada Health District for Medical Core & Support Services for HIV/AIDS Infected & Affected Clients in Las Vegas, Ryan White, Transitional Grant Area; direct staff accordingly or take other action as deemed necessary (for possible action)**

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

1. **MEMORANDUM #01-25: Application for Renewal of Authorization as an Adult Trauma Center with Change of Level from Level II to Level I for Sunrise Hospital; direct staff accordingly or take other action as deemed necessary (for possible action)**

VIII. REPORT / DISCUSSION / ACTION

1. **PETITION #17-25 – Approval of Augmentation to the Southern Nevada Health District FY2025 Budget; direct staff accordingly or take other action as deemed necessary (for possible action)**

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

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

- DHO Comments

XI. INFORMATIONAL ITEMS

1. FY2024 District Health Officer and Division Accomplishments
2. Administration Division Monthly Activity Report (Nov 2024 / Dec 2024)
3. Community Health Division Monthly Activity Report (Nov 2024 / Dec 2024)
4. Community Health Center (FQHC) Division Monthly Report (Nov 2024 / Dec 2024)
5. Disease Surveillance and Control Division Monthly Activity Report (Nov 2024 / Dec 2024)
6. Environmental Health Division Monthly Activity Report (Nov 2024 / Dec 2024)
7. Public Health & Preventive Care Division Monthly Activity Report (Nov 2024 / Dec 2024)

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

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,
Veralynn 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 Nemeč, 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 Nemeč, 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 Nemeck 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



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** January 23, 2025

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

PETITION # 11-25

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

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Cassius Lockett, PhD, Deputy District Health Officer-Operations *CL*
Anil Mangla, MS, PhD, MPH, FRIPH, Director of Disease Surveillance and Control *AM*
Victoria Burris, MPH, Communicable Disease Manager *VB*

DISCUSSION:

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

FUNDING:

This agreement will provide additional funding to the Las Vegas Metropolitan Police Department for their collaboration in post overdose response and diversion efforts funded through an award from the Department of Justice, Office of Justice Programs, Bureau of Justice Assistance 15PBJA-23-GG-02351-COAP, under year 2 activities.



**AMENDMENT A02 TO
INTERLOCAL AGREEMENT FOR PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
LAS VEGAS METROPOLITAN POLICE DEPARTMENT
C2400113**

THIS AMENDMENT A02 IS MADE WITH REFERENCE TO Interlocal Agreement for Professional Services C2400113 (“Agreement”), Effective Date May 14, 2024, and as amended on October 1, 2024, by and between the Southern Nevada Health District (“Health District”) and Las Vegas Metropolitan Police Department (“LVMPD”) (individually “Party” and collectively “Parties”).

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

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

- 1) Section 2, Incorporated Documents, is hereby deleted in its entirety and replaced with the following:
 2. INCORPORATED DOCUMENTS. The Services to be performed to be provided and the consideration therefore are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:

ATTACHMENT A-A02: SCOPE OF WORK
ATTACHMENT B-A02: PAYMENT
ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS
- 2) The total not-to-exceed amount of the Agreement is increased by \$53,010, from \$43,979 to \$96,989. Section 3, Compensation, is hereby deleted in its entirety and replaced with the following:
 3. COMPENSATION. LVMPD shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A-A02. LVMPD will be reimbursed for expenses incurred as provided in Attachment B-A02: Payment. The total not-to-exceed amount of this Agreement is \$96,989, all of which is funded by the Grant described on the first page of this Agreement; this accounts for 100% of the total funding for the term of the Agreement.
- 3) Attachment A-A01, Scope of Work, is hereby deleted in its entirety and replaced with Attachment A-A02, which is attached hereto and expressly incorporated by reference herein.
- 4) Attachment B-A01, Payment, is hereby deleted in its entirety and replaced with Attachment

B-A02, which is attached hereto and expressly incorporated by reference herein.

This Amendment A02 is effective as of October 1, 2024.

Except as expressly provided in this Amendment A02, all the terms and provisions of the Agreement are and will remain in full force and effect and are hereby ratified and confirmed by the Parties.

BY SIGNING BELOW, the Parties hereto have approved and executed this Amendment A02 to Agreement C2400113.

SOUTHERN NEVADA HEALTH DISTRICT

**LAS VEGAS METROPOLITAN
POLICE DEPARTMENT**

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

By: _____
Kevin McMahill
Sheriff
LVMPD UEI: DCJLHJL4WQ94

Date: _____

Date: _____

APPROVED AS TO FORM:

**This document is approved as to form. Signature
to be affixed upon Southern Nevada District
Board of Health approval.**

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

**ATTACHMENT A-A02
Scope of Work**

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

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

<u>Objective</u>	<u>Activities</u>	<u>Output</u>	<u>Due Date</u>	<u>Evaluation</u>
1. Goal 1: Receive training and education as well as learn best trends and practices from other agencies regarding prescription drugs, opioids, and other illicit drugs.				
1.1. CIT International Conference: Detroit, Michigan (August 2024) Anaheim, California (August 2025)	1.1.1 LVMPD Community Engagement/HOT Program (“CEP”) officers will attend training and exchange ideas with other policing agencies who have a law enforcement drug diversion program. LVMPD members will learn about the deterrence, handling of citizens with drug dependence, triumphs and practices to better grow LVMPD’s program.	The number of officers who attended the training will be reported upon completion of the conference.	October 2024 October 2025	Quarterly report – Copy of course agenda
1.2. RX and Illicit Drug Summit conference; Atlanta, Georgia (April 2024) Nashville, Tennessee (April 2025)	1.2.1. LVMPD’s officers will attend educational events to be shared while joining annual stakeholder gatherings to discuss what is working in diversion, prevention, and treatment.	The number of officers who attended the training will be reported each quarter	July 2024 July 2025	Quarterly report – Copy of course agenda

1.3. RISE conference; Houston, Texas (June 2024) Kissimmee, Florida (May 2025)	1.3.1. LVMPD's CEP Law Enforcement Intervention for Mental Health and Addiction program ("LIMA") officers will attend training and educational classes to learn about and discuss what is working in diversion, prevention, and treatment.	The number of officers who attended the training will be reported each quarter.	July 2024 July 2025	Quarterly report – Copy of course agenda
---	--	---	----------------------------	--

<u>Objective</u>	<u>Activities</u>	<u>Outputs</u>	<u>Due Date</u>	<u>Evaluation</u>
2. Goal 2: Continue training other officers about drug diversion resources throughout the LVMPD.				
2.1. LVMPD's CEP employees will continue to train officers about non-violent drug offenders.	2.1.1. LVMPD's CEP Unit will continue to train officers throughout the LVMPD. Visits will be made to each patrol briefing occurring at each area command. 2.2.1. In-person training classes will be available to be scheduled through the LVMPD Organizational Development Bureau Advanced Training Section as well as training material will be made accessible in University of Metro Las Vegas. Information obtained from the CIT International, RX and Illicit Drug Summit and RISE conferences will be shared with attendees.	The number of officers trained per area command will be reported each quarter.	Ongoing through the performance period.	Quarterly report of outcomes

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

3.1. LVMPD’s Office of Community Engagement officers will connect citizens in need of behavioral health services with a clinician from Clark County Social Services or the Eighth Judicial District Court	3.2.1. When linking a citizen with a behavioral health clinician, the LVMPD’s CEP will track and report the type of call the officer responded to resulting in the need for diversion services.	The number of citizens assisted by clinicians will be reported each quarter.	Ongoing through the performance period	Quarterly report of outcomes
---	---	--	--	------------------------------

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

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

A.2 LVMPD will:

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

**ATTACHMENT B-A02
PAYMENT**

A. Payments to LVMPD during Budget Period October 1, 2024 through September 30, 2025 are not-to-exceed **\$71,018**. The total not-to-exceed amount for this budget period consists of \$18,008 carried over from Budget Period January 29, 2024 through September 30, 2025 as described in the below Section B, in addition to \$53,010 in new funding. Categorized Total Estimated Amounts Budgeted eligible for reimbursement to LVMPD for work actually performed and billed are detailed below:

Budget Period October 1, 2024 through September 30, 2025						
<u>CATEGORY: PERSONNEL</u>			Total Estimated Amount Budgeted:			\$38,126
<u>List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.</u>						
<u>Position</u>	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Overtime - PO II (Training)	\$24,354	0.000%	100.000%	12	100.00%	\$24,354
Overtime - PO Sgt (Training)	\$13,772	0.000%	100.000%	12	100.00%	\$13,772
<u>Justification:</u>						
Personnel When a request is submitted for diversion, the Office of Community Engagement will position officers to complete site visits in partnership with clinicians from the Eighth Judicial District Court and Clark County Social Services at the person’s home, in-patient/out-patient location and occasionally the Clark County Detention Center. In year two, LVMPD is requesting \$38,126 comprised of \$7,800 rolled over from year one extension funds, \$1,985 of unspent year one travel funds moved to the Personnel category and the requested year two amount totaling \$28,341 to pay for overtime costs for a 12-month period. During overtime hours, CEB officers will proactively complete 5-7 case file reviews per shift. During the same shift or a subsequent work period, and contingent on the period it takes to finish the case assessments, officers may visit with 5-7 citizens in need of cooperative mental health and instant diversion. Officers will work approximately eight hours during an overtime shift.						

Training will be completed during regular work hours, but there will be times when instructors will need to work outside of those hours and requested grant funds will be used to pay overtime. CEB officers will educate patrol officers in 10 different area commands regarding the Law Enforcement Intervention for Mental Health and Addiction team and diversion options. Area commands, located in specific locations in Clark County, are home to police officers and police supervisors, who join patrol briefings prior to respective shifts, so one to two CEB officers will be present at briefings and train clusters of officers on the opioid trends and benefits of diverting drug offenders.

<u>CATEGORY: TRAVEL</u>	Total Estimated Amount Budgeted: \$23,512
--------------------------------	--

LVMPD will utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (58.0 cents) as a guide unless LVMPD's policies specify lower rates for these expenses.

<u>Out-of-State Travel</u>	\$23,512
-----------------------------------	-----------------

<u>CIT International Conference (Anaheim, CA)</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$600	1		4	\$2,400	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$86	1	4.5	4	\$1,548	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$191	1	4	4	3,056	
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$50	1	2	4	\$400	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0	0		0	\$0	

Parking: \$ per day x # of trips x # of days x # of staff	\$16	1	4	4	\$256	
						\$7,660
<u>RX and Illicit Drug Summit (Nashville, TN)</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$600	1		4	\$4,000	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$86	1	4.5	4	\$1,548	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$217	1	4	4	\$3,472	
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$50	1	4	4	\$400	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$16	1	4	4	\$256	
						\$9,676
<u>RISE (Kissimmee, FL)</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$1,030	1		4	\$4,120	

Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$68	1	4.5	4	\$1,224	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$11	1	4	4	\$176	
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$50	1	2	4	\$176.00	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$16	1	4	4	\$256	
						\$6,176
Justification: LVMPD requests up to \$23,512 in travel reimbursements to send up to four (4) officers to three (3) training conferences. The classes have speakers who specialize in mental health and diversion topics associated with the opioid epidemic.						
<u>CATEGORY: TRAINING</u>	Total Estimated Amount Budgeted:					\$9,380
<u>CIT International Conference Registration (CIT Intl. Members) (Detroit, MI)</u>			\$1,700			
<u>CIT International CIT Coordinator's Certification Course Registration (Detroit, MI)</u>			\$1,500			
<u>CIT Annual Membership</u>			\$100			

<u>RX and Illicit Drug Summit Conference Registration (Atlanta, GA)</u>			\$2,500			
<u>RISE Conference Registration (Houston, TX)</u>			\$3,850			
LVMPD's Community Engagement Bureau requests \$9,380 comprised of \$2,287 rolled over from year one extension funds and the requested year two amount totaling \$7,035 to pay for conference fees associated with the above meetings which are also referenced under Category: Travel. Additionally, \$58 of year one unspent travel funds are moved to year two, Category: Training.						
TOTAL DIRECT CHARGES						\$71,018
<u>CATEGORY: INDIRECT CHARGES</u>	Indirect Methodology: 0% indirect is charged					\$0
Budget Period October 1, 2024 through September 30, 2025, Total Not-to-Exceed Amount:						\$71,018

- A.1 LVMPD must receive documented approval from Health District prior to redirecting any portion of a calculated Total Estimated Amount Budgeted from any one Category for use in another Category.
 - (a) A Health District approved redirection moving 10% or more between Categories will be mutually agreed upon in writing by the Parties through amendment of this Agreement pursuant to Subsection 1.05 of the Agreement.
- A.2 Services provided by LVMPD outside of the Budget Period date range will not be eligible for payment. Under no circumstances will LVMPD be reimbursed for any amount in excess of the Total Not-to-Exceed Amount for Budget Period October 1, 2024 through September 30, 2025 as shown above.
- A.3 Payments shall be based on Health District approved LVMPD invoices in accordance with this Agreement. LVMPD will not bill more frequently than monthly for the term of the Agreement. Except as specified below in Subsection A.4, Requests for Reimbursement (“RFR(s)”) for each monthly period shall be submitted by LVMPD to AP@snhd.org no later than the 15th day of the following month, referencing Contract Number C2400113. Each invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties as identified in the Agreement.
- A.4 LVMPD acknowledges that the end of Health District’s fiscal year is June 30 of any given year. In observance of the close of Health District’s fiscal year, LVMPD acknowledges its RFR for month ending June 30 must include all reimbursable

expenses incurred to-date but not previously billed; and must be submitted to Health District no later than July 7. Failure to remit this RFR inclusive of all previously unbilled reimbursable expenses within the applicable Budget Period by July 7 may result in a delay in payment and/or in an adjustment to the amount deemed eligible for reimbursement.

- (a) Backup documentation including but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required, and shall be maintained by the LVMPD in accordance with cost principles applicable to this Agreement.
- (b) LVMPD invoices shall be signed by the LVMPD's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.
- (c) Invoices are subject to approval by Health District project and fiscal staff.
- (d) LVMPD is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties. Additionally, the Health District may terminate this Agreement for cause as described in Section 1 of the Agreement, and may withhold payment to LVMPD, and/or require that LVMPD return some or all payments made with Grant funds to Health District.
- (e) Except as is specifically listed as unallowable activity in Attachment C, Subsection A.5, cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

A.5 Health District will not be liable for interest charges on late payments.

A.6 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held with disputed items.

B. The not-to-exceed amount eligible for payment to be made to LVMPD during Budget Period January 29, 2024 through September 30, 2024 is hereby reduced by \$18,008; from \$43,979 to **\$25,971**. The reduction of \$18,008 from Budget Period January 29, 2024 through September 30, 2024 is added to Budget Period October 1, 2024 through September 30, 2025 as carry-over funds as described in the above Section A. Categorized Total Estimated Amounts Budgeted eligible for reimbursement to LVMPD for work actually performed and billed are detailed below:

Budget Period January 29, 2024 through September 30, 2024
--

<u>CATEGORY: PERSONNEL</u>			Total Estimated Amount Budgeted:			\$10,261
List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.						
<u>Position</u>	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Overtime - PO II (Training)	\$8,389.92	0.000%	100.000%	12	100.00%	\$8,390
Overtime - PO Sgt (Training)	\$1,870.54	0.000%	100.000%	12	100.00%	\$1,871
<u>Justification:</u>						
<p>Personnel</p> <p>LVMPD requests \$10,261 to pay for overtime costs. The funds will cover an approximate 12-month period. During non-work hours, LVMPD's Community Engagement/HOT Program ("CEP") Behavioral Health Unit officers will proactively complete 5-7 case file reviews per shift. Depending on the time it takes to complete the case reviews, officers may respond to the residence of 5-7 citizens who requiring interactive mental health and immediate diversion assistance during the same shift or during an ensuing work period. When a request is submitted for diversion, CEP will position officers to complete site visits in collaboration with clinicians from the Eighth Judicial District Court and Clark County Social Services at the citizen's home, in/out-patient facility and occasionally the Clark County Detention Center. Officers will work roughly eight hours during an overtime shift. During non-work hours, LVMPD officers will train patrol officers in 10 different area commands regarding the Law Enforcement Intervention for Mental Health and Addiction team and diversion options. Area commands, located in specific locations in Clark County, house police officers and police supervisors, who attend patrol briefings prior to each shift, so one to two CEP officers will attend briefings and train groups of officers on the opioid trends and benefits of diverting drug offenders. Most of the training will be completed during regular work hours, but there will be times when lessons will need to be provided outside of work hours and grant funds will be used to pay for training provided in overtime.</p>						
<u>CATEGORY: TRAVEL</u>			Total Estimated Amount Budgeted:			\$10,930
LVMPD will utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (58.0 cents) as a guide unless LVMPD's policies specify lower rates for these expenses.						
<u>Out-of-State Travel</u>					\$10,930	

<u>CIT International Conference (Detroit, MI)</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$574	1		3	\$1,723	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$51	1	4.5	3	\$682	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$149	1	4	3	\$1783	
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$13	1	2	3	\$80	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$16	1	4	3	\$192	
						\$4,268
<u>RX and Illicit Drug Summit (Atlanta, GA)</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$498	1		1	\$498	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	

Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$52	1	4.0	1	\$206	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	1	4	1	\$0	
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$59	1	1	1	\$59	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$64	1	1	1	\$64	
						\$827
<u>RISE (Houston, TX)</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$528	1		4	\$2,110	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$52	1	4.0	4	\$832	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$214	1	3	4	\$2,569	
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$38	1	1	3	\$114	

Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$18	1	3	4	\$210	
						\$5,835
Justification: LVMPD requests up to \$10,930 in travel reimbursements to send up to three (3) officers to three (3) training conferences. The classes have speakers who specialize in mental health and diversion topics associated with the opioid epidemic.						
CATEGORY: TRAINING						
Total Estimated Amount Budgeted:						\$4,780
<u>CIT International Conference Registration (CIT Intl. Members) (Detroit, MI)</u>			\$1,500			
<u>CIT International CIT Coordinator's Certification Course Registration (Detroit, MI)</u>			\$400.00			
<u>RISE Conference Registration (Houston, TX)</u>			\$2,880.00			
<ol style="list-style-type: none"> 1. LVMPD will send three (3) CEP team members to attend the CIT International Conference in Detroit, Michigan, which provides the substance necessary to encourage community and local solutions to assist those with addictions and mental health issues 2. LVMPD will send one (1) CEP team member to the RX and Illicit Drug Summit conference, held in Atlanta, Georgia, which will provide current and relevant training to the Law Enforcement Intervention for Mental Health and Addiction team, specifically on new trends regarding the treatments working for those with addictions. 3. LVMPD will send four (4) CEP team members to the RISE conference, held in Houston, Texas, which will provide current and relevant training to LVMPD's Law Enforcement Intervention for Mental Health and Addiction team, specifically on new trends surrounding those with substance and mental health illnesses. 						
TOTAL DIRECT CHARGES						\$25,971

CATEGORY: INDIRECT CHARGES	Indirect Methodology: 0% indirect is charged	\$0
Budget Period January 29, 2024 through September 30, 2024, Total Not-to-Exceed Amount:		\$25,971

- B.1 LVMPD must receive documented approval from Health District prior to redirecting any portion of a calculated Total Estimated Amount Budgeted from any one Category for use in another Category.
 - (a) A Health District approved redirection moving 10% or more between Categories will be mutually agreed upon in writing by the Parties through amendment of this Agreement pursuant to Subsection 1.05 of the Agreement.
- B.2 Services provided by LVMPD outside of the Budget Period date range will not be eligible for payment. Under no circumstances will LVMPD be reimbursed for any amount in excess of the Total Not-to-Exceed Amount for Budget Period January 29, 2024 through September 30, 2024 as shown above.
- B.3 Payments shall be based on Health District approved LVMPD invoices in accordance with this Agreement. LVMPD will not bill more frequently than monthly for the term of the Agreement. Each invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties as identified in the Agreement, and will reference this Agreement number C2400113.
 - (a) LVMPD will bill Health District for reimbursement of services actually provided in a timely manner. Additionally, LVMPD will submit its final Request for Reimbursement to Health District for Budget Period January 31, 2024 through September 30, 2024 no later than October 21, 2024.
 - (b) Backup documentation including but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required, and shall be maintained by the LVMPD in accordance with cost principles applicable to this Agreement.
 - (c) LVMPD invoices shall be signed by the LVMPD's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.
 - (d) Invoices are subject to approval by Health District project and fiscal staff.
 - (e) LVMPD is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact

may subject it to criminal, civil, and/or administrative penalties. Additionally, the Health District may terminate this Agreement for cause as described in Section 1 of the Agreement, and may withhold payment to LVMPD, and/or require that LVMPD return some or all payments made with Grant funds to Health District.

- (f) Except as is specifically listed as unallowable activity in Attachment C, Subsection A.5, cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

B.4 Health District will not be liable for interest charges on late payments.

B.5 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held with disputed items.



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** January 23, 2025

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

PETITION #12-25

That the Southern Nevada District Board of Health approve the Interlocal Service Agreement C2400084, between the Southern Nevada Health District (SNHD) and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of sudden unexpected infant death (SUID)/sudden death in the young (SDY) data for entry into the National Fatality Review Case Reporting System (NFR-CRS).

PETITIONERS:

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

DISCUSSION:

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

FUNDING:

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



**INTERLOCAL AGREEMENT FOR
PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
COUNTY OF CLARK, NEVADA ON BEHALF OF ITS
CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER
C2500047**

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

RECITALS

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

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

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

WHEREAS, Health District is the sub-recipient of federal funds awarded by the Centers for Disease Control and Prevention (“CDC”), which is an operating division of the U.S. Department of Health and Human Services (“HHS”), Federal Award Identification Number (“FAIN”) NU58DP007684, CFDA Number 93.946, program entitled Nevada SUID/SDY Case Registry and Prevention Project (“Project”), awarded on August 1, 2024, with a total amount awarded to Health District of \$264,963.00 (the “Grant”); and

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

NOW THEREFORE, the Parties mutually agree as follows:

- 1) **TERM, TERMINATION, AND AMENDMENT.** This Agreement shall be effective September 30, 2024 through September 29, 2025, unless sooner terminated by either Party as set forth in this Agreement.

- 1.01 This Agreement may be terminated by either Party prior to the date set forth in this Section 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.
 - 1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause. Termination for cause will eliminate the thirty (30) day waiting period described in Subsection 1.01.
 - 1.03 Upon termination, CCOCME will be entitled to payment for services provided prior to date of termination and for which CCOCME has submitted an invoice but has not been paid.
 - 1.04 This Agreement is subject to the availability of funding and shall be terminated immediately if, for any reason, state and/or federal funding ability, or grant funding budgeted to satisfy this Agreement is withdrawn, limited, or impaired.
 - 1.05 This Agreement may only be amended, modified or supplemented by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.
- 2) INCORPORATED DOCUMENTS. The Services to be performed to be provided and the consideration therefore are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:
- ATTACHMENT A: SCOPE OF WORK
 - ATTACHMENT B: PAYMENT
 - ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS
- 3) COMPENSATION.
- 3.01 CCOCME shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. CCOCME will be reimbursed for expenses incurred as provided in Attachment B: Payment. The total not-to-exceed amount of this Agreement is \$67,948. This project is supported by the federal Grant described on the first page of this Agreement in the amount of \$67,948; this accounts for 100% of the total funding of this Agreement.
- 4) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. CCOCME will provide Health District with Services under this Agreement as an independent contractor. Nothing contained in this Agreement will be construed to create a joint venture or partnership, or the relationship of principal and agent, or employer and employee, between CCOCME and Health District. Nothing in this Agreement or the relationship between Health District and CCOCME shall create a co-employment or joint employer relationship.
- 5) FISCAL MONITORING AND ADMINISTRATIVE REVIEW OF ADVERSE FINDINGS. Health District may, at its discretion, conduct a fiscal monitoring of CCOCME at any time during the term of the Agreement. CCOCME will be notified in writing at least three (3) weeks prior to the visit outlining documents that must be available prior to Health District's visit. Health District shall notify CCOCME in writing of any Adverse Findings and recommendations as a result of the fiscal monitoring. Adverse Findings are defined as Lack of Adequate Records,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11) GENERAL PROVISIONS.

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

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

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

- 11.04 STATEMENT OF ELIGIBILITY. The Parties acknowledge to the best of their knowledge, information, and belief, and to the extent required by law, neither Party nor any of its respective employees/contractors is/are : i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).
- 11.05 COMPLIANCE WITH LEGAL OBLIGATIONS. CCOCME shall perform the Services in compliance with all applicable federal, state, and local laws, statutes, regulations, appropriations legislation and industry standards, including but not limited to all applicable provisions of 2 CFR Part 200 and 45 CFR Part 75.
- 11.06 NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability, sexual orientation, or gender identity or expression. The Parties likewise agree that each will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, and the American with Disabilities Act.
- 11.07 INTEGRATION CLAUSE. This Agreement, including all Attachments hereto, as it may be amended from time to time, contains the entire agreement among the Parties relative to the subject matters hereof.
- 11.08 PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.
- 11.09 EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. CCOCME may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as CCOCME sees fit, so long as the performance of such services does not interfere with CCOCME's performance of obligations under this Agreement, and does not, in the opinion of Health District, create a conflict of interest.
- 11.10 LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of the Parties shall not be subject to punitive damages.
- 11.11 GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by and construed according to the laws of the State of Nevada, without regard to any conflicts of laws principles, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this Agreement.

- 11.12 INDEMNIFICATION. The Parties do not waive any right or defense to indemnification that may exist in law or equity.
- 11.13 PUBLIC RECORDS. Pursuant to NRS Chapter 239, information or documents, including this Agreement and any other documents generated incidental thereto may be opened to public inspection and copying unless a particular record is made confidential by law or a common law balancing of interests.
- 11.14 NO PRIVATE RIGHT CREATED. The Parties do not intend to create in any other individual or entity the status of a third-party beneficiary, and this Agreement shall not be construed to create such status. The rights, duties, and obligations contained in the Agreement shall operate only between the Parties to this Agreement, and shall inure solely to the benefit of the Parties determining and performing their obligations under this Agreement.
- 11.15 CODE OF CONDUCT. By executing the Agreement, the CCOCME acknowledges it has read and agrees to comply as applicable with Health District's Code of Conduct, which is available online at:
- <https://media.southernnevadahealthdistrict.org/download/FQHC-2020/20200129/20200129-VII-1-Code-of-Conduct-Booklet-Leguen-Signature.pdf>
- 11.16 COUNTERPARTS. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, but which together shall constitute one instrument. Facsimile or electronic transmissions of documents and signatures shall have the same force and effect as originals.

[SIGNATURE PAGE TO FOLLOW]

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

SOUTHERN NEVADA HEALTH DISTRICT

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

Date: _____

APPROVED AS TO FORM:

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

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

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

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

Date: _____

APPROVED AS TO FORM:
STEVEN B. WOLFSON
District Attorney

By: _____
Name:
Title:

**ATTACHMENT A
SCOPE OF WORK**

A. CCOCME will participate in the following activities from September 30, 2024 through September 29, 2025 (“Period of Performance”):

A.1 **Goal 1; Component A:** Abstraction of SUID Deaths as Prescribed by the CDC:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Ensure all deaths for decedents under 19 years in age continue to be referred to respective Child Death Review Teams	Send notification of all deaths to the University of Nevada, Las Vegas, Nevada, Institute for Child Research and Policy (“NICRP”) Provide Death Certificate & Investigative Summary to NICRP	Within one month of case completion	Death Certificate Information Sheet Investigative Summary/Report Medical Examiner Reports
2. Participate in regularly scheduled calls/meetings to discuss SUID/SDY death data, trends, outcomes, and workflow processes	Attend monthly Child Death Review Compile reports on data extraction barriers and provide to the Health District’s SUID/SDY program coordinator to assist in resolution	Monthly/Quarterly	Meeting minutes Agendas Medical Examiner Reports

A.2 **Goal 2; Component B:** Abstraction of SDY Deaths as prescribed by the CDC:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Ensure all SDY deaths for decedents under 19 years in age continue to be referred to Advanced Child Death Review Team	Provide Death Certificate & Investigative Summary to Health District	Quarterly	Death Certificate Information Sheet Investigative Summary/Report Medical Examiner Reports

2. Obtain contact information from the families of SDY decedents	Contact families regarding consent. Document family history and specific questions as related to unexpected death and heart conditions.	Within 30 days of death	Copy of consent forms
3. Send specimens for genetic testing	Ensure timely collection and submission for genetic testing. CCOCME will maintain its current protocol for specimen collection. Biospecimens are collected by pathologists.	Within 30 days of consent	Proof of shipment
4. Participate in regularly scheduled calls/meetings to discuss SUID/SDY death data, trends, outcomes, and workflow processes	Attend the monthly Child Death Review Attend monthly/quarterly Advanced Death Review Compile reports on data extraction barriers and provide to Health District's SUID/SDY program coordinator to assist in resolution. Work with Health District on possible fellowships for pathologists at the CCOCME Office Assist with recruitment of specialists for the Advanced Review Team when possible.	Monthly/Quarterly	Meeting minutes Agendas Medical Examiner Reports

A.3 Goal 3; Component B Supplemental: Improve Data on Febrile Seizures and Priority Fields for SDY cases

A.4 Objective	A.5 Activities	A.6 Due Date	A.7 Documentation Needed
1. Procure contract to improve completeness of data	Procure a contracted individual to improve completeness of data in the Case Reporting System, focusing on the fields related to febrile seizures.	Nov 30, 2024	Contract for data completion

	Consult with contacts at the University of Nevada Las Vegas to identify qualified vendors/individuals		
2. Improve completeness of data on febrile seizures and other priority fields	Data will be entered into the National Fatality Review Case Reporting System ("NFR-CRS").	Quarterly	Data in NFR-CRS
3. Expand genetic and diagnostic testing to as many SUID/SDY cases as possible.	CCOCME will collect samples genetic and other diagnostic testing for deaths meeting the SUID or SDY case definition. Samples will be sent to known provider for testing Data will be entered into the NFR-CRS	Quarterly	Data in NFR-CRS

A.8

B. Unless express and specific written permission to exclude funding source information is obtained from Health District in advance, CCOCME will place a version of this attribution statement on project-related materials, reports, presentations, and publications produced within the scope of this Agreement.

"This publication [such as a journal, article, report] was supported by the Nevada State Department of Health and Human Services ("Department") and the Southern Nevada Health District through Grant Number 1 NU58DP007684-02-00 funded by the Center for Disease Control and Prevention ("CDC"). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Department, the Health District, nor the CDC."

B.1 Prepare and submit programmatic reports as requested by Health District.

B.2 Work with Health District staff to ensure proper close out of Period of Performance.

**ATTACHMENT B
PAYMENT**

A. The Total Not-to-Exceed amount available for reimbursement to CCOCME is \$67,948 from Budget Period September 30, 2024 through September 29, 2025.

A.1 Services actually performed relating to Component A as detailed in Attachment A, Scope of Work may be eligible for reimbursement as described the below Table A.1.

Amounts Available for Reimbursement for Component A-Related Services Actually Performed September 30, 2024 through September 29, 2025	
Category: Personnel	Budgeted Amount
Salary	\$41,080
Fringe Benefits	\$1,499
Category: Personnel, Subtotal of Budgeted Amount:	\$42,579
Category: Operating	
FedEx Expense for mailing samples	\$788
Category: Operating, Subtotal of Budgeted Amount:	\$788
Total Not-to-Exceed Amount, Component A-Related Activities September 30, 2024 through September 29, 2025:	<u>\$43,367</u>

A.2 Services actually performed relating to Component B as detailed in Attachment A, Scope of Work may be eligible for reimbursement as described in the below Table A.2.

Amounts Available for Reimbursement for Component B-Related Services Actually Performed September 30, 2024 through September 29, 2025	
Category: Personnel	Budgeted Amount
Salary	\$6,760
Fringe Benefits	\$247
Category: Personnel, Subtotal of Budgeted Amount:	\$7,007
Category: Operating	
Freezer packs for mailing	\$600
Insulated mailing supplies for biosamples	\$1,500
FedEx expense for mailing samples	\$893
Category: Operating, Subtotal of Budgeted Amount:	\$2,993
Total Not-to-Exceed Amount, Component B-Related Activities September 30, 2024 through September 29, 2025:	<u>\$10,000</u>

A.3 Services actually performed relating to Component B Supplemental as detailed in Attachment A, Scope of Work may be eligible for reimbursement as described in the below Table A.3.

Amounts Available for Reimbursement for Component B Supplemental-Related Services Actually Performed September 30, 2024 through September 29, 2025	
Category: Operating	Budgeted Amount
DNA Genetic Testing Kits	\$8,400
Category: Operating, Subtotal of Budgeted Amount:	\$8,400
Category: Contractual	
Grant Management and Compliance	\$6,181
	\$6,181
Total Not-to-Exceed Amount, Component B Supplemental-Related Activities September 30, 2024 through September 29, 2025:	<u>\$14,581</u>

B. CCOCME must receive documented approval from Health District prior to redirecting any portion of the Estimated Budget, Approved Total Available for Reimbursement from any one Category for use in another Category within any one of the above tables.

B.1 A Health District approved redirection moving 10% or more between Categories within any one table will be mutually agreed upon in writing by the Parties through amendment of this Agreement pursuant to Subsection 1.05 of the Agreement.

B.2 Payments shall be based on approved CCOCME invoices submitted in accordance with this Agreement. No payments shall be made in excess of the total Not-to-Exceed amount for this Agreement.

B.3 CCOCME will not bill more frequently than monthly for the term of the Agreement. The invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties.

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

(b) CCOCME invoices shall be signed by CCOCME’s official representative, and shall include a statement certifying that the invoice is a true and accurate billing.

(c) CCOCME is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties.

(d) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

B.4 CCOCME must submit separate Requests for Reimbursement (“RFR(s)”) for

reimbursement of Component A funds, Component B funds, and Component B Supplemental funds as shown in the above Tables A.1, A.2, and A.3. CCOCME will ensure RFRs submitted encompass reimbursement for Services actually performed.

- (a) CCOCME will submit its RFRs for Components A, B, and B Supplemental each on a monthly basis, and will observe the following specific deadlines when submitting RFRs:
 - (i) Excepting RFRs as described in the below Subsection B.4(a)(ii), monthly RFRs for must be submitted in their entirety to Health District no later than the 20th day of the of the following month.
 - (ii) CCOCME acknowledges that the end of Health District’s fiscal year is June 30 of any given year. In observance of the close of Health District’s fiscal year, CCOCME acknowledges its RFR for month ending June 30 must include all reimbursable expenses incurred to-date but not previously billed; and must be submitted to Health District no later than July 7. Failure to remit this RFR inclusive of all previously unbilled reimbursable expenses by July 7 may result in a delay in payment and/or in an adjustment to the amount deemed eligible for reimbursement.
- B.5 CCOCME will not be eligible for compensation for Services provided before or after the date range specified in Paragraph A above, unless express written authorization to bill for such Services is received from Health District.
- B.6 Health District shall not be liable for interest charges on late payments.
- B.7 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held.

ATTACHMENT C
ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

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

A. GRANT-SPECIFIC REQUIREMENTS

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

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

AND

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

AND

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

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

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

A.3 RESTRICTIONS AND LIMITATIONS ON USE OF GRANT FUNDS

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

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

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

- B.1 ACTIVITIES ABROAD. CCOCME must ensure that project activities carried on outside the United States are coordinated as necessary with appropriate government authorities and that appropriate licenses, permits, or approvals are obtained.
- B.2 AGE DISCRIMINATION. The Age Discrimination Act of 1975, 42 U.S.C. 6101 et seq., prohibits discrimination on the basis of age in any program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR

part 91.

B.3 CIVIL RIGHTS ACT OF 1964. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq., provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 80.

B.4 CONTROLLED SUBSTANCES. CCOCME is prohibited from knowingly using appropriated funds to support activities that promote the legalization of any drug or other substance included in Schedule I of the schedule of controlled substances established by section 202 of the Controlled Substances Act, 21 U.S.C. 812. This limitation does not apply if the subrecipient notifies the GMO that there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

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

B.5 EDUCATION AMENDMENTS OF 1972. Title IX of the Education Amendments of 1972, 20 U.S.C. 1681, 1682, 1683, 1685, and 1686, provides that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 86.

B.6 LIMITED ENGLISH PROFICIENCY. Recipients of Federal financial assistance must take reasonable steps to ensure that people with limited English proficiency have meaningful access to health and social services and that there is effective communication between the service provider and individuals with limited English proficiency. To clarify existing legal requirements, HHS published "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons." This guidance, which is available at <http://www.hhs.gov/ocr/lep/revisedlep.html>, provides a description of the factors that recipients should consider in determining and fulfilling their responsibilities to individuals with limited English proficiency under Title VI of the Civil Rights Act of 1964.

B.7 PRO-CHILDREN ACT. The Pro-Children Act of 1994, 20 U.S.C. 7183, imposes restrictions on smoking in facilities where federally funded children's services are provided. HHS grants are subject to these requirements only if they meet the Act's specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of

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

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

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

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

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

- B.12 RESTRICTION ON DISTRIBUTION OF STERILE NEEDLES/NEEDLE EXCHANGE, as

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

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

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

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

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

- C. In addition to federal laws, regulations and policies, CCOCME agrees to ensure its compliance as applicable with the CDC's General Terms and Conditions for Non-Research

Grants and Cooperative Agreements, located at <https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>.

- D. COMPLIANCE WITH PROCUREMENT STANDARDS. CCOCME agrees to follow and comply with 45 CFR § 75.327 General Procurement Standards through 75.335 Contract Provisions as applicable.
- E. CONTRACT PROVISIONS. In addition to other provisions required by HHS, Health District, and/or CCOCME, all contracts made by CCOCME under the Grant must contain provisions covering the following in accordance with Appendix II to 45 CFR Part 75, Contract Provisions for Non-Federal, Entity Contracts Under Federal Awards. CCOCME agrees to follow and comply with all applicable contract provisions contained therein. These provisions may include the following:
 - E.1 REMEDIES. Contracts for more than the simplified acquisition threshold currently set at \$250,000, which is the inflation-adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
 - E.2 TERMINATION. All federally funded contracts in excess of \$10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be effected and the basis for settlement.
 - E.3 EQUAL EMPLOYMENT OPPORTUNITY. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of “Federally assisted construction contract” in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, “Equal Employment Opportunity” (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and implementing regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”
 - E.4 DAVIS-BACON ACT, as amended (40 U.S.C. 3141-3148). When required by Federal program legislation, all prime construction contracts in excess of \$2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, “Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction”). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts

must also include a provision for compliance with the Copeland “Anti-Kickback” Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, “Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States”). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.

- E.5 CONTRACT WORK HOURS AND SAFETY STANDARDS ACT (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by a non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.
- E.6 RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT. If the Federal award meets the definition of “funding agreement” under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.
- E.7 CLEAN AIR ACT (42 U.S.C. 7401-7671q.) and the FEDERAL WATER POLLUTION CONTROL ACT (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
- E.8 DEBARMENT AND SUSPENSION. (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the governmentwide Excluded Parties List System in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive

Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235), “Debarment and Suspension.” The Excluded Parties List System in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

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

E.9 BYRD ANTI-LOBBYING AMENDMENT (31 U.S.C. 1352)—Contractors that apply or bid for an award of \$100,000 or more must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

E.10 PROCUREMENT OF RECOVERED MATERIALS. A non-Federal entity that is a state agency or agency of a political subdivision of a state and its contractors must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

F. CCOCME will ensure its compliance as applicable with the Investment and Jobs Act (IIJA), codified as Public Law 117-58 on November 15, 2021, and as may be amended from time to time; provisions of which as of the time of the execution of this Agreement are proposed by the federal Office of Management and Budget (OMB) to be adopted as new part 184 in 2 CFR Chapter I to support implementation of IIJA, and to further clarify existing requirements within 2 CFR 200.322. These proposed revisions are intended to improve uniformity and consistency in the implementation of “Build America, Buy America (BABA) requirements across government. OMB’s proposed action, dated February 9, 2023, can be reviewed online at <https://www.federalregister.gov/documents/2023/02/09/2023-02617/guidance-for-grants-and-agreements>. Public Law 117-58 may be reviewed online at <https://www.congress.gov/bill/117th-congress/house-bill/3684/text>.

G. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES

OR EQUIPMENT. CCOCME certifies it is in compliance with 2 CFR §200.216 as published on August 13, 2020, and as may be amended from time to time, and CCOCME has not and will not use federal funds to:

- (1) Procure or obtain;
- (2) Extend or renew a contract to procure or obtain; or
- (3) Enter into a contract to procure or obtain;
 - (i) equipment, services, or systems using covered telecommunications equipment or services as a substantial or essential component of any system, or as a critical technology as part of any system. As described in Public Law 115—232, Section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - (ii) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - (iii) Telecommunications or video surveillance services provided by such entities or using such equipment.
 - (iv) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

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

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



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** January 23, 2025

RE: Lease Addendum *between Southern Nevada Health District and Horizon 8888, LLC*

PETITION #14-25

That the Southern Nevada District Board of Health *approve the lease addendum between the Southern Nevada Health District and Horizon 8888, LLC.*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Kim Saner, Deputy District Health Officer- Administration *KS*
Sean Beckham, Chief Facilities Officer *SB*

DISCUSSION:

The Southern Nevada Health District proposes to extend the existing lease agreement for 220 E. Horizon Dr Henderson, NV 89105 for an additional 5 years.

FUNDING:

Monthly lease amounts starting at \$5,133 with annual 3% increases will be paid through general funds.

LEASE ADDENDUM

The following Lease Addendum is attached to and shall be used as a lease extension for Tenant and shall be made part of the Lease Agreement dated February 1, 2020, by and between HORIZON 8888, L.L.C., a Nevada Limited Liability Company as Landlord and SOUTHERN NEVADA HEALTH DISTRICT a Political Subdivision of the State of Nevada as Tenant, for property located at 220 E. Horizon Dr. Suites A, B & C Henderson, Nevada 89015 consisting of +/- 3,689 rentable square feet (+/- 3,520 usable square feet) medical office space effective September 15, 2024. The parties hereby agree as follows:

1) RENT SCHEDULE SUITES A, B & C:

03-01-2024 TO 02-28-2025 \$4,983.00 monthly Base Rent plus C.A.M. Fees. Final months of the initial lease term.

03-01-2025 TO 02-28-2026 \$5,133.00 monthly Base Rent plus C.A.M. Fees.

03-01-2026 TO 02-28-2027 \$5,289.00 monthly Base Rent plus C.A.M. Fees.

03-01-2027 TO 02-28-2028 \$5,448.00 monthly Base Rent plus C.A.M. Fees.

03-01-2028 TO 02-28-2029 \$5,612.00 monthly Base Rent plus C.A.M. Fees.

03-01-2029 TO 02-28-2030 \$5,781.00 monthly Base Rent plus C.A.M. Fees.

NOTE: C.A.M. Fees are currently estimated at .33 psf./\$1,217.37 monthly.

All other terms and conditions of the Lease dated February 1, 2020 and subsequent Addendums, Exhibits and Amendments shall remain in full force and effect.

LANDLORD:
HORIZON 8888, L.L.C.
a Nevada Limited Liability Company

TENANT:
SOUTHERN NEVADA HEALTH DISTRICT
a Political Subdivision of the State of Nevada

By: _____
Name: Ching Kuo Tony Lee, D.M.D.
Title: Managing Member

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



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

RE: *Approval of Accela contract amendments to provide Accela Civic Platform – Environmental Health Software*

PETITION #15-25

That the Southern Nevada District Board of Health *approves contract number C2100037, amendments A01, A02, and A03, between the Southern Nevada Health District and Accela for Accela Civic Platform – Environmental Health Software as Service licenses to apply monetary credit, one year of VIP service for no additional fee, and training credits for delayed implementation.*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Cassius Lockett, PhD, Deputy District Health Officer-Operations *CL*
Chris Saxton, MPH-EH, REHS, Director of Environmental Health *CS*
Jason Frame, Chief Information Officer *JF*

DISCUSSION:

This is an extension and revision of the current contract with Accela. Revision of the contract includes \$150,000 monetary credit, one year of VIP service, and 38 training credits provided to SNHD by Accela. Other contract details remain the same as originally approved.

FUNDING:

Annual licensing fees are listed below and reflect the \$150,000 credit in Year 1.

Year 1: \$225,248.87

Year 2: \$386,506.34

Year 3: \$398,101.53



9110 Alcosta Blvd, Suite H #3030
San Ramon, CA, 94583

Proposed by: Caitlin Carter
Contact Phone: (925) 359 - 3411
Contact Email: ccarter@accela.com
Quote ID: Q-34272
Valid Through: 1/31/2025
Currency: USD

Renewal Order Form

Address Information

Bill To:

Southern Nevada Health District, NV
PO Box 3902
Las Vegas, Nevada 89127
United States

Ship To:

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

Billing Name: Jason Frame
Billing Phone: (702) 759-1641
Billing Email: frame@snhd.org

Services	Year	Start Date	End Date	Term (Months)	Price	Qty	Net Total
Accela Environmental Health - SaaS	Year 1	2/23/2024	2/22/2025	12	\$1,834.69	181	\$332,078.64
Enhanced Reporting Database (ERD)	Year 1	2/23/2024	2/22/2025	12	\$43,170.23	1	\$43,170.23
Additional Data Storage (500GB per unit)	Year 1	2/23/2024	2/22/2025	12	\$0.00	9	\$0.00
One-Time Customer Satisfaction Credit	Year 1	2/23/2024	2/22/2025	12	(\$150,000.00)	1	(\$150,000.00)
TOTAL:							\$225,248.87

Services	Year	Start Date	End Date	Term (Months)	Price	Qty	Net Total
Accela Environmental Health - SaaS	Year 2	2/23/2025	2/22/2026	12	\$1,889.73	181	\$342,041.00
Enhanced Reporting Database (ERD)	Year 2	2/23/2025	2/22/2026	12	\$44,465.34	1	\$44,465.34
Additional Data Storage (500GB per unit)	Year 2	2/23/2025	2/22/2026	12	\$0.00	9	\$0.00
TOTAL:							\$386,506.34

Services	Year	Start Date	End Date	Term (Months)	Price	Qty	Net Total
Accela Environmental Health - SaaS	Year 3	2/23/2026	2/22/2027	12	\$1,946.42	181	\$352,302.23
Enhanced Reporting Database (ERD)	Year 3	2/23/2026	2/22/2027	12	\$45,799.30	1	\$45,799.30

Services	Year	Start Date	End Date	Term (Months)	Price	Qty	Net Total
Additional Data Storage (500GB per unit)	Year 3	2/23/2026	2/22/2027	12	\$0.00	9	\$0.00
TOTAL:							\$398,101.53

Pricing Summary

Period	Net Total
Year 1	\$ 375,248.87
Year 1: One-Time CSAT Credit	(\$150,000.00)
Year 2	\$ 386,506.34
Year 3	\$ 398,101.53
Total	\$ 1,009,856.74

Renewal Terms/Information:

General Information	
Governing Agreement(s)	This Order Form, including any OnPrem Licenses, Maintenance and Support, Subscription Services, Enhanced Reporting Database and Managed Application Services will be governed by the applicable terms and conditions. If those terms and conditions are non-existent, have expired, do not apply or have otherwise been terminated, the following terms at https://www.accela.com/terms/ will govern as applicable, based on the Customer's purchase.

Order Terms	
Order Start Date	Unless otherwise specified in the Special Order Terms: <ul style="list-style-type: none"> • Software Licenses & Subscriptions start on the date of delivery by Accela; • Hosting and Support start on Accela's delivery of the software hosted and/or supported;.
Order Duration	Unless otherwise specified in the Special Order Terms: <ul style="list-style-type: none"> • Subscriptions continue from the Order Start Date through the number of months listed in this Order Form (or if not listed, twelve (12) months). Thereafter Subscriptions automatically renew annually as calculated from Order Start Date of Customer's first Subscription purchase. • Any Software Licenses or Hardware are one-time, non-refundable purchases. • Hosting and Support continue from the Order Start Date through the number of months listed in this Order Form (or if not listed, twelve (12) months). • Professional Services continue for the duration as outlined in the applicable Statement of Work, Exhibit or the Governing Agreement, as applicable.
Special Order Terms	This Order Form replaces all previous order forms for the terms listed above and will govern the Software, Maintenance, and/or Services items listed on this Order Form. <ul style="list-style-type: none"> • No additional or conflicting terms or conditions stated in Customer's order documentation, including, without limitation, Customer purchase orders, will be incorporated into or form any part of this order or the governing agreement, and all such additional or conflicting terms are null and void. • For Software Licenses, Accela may terminate this Order Form in the event the Software is phased out across Accela's customer base. In such event, Accela will provide Customer sufficient advance notice and the parties will mutually agree to a migration plan for converting Customer to another Accela generally-available offering with comparable functionality.

Payment Terms	
Currency	USD
Invoice Date	Unless otherwise stated in the Special Payment Terms, Invoice for the Grand Total above will be issued on the Order Start Date.
Payment Due Date	Unless otherwise stated in the Special Payment Terms or the Governing Agreement(s), all payments are due on the Invoice Date and payable net 30 days .
Service Charge	Pricing is based upon payment by ACH or check. Payment by credit card (including Purchase Cards) for product and services in this Order Form will be subject to a service charge of 3%. There is no service charge for ACH or check payment.

Special Payment Terms	None unless otherwise specified in this location.
Purchase Order	If Customer requires PO number on invoices, it must be provided below and Customer must provide a copy of the PO prior to invoice issuance. If no PO number provided prior to invoice issuance date, invoices issued on this Order Form will be valid without a PO reference.
	PO#

Signatures	
Accela, Inc.	Customer
Signature:	Signature by: Signatures to be affixed after approval by Southern Nevada District Board of Health.
Print Name:	Print Name: Fermin Leguen, MD, MPH
Title:	Title: District Health Officer
Date:	Date:



9110 Alcosta Blvd, Suite H #3030
San Ramon, CA, 94583

Proposed by: Brad Jacobs
Contact Phone:
Contact Email: bjacobs@accela.com
Quote ID: Q-34355
Valid Through: 1/31/2025
Currency: USD

Order Form

Address Information

Bill To:

Southern Nevada Health District, NV
PO Box 3902
Las Vegas, Nevada 89127
United States

Ship To:

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

Billing Name: Jason Frame
Billing Phone: (702) 759-1641
Billing Email: frame@snhd.org

Services	Year	Start Date	End Date	Term (Months)	Price	Qty	Net Total
Unit - Training		Go Live Date	12 months from Go Live Date	12	\$0.00	38	\$0.00
TOTAL:							\$0.00

This Order Form is to provide Customer with 38 Training Credits at no charge for a Customer Satisfaction Credit.

Additional Terms:

1. No additional or conflicting terms or conditions stated in Customer's order documentation, including purchase orders, will be incorporated into or form any part of this Order Form or the governing agreement, and all such terms or conditions will be null.
2. This Order Form, including any OnPrem Licenses, Maintenance and Support, and Subscription Services, Enhanced Reporting Database and Managed Application Services will be governed by the applicable terms and conditions. If those terms and conditions are non-existent, have expired, do not apply or have otherwise been terminated, the following terms at <https://www.accela.com/terms/> will govern as applicable, based on the Customer's purchase.
3. All Software Licenses, Maintenance, and Subscription purchases are non-cancelable and non-refundable.
4. If Customer has a prior agreement with Accela, and this purchase is co-terming with that prior agreement, if the start date on this Order Form is before the actual delivery date of the purchase, Accela may pro-rate this purchase so that it can co-term with the prior agreement.

5. If this Order Form is executed and/or returned to Accela by Customer after the Order Start Date above, Accela may adjust the Order Start Date and Order End Date without increasing the total price based on the date Accela activates the products and provided that the total term length does not change.

6. Pricing is based upon payment by ACH or check. Payment by credit card (including Purchase Cards) for product and services in this Order Form will be subject to a service charge of 3%. There is no service charge for ACH or check payment.

7. Training credits may be used to register Customer's select users for any regularly scheduled live or virtual training event found on the Accela University Calendar located at (<https://accela.arlo.co/w/US/upcoming/>). Additionally, Accela University will offer unlimited access to the entire library of self-paced elearnings for SaaS Civic Platform and Accela Mobile end-users. Customer shall be responsible for all other costs and expenses incurring in connection with the Training.

Signatures	
Accela, Inc.	Customer
Signature:	Signature by: Signatures to be affixed after approval by Southern Nevada District Board of Health
Print Name:	Print Name: Fermin Leguen, MD, MPH
Title:	Title: District Health Officer
Date:	Date:



9110 Alcosta Blvd, Suite H #3030
San Ramon, CA, 94583

Proposed by: Brad Jacobs
Contact Phone:
Contact Email: bjacobs@accela.com
Quote ID: Q-34290
Valid Through: 1/31/2025
Currency: USD

Order Form

Address Information

Bill To:

Southern Nevada Health District, NV
PO Box 3902
Las Vegas, Nevada 89127
United States

Billing Name: Jason Frame
Billing Phone: (702) 759-1641
Billing Email: frame@snhd.org

Ship To:

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

Services	Year	Start Date	End Date	Term (Months)	Price	Qty	Net Total
Managed Application Services	Year 1	Go Live Date	12 months from Go Live Date	12	\$0.00	1	\$0.00
TOTAL:							\$0.00

This Order Form is to provide Customer with one year of Managed Application Services at no charge for a Customer Satisfaction Credit. MAS will be delivered in conjunction with Accela Environmental Health go-live.

Additional Terms:

1. Notwithstanding anything to the contrary, the MAS is governed by the Managed Application Services Policy at www.accela.com/terms/.
2. No additional or conflicting terms or conditions stated in Customer's order documentation, including purchase orders, will be incorporated into or form any part of this Order Form or the governing agreement, and all such terms or conditions will be null and void.
3. If this Order Form is executed and/or returned to Accela by Customer after the Order Start Date above, Accela may adjust the Order Start Date and Order End Date without increasing the total price based on the date Accela activates the products and provided that the total term length does not change.
4. Pricing is based upon payment by ACH or check. Payment by credit card (including Purchase Cards) for product and services in this Order Form will be subject to a service charge of 3%. There is no service charge for ACH or check.

payment.

Signatures	
Accela, Inc.	Customer
Signature:	Signature by: Signatures to be affixed after approval by Southern Nevada District Board of Health
Print Name:	Print Name: Fermin Leguen, MD, MPH
Title:	Title: District Health Officer
Date:	Date:



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** January 23, 2025

RE: *Approval of Interlocal Contract between Southern Nevada Health District and the City of Las Vegas*

PETITION #16-25

That the Southern Nevada District Board of Health *approve an Interlocal Contract between the Southern Nevada Health District (SNHD) and the City of Las Vegas (CLV) to provide services to support the Southern Nevada Health District Community Partnership to Promote Health Equity, Year 2 grant awarded to the SNHD by the Centers for Disease Control and Prevention (CDC) (Award # NU58DP007746). The CDC refers to this grant award as Racial and Ethnic Approaches to Community Health (REACH).*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Cassius Lockett, PhD., District Deputy Health Officer - Operations *CL*
Maria Azzarelli, EMHA, CHES, Manager of Chronic Disease Prevention & Health Promotion *MA*,
Nicole Bungum, MS, Supervisor of Chronic Disease Prevention & Health Promotion *NB*

DISCUSSION:

To support the REACH grant objective of establishing activity-friendly routes to everyday destinations, the CLV will implement strategies from their Vision Zero Action Plan including the development of safe routes to parks guidelines and projects to help increase safe access to local parks for all users.

FUNDING:

The Year 2 REACH grant project funding allocated to the RTC totals \$50,000. The associated scope of work will be completed by September 29, 2025.



**INTERLOCAL
PROFESSIONAL SERVICES AGREEMENT
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
CITY OF LAS VEGAS
C2500052**

THIS INTERLOCAL PROFESSIONAL SERVICES AGREEMENT (“Agreement”), is made and entered into by and between the Southern Nevada Health District (“Health District”) and the City of Las Vegas (“Contractor”) (individually “Party” and collectively “Parties”).

RECITALS

WHEREAS, NRS 277.180 authorizes the one or more public agencies to contract with each other or with any one or more public agencies for performance of any governmental services, activity or undertaking which the public agencies are 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;

WHEREAS, Health District desires to obtain professional services in support of a federal grant received from the Centers for Disease Control and Prevention (“CDC”), which is an operating division of the U.S. Department of Health and Human Services (“HHS”), Federal Award Identification Number NU58DP007746, CFDA Number 93.304, Program entitled Racial and Ethnic Approaches to Community Health, December 15, 2023 and September 9, 2024, and as amended on February 16, 2024, March 5, 2024, March 20, 2024, and September 18, 2024 with a total amount awarded to Health District of \$1,219,294 (the “Grant”);

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

WHEREAS, as a sub-recipient receiving payment made with Grant funds, Contractor represents it has the expertise, qualifications and resources available to support the above services as required.

NOW THEREFORE, the Parties mutually agree as follows:

- 1) **TERM, TERMINATION, AND AMENDMENT.** This Agreement shall be effective from September 30, 2024 through September 29, 2025, unless sooner terminated by either Party as set forth in this Agreement.

- 1.01 This Agreement may be terminated by either Party prior to the date set forth in paragraph 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.
 - 1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause. Termination for cause will eliminate the thirty (30) day waiting period described in the above Subsection 1.01.
 - 1.03 Upon termination, Contractor will be entitled to payment for services provided prior to date of termination and for which Contractor has submitted an invoice, but has not been paid.
 - 1.04 This Agreement is subject to the availability of funding and shall be terminated immediately if, for any reason, state and/or federal funding ability, or grant funding budgeted to satisfy this Agreement is withdrawn, limited, or impaired.
 - 1.05 This Agreement may only be amended, modified, or supplemented by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.
- 2) INCORPORATED DOCUMENTS. The Services to be performed to be provided and the consideration, therefore, are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:
- ATTACHMENT A: SCOPE OF WORK AND PAYMENT
 - ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS
- 3) COMPENSATION. Contractor shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. Contractor will be reimbursed for expenses incurred as provided in Attachment A: Scope of Work and Payment. The total not-to-exceed amount of this Agreement is \$50,000, all of which is funded by the Grant described on the first page of this Agreement; this accounts for 100% of the total funding for the term of the Agreement.
- 4) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. Contractor will provide Services to Health District under this Agreement as an independent contractor. Nothing in this Agreement or the relationship between Health District and Contractor will be construed to create a joint venture or partnership, or the relationship of principal and agent, or employer and employee, or to create a co-employment or joint employer relationship.
- 5) FISCAL MONITORING AND ADMINISTRATIVE REVIEW OF ADVERSE FINDINGS. Health District may, at its discretion, and during Contractor's regular business hours, conduct a fiscal monitoring of Contractor at any time during the term of the Agreement. Contractor will be notified in writing at least two (2) weeks prior to the visit, outlining documents that must be available prior to Health District's visit. In the event a regulatory body requests access to Contractor records for fiscal monitoring, Health District will provide as much advance written notice to Contractor as is reasonably possible. Health District shall notify Contractor in writing of any Adverse Findings and recommendations as a result of the fiscal monitoring.

Adverse Findings are defined as Lack of Adequate Records, Administrative Findings, Questioned Costs, and Costs Recommended for Disallowance. Contractor will have the opportunity to respond to Adverse Findings in writing to address any area(s) of disagreement. Health District shall review disagreement issues, supporting documentation and files, and forward a decision to the Contractor in writing.

6) FEDERAL AUDIT REQUIREMENTS FOR SUBRECIPIENTS RECEIVING AWARDS FROM HEALTH DISTRICT.

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

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

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

6.04 Contractor must send a copy of the confirmation from the Federal Audit Clearinghouse to procurement@snhd.org the earlier of 30 calendar days after receipt of the auditor’s reports or nine months after the end of the audit period.

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

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

7) BOOKS AND RECORDS.

7.01 Each Party shall keep and maintain under generally accepted accounting principles full, true and complete books, records, and documents as are necessary to fully disclose to the other Party, properly empowered government entities, or their authorized representatives, upon audits or reviews, sufficient information to

determine compliance with the terms of this Agreement and any applicable statutes and regulations. All such books, records and documents shall be retained by each Party in accordance with its respective Records Retention Schedule, or for a minimum of five (5) years from the date of termination of this Agreement; whichever is longer. This retention time shall be extended when an audit is scheduled or in progress for a period of time reasonably necessary to complete said audit and/or to complete any administrative and/or judicial proceedings which may ensue.

7.02 Health District shall, at all reasonable times, have access to Contractor's records, calculations, presentations and reports for inspection and reproduction.

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

Southern Nevada Health District	City of Las Vegas
Contract Administrator	495 S. Main Street
Legal Department	Las Vegas, NV 89101
280 S. Decatur Blvd	
Las Vegas, NV 89107	

- 9) CONFIDENTIALITY. Each Party will use the same degree of care that it uses to protect the confidentiality of its own information of like kind (but in no event less than reasonable care) not to disclose or use any information deemed confidential for any purpose outside the scope of this Agreement, unless compelled by law to do so and having given prior notice of such compelled disclosure to the other Party.

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

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

- 11) BREACH; REMEDIES. Failure of either Party to perform any obligation of this Agreement shall be deemed a breach. Except as otherwise provided for by law or this Agreement, the rights and remedies of the Parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing Party, the right to seek reasonable attorneys' fees and costs.

- 12) WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Agreement or its material or nonmaterial terms by either Party shall not operate as a waiver by such Party of any of its rights or remedies as to any other breach.

- 13) GENERAL PROVISIONS.

- 13.01 SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.
- 13.02 ASSIGNMENT. Contractor shall not assign, transfer, or delegate any rights, obligations or duties under this Agreement without the Health District's prior written consent.
- 13.03 USE OF NAME AND LOGO. Neither Party may use the other Party's name, mark, logo, design or other symbol for any purpose without the other Party's prior written consent. The Parties agree that either Party, in its sole discretion, may impose restrictions on the use of its name and/or logo. The Parties retain the right to terminate, with or without cause, the other Party's use of its name and/or logo.
- 13.04 NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability, sexual orientation or gender identity or expression. The Parties likewise agree that each will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, and the American with Disabilities Act.
- 13.05 STATEMENT OF ELIGIBILITY. The Parties acknowledge to the best of their knowledge, information, and belief, and to the extent required by law, neither Party nor any of its respective employees/contractors is/are : i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a). If Contractor status changes at any time pursuant to this 13.05a), Contractor agrees to immediately notify Health District in writing, and Health District may terminate this Agreement for cause as described in the above Section 1.
- 13.06 INTEGRATION CLAUSE. This Agreement, including all Attachments hereto, as it may be amended from time to time, contains the entire agreement among the Parties relative to the subject matters hereof.
- 13.07 COMPLIANCE WITH LEGAL OBLIGATIONS. Contractor shall perform the Services in compliance with all applicable federal, state, and local laws, statutes, regulations, appropriations legislation, orders and industry standards, including but not limited to all applicable provisions of 45 CFR Part 75 and/or 2 CFR Part 200.
- 13.08 PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to

enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.

- 13.09 NON-EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. Contractor may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as Contractor sees fit, so long as the performance of such services does not interfere with Contractor's performance of obligations under this Agreement, and does not, in the opinion of Health District, create a conflict of interest.
- 13.10 LIMITED LIABILITY. The Parties will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual Agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of the Parties shall not be subject to punitive damages.
- 13.11 GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by and construed according to the laws of the State of Nevada, without regard to any conflicts of laws principles, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this Agreement.
- 13.12 INDEMNIFICATION. The Parties do not waive any right or defense to indemnification that may exist in law or equity.
- 13.13 PUBLIC RECORDS. The Parties are public entities subject to Nevada's Public Records Act pursuant to NRS Chapter 239. Accordingly, information or documents, including this Agreement and any other documents generated incidental thereto may be opened to public inspection and copying unless a particular record is made confidential by law or a common law balancing of interests.
- 13.14 NO PRIVATE RIGHT CREATED. The Parties do not intend to create in any other individual or entity the status of a third-party beneficiary, and this Agreement shall not be construed to create such status. The rights, duties, and obligations contained in the Agreement shall operate only between the Parties to this Agreement and shall inure solely to the benefit of the Parties determining and performing their obligations under this Agreement.
- 13.15 CLEAN AIR ACT (42 U.S.C. 7401-7671q.) and the FEDERAL WATER POLLUTION CONTROL ACT (33 U.S.C. 1251-1387), as amended—Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Contractor acknowledges violations must be promptly reported to the Health District, the CDC, and the Regional Office of the Environmental Protection Agency ("EPA").
- 13.16 PROCUREMENT OF RECOVERED MATERIALS. Contractor and its contractors will

comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act, as applicable. The requirements of Section 6002 include procuring only items designated in guidelines of the EPA at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

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

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

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

[SIGNATURE PAGE TO FOLLOW]

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

SOUTHERN NEVADA HEALTH DISTRICT
Health District UEI Number: ND67WQ2LD8BA

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

Date: _____

CITY OF LAS VEGAS
Contractor UEI Number: HJS3TZHWWJX5

By: _____
Shelley Berkley
Mayor

Date of City Council Approval Below:

ATTEST:

By: _____
LuAnn D. Holmes, MMC, City Clerk

APPROVED AS TO CONTENT:

By: _____
Sean Robinson
Assistant City Traffic Engineer

Date: _____

APPROVED AS TO FORM:

By: _____
Deputy City Attorney

Date: _____

APPROVED AS TO FORM:

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

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

ATTACHMENT A
Scope of Work and Payment

Performance Period September 30, 2024 through September 29, 2025

The Health District will work with the Contractor to implement local level policies, plans, and activities to connect pedestrian, bicycle, or transit networks to everyday destinations through implementation of Safe Routes to Parks strategies.

- A. Contractor will:
- A.1 Continue to facilitate the Contractor's Vision Zero Technical Advisory Committee to guide implementation of the Contractor's Vision Zero Action Plan.
 - A.2 Develop a Safe Routes to Parks Guiding Principles Plan and publish the final document on the Contractor's Vision Zero Resources Page. The Contractor will include the Safe Routes to Parks Guiding Principles as an appendix to the Vision Zero Plan when the plan is updated in 2025.
 - A.3 Identify at least five (5) parks in the City of Las Vegas serving REACH priority populations and prioritize them to receive Safe Routes to Parks improvements/enhancements.
 - A.4 Implement Safe Routes to Parks improvements/enhancements in at least three (3) to five (5) identified parks that support safe, activity-friendly connections between parks, neighborhoods, and other everyday destinations.
 - A.5 Submit monthly progress reports to Health District on the scope of work activities above, using a template to be provided by Health District.
 - A.6 Provide an estimate of in-kind contributions contribution by the Contractor to ensure completion of the scope of work activities.
 - A.7 Participate in grant-related meetings as requested by Health District.
 - A.8 Work closely with Health District staff to ensure proper close-out of Grant related obligations.
- B. Payments to Contractor for Services actually performed during Budget Period September 30, 2024 through September 29, 2025 are not-to-exceed \$50,000.
- B.1 Agreement-related items eligible for reimbursement during this Budget Period include the following:
 - (a) Allowable reimbursement expenses may include supplies, materials, contractual consultants, printing, and community engagement support, including incentives and promotional items, if pre-approved in writing by the Health District Project Manager.

- B.2 Contractor may not bill more often than monthly for actual work completed, and will bill within 15 days after the month in which such work is completed.
- B.3 Services provided by Contractor outside of the Budget Period date range will not be eligible for payment.
- B.4 Contractor will submit invoices to AP@snhd.org, and will reference agreement number C2500052 on each invoice submitted. Contractor is responsible for ensuring Health District receives timely invoices.
- B.5 Payments shall be based on approved Contractor invoices submitted in accordance with this Agreement. No payments will be made in excess of the total not-to-exceed amount of this Agreement.
- (a) Each invoice will itemize specific costs incurred for each allowable Expense item as agreed upon by the Parties as identified in the Agreement.
 - (b) Backup documentation including but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required and shall be maintained by the Contractor in accordance with cost principles applicable to this Agreement.
 - (c) All Contractor invoices shall be signed by the Contractor's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.
 - (d) All Invoices are subject to approval by Health District project and fiscal staff.
 - (e) Contractor must submit its final Request for Reimbursement billing to Health District no later than October 15, 2025.
 - (f) Contractor is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties. Additionally, Health District may terminate this Agreement for cause as described in Section 1. of the Agreement, and may withhold payment to Contractor, and/or require that Contractor return some or all payments made with Grant funds to Health District.
 - (g) Excepting any exclusions listed in Attachment C, Additional Grant Information and Requirements, cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable Expenses costs.
- B.6 Health District will not be liable for interest charges on late payments.
- B.7 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held with disputed items.

ATTACHMENT C
ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

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

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

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

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

AND

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

AND

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

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

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

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

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

Additional information is available at:

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

(a) SAM.gov is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a subrecipient. Contractor must register with SAM, and be assigned a UEI number. All information relevant to the UEI number must be current at all times until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

B.2 Contractor must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement (see below Section F of this Attachment C), as appropriate. Brief descriptions of relevant provisions are available at <http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17>.

(a) The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: <https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>

B.3 Notice of Funding Opportunity Restrictions and Limitations.

- Subrecipients may not use funds for research

- Subrecipients may not use funds for clinical care
- Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services
- Generally, subrecipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in Contractor’s budget as approved by Health District and the CDC
- Reimbursement of pre-award costs generally is not allowed
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - The salary or expenses of any grant or contract subrecipient, or agent acting for subrecipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC subrecipients.

C. COVID-19 WORKPLACE SAFETY: GUIDANCE FOR FEDERAL CONTRACTORS AND SUBCONTRACTORS. Contractor certifies it will comply as is applicable with COVID-19 vaccination requirements pursuant to Executive Order 14042 and the Safer Federal Workforce Task Force’s COVID-19 Workplace “COVID-19 Workplace Safety: Guidance for Federal Contractors and Subcontractors” (collectively, the “Mandate”). Additionally, should Contractor use Grant funds to compensate its subcontractor(s) for services provided, in whole or in part, Contractor will ensure subcontractor Mandate compliance as appropriate; including but not limited to the inclusion of language similar to this Section D in any Grant funded subcontract for services. Contractor acknowledges its obligation to flow this requirement down to its subcontractors providing Grant funded services, and will inform such subcontractors of their obligation to do the same.

Executive Order 14042 can be viewed online at:

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

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

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

D. 45 CFR § 75.326 PROCUREMENT BY STATES. When procuring property and services under a federal award, a state (or political subdivision of a state) must follow the same policies and

procedures it uses for procurements from its non-federal funds. A state receiving federal funds will comply with § 75.331 and ensure that every purchase order or other contract includes any clauses required by § 75.335. All other non-federal entities, including sub-recipients of a state, must follow the procurement standards in §§ 75.327 through 75.335.

- E. COMPLIANCE WITH PROCUREMENT STANDARDS. Contractor agrees to follow and comply with CFR § 75.327 General Procurement Standards through 75.335 Contract Provisions as applicable.
- F. CONTRACT PROVISIONS. In addition to other provisions required by HHS, Health District, and/or Contractor, all contracts made by Contractor under the Grant must contain provisions covering the following in accordance with Appendix II to CFR Part 75, Contract Provisions for Non-Federal, Entity Contracts Under Federal Awards. Contractor agrees to follow and comply with all applicable contract provisions contained therein. These provisions may include the following:
 - F.1 REMEDIES. Contracts for more than the simplified acquisition threshold currently set at \$250,000, which is the inflation-adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
 - F.2 TERMINATION. All federally funded contracts in excess of \$10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be effected and the basis for settlement.
 - F.3 EQUAL EMPLOYMENT OPPORTUNITY. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of “Federally assisted construction contract” in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, “Equal Employment Opportunity” (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and implementing regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”
 - F.4 DAVIS-BACON ACT, as amended (40 U.S.C. 3141-3148). When required by Federal program legislation, all prime construction contracts in excess of \$2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, “Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction”). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by

the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the Copeland “Anti-Kickback” Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, “Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States”). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.

- F.5 CONTRACT WORK HOURS AND SAFETY STANDARDS ACT (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by a non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.
- F.6 RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT. If the Federal award meets the definition of “funding agreement” under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.
- F.7 CLEAN AIR ACT (42 U.S.C. 7401-7671q.) and the FEDERAL WATER POLLUTION CONTROL ACT (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of

amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

- F.8 DEBARMENT AND SUSPENSION. (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the governmentwide Excluded Parties List System in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235), “Debarment and Suspension.” The Excluded Parties List System in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.
- (a) Furthermore, each of Contractor’s vendors and sub-contractors will certify that to the best of its respective knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
- F.9 BYRD ANTI-LOBBYING AMENDMENT (31 U.S.C. 1352)—Contractors that apply or bid for an award of \$100,000 or more must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.
- F.10 PROCUREMENT OF RECOVERED MATERIALS. A non-Federal entity that is a state agency or agency of a political subdivision of a state and its contractors must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing

an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

- G. Contractor will ensure its compliance as applicable with the Investment and Jobs Act (IIJA), codified as Public Law 117-58 on November 15, 2021, and as may be amended from time to time; provisions of which as of the time of the execution of this Agreement are proposed by the federal Office of Management and Budget (OMB) to be adopted as new part 184 in 2 CFR Chapter I to support implementation of IIJA, and to further clarify existing requirements within 2 CFR 200.322. These proposed revisions are intended to improve uniformity and consistency in the implementation of “Build America, Buy America (BABA) requirements across government. OMB’s proposed action, dated February 9, 2023, can be reviewed online at <https://www.federalregister.gov/documents/2023/02/09/2023-02617/guidance-for-grants-and-agreements>. Public Law 117-58 may be reviewed online at <https://www.congress.gov/bill/117th-congress/house-bill/3684/text>.
- H. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT. Contractor certifies it is in compliance with 2 CFR §200.216 as published on August 13, 2020, and as may be amended from time to time, and Contractor has not and will not use federal funds to:
- (1) Procure or obtain;
 - (2) Extend or renew a contract to procure or obtain; or
 - (3) Enter into a contract to procure or obtain;
 - (i) equipment, services, or systems using covered telecommunications equipment or services as a substantial or essential component of any system, or as a critical technology as part of any system. As described in Public Law 115—232, Section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - (ii) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - (iii) Telecommunications or video surveillance services provided by such entities or using such equipment.
 - (iv) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

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

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

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

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

- I.1 ACTIVITIES ABROAD. Contractor must ensure that project activities carried on outside the United States are coordinated as necessary with appropriate government authorities and that appropriate licenses, permits, or approvals are obtained.
- I.2 AGE DISCRIMINATION. The Age Discrimination Act of 1975, 42 U.S.C. 6101 et seq., prohibits discrimination on the basis of age in any program or activity receiving federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 91.
- I.3 CIVIL RIGHTS ACT OF 1964. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq., provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 80.
- I.4 CONTROLLED SUBSTANCES. Contractor is prohibited from knowingly using appropriated funds to support activities that promote the legalization of any drug or other substance included in Schedule I of the schedule of controlled substances established by section 202 of the Controlled Substances Act, 21 U.S.C. 812. This limitation does not apply if the subrecipient notifies the GMO that there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

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

- I.5 EDUCATION AMENDMENTS OF 1972. Title IX of the Education Amendments of 1972, 20 U.S.C. 1681, 1682, 1683, 1685, and 1686, provides that no person in the United

States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 86.

- I.6 LIMITED ENGLISH PROFICIENCY. Recipients of federal financial assistance must take reasonable steps to ensure that people with limited English proficiency have meaningful access to health and social services and that there is effective communication between the service provider and individuals with limited English proficiency. To clarify existing legal requirements, HHS published “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons.” This guidance, which is available at <http://www.hhs.gov/ocr/lep/revisedlep.html>, provides a description of the factors that recipients should consider in determining and fulfilling their responsibilities to individuals with limited English proficiency under Title VI of the Civil Rights Act of 1964.
- I.7 PRO-CHILDREN ACT. The Pro-Children Act of 1994, 20 U.S.C. 7183, imposes restrictions on smoking in facilities where federally funded children’s services are provided. HHS grants are subject to these requirements only if they meet the Act’s specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development, including Head Start services to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with federal funds. The statute does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per violation and/or the imposition of an administrative compliance order on the responsible entity. Any questions concerning the applicability of these provisions to an HHS grant should be directed to the GMO.
- I.8 PUBLIC HEALTH SECURITY AND BIOTERRORISM PREPAREDNESS AND RESPONSE ACT. The Public Health Security and Bioterrorism Preparedness and Response Act of 2002, 42 U.S.C. 201 Note, is designed to provide protection against misuse of select agents and toxins, whether inadvertent or the result of terrorist acts against the U.S. homeland, or other criminal acts (see 42 U.S.C. 262a). The act was implemented, in part, through regulations published by CDC at 42 CFR part 73, Select Agents and Toxins. Copies of these regulations are available from the Import Permit Program and the Select Agent Program, respectively, CDC, 1600 Clifton Road, MS E-79, Atlanta, GA

30333; telephone: 404-498-2255. These regulations also are available at <http://www.cdc.gov/od/ohs/biosfty/shipregs.htm>.

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

- I.9 REHABILITATION ACT OF 1973. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as amended, provides that no otherwise qualified handicapped individual in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. These requirements pertain to the provision of benefits or services as well as to employment. The HHS implementing regulations are codified at 45 CFR parts 84 and 85.
- I.10 RESOURCE CONSERVATION AND RECOVERY ACT. Under RCRA (42 U.S.C. 6901 et seq.), any State agency or agency of a political subdivision of a State using appropriated federal funds must comply with 42 U.S.C. 6962. This includes State and local institutions of higher education or hospitals that receive direct HHS awards. Section 6962 requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by EPA (40 CFR parts 247–254).
- I.11 RESTRICTION ON FUNDING ABORTIONS. HHS funds may not be spent for an abortion.
- I.12 RESTRICTION ON DISTRIBUTION OF STERILE NEEDLES/NEEDLE EXCHANGE. Funds appropriated for HHS may not be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- I.13 UNIFORM RELOCATION ACT AND REAL PROPERTY ACQUISITION POLICIES ACT. The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (the Uniform Relocation Act), 42 U.S.C. 4601 et seq., applies to all programs or projects undertaken by Federal agencies or with federal financial assistance that cause the displacement of any person.

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

- I.14 U.S. FLAG AIR CARRIER. Subrecipients must comply with the requirement that U.S. flag air carriers be used by domestic recipients to the maximum extent possible when commercial air transportation is the means of travel between the United States and a foreign country or between foreign countries. This requirement must not be

influenced by factors of cost, convenience, or personal travel preference. The cost of travel under a ticket issued by a U.S. flag air carrier that leases space on a foreign air carrier under a code-sharing agreement is allowable if the purchase is in accordance with GSA regulations on U.S. flag air carriers and code shares (see http://www.gsa.gov/gsa/cm_attachments/GSA_DOCUMENT/110304_FTR_R2QA53_OZ5RDZ-i34K-pR.pdf). (A code-sharing agreement is an arrangement between a U.S. flag carrier and a foreign air carrier in which the U.S. flag carrier provides passenger service on the foreign air carrier's regularly scheduled commercial flights.)

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



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** January 23, 2025

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

PETITION #18-25

That the Southern Nevada District Board of Health *approve an Interlocal Contract between the Southern Nevada Health District (SNHD) and the Regional Transportation Commission of Southern Nevada (RTC) to increase access to fruits and vegetables.*

PETITIONERS:

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

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

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

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

DISCUSSION:

To promote healthy eating and increase access to fruits and vegetables, the SNHD will work with the RTC to continue to offer seasonal Pop-Up Produce Stands at the RTC's Bonneville Transit Center, which provide access to low-cost fruits and vegetables.

FUNDING:

No funding is attached to this agreement.

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

This Interlocal Agreement (“**Agreement**”) is made and entered into by and between the Regional Transportation Commission of Southern Nevada, a political subdivision of the State of Nevada, with offices at 600 S. Grand Central Parkway, Suite 350, Las Vegas, NV (“**RTC**”) and the Southern Nevada Health District, a political subdivision of the State of Nevada, with offices at 280 S. Decatur Boulevard, Las Vegas, NV, (“**Agency**”) and is made pursuant to the provisions of the Nevada Revised Statutes Chapter 277. Both RTC and Agency may be referred to individually as a “**Party**” or collectively as the “**Parties**”.

RECITALS

- A. WHEREAS**, pursuant to NRS 277.110, any two or more public agencies may enter into agreements with one another for joint or cooperative action pursuant to the provisions of NRS 277.080 to 277.180, inclusive;
- B. WHEREAS**, there is a need to expand access to fresh fruits and vegetables, especially in low-income areas and areas in and near food deserts; and
- C. WHEREAS**, transportation has been identified by stakeholders and community members as a barrier to accessing fresh fruits and vegetables; and
- D. WHEREAS**, the RTC is authorized to own and operate a public mass transit system pursuant to NRS 277A.170; and
- E. WHEREAS**, the RTC does operate a public mass transit system to assist with the transportation needs of the community; and
- F. WHEREAS**, the RTC owns and operates the Bonneville Transit Center, located at 101 E. Bonneville Avenue, Las Vegas, NV, which serves as the main transit hub for the region; and
- G. WHEREAS**, the AGENCY, as the public health authority organized pursuant to Nevada Revised Statutes (“NRS”) Chapter 439, with jurisdiction over all public health matters within Clark County, Nevada, seeks to enhance access to low-cost fruits and vegetables for target populations in southern Nevada; and
- H. WHEREAS**, the AGENCY and RTC desire to enter into a written agreement to establish their respective rights and obligations in continuing a program to offer low-cost fruits and vegetables at the Bonneville Transit Center through pop-up events;

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

AGREEMENT

1. TERM AND TERMINATION. This Agreement shall be effective from the date of the last signature affixed hereto through December 31, 2025 (“**Term**”).
 - a. Either Party may terminate this Agreement at any time, with or without cause, prior to its expiration with seven (7) days written notice.
2. SCOPE OF AGREEMENT. The scope of work and/or services required by the Parties under this Agreement shall be as set forth in Exhibit A – Scope of Agreement, attached hereto and incorporated by reference.
3. COMPENSATION. To the extent any compensation will be due a Party hereunder, such compensation shall be made according to the terms as set forth in Exhibit B – Compensation, attached hereto and incorporated by reference.
4. CONTRACT DOCUMENTS. This Agreement and its Exhibits make up the Contract Documents for this Agreement. The Contract Documents form the entire agreement between the Parties.
5. STATUS OF PARTIES: INDEPENDENT CONTRACTOR. The Parties are associated with each other only for the purposes and to the extent set forth in this Agreement and in respect to performance of services pursuant to this Agreement. In the performance of such services, each Party shall at all times be an independent entity with respect to the other Party. Neither Party is an employee nor agent of the other Party. Further, it is expressly understood and agreed by the Parties that nothing contained in this Agreement will be construed to create a joint venture, partnership, association, or other affiliation or like relationship between the Parties.
6. BREACH: REMEDIES. Failure of either Party to perform any obligation of this Agreement shall be deemed a breach. Except as otherwise provided for by law or this Agreement, the rights and remedies of the Parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing Party, the right to seek reasonable attorneys' fees and costs.
7. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of this Agreement or its material or nonmaterial terms by either Party shall not operate as a waiver by such Party of any of its rights or remedies as to any other breach.
8. LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both Parties shall not be subject to punitive damages. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626.
9. FORCE MAJEURE. Neither Party shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military

authority, act of terror, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the Party asserting such an excuse, and the excused Party is obligated to promptly perform in accordance with the terms of this Agreement after the intervening cause ceases.

10. INDEMNIFICATION.

- a. To the extent permitted by law, Agency agrees to protect, defend, indemnify and hold RTC, its officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character (hereinafter collectively "**Claims**") in connection with or arising directly or indirectly out of the Agreement or the performance hereof by Agency or any subcontractor. Without limiting the generality of the foregoing, any and all such Claims, relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any other tangible or intangible personal or property right, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.
- b. To the extent permitted by law, RTC agrees to protect, defend, indemnify and hold Agency, its officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character (hereinafter collectively "**Claims**") in connection with or arising directly or indirectly out of the Agreement or the performance hereof by RTC or any subcontractor. Without limiting the generality of the foregoing, any and all such Claims, relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any other tangible or intangible personal or property right, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.
- c. Neither Party waives any right or defense to indemnification that may exist in law or equity.

11. INSURANCE. The Parties shall, during the Term, maintain or participate in a self-insurance fund, or procure such insurance as may be required, in amounts which are in compliance with the laws of the State of Nevada and which are sufficient to cover any liability which could reasonably be anticipated with respect to the performance of this Agreement.

12. NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, sexual identity, color, religion, age, ancestry, national origin, marital status,

status as a disabled veteran, or veteran of the Vietnam era, disability or sexual orientation. The Parties likewise agree that they will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, rules enforced by the Nevada Equal Rights Commission, and the American with Disabilities Act, in connection with this Agreement.

13. STATEMENT OF ELIGIBILITY. The Parties each acknowledge to the best of their knowledge, information, and belief, and to the extent required by law, neither Party nor any of its respective employees/contractors is/are: i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).
14. SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist, and the unenforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.
15. PUBLIC RECORDS: CONFIDENTIALITY. Pursuant to NRS 239.010, information or documents, including this Agreement, and any other documents generated incidental thereto may be opened by the Parties for public inspection and copying. The Parties will have a duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.
16. PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.
17. ENTIRE AGREEMENT. This Agreement constitutes the entire Agreement between the Parties and supersedes any prior contracts or agreements between the Parties regarding the subject matter hereof.
18. AMENDMENTS. This Agreement may be amended only by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.
19. SURVIVAL. The terms and conditions of this Agreement regarding confidentiality, payment, liability and all others that by their sense and context are intended to survive the execution, delivery, performance, termination or expiration of this Agreement survive and continue in effect.
20. GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by, and construed according to the laws of the State of Nevada, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this agreement.
21. DISPUTE RESOLUTION. The Parties hereto agree that any dispute arising under this Agreement will be determined through litigation in the District Courts of Nevada, located in Clark County, Nevada.
22. NO THIRD-PARTY BENEFICIARIES. The Parties do not intend to, and nothing contained in this Agreement shall, create any third party benefit or right to enforce the terms hereof in any party not named hereto.

23. NOTICES. All notices permitted or required under this Agreement shall be made by personal delivery or by U.S. registered or certified mail, postage prepaid to the other Party at their address set out below:

REGIONAL TRANSPORTATION
COMMISSION OF SOUTHERN NEVADA
Angela Castro
600 S. Grand Central Parkway
Las Vegas, NV 89106
CC: Manager of Purchasing & Contracts

SOUTHERN NEVADA HEALTH DISTRICT
Attn: Contract Administrator, Legal Dept.
280 S. Decatur Blvd.
Las Vegas, NV 89107

24. COUNTERPARTS. This Agreement may be executed in counterparts, each of which shall be deemed an original, but which together shall constitute one instrument. A signed copy delivered by facsimile, email or other means of electronic transmissions shall have the same force and effect as an original signed copy.

[SIGNATURE PAGE FOLLOWS]

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

**SOUTHERN NEVADA HEALTH DISTRICT
AGENCY**

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

Date: _____

APPROVED AS TO FORM:

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

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

**REGIONAL TRANSPORTATION COMMISSION OF
SOUTHERN NEVADA
RTC**

APPROVED:

By: _____
M.J. Maynard
Chief Executive Officer

Date: _____

ATTEST:

By: _____
Ana Diaz
Executive Secretary

Date: _____

APPROVED AS TO FORM:

By: _____
David Clyde
RTC Legal Counsel

Date: _____

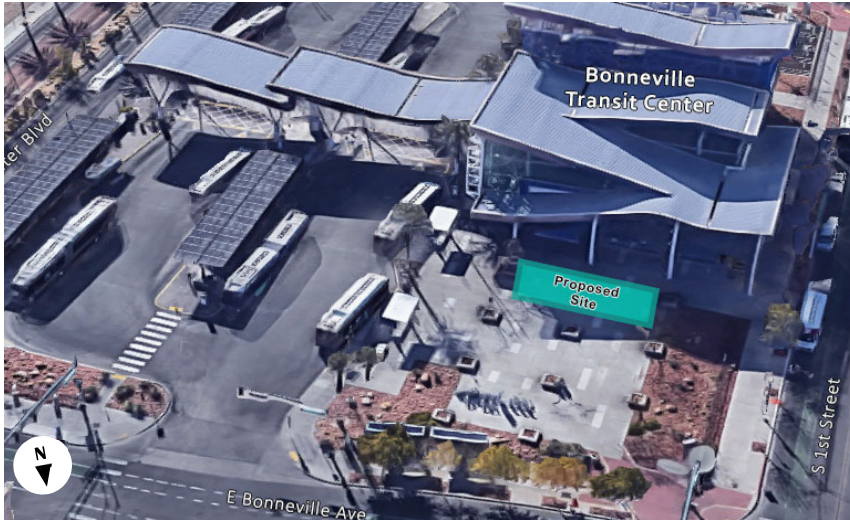
Exhibit A
Scope of Agreement

Agency Responsibilities:

1. The AGENCY shall be responsible for hosting twelve (12) pop-up events before December 31, 2025 at the Bonneville Transit Center during which low-cost fresh fruits and vegetables will be offered.
2. In addition to offering fresh fruits and vegetables, the AGENCY shall be responsible for ensuring additional community resources, including health literature and healthy recipe cards, are offered during the pop-up events.
3. The AGENCY shall be responsible for the procurement of fresh fruits and vegetables for the pop-up events from licensed food vendors/retailers and shall ensure that the fresh produce meets all applicable quality standards and is safe for public consumption.
4. The AGENCY shall be responsible for selecting a vendor(s), if any, to facilitate in part or in full, the pop-up events.
5. If a vendor(s) is utilized by AGENCY, the AGENCY shall ensure the vendor(s) is properly insured and that the RTC is added as an additional insured on vendors' insurance policies. The AGENCY will also ensure that any vendor(s) have the necessary permits, if applicable, for the pop-up events.
6. The AGENCY and its vendor(s) shall be responsible for any set-up and teardown required for the pop-up events. Event set-up will occur thirty (30) minutes prior to the start of each scheduled event.
7. The AGENCY and its vendor(s) shall be responsible for providing any furnishings and/or equipment – including tables, chairs, tenting, computers, etc. – needed to facilitate the pop-up events.
8. The AGENCY shall be responsible for ensuring that the site remains sanitary and free of waste and debris during and following each of the pop-up events.
9. The AGENCY and its vendors shall adhere to any and all applicable requirements and policies pertaining to COVID-19 established by the RTC, U.S. Centers for Disease Control & Prevention (CDC), and/or U.S. Federal Transit Administration (FTA).
10. The AGENCY shall be responsible for ensuring its representatives and the representatives of any of its vendors act in a safe and professional manner while on RTC property during the pop-up events.
11. The AGENCY shall be responsible for ensuring that any equipment and/or machinery is operated in a safe and professional manner by its representatives and representatives of any of its vendors while on RTC property during the pop-up events.
12. The AGENCY shall be responsible for promotion of the pop-up events. The AGENCY will receive RTC approval for any promotional material or collateral that references the RTC or the Bonneville Transit Center.

RTC Responsibilities:

1. The RTC permits the AGENCY use of space at the Bonneville Transit Center courtyard (see map below) for the purposes of offering low-cost, fresh produce and other public health and nutrition resources during pop-up events.



2. RTC staff will monitor and enforce all applicable COVID-19 requirements and policies established by the U.S. Centers for Disease Control & Prevention (CDC), and/or U.S. Federal Transit Administration (FTA).
3. The RTC shall be responsible for ensuring the courtyard at the Bonneville Transit Center is sanitary and free of debris prior to each of the pop-up events.
4. The RTC's security contractor will patrol the site of the pop-up events as part of its regular BTC site patrols.
5. The RTC shall assist the AGENCY with the promotional and marketing efforts pertaining to the pop-up events.

Exhibit B

Compensation

The RTC will receive no compensation from the AGENCY or its contractor(s), if applicable, for use of the Bonneville Transit Center for the pop-up events.






TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** January 23, 2025

RE: *Interlocal Agreement between Clark County, Nevada, member agencies, and Southern Nevada Health District*

PETITION #19-25

That the Southern Nevada District Board of Health *approve the Interlocal Agreement CBE # 606565-23 (SNHD C2500080) between Clark County, Nevada, select member municipalities and the Southern Nevada Health District (SNHD) for member participation in the Southern Nevada Type 3-Incident Management and Assistance Team (IMAT).*

PETITIONERS:

Jeff Quinn, MPH *Public Health Preparedness Manager* 
Maria Azzarelli, EMHA, CHES, *Acting Director of Community Health* 
Cassius Lockett, PhD *District Deputy Health Officer-Operations*
Fermin Leguen, MD, MPH, *District Health Officer* 

DISCUSSION:

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. Clark County, through its Fire Department, has created an Office of Emergency Management (OEM) in accordance with NRS Chapter 414. Clark County through OEM has established a Type 3 All-Hazard Incident Management Assistance Team (IMAT) to organize and manage the most serious, complex, and costly emergency incidents that occur in Clark County, and incidents in Lincoln, Nye, and Esmeralda Counties south of Tonopah; and to respond nationally through state or federal request. The IMAT consists of trained personnel from different departments, organizations, agencies, and jurisdictions within the Department of Homeland Security Urban Area Security Initiative (UASI) region of Las Vegas and surrounding area south of Tonopah, activated to support incident management upon request by Nevada Division of Emergency Management/Homeland Security or Southern Nevada Emergency Managers. The IMAT is a comprehensive resource team that has the ability to either augment ongoing operations through provision of infrastructure support, or when requested, transition to an incident management function to include all components/functions of a command and general staff. The IMAT members may be comprised of personnel from the City of Las Vegas, City of Henderson, City of North Las Vegas, University of Nevada Las Vegas, Las Vegas Metropolitan Police Department, Southern Nevada Health District, Clark County School District, Nye County, City of Boulder City, City of Mesquite, Lincoln County, Esmeralda County, Moapa Valley Fire



Protection District, and Mount Charleston Fire Protection District who have expertise and training to work as part of the IMAT. A requesting agency incident commander or other authorized representative may submit a request for IMAT activation through the various jurisdiction's designated Emergency Management Coordinator.

The request for activation will be forwarded to the Nevada Division of Emergency Management/Homeland Security ("NV DEM/HS") for approval which will then be forwarded to OEM. Once NV DEM/HS authorizes team activation, OEM will notify all the regional agency emergency management coordinators of the activation.

If activation is declined by NVDEM/HS, a jurisdiction Emergency Management Coordinator may request IMAT team activation through Clark County OEM. Clark County OEM is authorized to activate the team based on available staffing when participating agencies agree to allow their employees to respond to the activation request.

FUNDING:

No Funding associated with this agreement.

CBE NO. 606565-23

**INTERLOCAL AGREEMENT FOR SOUTHERN NEVADA ALL-HAZARD
INCIDENT MANAGEMENT ASSISTANCE TEAM (IMAT)**

This INTERLOCAL AGREEMENT herein after referred to as "AGREEMENT" is entered into on this _____ day of _____, 2024 by and between CLARK COUNTY, Nevada, hereinafter referred to as "COUNTY" and CITY OF LAS VEGAS, CITY OF HENDERSON, CITY OF NORTH LAS VEGAS, UNIVERSITY OF NEVADA LAS VEGAS, LAS VEGAS METROPOLITAN POLICE DEPARTMENT, SOUTHERN NEVADA HEALTH DISTRICT, CLARK COUNTY SCHOOL DISTRICT, NYE COUNTY, CITY OF BOULDER CITY, CITY OF MESQUITE, LINCOLN COUNTY, ESMERALDA COUNTY, MOAPA VALLEY FIRE PROTECTION DISTRICT, MOUNT CHARLESTON FIRE PROTECTION DISTRICT hereinafter referred to as "AGENCY" for SOUTHERN NEVADA ALL-HAZARD INCIDENT MANAGEMENT ASSISTANCE TEAM (IMAT). COUNTY and AGENCY may hereafter be referred to collectively as "PARTIES".

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, COUNTY, through its Fire Department, has created an Office of Emergency Management (OEM) in accordance with NRS Chapter 414;

WHEREAS, COUNTY through OEM has established a Type 3 All-Hazard Incident Management Assistance Team (IMAT) to organize and manage the most serious, complex, and costly emergency incidents that occur in Clark County, and incidents in Lincoln, Nye, and Esmeralda Counties south of Tonopah; and to respond nationally through state or federal request;

WHEREAS, the IMAT consists of trained personnel from different departments, organizations, agencies, and jurisdictions within the Department of Homeland Security Urban Area Security Initiative (UASI) region of Las Vegas and surrounding area south of Tonopah, activated to support incident management upon request by Nevada Division of Emergency Management/Homeland Security or Southern Nevada Emergency Managers;

WHEREAS, the IMAT is a comprehensive resource team that has the ability to either augment ongoing operations through provision of infrastructure support, or when requested, transition to an incident management function to include all components/functions of a command and general staff;

WHEREAS, the IMAT members may be comprised of personnel from the City of Las Vegas, City of Henderson, City of North Las Vegas, University of Nevada Las Vegas, Las Vegas Metropolitan Police Department, Southern Nevada Health District, Clark County School District, Nye County, City of Boulder City, City of Mesquite, Lincoln County, Esmeralda County, Moapa Valley Fire Protection District, and Mount Charleston Fire Protection District who have expertise and training to work as part of the IMAT;

WHEREAS, a requesting agency incident commander or other authorized representative may submit a request for IMAT activation through the various jurisdiction's designated Emergency Management Coordinator;

WHEREAS, the request for activation will be forwarded to the Nevada Division of Emergency Management/Homeland Security ("NV DEM/HS") for approval which will then be forwarded to OEM;

WHEREAS, once NV DEM/HS authorizes team activation, OEM will notify all the regional agency emergency management coordinators of the activation;

WHEREAS, if activation is declined by NVDEM/HS, a jurisdiction Emergency Management Coordinator may request IMAT team activation through Clark County OEM. Clark County OEM is authorized to activate the team based on available staffing when participating agencies agree to allow their employees to respond to the activation request;

WHEREAS, the PARTIES agree that activations can be either voluntary by participating AGENCY assuming their own personnel costs, or, if AGENCY is not willing to assume their personnel costs, may have personnel costs charged to the requesting AGENCY, or AGENCY can decline the activation request. The responsibility to assume personnel costs shall be included in the notification to AGENCY representative;

WHEREAS, the PARTIES desire to outline the obligations and expectations resulting from the team activation;

WHEREAS, COUNTY has determined that it is in the best interest of the community, to allow the various jurisdictions listed above to participate in the IMAT.

NOW, THEREFORE, the PARTIES mutually agree as follows:

ARTICLE I: SCOPE OF WORK

AGREEMENT sets forth the PARTIES respective responsibilities with regard to member participation in the Southern Nevada IMAT. Nothing in this AGREEMENT is intended to lessen the responsibility or restrict the authority of COUNTY or AGENCY to act as provided by law or regulation.

A. COUNTY AGREES TO:

1. Organize the IMAT following the directives and policies outlined in the IMAT Operating Guidelines.
2. Provide administrative and personnel management relating to reporting requirements for all members of the IMAT.
3. Ensure all training records for all IMAT related training is maintained for review by the State, COUNTY, and the respective AGENCY.
4. Provide notification to the AGENCY of all advisories, alerts, and activations for the IMAT to permit the AGENCY to prepare and plan for deployments of its members.
5. Contact AGENCY representative for voluntary AGENCY support by allowing participating employees to respond to the IMAT reporting location rather than their assigned workplace until AGENCY recalls the employee or the emergency has been controlled.
6. Provide an incident reporting location to responders as soon as it has been determined.

B. AGENCY AGREES TO:

1. Upon notification of an IMAT activation by COUNTY, AGENCY agrees to release requested employees, who are approved members of the IMAT, from their regular assigned duties within sufficient time for emergency activation. All pay due to employees shall be borne by the AGENCY unless the pay is reimbursable by state, federal, or local activation. In these cases, the agency shall be reimbursed for costs by the appropriate payor in a reasonable time following incident closeout.
2. Name an AGENCY representative to serve as a point of contact for member eligibility to respond to team activities. AGENCY shall either accept or decline the request for employee participation within 2 hours of notification by COUNTY.
3. Maintain an interest list of employees of AGENCY who desire to become members of the IMAT, who understand the requirements and provision required under the IMAT program.
4. Permit selected employees who are members of the IMAT to attend all training, deployment exercises and work details as required for their respective position on the IMAT.
5. To provide all AGENCY employed IMAT members with Workers Compensation and liability coverage when AGENCY employed personnel are attending local authorized or sanctioned trainings exercises, IMAT meetings, and/or work details.

C. COUNTY AND AGENCY BOTH AGREE THAT:

1. Employees of AGENCY who are members of the IMAT shall abide by all rules adopted by the Southern Nevada IMAT Operating Guidelines that were received upon acceptance to the team. The operating guideline is subject to periodic changes to reflect the potential staff and policy changes.

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 five (5) 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 AGENCY 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

A. COUNTY AGREES TO:

1. Provide travel expenses to responding team members based on the Clark County travel policy when travel is reimbursable, if not, AGENCY will be responsible for reasonable travel expenses.
2. Apply for grant funding from reasonably known funding sources to aid in the reimbursement of staffing costs of the various AGENCY.
3. To compensate IMAT members with grant funds, if available, upon receipt of an invoice from the AGENCY for those members who are activated, while they are activated at their contractual rate as negotiated between AGENCY and the union representing its employees. Such compensation includes, but not limited to wages and benefits shall be subject to the availability of appropriated grant funds. If there is insufficient funding, funding will be dispersed to the AGENCY on a pro rata basis.
4. Pursue reimbursement for costs incurred by IMAT team activation through federal or state request, which could include Agency personnel wages and benefits.

B. AGENCY AGREES TO:

1. Except as provided herein, seek no reimbursement from COUNTY for services and/or expenses incurred by AGENCY related to this AGREEMENT.
2. Compensate those employees of AGENCY who are members of the IMAT in accordance with applicable AGENCY labor contracts and submit invoices to COUNTY for reimbursement of actual costs pursuant to Section III.A(3) of this AGREEMENT.

C. COUNTY AND AGENCY BOTH AGREES THAT:

1. Employees of AGENCY agree not to seek additional compensation or reimbursement from COUNTY. If employee receive compensation by AGENCY for expenses, then reimbursement will be made to AGENCY.
2. IMAT members shall be compensated in accordance with pay schedules and policies as set forth by FEMA requirements and guidelines. If no such compensation is allowed under the policies, any compensation due to an employee of AGENCY serving as an IMAT member remains the obligation of AGENCY.

3. PARTIES understand and agree that nothing in this AGREEMENT creates an employment relationship with the respective AGENCY'S employee. Other than reimbursement for duties performed under the terms of this AGREEMENT as funded by available grant funds, all other employment obligations remain with the jurisdiction under which the employees are employed.
4. Notwithstanding the monetary obligations of this AGREEMENT, this AGREEMENT may terminate, and COUNTY'S reimbursement obligations thereunder shall be extinguished should Federal, State, or local grant opportunities fail to appropriate monies for the payment of obligations incurred for the operation of the IMAT.

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

Invoices shall be submitted as follows: Assistant Chief Kevin Lunkwitz 575 E Flamingo Rd. Las Vegas, NV 89119

AGENCY must notify COUNTY in writing of any changes to AGENCY 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 AGENCY 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 AGENCY. Services specified in this AGREEMENT shall not be subcontracted by AGENCY 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: Attention: Assistant Chief Kevin Lunkwitz
Office of Emergency Management & Homeland Security
575 East Flamingo Road
Las Vegas, Nevada 89119

To AGENCY: Attention: Office of Emergency Management
City of Las Vegas
495 South Main Street
Las Vegas, Nevada 89101

Attention: Office of Emergency Management
City of Henderson
240 South Water Street
Henderson, Nevada 89015

Attention: Office of Emergency Management
City of North Las Vegas
4040 Losee Road
North Las Vegas, Nevada 89030

Attention: Louise Hardy
University of Nevada Las Vegas
4505 South Maryland Parkway
Las Vegas, Nevada 89154

Attention: Diana Clarkson
Las Vegas Metropolitan Police Department
400 South Martin Luther King Boulevard
Las Vegas, Nevada 89106

Attention: Jeff Quinn and Legal Department
Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, Nevada 89107

Attention: School Safety Director
Clark County School District
120 Corporate Park Drive
Henderson, Nevada 89074

Attention: Scott Lewis
Nye County
2100 East Walt Williams Drive
Pahrump, Nevada 89048

Attention: Greg Chesser
City of Boulder City
1101 Elm Street
Boulder City, Nevada 89005

Attention: Jayson Andrus
City of Mesquite
3 John Deere Drive
Mesquite, Nevada 89027

Attention: Eric Holt
Lincoln County
PO Box 90
Pioche, Nevada 89043

Attention: Paul Melendrez
Esmeralda County
PO Box 517
Goldfield, Nevada 89013

Attention: Stephen Neel
Moapa Valley Fire Protection District
3570 N. Lyman
PO Box 578
Logandale, NV 89021

Attention: Jason Douglas
Mount Charleston Fire Protection District
4650 Kyle Canyon Road
Mt. Charleston, NV 89124

ARTICLE IX: POLICIES AND PROCEDURES

AGENCY 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 AGENCY.

ARTICLE X: INSURANCE

AGENCY agrees to maintain, at its own expense, general liability and medical malpractice insurance, through a self-funded program, on its employees and officers.

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: NO PRIVATE RIGHT CREATED

The PARTIES do not intend to create in any other individual or entity the status of a third-party beneficiary, and this AGREEMENT shall not be construed to create such status. The rights, duties, and obligations contained in the AGREEMENT shall operate only between the PARTIES to this AGREEMENT and shall inure solely to the benefit of the PARTIES determining and performing their obligations under this AGREEMENT.

ARTICLE XIV: EXECUTION IN COUNTERPARTS

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

ARTICLE XV: INTERPRETATION

This AGREEMENT and each of the terms and provisions of it are deemed to have been explicitly negotiated by the PARTIES, and the language in all parts of this AGREEMENT shall, in all cases, be construed according to its fair meaning and not strictly for or against either of the PARTIES hereto. The captions and headings in this AGREEMENT are used only for convenience and are not intended to affect the interpretation of the provisions of this AGREEMENT. This AGREEMENT shall be construed so that wherever applicable the use of the singular number shall include the plural number, and vice versa, and the use of any gender shall be applicable to all genders.

ARTICLE XVI: WARRANT OF AUTHORITY

Each of the signatories hereto warrants and represents that he or she is competent and authorized to enter into this AGREEMENT on behalf of the COUNTY and AGENCY for whom he or she purports to sign this AGREEMENT.

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

COUNTY OF CLARK:

BY: _____

BRETT M. WOOD, CPPO, CPPB, PMP
Purchasing Deputy Director

ATTEST:

BY: _____

LYNN MARIE GOYA
County Clerk

APPROVED AS TO FORM:

Steven Wolfson, District Attorney

BY: _____

SARAH SCHAERRER
Deputy District Attorney

CITY OF LAS VEGAS, NEVADA

BY: _____

CAROLYN GOODMAN
Mayor

ATTEST:

BY: _____

LUANN D HOLMES, MMC
City Clerk

APPROVED AS TO FORM:

BY: _____

BRYAN SCOTT
City Attorney

CITY OF HENDERSON, NEVADA

BY: _____

MICHELLE ROMERO
Mayor

ATTEST:

BY: _____

JOSE LUIS VALDEZ, CMC
City Clerk

APPROVED AS TO FORM:

BY: _____

NICHOLAS VASKOV
City Attorney

CITY OF NORTH LAS VEGAS, NEVADA

BY: _____

PAMELA GOYNES-BROWN
Mayor

ATTEST:

BY: _____

DR. RYANN JUDEN
City Manager

APPROVED AS TO FORM:

BY: _____

MICAELA R. MOORE
City Attorney

UNIVERSITY OF NEVADA LAS VEGAS, NEVADA

BY: _____

ARNOLD VASQUEZ
Director of University Police Services

ATTEST:

BY: _____

LOUISE HARDY
Assistant Director of University Police Services

APPROVED AS TO FORM:

BY: _____

ELDA LUNA SIDHU, ESQ
General Counsel
Office of the President, UNLV

LAS VEGAS METROPOLITAN POLICE DEPARTMENT, NEVADA

BY: _____

KEVIN MCMAHILL
Metro, Sheriff

ATTEST:

BY: _____

DIANA CLARKSON
Metro, Emergency Manager

APPROVED AS TO FORM:

BY: _____

MATTHEW CHRISTIAN
Asst. General Counsel
Metro
Attorney

SOUTHERN NEVADA HEALTH DISTRICT, NEVADA

Signature RedactedSignature Redacted
Signature RedactedSignature Redacted
Signature RedactedSignature Redacted
Signature RedactedSignature Redacted

BY:

CASSIUS LOCKETT, PHD
Deputy District Health Officer - Operations

APPROVED AS TO FORM:

Signature RedactedSignature Redacted
Signature RedactedSignature Redacted
Signature RedactedSignature Redacted

BY

HEATHER ANDERSON – FINTAK, ESQ. _____
General Counsel
Southern Nevada Health District

CLARK COUNTY SCHOOL DISTRICT, NEVADA

BY: _____

BRENDA LARSON-MITCHELL
Interim Superintendent of Schools

BY: _____

EVELYN GARCIA MORALES
President, Board of Trustees

BY: _____

LISA GUZMAN
Clerk, Board of Trustees

APPROVED AS TO FORM:

BY: _____

JON OKASAKI
General Counsel

NYE COUNTY, NEVADA

BY: _____

LORINA DELLINGER
County Manager

ATTEST:

BY: _____

SCOTT LEWIS
Emergency Manager

APPROVED AS TO FORM:

BY: _____

BRIAN KUNZI
District Attorney

CITY OF BOULDER CITY, NEVADA

BY: _____

JOE HARDY
Mayor

ATTEST:

BY: _____

TAMI MCKAY, MMC, CPO
City Clerk

APPROVED AS TO FORM:

BY: _____

BRITTANY WALKER, ESQ.
City Attorney

CITY OF MESQUITE, NEVADA

BY: _____

JAYSON ANDRUS
Chief, City of Mesquite

ATTEST:

BY: _____

AL LITMAN
Mayor, City of Mesquite

APPROVED AS TO FORM:

BY: _____

BRYAN PACK
Mesquite City Attorney

LINCOLN COUNTY, NEVADA

BY: _____

ERIC HOLT
Emergency Manager

ATTEST:

BY: _____

JANINE WOODWORTH
Chair, County Commission

APPROVED AS TO FORM:

BY: _____

DYLAN FREHNER
DA, Lincoln County

ESMERALDA COUNTY, NEVADA

BY: _____

PAUL MELENDREZ
Esmeralda County Emergency Manager

ATTEST:

BY: _____

RALPH KEYES
Chair, County Commission

APPROVED AS TO FORM:

BY: _____

ROBERT GLENNEN III
DA Esmeralda County

MOAPA VALLEY FIRE PROTECTION DISTRICT, NEVADA

BY: _____

MARILYN KIRKPATRICK, Chair
Moapa Valley Fire Protection District Board of Fire Commissioners

ATTEST:

BY: _____

LYNN MARIE GOYA
County Clerk

APPROVED AS TO FORM:

BY: _____

SARAH SCHAERRER
Deputy District Attorney

MOUNT CHARLESTON FIRE PROTECTION DISTRICT, NEVADA

BY: _____

ROSS MILLER, Chair
Mount Charleston Protection District Board of Fire Commissioners

ATTEST:

BY: _____

LYNN MARIE GOYA
County Clerk

APPROVED AS TO FORM:

BY: _____

SARAH SCHAERRER
Deputy District Attorney

CBE 606565-23
ATTACHMENT A

Southern
Nevada
All-Hazard
Incident
Management
Assistance
Team

2024

Southern Nevada
IMAT

OPERATING
GUIDELINES

Table of Contents

Operating Guidelines.....	3
Team Member Expectations.....	4
Responsibilities Prior to Dispatch.....	5
Equipment.....	7
Team Request.....	7
Responsibilities Upon Deployment.....	8
Procedures at Incident.....	9
Standard Meeting Information.....	11
Demobilization.....	14
Law Enforcement.....	17
Transportation.....	17
Resource Accountability.....	18
Letters of Appreciation.....	19

Appendices

Appendix A.....Sponsoring Agency IMAT Participant Letter of Support.....	20
Appendix B.....Nevada Emergency Management Assistance Compact (NEMAC)...	21
Appendix C.....IMT Organizational Structure.....	25
Appendix D.....Delegation of Authority.....	26
Appendix E.....IMT Performance Evaluation.....	29
Appendix F.....Clark County Travel Policy.....	33
Appendix G.....PayScale Information.....	38

**SOUTHERN NEVADA
ALL-HAZARD INCIDENT MANAGEMENT ASSISTANT TEAM
OPERATING GUIDELINES**

PURPOSE

IMT's have been established to organize and manage our most serious, complex, and costly incidents. Incidents will be managed in a safe and economical manner taking into consideration incident objectives, resource values, and social, environmental, and political issues. All activities will be conducted in a manner that ensures the safety of all personnel and the public. All IMAT activities will be conducted in harmony with the National Incident Management System and in compliance with Nevada Division of Emergency Management Operational requirements.

OBJECTIVE

To provide fast, effective, and cooperative organization to an agency/unit in need of assistance for the management of emergency incidents.

TEAMMEMBER SELECTION

All prospective IMT members must complete and submit a signed application to be considered. All applications will be reviewed by the Team Manager. Selection recommendations will be submitted to the Clark County Emergency Manager for final approval. Applications should be submitted to:

Clark County Fire Department
Assistant Fire Chief Kevin Lunkwitz, Team Manager
575 E Flamingo Road
Las Vegas Nevada 89119
Attn: SNV AHIMT
boneal@ClarkCountyNV.gov

TRAINING REQUIREMENTS

IS 100,200,300,400,700,800, 0-305,
Position specific trainings and Task books

PLEASE NOTE: Keep a copy for your records and send copies of your FEMA EMI or NFA training certificates, task book certification page (if any), and a comprehensive resume. The certificates must verify your successful completion of the requirements for the position unless you are applying as a trainee. Applicants that lack the minimum requirements to be team members may apply as trainees.

TEAM MEMEBER EXPECTATIONS

Professionalism & Behavior

Incident management will be conducted in a professional manner that exhibits a situational awareness to the agency and the public. Team attitude and actions shall reflect a sense of urgency commensurate with the incident situation. Teams will establish internal and external accountability on the incident.

Team professionalism extends to “off duty” hours as well. The personal conduct of Team members “after hours” should not affect the public perception of the Team in a negative way. Furthermore, team members will use good judgment and “after hours” activities and interactions will not serve to diminish Team performance during “on duty” hours. Team members are expected to remain unimpaired until released from the incident.

Harassment and/or discrimination will not be tolerated. Team members will actively promote the prevention and mitigation of any occurrences and report occurrences to their line supervisor, member of Command and General Staff, and/or human resource specialist.

Open and honest communication

Open and honest communication is expected of all team members. Positive or negative feedback is given professionally, openly, frequently and directly and is expected by all team members. Team members should express their thoughts and feelings about the team’s performance and each other, focusing on specific work-related issues and behaviors, not personalities. Team members should listen carefully, seek clarification when necessary, and work to resolve disputes or disagreement before they impact incident/event operations. Periodic team meetings should be scheduled to assess team performance and provide a forum for addressing issues. When communicating by radio, always use plain speech.

Dress Code

Team members will wear clothing or personal protective equipment (PPE) that is professionally appropriate for their position while on the assignment. Team members will wear team identification while traveling, at agency administration briefings, transition and community meetings, media events, and other events where team members will be representing the team or agency in public. Agency personnel are encouraged to wear a team shirt, while working, when not wearing agency uniforms. Team members should only wear team shirts, hats & position I.D. tags on incidents and in team

meetings/training. Cut-offs, tank tops/muscle shirts, shorts or open toe shoes are examples of clothing that are not appropriate when on duty.

Commitment

Team members will place incident and team needs over individual importance. Team members must remember they have been requested to help others, remain service oriented and display a proactive and positive attitude. Team members with down time are expected to help other team members who need assistance with their responsibilities.

Professional Development

Team members will participate in team training and position training as required, to stay proficient. Line supervisors on IMATs are expected to train their replacement or help build team or agency capacity. All team members should look for opportunities to develop people to move up in incident qualification and/or cross-train. This builds team strength, depth, and the ability to handle the unexpected.

Team members are expected to attend a minimum of one (1) in-person class or take two (2) IS courses relevant to either team position or response, annually.

Member Readiness

Since the Regional Type 3 Team is on a call-up roster of personnel who will work at an incident you will do well to prepare in advance. Do not assume that you will have time to prepare for deployment after the alert or deployment is announced. Attend all required training. Knowing what position you will fill on-scene will help you prepare, but even if you aren't exactly sure when or how you will be deployed, there are some items that you should assemble in advance. Preparing a "Go Kit" in advance will help ensure that you have everything that you need and will reduce the amount of time between deployment and check-in.

TEAM MEMBER RESPONSIBILITIES PRIOR TO ALERT/DISPATCH

If a team member is not available for an assignment during a period when the IMAT can expect to be placed on alert and/or dispatched, they will inform the Incident Commander(s). The host agency will identify any vacancies and the IMAT's member replacements for those vacancies.

When teams are placed on alert, team members are notified through the IMAT notification system. Each team member is responsible to notify their work unit supervisor and IMAT Incident Commander of their availability and readiness for dispatch.

Assembling a “Go-Kit”

Your Go Kit should include all the items that you would need on every incident:

- IMAT ID badge
- Pens, pencils, markers (both thin and thick point)
- Paper
- ICS and other forms (e.g., accident/injury forms, inventory, etc)
- Appropriate functional annex to your agencies Policy and Procedures
- Other policies, procedures, and instructions that you will (or might) need at the incident.
- Maps
- Masking tape and/or pushpins

Your job also may require:

- Laptop computer
- Appropriate software (word processing, spreadsheets, data bases, etc)
- Printer
- Some form of external storage (including disks, USB, etc.
- Surge protector
- Supply of paper/ink cartridges
- Fill out of any required form (leave the date blank) for hardware check-out/check-in and have them on hand.

Personal Preparedness

You must also consider your personal needs for deployment.

- One or more changes of clothing (including shoes), especially if you could be deployed for an extended period.
- Toiletries and hygiene supplies.
- Outerwear, as appropriate to the incident, the season, or the climate.
- A flashlight.
- Watch
- Handkerchiefs
- Optional items may include sunglasses, writing paper, envelopes, stamps, notepad, and pens.
- Medications (Note: If the medications that you take have a shelf life, always keep the newest medication in your Go Kit. As you finish your medication, use the one in your Go Kit and replace it with new medication).

- Snacks
- Reading material, Kindle, iPod, laptop, or other entertainment for your time off.

Deployment will be a busy time, especially at a large or complex incident. There are some guidelines that you can follow that will make deployment easier. You may not be able to gather all this information at the time you are activated, but you should gather as much information as you can.

- Incident/event name
- Incident/event job assignment
- Reporting location
- Specific location of the incident/event
- Location of check-in point
- Reporting time
- Travel instructions/chief of party
- Any special communications instructions
- Resource Order number and request number (if applicable)
- Unit designator (if applicable)
- Point of contact at incident/event

IMAT EQUIPMENT

The IMAT may have equipment under its control. This equipment may be issued for deployment. The IMAT shall account for all issued, loaned, or borrowed equipment and any provided equipment will be returned as soon as possible following demobilization. The IMAT will arrange for and coordinate necessary inventory, tracking, maintenance, and repairs of equipment under their care and control. Any lost or damaged equipment will be documented and billed as incident costs to maintain the readiness of the equipment cache.

TEAM REQUEST

- This team is established and authorized by the local Councils or Commissions for the City of Boulder City, the City of Las Vegas, the City of North Las Vegas, the City of Henderson, the City of Mesquite, Lincoln County, Esmerelda County, Nye County below the Tonopah line, Clark County, and the State of Nevada (NRS 414 - <http://leg.state.nv.us/nrs/nrs-414.html>).
- The Incident Commander, or other authorized representative, will submit a resource request for IMAT team activation through the respective jurisdiction's designated Emergency Management Coordinator. If the request comes through the Fire Alarm Office (FAO), the on-duty Senior Communications Specialist will

forward that request to the requesting jurisdictions designated Emergency Management Coordinator.

- The jurisdiction's designated Emergency Management Coordinator will forward that request to Clark County Office of Emergency Management (CCOEM) and request the activation the IMAT.
- Once team activation has been authorized by the Clark County Emergency Manager, a team will be assembled by the IMAT Team Manager based on the availability of rostered team members.
- Deployment Priority will be given based on a "point system" determined by volunteer and training activity.
- If the IMAT is not available, the Emergency Manager will coordinate with NV DEM/HS to locate an available team. **If no regional teams are available, see procedures below to request a state level team.*
- CCOEM will notify all regional Emergency Management Coordinators of the activation via email and/or text message.
- The IMAT Incident Commander(s), or their designee, will contact the requesting agency/jurisdiction Emergency Management Coordinator and directly coordinate the response.
- Individual IMAT members are responsible to obtain approval from their supervisor to deploy.
- Members will be paid by their home agency based on their contracted hourly wage. Members who are part time or contracted employees through Clark County will be paid based on the County and FEMA pay scales (*See Appendix H*).
- The team will not deploy until a resource order has been placed for the team using the appropriate resource ordering form(s).

RESPONSIBILITIES UPON DEPLOYMENT

Safety

1. Safety is the first and foremost responsibility of all supervisors. Safety is also the responsibility of all Team personnel on the incident/event.
2. Supervisors are responsible for ensuring that their personnel have, and use, all required safety equipment.

3. All Team Members should survey and identify hazards. Make them known and/or correct them as appropriate.
4. All injuries on the incident SHALL be reported and documented.
5. Supervisors should provide an appropriate safety briefing, at the beginning of each shift, which shall identify all potential hazards and pertinent safety information relative to the Incident and the surrounding area.
6. Monitor all activities to ensure adherence to the risk reduction steps stated above. This also includes abiding by agency supported safety guidelines, and applicable OSHA standards.
7. Supervisors SHALL report or take action with any employee involved in an unsafe act that would endanger themselves or others.
8. We will use the ICS 215A (Operational Planning Worksheet) during strategy meetings to identify hazards associated with operations on the incident/event. A copy of the worksheet and/or the mitigation measures will be included in the incident action plan.

PROCEDURES AT INCIDENT

General/Command Staff are to notify the Incident Commander(s) of their estimated time of arrival (ETA) to the reporting location once they and those in their section are enroute.

There may be several locations for incident check-in. Check-in officially logs you in at the incident/event and provides important release and demobilization information. You only check in once. Check-in Recorders may be found at the following locations:

- Incident Command Post
- Base or Camp
- Staging Area
- Helibase
- If you are instructed to report directly to an assignment, you should check-in with your supervisor at the incident/event.

All team members are expected to attend the Transition Briefing with the Agency Administrator/Line Officer whenever possible. An attempt will be made to schedule the briefing at a time when all can attend. Incident Commander(s) may meet one-on-one with Agency Administrator before or after the briefing. The Briefing with the Outgoing IC may or may not be part of this briefing.

The standard transition briefing/debriefing format will be used. The elements affecting your section are each team member's responsibility. The team is expected to ask questions and get answers. Team members need to clarify all points, issues, or concerns at this meeting. This is a one-time opportunity therefore team members need to be prepared in advance with questions because of time restraints. The time for assuming command of the incident is negotiated and established at this briefing. Furthermore, how local personnel will be included in the incident organization is also determined at this time.

The team has been requested to manage an emergency and transition may have to be immediate upon arrival. In these situations, an Agency Administrator's Meeting with the team may not be possible or practical. In some cases, the transition briefing may take place by telephone and the team takes over incident in stages, as members arrive.

The IMAT Incident Commander will receive a written Delegation of Authority from the Agency Administrator prior to engaging in incident management activities. If no written form is provided, team members may conduct *support* activities.

After check-in, locate your incident supervisor and obtain your initial briefing. The items that you receive in your briefing, in addition to functional objectives, will also be needed by your subordinates in their briefing. The items include:

- Identification of specific job responsibilities expected of you for satisfactory performance.
- Identification of co-workers within your job function.
- Definition of functional work area.
- Identification of eating and sleeping arrangements.
- Procedural instructions for obtaining additional supplies, services, and personnel.
- Identification of operational period work shifts.
- Clarification of any important points pertaining to assignments that may be questionable.
- Provisions for specific debriefing at the end of an operational period.
- A copy of the current Incident Action Plan.

As time permits, a team meeting will be held shortly following the briefing to coordinate and prioritize activities and set the time for the initial strategy meeting. Use available "waiting time" to refresh training, improve organization and communications, and check equipment. Take notes during your briefing, especially if you will have subordinates working for you as you will have to brief them.

Unit Logs

Unit logs are to be kept by all unit leaders/division supervisors and above. At a minimum, they should include assignment progress, major events, key decisions, and

other significant “happenings” that need to be part of the final incident documentation. These events are to be documented on an ICS 214 (Activity Log) and should be turned into Documentation Unit Leader (DOCL) daily.

Record Keeping

All incidents/events require some form of record keeping, but the specific requirements will vary depending on your agency’s policy and procedures and the nature of the incident/event. Follow local procedures for documenting your activities. Even though you will be extremely busy, take your record keeping responsibilities seriously. The completeness and accuracy of your records may be critical to documenting the need for State and/or Federal assistance and also may be critical should an incident/event occur that results in future litigation against the community.

Work/Rest Guidelines

Safety for all incident/event personnel is the first and foremost priority on any assignment. Therefore, the SNUC IMT will adhere to National Wildfire Coordinating Group (NWCG) work/rest guidelines, commercial driver regulations for equipment transportation and the Federal Aviation Regulations governing pilot duty day limitations as tools to aid in the protection of incident personnel.

Lodging

Incident personnel will be lodged at the nearest available facility(s) but no more than one-hour travel from the Incident Command Post (ICP) or assigned location on the incident. Exceptions to this rule may be made at the discretion of the Incident Commander.

Single rooms may be requested and will be provided if they are available and within per diem. When single rooms are not available personnel are expected to double up with persons in similar assignments on the incident.

Team members should always be prepared for a remote duty location and should be self-sufficient for a minimum of 72 hours. This may include at times providing personal camping equipment including sleeping bag, cot, and tent.

Section Specific Expectations

All incident personnel are expected to fulfill their assigned duties as outlined in the position task books or job aid.

STANDARD MEETINGS

The types of meetings, schedule times, attendees, etc. may vary from one incident/event to another. This flexibility is needed to ensure meetings/schedule meet the needs of the incident.

Expectations

- Team members will participate in all meetings required of their position assignment. If unable to attend the meeting it is the responsibility of the Team member to find a suitable replacement to attend in his/her place.
- All meetings will start on time at the designated location and adhere to the time schedule established, punctuality of attendees is required.
- Attendees are expected to arrive at the meeting fully prepared to participate and contribute.
- Meetings will be conducted without interruption, except for those of a true emergency nature.
- Using the Team briefing document all attendees should ensure that they have received the information they will need to fulfill their function upon the Teams assuming control of the incident. This includes relevant documents and lists of key contacts.
- Any concerns regarding the Teams acceptance of the incident based on the information as presented should be voiced during this meeting.
- Using Team briefing document ensure that all critical available information is gathered.
- An ICS 201 or its equivalent should either be presented or generated during this meeting.
- Establish Date/ Time of official transition of control to Team.
- Objectives to be established by IC with input from the team
- Strategic Plan developed or validated and bought into by the team
- Timelines and information requirements for Team activities will be established
- Complete 215 Operational Planning Worksheet

- Complete 215A LCES Worksheet
- Develop IAP for first Operational Period
- Identify release priorities
- Identify release procedures
- Identify checkout procedures
- Begin development of the Demobilization Plan
- Provide incoming Team/IC with complete set of information using Team briefing form.
- Agree which Team resources will remain after transition.
- Establish Date/Time of official transition to incoming Team/IC.
- Obtain written documentation of the transfer or discontinuation of the Delegation of Authority.
- Conducted by IC
- Self-critique of performance by Team
- Each Section will self-critique and present to group
- Determine what issues should be raised at Closeout Meeting
- Jurisdictional agency reviews team performance on incident.
- Agenda usually set by AA with input from IC.
- Team leaves documentation with AA.
- Complete draft 215
- Complete draft 215A
- Finalize 215

- Finalize 215A
- Develop IAP for next Operational Period
- IAP's available for all required attendees
- Brief discussion by each Section
- Follow up with separate small group briefings by DIVS to resources assigned.
- Breakout areas for DIVS briefings will be clearly marked
- Each member of Command & General staff updates IC on status of activities
- Command & General Staff priorities are set for the Operational Period
- Team members share issues and concerns that need to be addressed to improve Team performance
- Team members share positive actions that are enhancing Team performance.

Transition Plan Outline

- Introduction
- Transition Schedule
- Fire or incident Status
- Resources Left on The Incident
- Rehabilitation Plan
- Items Completed
- Items To Be Completed
- Narrative Report
- Demobilization Plan and Schedule
- Other Items Not Completed
- Key Contacts

DEMOBILIZATION ACTIVITIES

Preparation for demobilization begins with mobilization. Everyone mobilized to an incident has responsibilities in the demobilization process. The following checklist identifies some of the key responsibilities:

General Guidelines and Procedures

Major emphasis will be given to swift, efficient demobilization of the Incident. In many instances, demobilization occurs at the same time mobilization is occurring elsewhere. Demobilization is an important function of each Command and General Staff position. Demobilization must be given adequate attention such as:

- Actively participate in the planning, development and implementation of the demobilization plan and schedule.
- Provide for a minimum advance notice of 24 hours when identifying resources that will be available for demobilization.
- Ensure that there is no room for interpretation in identifying actual versus tentative demobilization information.

The Demobilization Unit will be operational early in the incident/event and, with help from the General Staff, will develop a tentative demobilization plan. Before the plan is finalized, major parts will be coordinated with the requesting agency. Once the plan is finalized, it will be given wide distribution, including posting on incident/event bulletin boards so everyone knows the demobilization plan.

Demobilize in a timely and professional manner. Team members will demobilize together as a Team and will remain together until after their final incident critique.

Demobilization does not mean just going home. When you are notified that you will be demobilized:

- Complete all work in progress, unless otherwise directed.
- Ensure that all of your records and files are up to date.
- Brief your relief (or, if you are not being relieved, your immediate supervisor) on the status of all work.
- Brief your subordinates, and introduce your relief, as necessary.
- Return or otherwise transfer custody of all equipment that you have signed for.
- Follow the local checkout procedures before leaving the incident area.
- Verify demobilization schedule with supervisor.
- Ensure that your base/camp sleeping area or room is clean.
- Clean and ready gear for another assignment and travel.
- File required forms and reports with the Documentation Unit and/or Finance and Administration Section.
- Return incident issued communications equipment to the Communications Unit.
- Return incident-issued work materials to the Supply Unit.
- Follow approved check-out procedures (ICS Form 221).
- Report to departure points ahead of schedule.
- Stay with your group until you arrive at your destination.
- Evaluate performance of subordinates prior to release from the incident.

- Get feedback on overhead performance suggestions for improvement.

Functional heads (i.e., Section Chiefs and Unit Leaders) are responsible for determining resource surpluses to their needs or needing to be demobilized and submitting lists to Demobilization Unit Leader (DMOB). This requires functional heads to monitor personnel time regarding maximum tour guidelines. The Demobilization Unit Leader will use check-in information to also monitor time regarding maximum tour guidelines. Some specific demobilization guidelines for deployments are:

- Local, in town deployments may be 14 to 21 days
- In-state, regional deployments may be 14 days plus travel days
- No person, except local resources, will be released prior to obtaining minimum of eight hours rest, unless specifically approved by the Incident Commander.
- Local personnel (those within 2 hrs of ICP) may be released with IC approval but must meet the *Driver Duty Limitation Guidelines* of no more than 10 hrs driving within a 16 hr duty day.
- All resources must be able to arrive at their home base prior to 2200 hrs.
- Leaders will be thoroughly briefed on methods of travel and transportation arrangements.
- On in-state incidents, the Demobilization Unit Leader will notify by e-mail the Home Dispatch Center, Home Unit Office and Requesting Agency when resources are released and enroute to home unit or another incident. If e-mail not available on incident, the Demobilization Unit Leader will notify the local Dispatch and the local Dispatch will e-mail out the information.

Incident Stress Debriefings

Depending on your job and the nature of the incident (e.g., fire, hurricane), you also may be required to attend special incident debriefings and/or a talk with a psychological counselor. These briefings may be called critical incident stress debriefings (CISD). Do not ignore these briefings. They are intended to ensure that you are okay and to inform you of special services that may be available to you should you experience physical and/or psychological problems when you return home.

Performance evaluations

Evaluations will be done on all team members to document feedback given for the purpose of maintaining and improving both individual and team performance. Feedback

is defined as the ability of team members to give, seek, and receive comments. It includes the ability to accurately monitor the performance of teammates, provide constructive feedback regarding errors and offer advice for improving performance.

The Agency Administrator will complete the Team Evaluation, with discussion and review with the IC.

LAW ENFORCEMENT

Incident Law Enforcement will be handled as follows:

- Incident Base, ICP, and staging area related traffic management activities are the responsibility of the Logistics Section Chief. Logistics Section Chief will order qualified personnel to perform these functions.
- Special operations activities requiring Law Enforcement investigative support, including personnel security, or other field operations, is the responsibility of the Operations Section Chief and Incident Commander. Special Agents or equivalent qualified personnel will be assigned as determined by the host Special Law Enforcement Officer (SLEO) or equivalent in accordance with the host agency policy and may work independently of incident personnel.
- Investigation of the cause of the Incident, and all other law enforcement activities in the area remain under the supervision of the responsible agency (ies).

TRANSPORTATION

(See Appendix F)

Depending on the situation, team members should drive their personal agency vehicle to the incident/event whenever it is within reasonable driving time and the incident/event request time and date can be met. Otherwise, use any appropriate means of public transportation. Consider necessary rest and be prepared to perform team assignments upon arrival at the incident/event. Obtain a 4-wheel drive truck, van, or large passenger car, if necessary.

The SNV IMAT has a truck and trailer available for official team use. Use of the vehicle and/or trailer must be approved by the acting Chief or Team Manager. Adherence to all local laws and posted speed limits, and not going beyond the capacity of the vehicles is required.

If a vehicle needs to be rented, prior approval should be obtained from the Incident Commander or their designee. If using a government VISA or personal credit card, inform the Finance Section upon arrival at the Incident. The Finance Section will attempt

to convert the rental agreement to an Emergency Equipment Rental Agreement. Ensure the Vehicle Inspection Form is completed.

Avoid renting vehicles that are obviously damaged and/or are not fully operational.

Assign crews transportation early on to avoid delay in movement on the incident/event. Ensure availability of tool transportation in a compartment separate from personnel or in a separate vehicle.

Drive carefully, slowly, and defensively, and ensure that all drivers under our command do the same.

RESOURCES ACCOUNTABILITY

Immediately after the incoming briefing with the Agency Administrator, Command and General Staff shall review the Initial Orders, and make any needed adjustments; Logistics Section Chief shall then place the initial order.

Once the Team has assumed command of the incident/event, place all orders through the Supply Unit. This includes any orders placed by the host unit to be charged to the Incident. This understanding with the Agency Administrator will be obtained at the incoming briefing.

All orders shall be signed at the Unit Leader, or higher, level and shall be placed with the Supply Unit. The Supply Unit will assign a Resource Order Number to all resources ordered for the Incident.

All incoming procurement/supply items will come through Receiving and Distribution (Supply Unit). Personnel will come through Planning Section Check-in. Resource Orders will be reconciled when receiving items.

All non-expendable, and some expendable, supply items will be signed out at Supply using the sign-out system. Property items will be formally tracked using Form ICS-213. Only Logistics Officers can draw supplies for crews.

Requests for additional team members will be submitted on a 213 General Message to the Incident Commander (IC). If the IC concurs with the request, he will review the request with the Agency Administrator and provide the additional cost. Once approved the request will be forwarded to the Planning Section and a Resource Order will be created. Completed resource requests will be forwarded by the Planning Section to the Team Manager. The Team Manager will attempt to fill the request by using rostered team members. In the event the request cannot be filled by the SNUCIMT, the request can either be forwarded to the Nevada State Division of Emergency Management or filled at the local level depending on the needs of the IMT. The IC must approve all local hiring.

No one will be demobilized until he/she has been checked out by the Supply Unit and have reconciled their supply sign-out sheets.

LETTERS OF APPRECIATION

We will strive to prepare Letters of Appreciation to people and organizations, to incident/event cooperators such as Volunteer Fire Departments, fixed base operators, private individuals, and other organizations who participated in the conduct of the Incident.

APPENDIX A

DATE

To: Sponsoring Agency
From: Southern Nevada Unified Type 3 Incident Management Team Board
Re: Participation in the Southern Nevada Unified Type 3 Incident Management Team

The individual listed below has applied for a position with the Southern Nevada Unified Type 3 Incident Management Team (IMT).

The Southern Nevada All Hazards Type 3 IMT is an Incident Management Team which is activated by the State of Nevada to respond to disasters and incidents of national importance to support the activities of the Local Incident Command Team. The IMT system is designed to manage the logistical, fiscal, planning, operational, safety and community issues related to the incident/emergency, an Incident Management Team will provide the command-and-control infrastructure that is required.

Rostered IMT members are required to be on call for 1 month at a time, 4 times a year. While on call members are expected to be available to respond within two hours of activation for response assignments up to 14 days. Members may be called at other times as the result of multiple large-scale events requiring more than one IMT activation.

To meet the response requirements, it is essential that the IMT member have your support and authorization to respond. Costs associated with IMT activations may be reimbursable through Nevada Emergency Management Assistance Compact or Emergency Management Assistance Compact. Costs associated with IMT training and exercise, are not reimbursable, and come from Department of Homeland Security grant funds.

Membership on an All-Hazards Incident Management Team is an honor and significant accomplishment and requires a large commitment of time and effort from both the individual and their agency. Members have been chosen from a select few from across Southern Nevada and represent the best managers in the Emergency Response System.

By signing this authorization letter, you are approving participation of the listed individual in the authorized Southern Nevada Type 3 IMT activations and training. You are also agreeing to provide financial and logistical and administrative support to ensure the individual receives appropriate training. All support both financial and administrative is dependent on available Department of Homeland Security funds and in no way obligates your agency to any additional financial implications. Local significant emergency situations or disasters affecting your jurisdiction may take priority over a State Activation.

Applicant Name

IMT Position Applied for

Sponsoring Agency Chief Signature

Rank

Date

IMT Board Chair Signature

Date

APPENDIX B

Nevada Emergency Management Assistance Compact (NEMAC)

CHAPTER 415 - EMERGENCY MANAGEMENT ASSISTANCE COMPACT

NRS 415.010 Text of Compact. The Legislature of this State hereby ratifies a Compact on behalf of the State of Nevada with any other State legally joining therein in the form substantially as follows:

Implementation

This section authorizes the Governor to implement Public Law 104-321, Emergency Management Assistance Compact (EMAC), Articles 1 through 13, dated October 19, 1996.

Emergency Management Assistance Compact

ARTICLE I—PURPOSES AND AUTHORITIES

This Compact is made and entered into by and between the participating member States which enact this Compact, hereinafter called party States. For the purposes of this agreement, the term “States” is taken to mean the several States, the Commonwealth of Puerto Rico, the District of Columbia, and all U.S. territorial possessions.

The purpose of this Compact is to provide for mutual assistance between the States entering into this Compact in managing any emergency or disaster that is duly declared by the Governor of the affected State(s), whether arising from natural disaster, technological hazard, man-made disaster, civil emergency aspects of resources shortages, community disorders, insurgency, or enemy attack.

This Compact shall also provide for mutual cooperation in emergency-related exercises, testing, or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by party States or subdivisions of party States during emergencies, such actions occurring outside actual declared emergency periods. Mutual assistance in this Compact may include the use of the States’ National Guard forces, either in accordance with the National Guard Mutual Assistance Compact or by mutual agreement between States.

ARTICLE II—GENERAL IMPLEMENTATION

Each party State entering into this Compact recognizes many emergencies transcend political jurisdictional boundaries and that intergovernmental coordination is essential in managing these and other emergencies under this Compact. Each State further recognizes that there will be emergencies which require immediate access and present procedures to apply outside resources to make a prompt and effective response to such an emergency. This is because few, if any, individual states have all the resources they may need in all types of emergencies or the capability of delivering resources to areas where emergencies exist.

The prompt, full and effective utilization of resources of the participating States, including any resources on hand or available from the Federal Government or any other source, that are essential to the safety, care, and welfare of the people in the event of any emergency or disaster declared by a party State, shall be the underlying principle on which all articles of this Compact shall be understood.

On behalf of the Governor of each State participating in the Compact, the legally designated state official who is assigned responsibility for emergency management will be responsible for formulation of the appropriate interstate mutual aid plans and procedures necessary to implement this Compact.

ARTICLE III—PARTY STATE RESPONSIBILITIES

1. It shall be the responsibility of each party State to formulate procedural plans and programs for interstate cooperation in the performance of the responsibilities listed in this Article. In formulating such plans, and in carrying them out, the party States, insofar as practical, shall:

(a) Review individual state hazards analyses and, to the extent reasonably possible, determine all those potential emergencies the party States might jointly suffer, whether due to natural disaster, technological hazard, man-made disaster, emergency aspects of resource shortages, civil disorders, insurgency or enemy attack.

(b) Review party States' individual emergency plans and develop a plan which will determine the mechanism for the interstate management and provision of assistance concerning any potential emergency.

(c) Develop interstate procedures to fill any identified gaps and to resolve any identified inconsistencies or overlaps in existing or developed plans.

(d) Assist in warning communities adjacent to or crossing the state boundaries.

(e) Protect and assure uninterrupted delivery of services, medicines, water, food, energy and fuel, search and rescue and critical lifeline equipment, services and resources, both human and material.

(f) Inventory and set procedures for the interstate loan and delivery of human and material resources, together with procedures for reimbursement or forgiveness.

(g) Provide, to the extent authorized by law, for temporary suspension of any statutes.

2. The authorized representative of a party State may request assistance of another party State by contacting the authorized representative of that State. The provisions of this agreement shall only apply to requests for assistance made by and to authorized representatives. Requests may be verbal or in writing. If verbal, the request shall be confirmed in writing within 30 days of the verbal request. Requests shall provide the following information:

(a) A description of the emergency service function for which assistance is needed, such as, but not limited to, fire services, law enforcement, emergency medical, transportation, communications, public works and engineering, building inspection, planning and information assistance, mass care, resource support, health and medical services, and search and rescue.

(b) The amount and type of personnel, equipment, materials and supplies needed, and a reasonable estimate of the length of time they will be needed.

(c) The specific place and time for staging of the assisting party's response and a point of contact at that location.

3. There shall be frequent consultation between state officials who have assigned emergency management responsibilities and other appropriate representatives of the party States with affected jurisdictions and the United States Government, with free exchange of information, plans and resource records relating to emergency capabilities.

ARTICLE IV—LIMITATIONS

Any party State requested to render mutual aid or conduct exercises and training for mutual aid shall take such action as is necessary to provide and make available the resources covered by this Compact in accordance with the terms hereof; provided that it is understood that the State rendering aid may withhold resources to the extent necessary to provide reasonable protection for such State. Each party State shall afford to the emergency forces of any party State, while operating within its state limits under the terms and conditions of this Compact, the same powers (except that of arrest unless specifically authorized by the receiving State), duties, rights and privileges as are afforded forces of the State in which they are performing emergency services. Emergency forces will continue under the command and control of their regular leaders, but the organizational units will come under the operational control of the emergency services authorities of the State receiving assistance. These conditions may be activated, as needed, only

subsequent to a declaration of a state of emergency or disaster by the Governor of the party State that is to receive assistance or commencement of exercise or training for mutual aid and shall continue so long as the exercise or training for mutual aid are in progress, the state of emergency or disaster remains in effect or loaned resources remain in the receiving State(s), whichever is longer.

ARTICLE V—LICENSES AND PERMITS

Whenever any person holds a license, certificate, or other permit issued by any State party to the Compact evidencing the meeting of qualifications for professional, mechanical, or other skills, and when such assistance is requested by the receiving party State, such person shall be deemed licensed, certified or permitted by the State requesting assistance to render aid involving such skill to meet a declared emergency or disaster, subject to such limitations and conditions as the Governor of the requesting State may be prescribed by executive order or otherwise.

ARTICLE VI—LIABILITY

Officers or employees of a party State rendering aid in another State pursuant to this Compact shall be considered agents of the requesting State for tort liability and immunity purposes; and no party State or its officers or employees rendering aid in another State pursuant to this Compact shall be liable on account of any act or omission in good faith on the part of such forces while so engaged or on account of the maintenance or use of any equipment or supplies in connection therewith. Good faith in this Article shall not include willful misconduct, gross negligence or recklessness.

ARTICLE VII—SUPPLEMENTARY AGREEMENTS

Inasmuch as it is probable that the pattern and detail of the machinery for mutual aid among two or more States may differ from that among the States that are party hereto, this instrument contains elements of a broad base common to all States, and nothing herein contained shall preclude any State from entering into supplementary agreements with another State or affect any other agreements already in force between States. Supplementary agreements may comprehend, but shall not be limited to, provisions for evacuation and reception of injured and other persons and the exchange of medical, fire, police, public utility, reconnaissance, welfare, transportation and communications personnel, and equipment and supplies.

ARTICLE VIII—COMPENSATION

Each party State shall provide for the payment of compensation and death benefits to injured members of the emergency forces of that State and representatives of deceased members of such forces in case such members sustain injuries or are killed while rendering aid pursuant to this Compact, in the same manner and on the same terms as if the injury or death were sustained within their own State.

ARTICLE IX—REIMBURSEMENT

Any party State rendering aid in another State pursuant to this Compact shall be reimbursed by the party State receiving such aid for any loss or damage to or expense incurred in the operation of any equipment and the provision of any service in answering a request for aid and for the costs incurred in connection with such requests; provided, that any aiding party State may assume in whole or in part such loss, damage, expense or other cost, or may loan such equipment or donate such services to the receiving party State without charge or cost; and provided further, that any two or more party States may enter into supplementary agreements establishing a different allocation of costs among those States. Article VIII expenses shall not be reimbursable under this provision.

ARTICLE X—EVACUATION

Plans for the orderly evacuation and interstate reception of portions of the civilian population as the result of any emergency or disaster of sufficient proportions to so warrant, shall be worked out and maintained between the party States and the emergency management/services directors of the various jurisdictions where any type of incident requiring evacuations might occur. Such plans shall be put into effect by request of the State from which evacuees come and shall include the manner of transporting such evacuees, the number of evacuees to be received in different areas, the manner in which food, clothing, housing, and medical care will be provided, the registration of the evacuees, the providing of facilities for the notification of relatives or friends, and the forwarding of such evacuees to other areas or the bringing in of additional materials, supplies and all other relevant factors. Such plans shall provide that the party State receiving evacuees and the party State from which the evacuees come shall mutually agree as to reimbursement of out-of-pocket expenses incurred in receiving and caring for such evacuees, for expenditures for transportation, food, clothing, medicines and medical care, and like items. Such expenditures shall be reimbursed as agreed by the party State from which the evacuees come. After the termination of the emergency or disaster, the party State from which the evacuees come shall assume the responsibility for the ultimate support of repatriation of such evacuees.

ARTICLE XI—IMPLEMENTATION

1. This Compact shall become operative immediately upon its enactment into law by any two (2) States; thereafter, this Compact shall become effective as to any other State upon its enactment by such State.

2. Any party State may withdraw from this Compact by enacting a statute repealing the same, but no such withdrawal shall take effect until 30 days after the Governor of the withdrawing State has given notice in writing of such withdrawal to the Governors of all other party States. Such action shall not relieve the withdrawing State from obligations assumed hereunder prior to the effective date of withdrawal.

3. Duly authenticated copies of this Compact and of such supplementary agreements as may be entered into shall, at the time of their approval, be deposited with each of the party States and with the Federal Emergency Management Agency and other appropriate agencies of the United States Government.

ARTICLE XII—VALIDITY

This Act shall be construed to effectuate the purposes stated in Article I hereof. If any provision of this Compact is declared unconstitutional, or the applicability thereof to any person or circumstances is held invalid, the constitutionality of the remainder of the Act and the applicability thereof to other persons and circumstances shall not be affected thereby.

ARTICLE XIII—ADDITIONAL PROVISIONS

Nothing in this Compact shall authorize or permit the use of military force by the National Guard of a State at any place outside that State in any emergency for which the President is authorized by law to call into federal service the militia, or for any purpose for which the use of the Army or the Air Force would, in the absence of express statutory authorization, be prohibited under section 1385 of Title 18, United States Code.

(Added to NRS by 1975, 145; A [2005, 1559](#))

APPENDIX C

Incident Management Team Organizational Structure

GOVERNING AND POLICY GROUP

- **Billy Samuels:** Deputy Fire Chief, Emergency Manager Clark County Fire Department
- **Kevin Lunkwitz:** Assistant Fire Chief, IMAT Manager, Clark County Fire Department
- **Carolyn Levering:** Emergency Manager, City of Las Vegas-
- **Brad Iverson:** Emergency Manager, City of Henderson
- **Travis Anderson:** Emergency Manager, City of North Las Vegas
- **Jayson Andrus:** Fire Chief, Emergency Manager Mesquite Fire Department
- **Scott Lewis:** Fire Chief, Emergency Manager Pahrump Fire Department
- **Greg Chesser:** Fire Chief, Emergency Manager Boulder City Fire Department
- **Rodney Wright:** State Exercise Officer, Nevada Division of Emergency Management and Homeland Security
- **Eric Holt:** Emergency Manager, Lincoln County
- **Paul Melendrez:** Esmerelda County
- **Tyler Hecht:** Fire Management Officer, Bureau of Land Management

APPENDIX D
SNUC IMT Delegation of Authority

Date: MM/DD/YYYY

To: XXX, Incident Commander

From: Agency Administrator

Subject: NV Incident Delegation of Authority

Effective at XXX hours on MM, DD, YYYY, you are delegated authority as the Incident Commander for the overall management of the NV XXX Incident on the XXX UNIT. This delegation carries with it the full responsibility for managing the incident. You have full authority and responsibility for managing incident operations within the framework of legal statute, current policy, and the broad direction provided in your oral and written briefing materials. You are expected to do a complete and efficient job, while providing for Safety First. Safety will be the number one priority throughout the incident.

I expect open communication during all phases of management under this delegation. Please ensure the immediate notification of any significant concerns, issues, or events as they arise. At anytime I, the Agency Administrator, reserve the right to terminate this delegation of authority.

Incident Commander

Date

Agency Administrator

Date

Attachment to Delegation of Authority

Provide your intent and expectations as a part and parcel of the performance elements and review those with the IC after the initial in-brief is concluded. Take the time to review the performance elements and establish communication expectations during the in-briefing, as the incident develops, and in conjunction with the final performance evaluation process.

How well did the Team accomplish the objectives described in the Wildland Fire Decision Support System (WFDSS) the Delegation of Authority, and the Agency Administrator Briefing?

How well did the Team manage the cost of the incident? Did the team follow agency incident operating guidelines? Were follow-up issues identified and documented for the Agency Administrator i.e.; invoices, OWCP and vendor issues?

How did the Team demonstrate sensitivity to resource limits/constraints and environmental concerns?

How well did the Team deal with sensitive political and social concerns?

Was the Team professional in the manner in which they assumed management of the incident and how they managed the total incident? How did the Team handle transition either to another IMT or in returning the incident the hosting agency?

How well did the Team anticipate and respond to changing conditions, was the response timely and effective?

How well did the Team place the proper emphasis on safety?

Did the Team activate and manage the mobilization/demobilization in a timely and cost effective manner?

How well did the Team use local resources, trainees, and closest available forces?

How did the Team notify the incident agencies regarding triggers for initiating a cost share agreement or large fire cost review? How were those recommendations implemented?

Was the IC engaged and in charge of the Team and the Incident? How well did the IC function and operate as a leader?

How timely was the IC in assuming responsibility for the incident and initiating action?

How did the IC show sincere concern and empathy for the hosting unit and local conditions?

Was the agency administrator or designee made aware that the Time Unit closed out/transitioned per unit operating guidelines? Example: AD time complete per payment center and agency requirements, cooperators given appropriate documents per agreements, OF 288's complete and returned.

Other needs as determined by the Agency Administrator/host unit.

APPENDIX E

IMT Performance Evaluations

Team IC		Incident Type	
Incident Name		Incident Number	
Assignment Dates		Total Acres	
Host Agency		Evaluation Date	
Administrative Unit		Sub-Unit	

COMPLETE THE FOLLOW EVALUATION NARRATIVES AND RATING FOR EACH QUESTION

(0 – did not achieve, 5 – excelled)

1.	How well did the Team accomplish the objectives described in the Wildland Fire Decision Support System (WFDSS) the Delegation of Authority, and the Agency Administrator Briefing?					
Circle one	0	1	2	3	4	5
(Explain)						
2.	How well did the Team manage the cost of the incident? Did the team follow agency incident operating guidelines? Were follow-up issues identified and documented for the Agency Administrator ie; invoices, OWCP and vendor issues?					
Circle one	0	1	2	3	4	5
(Explain)						
3.	How did the Team demonstrate sensitivity to resource limits/constraints and environmental concerns?					
Circle one	0	1	2	3	4	5

(Explain)						
4.		How well did the Team deal with sensitive political and social concerns?				
Circle one	0	1	2	3	4	5
(Explain)						
5.		Was the Team professional in the manner in which they assumed management of the incident and how they managed the total incident? How did the Team handle transition either to another IMT or in returning the incident the hosting agency?				
Circle one	0	1	2	3	4	5
(Explain)						
6.		How well did the Team anticipate and respond to changing conditions, was the response timely and effective?				
Circle one	0	1	2	3	4	5
(Explain)						
7.		How well did the Team place the proper emphasis on safety?				
Circle one	0	1	2	3	4	5
(Explain)						
8.		Did the Team activate and manage the mobilization/demobilization in a timely and cost effective manner?				
Circle one	0	1	2	3	4	5
(Explain)						
9.		How well did the Team use local resources, trainees, and closest available forces?				

Circle one	0	1	2	3	4	5
(Explain)						
10.	How did the Team notify the incident agency regarding triggers for initiating a cost share agreement or large fire cost review? How were those recommendations implemented?					
Circle one	0	1	2	3	4	5
(Explain)						
11.	Was the IC engaged and in charge of the Team and the Incident? How well did the IC function and operate as a leader?					
Circle one	0	1	2	3	4	5
(Explain)						
12.	How timely was the IC in assuming responsibility for the incident and initiating action?					
Circle one	0	1	2	3	4	5
(Explain)						
13.	How did the IC show sincere concern and empathy for the hosting unit and local conditions?					
Circle one	0	1	2	3	4	5
(Explain)						
14.	Was the agency administrator or designee made aware that the Time Unit closed out/transitioned per unit operating guidelines? Example: AD time complete per payment center and agency requirements, cooperators given appropriate documents per agreements, OF 288's complete and returned.					
Circle one	0	1	2	3	4	5

(Explain)		
15.	Other comments:	
Note: Agency Administrators may provide additional feedback relating to the financial package to Incident Commanders and GACCs 60-90 days following the IMT close-out. AA;'s should coordinate with the payment centers and local business specialists on follow-up evaluation questions 2, 10, 14 and any other pertinent feedback.		
Agency Administrator or Agency Representative:	Date:	
Incident Commander:	Date:	

APPENDIX F
CLARK COUNTY TRAVEL POLICY
Effective November 2019

Yolanda T. King, County Manager Jeff Wells, Assistant County Manager
Kevin Schiller, Assistant County Manager Randall Tarr, Assistant County Manager Jessica Colvin, Chief Financial
Officer
Les Lee Shell, Chief Administrative Officer

COUNTY TRAVEL POLICY – QUICK REFERENCE GUIDE

Introduction

This is a quick reference guide to travel policies and procedures contained in the County's Travel Policy. It is NOT meant to provide comprehensive information.

Guiding Principles

All expenses incurred while on County business should be reasonable and a prudent use of public funds. Travelers shall choose the most efficient, direct and economical travel options required by the occasion.

Travel Authorization

Any person traveling on County business and seeking reimbursement from the County, should obtain travel authorization 30 days prior to the travel. Formal written request for travel reimbursement is made on a Travel Request and Authorization (TRA) form. This form must be completed if one or more of the following are incurred: airfare, lodging, meals, or car rental.

Within 10 calendar days of return from a county trip, travelers must submit travel documents to their departments to allow a final accounting on a Travel Reimbursement Expense (TRE) Report.

Attendance by more than two (2) employees from the same Department at a seminar/workshop is strongly discouraged. Any request above two should be explained within the TRA.

Reimbursable Travel Costs Transportation Costs

Air travel reservations may be made through a County-approved travel agency. Contact your Departmental Travel Coordinator for travel arrangement assistance

A car rental is allowable if it is the most economical and appropriate transportation option. Any reimbursement must be supported by an itemized car rental receipt.

Travelers who use a private auto for traveling on County business will be reimbursed for personal car mileage which exceeds the normal home-to-work mileage. When traveling to a destination with scheduled airline service, the mileage payment may not exceed the equivalent coach class airfare plus transportation to local airport and other transportation related costs at destination (such as ground transportation and hotel vehicle parking charges).

For any other ground transportation options, the most economical and appropriate form of available transportation that meets the traveler's needs should be selected.

Lodging Costs

Lodging is allowed if the traveler is required to stay overnight to attend training, a meeting, or other business purpose. The lowest cost option should be selected with consideration given to convenience and safety of the traveler.

Always check special rates, e.g., government rate, conference, or last-minute specials, which would reduce County cost.

A valid, itemized receipt must accompany the lodging reimbursement claim.

Meal Costs

Travel meals will be reimbursed at the federal per diem rate allowed for the location of the travel and receipts are not required unless travel exceeds five (5) working days.

Federal Per Diem Rate

For Travel within the 48 contiguous United States, use the rates listed on the U.S. General Services Administration website: <http://www.gsa.gov/>.

Non-reimbursable Expenses include (but not limited to):

- * Parking and traffic violations
- * Mileage for County vehicles
- * Mileage for commute to work
- * Emergency repairs for non- County vehicles
- * Car rental insurance for travel in United States
- * Fuel Service Option
- * Refreshments & snacks
- * Alcoholic beverages
- * Personal travel expense
- * Non-County companion travel expenses

- * Medicinal remedies, health supplies, cosmetics
- * Personal entertainment, e.g., in- room movies
- * Childcare fees; kennel/boarding fees (except for County-owned animals)
- * Short-term airport parking exceeding long term rates
- * Valet parking fees
- * Mini Bar items
- * Additional hotel room offered sundries
- * Early check-in/late check- out fees
- * Airline club membership fees
- * Airline priority boarding fees/upgrades
- * Credit card fees
- * Personal losses incurred while on County business
- * Political or charitable contributions
- * Add-on events in conjunction with a conference

Personal Credit Card Use

Travelers may use their personal credit cards to pay for travel costs related to County business; however, they should not use such cards to pay travel costs for other employees without prior approval of the Finance Department and noted on the Travel Request and Authorization (TRA) form. The reimbursement will occur once travel has been completed and the TRE has been processed.

Required Documentation

For each travel occasion supporting documentation for the final accounting. This documentation should include, but is not limited to, the following:

- Invoice and trip itinerary from vendor or travel agent, if applicable.
 - Receipt of airfare or other travel mode.
 - Car rental – original car rental receipt showing the dates and number of days, mileage driven, and type/class of vehicle rented.
 - Fuel receipts for rental car.
 - Event brochure or agenda for the conference, training, and/or special event (with cost listed).
 - Itemized hotel bill or statement.
 - Airport parking receipt.
 - A written explanation if any travel cost exceeds 10% of the TRA authorized amount.
 - Documentation of any additional charges incurred during travel status.
- The County assumes no obligation to reimburse travelers for expenses that are not in compliance with the Clark County Travel Policy, other County policies, federal, state, or local laws.

TRANSPORTATION

General Guidelines

When planning the transportation portion of a trip, consider all aspects of cost to the County – e.g., daily expenses, overtime, lost work time – as well as actual transportation costs. In general, a common carrier (e.g., plane) is the preferred mode of transportation. However, use of a personal or county vehicle – especially if two or more employees are traveling together – may be less expensive for travel. The increased time for automobile transportation and the potential for lost work time, overtime, or increased lodging, parking and fuel costs should be considered in determining the best mode of transportation.

Transportation by Car

General Guidelines

Current County Vehicle Policy is referred to within Administrative Guideline #6. This policy refers to the usage of County vehicles, personal vehicles, and rental vehicles in the performance of County business.

Transportation – Personal Car

Personal Car Guidelines

Current County Vehicle Policy is referred to within Administrative Guideline #6.

Employees, if pre-approved, may use their personal car while traveling for business purposes when one or more of the following applies:

1. Public transportation is limited or unavailable.
2. It is more flexible and timelier than taking public transportation.
3. Expense is equal to or less than alternate transportation.
4. Employee is willing to accept reimbursement equal to the lowest price of reasonable transport; or
5. For extended stays, a department may authorize the use of an employee's car with reimbursement for mileage to/from the destination work site and other work-related uses.

Mileage/Reimbursement Rate

Travelers will be reimbursed for personal car mileage expenses for County business purposes but cannot exceed established federal rates. Personal car mileage reimbursement

covers the operating cost of the vehicle, such as cost of gas, oil, wear, and tear, and needed servicing during the trip. In order to claim travel mileage reimbursement, travelers should use the TRE. Current mileage rates can be found at the Department of Finance intranet website or <http://www.irs.gov/>.

Transportation – County Car

County vehicles may be used for travel outside of Nevada only if it is a necessity to properly complete County business activities. For example, travelers transporting heavy equipment, large/bulky or sensitive materials would be acceptable reasons to use a county vehicle as the mode of transportation. In addition, the Department of Finance will review the length or distance of the trip for reasonableness. Use of County vehicles for travel outside of Nevada is prohibited for education, conferences, seminars, training, professional meetings, and other similar events.

The use of County vehicles outside of Clark County, but within Nevada, may be considered if it is the most economical means of transportation. The Automotive Division of the Department of Finance must be notified if a vehicle will be driven outside of Clark County. Please refer to Administrative Guideline #6 for the County vehicle policy.

Receipts are required for reimbursement. When asking for a receipt, taxi travelers should ask the driver to provide a completed receipt for the trip. Ride share services provide an email receipt. Tips to transportation drivers are reimbursable up to 15% of the total fare.

LODGING

Lodging Guidelines

Lodging is allowed if the traveler is required to stay overnight to attend a training, a meeting, or other business purpose. The lowest cost option should be selected with consideration given to convenience and safety of the traveler.

**APPENDIX G
Pay Scale Information**

**CLARK COUNTY
PART-TIME CLASSIFICATIONS**

Part Time Pay Rates	(Federal 2024)	
	Qualified	Trainee
Type 3 IC (Paid at Type 2 rate)	57.12	47.72
Type 3 OSC	43.48	39.44
Type 3 Plans	43.48	39.44
Type 3 Logistics	43.48	39.44
Type 3 Finance	43.48	39.44
Resource Unit	35.72	31.84
Situation Unit	35.72	31.84
Documentation Unit	29.20	26.80
Demobilization Unit	35.72	31.84
Liaison Officer	47.72	43.48
Safety Officer	47.72	43.48
Public Information Officer Type 3 (Follow Pay Plan for higher typing)	43.48	39.44
Staging Area Manager	29.20	26.80
Div/Group Supervisor	43.48	39.44
Communications Unit Leader	35.72	31.84
Medical Unit Leader	57.12	47.72
Food Unit Leader	35.72	31.84
Supply Unit Leader	35.72	31.84
<p>Part-time County Employees shall be paid according to the federal administratively determined pay plan for emergency workers based on the position filled during the incident. They shall have compensable time from their time of departure to the incident to their arrival at the home unit, 16 hour daily rate, and overtime for hours above 40 per week.</p> <p>Full time Clark County employees shall be paid according to their contracted pay rate and classification of their current full time position. 40 hour employees will be paid 16 hours per day and overtime for hours above 40 per week. They will follow a 2/1 work rest cycle and will be available to the incident at all times when in a work status. Any hours above 16 in a day must be accompanied by an OF-261 time report. 24 hour employees shall be paid portal to portal from time of departure until return. All full time employees shall follow the current federal guidelines for rest upon return from an incident assignment.</p>		



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** January 9, 2025

RE: *Approval of the Amendment to the Interlocal Agreement Between Clark County, Nevada and the Southern Nevada Health District for Medical Core & Support Services for HIV/AIDS Infected & Affected Clients in Las Vegas, Ryan White, Transitional Grant Area*

PETITION #20-25

That the Southern Nevada District Board of Health *approve AMENDMENT NO. 1 of the RFQ No. 606010-21 CONTRACT FOR CORE MEDICAL & SUPPORT SERVICES FOR HIV/AIDS INFECTED & AFFECTED CLIENTS. This Interlocal Agreement between Clark County Nevada, and Southern Nevada Health District is effective October 1, 2022, and ending February 28, 2023 with the option to renew for 2, one-year period(s). This petition is being presented to approve an extension of the contract. Clark County reserves the right to extend the AGREEMENT for up to an additional three (3) months on a month-to-month basis, or until a new AGREEMENT is awarded, whichever occurs first. During this period, SNHD agrees to continue providing services as required by Clark County within the scope of this Contract.*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Randy Smith, FQHC Chief Executive Officer *RS*
Dave Kahananui, FQHC Administrative Manager *DK*

DISCUSSION: Extension of the contract term, to continue providing services for three months beyond the existing contractual date, or until additional funding is anticipated to be acquired to continue ongoing Ryan White Part A services.

FUNDING: Ryan White Grant Part A Funding



togetherforbetter

**AMENDMENT NO. 1
RFQ NO. 606010-21
CORE MEDICAL & SUPPORT SERVICES FOR HIV/AIDS
INFECTED & AFFECTED CLIENTS**

THIS AMENDMENT is made and entered into this _____ day of _____ 2025, by and between CLARK COUNTY, NEVADA (hereinafter referred to as “COUNTY”), and SOUTHERN NEVADA HEALTH DISTRICT (hereinafter referred to as “AGENCY”).

WITNESSETH:

WHEREAS the parties entered into an agreement under RFQ Number 606010-21, entitled “Core Medical & Support Services for HIV/AIDS Infected and Affected Clients” dated September 20, 2022 (hereinafter referred to as AGREEMENT); and

WHEREAS the parties desire to amend the AGREEMENT.

NOW, THEREFORE, the parties agree to amend the AGREEMENT as follows:

1. Article II – Term of Agreement, Page 20

ORIGINALLY WRITTEN:

The initial term of AGREEMENT shall be from October 1, 2022 through February 28, 2023, with the option to extend for 2, one-year option(s).

REVISED TO READ:

The initial term of AGREEMENT shall be from October 1, 2022 through February 28, 2023, with the option to renew for 2, one-year period(s). COUNTY reserves the right to extend the AGREEMENT for up to an additional three (3) months on a month-to-month basis, or until a new AGREEMENT is awarded, whichever occur first.

This Amendment No. 1 represents an increase of amount based on grant awards.

Except as expressly amended herein, the terms and conditions of the AGREEMENT shall remain in full force and effect.

This AGREEMENT may be executed in counterparts, each of which shall be deemed to be an original.

COUNTY:
COUNTY OF CLARK, NEVADA

AGENCY:
SOUTHERN NEVADA HEALTH DISTRICT

Signature Redacted
Signature Redacted
Signature Redacted
Signature Redacted
Signature Redacted

BY: _____
TICK SEGERBLOM, CHAIR
Clark County Commissioner

BY: _____
FERMIN LEGUEN, MD, MPH
District Health Officer

ATTEST:

BY: _____
LYNN MARIE GOYA
Clark County Clerk

APPROVED AS TO FORM:

Steven Wolfson, District Attorney

APPROVED AS TO FORM:

Signature Redacted
Signature Redacted
Signature Redacted
Signature Redacted
Signature Redacted
Signature Redacted
Signature Redacted

BY: _____
SARAH SCHAERRER
Deputy District Attorney

BY: _____
HEATHER ANDERSON-FINTAK, ESQ.
General Counsel
Southern Nevada Health District

Memorandum #01-25

Date: January 23, 2025

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Stacy Johnson, MSN, RN, Regional Trauma Coordinator *SJ*
John Hammond, Paramedic, EMS & Trauma System Manager *JH*
Cassius Lockett, PhD, Director of Community Health *CL*
Fermin Leguen, MD, MPH, District Health Officer *FL*

Subject: Application for Renewal of Authorization as an Adult Trauma Center with Change of Level from Level II to Level I for Sunrise Hospital

I. BACKGROUND:

The American College of Surgeons (ACS) emphasized in its 2015 position statement that trauma center designation should be driven by the needs of the population-based system, with patient welfare as the highest priority. While the ACS conducts site visits to verify that hospitals have the necessary resources for the level of designation they seek, the actual authority to designate trauma centers rests with state and local authorities. These designations are based on criteria that vary by location and are typically established through regulations or legislation. This process is outlined in Southern Nevada Trauma System Regulation 300.300.

In February 2024, Sunrise Hospital initiated the process for applying for provisional authorization as a trauma center with a change of level, as outlined in the Southern Nevada Trauma System Regulations. The hospital applied through the Office of Emergency Medical Services and Trauma System (OEMSTS) for Provisional Authorization and paid the associated fees.

In the subsequent months, the OEMSTS staff presented an Impact Report to the Regional Trauma Advisory Board (RTAB) and the Trauma Medical Audit Committee (TMAC.) The Impact Report highlighted the differences between Level I and Level II trauma center criteria and assessed how these differences, whether positive or negative, could affect the community and existing trauma centers. At the same meetings, Sunrise Hospital also delivered presentations. Lastly, the OEMSTS released the 2023 Trauma System Report which includes the last five years of trauma data.

II. RECOMMENDATIONS:

RTAB: Deny the application based on the information presented not establishing need.

- Yes - 13
- No - 4
- Abstain - 2

TMAC: The committee does not support the application for an upgrade from Level II to Level I.

- Yes - 4
- No - 3
- Abstain - 1

OEMSTS supports the proposed upgrade of Sunrise Hospital's trauma designation from Level II to Level I, recognizing both the immediate and long-term benefits for the community and the trauma system. While current patient volume, acuity levels, and transport times do not suggest an urgent system-wide need, OEMSTS concludes that the upgrade will have minimal, if any, negative impact on existing trauma centers since catchment areas are expected to remain unchanged. However, it is acknowledged that UMC, as the community's sole current Level I trauma center, could face financial implications due to a potential loss of exclusive opportunities tied to its designation, such as federal and state grants specifically directed to Level I facilities. The proposal aims to enhance system-wide capacity and resilience while maintaining the overall balance of patient distribution and care quality across the region.

This transition represents a critical step forward in advancing healthcare excellence in Nevada. Elevating Sunrise Hospital's trauma designation highlights a commitment to physician training, expanding research capabilities, and offering highly specialized services such as microvascular and craniofacial surgery. These enhancements are essential in a state ranked near the bottom nationwide for active physicians, according to the American Medical Association. Approving this designation will not only assist in addressing Nevada's physician shortage but also enhancing patient care and driving medical innovation. Sunrise Hospital has thoroughly prepared for this transition by investing in the necessary resources, and failure to approve this upgrade risks losing these critical assets.

When evaluating the proposal, the benefits outweigh any perceived lack of immediate need to address trauma care while ignoring the need for additional trauma related postgraduate medical education opportunities in this community. Sunrise already meets the volume requirements for a Level I trauma center without altering catchment areas. More importantly, this upgrade prioritizes benefits—improved physician training, expanded medical research, and specialized care—that will elevate the standard of care for our growing community and visitors. Approval of this upgrade is a key step in addressing the evolving needs of Nevada's healthcare system.

III. CONDITIONS:

If approved, staff recommends the following conditions:

1. ACS-COT verification and subsequent renewals of verification
2. Continued participation in the Southern Nevada Trauma System

Attachments

- A. Sunrise Hospital application of a Level I Trauma Center
- B. OEMSTS Impact Report
- C. Sunrise Hospital's ACS Certificate of Verification for Level I Trauma Center
- D. Executive Summary



APPLICATION FOR RENEWAL OF AUTHORIZATION AS A
CENTER FOR THE TREATMENT OF TRAUMA

Name of Institution: Sunrise Hospital and Medical Center

Street Address: 3186 S Maryland Parkway

City: Las Vegas State: NV Zip Code: 89109

Telephone: 702-961-9011 FAX: 866-499-3591 E-Mail: todd.sklamberg@hcahealthcare.com

Owner of Facility: HCA, Inc

Street Address: One Park Plaza

City: Nashville State: TN Zip Code: 37203

Telephone: 615-344-9551 FAX: _____ E-Mail: _____

Hospital Administrator/Director: Todd P. Sklamberg, CEO

Contact Person for Application Processing: Cheryl Malone, Trauma Services Director

Telephone: 702-961-7821 FAX: 702-961-7829 E-Mail: cheryl.malone@hcahealthcare.com

Level of Center for the Treatment of Trauma renewal being sought:

- Level I Level II Level III
 Pediatric Level I Pediatric Level II

Date of original designation: October 1989 Level III; August 2005 Level II

Date of last renewal of designation: February 2023

Briefly describe any changes in the hospital's capacity to provide trauma services in the community during the past designation period:

Sunrise Hospital and Medical Center (SHMC) is seeking Level I American College of Surgeons (ACS) Trauma Verification July 9 – July 10, 2024. SHMC is currently verified as a Level II Trauma Center through July 11, 2024 with ACS. Recent capacity upgrades include: new trauma bays (four trauma resuscitation bays), upgraded Trauma Surgical ICU which is located in a new tower just above the Emergency Department, adding 36 inpatient rooms. Additionally, SHMC continues to provide TNCC, TCAR nursing education, ATLS for physician education and trauma emergency medical services outreach and education.

Briefly describe any changes in the hospital's capabilities to provide trauma services in the community during the past designation period:

SHMC has qualified personnel to deliver care for patients sustaining traumatic injuries arriving to the hospital via EMS, private vehicle and /or transfer-in for higher level of care. The hospital provides staffing to meet the needs of the Level I Trauma Center injured patient and has all the necessary capacity, equipment, supplies and Medical Staff Providers to provide treatment, monitoring and resuscitation meeting ACS Level I Trauma Verification 2022 Standards. SHMC has the appropriate surgical specialists availability, soft tissue coverage and cranial facial expertise, replant and microvascular services, ENT, and medical specialists (including, but not limited to Emergency Medicine, Anesthesiology, Interventional Radiology, and Radiology).

Briefly describe any changes in the hospital's longitudinal commitment (expected to be greater than five years) to provide trauma services in the community during the past designation period:

SHMC has longitudinal commitment by SHMC's Board of Trustees and Medical Executive Committee to ensure continued adherence to the required standards. They affirm the provision of essential personnel, facilities and equipment are made available to treat and care for the communities critically injured patients, including research and scholarly activities. Additionally, there is dedicated commitment to post-graduate education requirements within the collaborative trauma care system in Clark County, Nevada, ensuring compliance with ACS Level I Trauma Standards.

Additional information the applicant would like to provide in support of their request:

SHMC continues to serve the community by providing trauma care and ancillary personnel that are dedicated to setting the standard of excellence in care. SHMC collaborates with the community and national partners to provide outreach education and injury prevention.

Additional Information:

1. Population Served: SHMC service is defined by the Southern Nevada Health District, Office of Emergency Medical Services & Trauma System regulations. The Southern Nevada Health District, Office of Emergency Medical Services & Trauma System is responsible to establish, review, and adjust catchment areas for Trauma or Pediatric Trauma Centers to facilitate timely transportation of trauma patients from the scene of an emergency and not for the purposes of restricting referral of patients requiring transfer to a higher level of care.
2. Hospital Capacity to Provide Level I ACS Trauma Services in the Community:
 - 834 licensed hospital beds (144 bed capacity increase since 2019)
 - 3,855 employees and 1,543 physicians and advanced practice providers
 - 2 helipads
 - 4 trauma resuscitation rooms
 - 100 Emergency Department beds
 - 5 CT Scanners (2- 256 slice and 3-64 slice)
 - 3 MRIs (1- 1.5T and 2- 3T)
 - 2 Focus Assessment with Sonography in Trauma (FAST)
 - 23 Operating Rooms
 - 2 IR Suites (1 additional IR Suite build planned)
 - 110 Intensive Care Beds (46 dedicated Trauma Surgical ICU)
 - 391 Med-Surg Beds (36 Trauma Bed Unit)
 - 206 Children's Beds (Med-Surge, MBU, PICU, CICU, NICU, and L&D)
 - 42 Inpatient Rehabilitation Bed Unit
 - SHMC has the inpatient and operating room capacity to support Level I Trauma Center Verification and Designation. Additionally, it has an inpatient rehabilitation unit, which has the resources to help trauma patients recover from their injuries.
3. Hospital Capabilities to Provide Level I ACS Trauma Services in the Community: SHMC treats more than 177,569 patients per year and admits nearly 40,000 (39,914) patients. Additionally, SHMC cares for 698 patients meeting National Trauma Data Standards with Injury Severity Scores greater than 15. Current capabilities include:
 - Trauma Staff:
 - Trauma Medical Director, Board Certified in General Surgery and Surgical Critical Care
 - Trauma Surgeon expertise to manage critically injured patients
 - Trauma Program Director
 - Trauma Program Staff; 11 full time employees to support Trauma Program's performance improvement and patient safety program, injury prevention, education and outreach activities, research and 10 full time Trauma Registrars, including support from a Trauma Registry Operations Manager and two Trauma Registry Leads, including a Certified Abbreviated Injury Scale Specialist
 - Physician Staffing and Training
 - Level I Surgical Specialists, Ophthalmology Services, Soft Tissue Coverage Expertise, Craniofacial Expertise, Replant Services, Medical Specialist services, including Burn Services.
 - Advanced Trauma Life Support (ATLS) Program; Course Director and two Program Coordinators
 - Graduate medical education (i.e., residency) programs
 - Leading Services: As the healthcare leader in Southern Nevada, Sunrise Hospital offers a full range of specialized services including:

- The Nevada Neurosciences Institute, is supported by the region's first and only Joint Commission certified Advanced Comprehensive Stroke Center and is home to some of the area's most prestigious neurologists and neurosurgeons
- Comprehensive Cancer Center recognized by the American College of Surgeons
- An innovative, comprehensive Breast Center with advanced services for the diagnosis, treatment and management of all types of breast disease
- The Epilepsy Center at Sunrise, with a dedicated Chief Epileptologist, is the only center of its kind in Nevada offering a dedicated epilepsy monitoring unit
- Trauma and Emergency Services Department
- Specialty services in women's health, pulmonology, critical care, complex surgery and rehabilitation
- Expertise of Sunrise Children's Hospital, the most comprehensive children's hospital in Nevada
- Ancillary Services
 - Level I ancillary services including, but not limited to:
 - Comprehensive Radiology and Interventional Radiology Services
 - Laboratory, Blood Bank and Pathology Services
 - Pharmacy Services
 - Nutritional Services
 - Hemodialysis
 - Respiratory Therapy
 - Therapy (Physical Therapy, Occupational Therapy and Speech Therapy)
 - Social Services / Case Management
 - Child Life Specialists
 - Cardiac Services
 - Burn Services
 - Replant Services
 - Surgical and Medical Physician Coverage
 - Extracorporeal Membrane Oxygenation (ECMO) Services
 - Organ Procurement Program
 - Level III Neonatal ICU
 - Comprehensive inpatient rehabilitation and physiatrist services available
- Trauma Program Expertise
 - Comprehensive quality assessment program (i.e., performance improvement (PI), clinical guidelines, audit filters, loop closure, documentation/outcomes, multidisciplinary operational and peer review committee with specialist liaisons)
 - Fully supported trauma program
 - Participation in ACS Trauma Quality Program, including TQIP
 - Evidence-based Trauma Registry data validation (inter-rater reliability, single and multivariate reports)
 - Daily Multidisciplinary Trauma Rounds
- Education / Research
 - Trauma-specific onboarding and continuing education, including Trauma Nurse Core Course and Trauma Care After Resuscitation
- Trauma Research:
 - The infrastructure of the trauma research program at SHMC is a collaborative model comprised of dedicated physician research time as well as a full time Trauma Research Coordinator. Resident involvement in research is available through GME collaboration. Additional resources to the Trauma Research Program include an IRB at SHMC and access to research experts at the corporate level (Center for Trauma and Acute Care Surgery Research, CTACSR) to assist with statistical computation, epidemiologists and promotion of collaboration amongst other HCA facilities participating in multicenter research projects. Through our corporate partnership, we have access to national trauma databases (including CMS) and collaboration in research activities.
 - Resident scholarly activity/research to support the advancement of resident and faculty knowledge of scholarly activity and perform scholarly works as required by ACGME
- Injury Prevention and Outreach
 - Comprehensive Injury Prevention and Outreach Program to reduce and/or eliminate trauma related injuries in our community by direct education, public policy change
 - SHMC has been the lead organization for Safe Kids Clark County, Nevada since 1993
 - SHMC is a Trauma Survivors Network Facility.

Has the applicant been in compliance with the conditions for authorization as a center for the treatment of trauma as outlined below during this past designation period?

1. Submitted trauma data to SNHD and the State Trauma Registry.

Yes No

2. Actively participated in the Regional Trauma Advisory Board and Trauma System Performance Improvement activities.

Yes No

3. Complied with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma.


Yes No

I have read and completed the application to the best of my ability and attest to the fact the information provided is true and complete to the best of my knowledge.

I authorize the release of such information as may pertain to the purpose of this application.

I understand any misstatements or omissions of material facts may cause forfeiture of the right to authorization as a center for the treatment of trauma.

I understand and agree to comply with the conditions set forth in the application.

Signature of Hospital Administrator or Owner:  Date: 02/09/2024

Printed Name of Hospital Administrator or Owner: Todd P. Sklamberg

Title of Person signing the Application: Chief Executive Officer



Southern Nevada
TRAUMA SYSTEM

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

Level II to Level I Trauma Upgrade Report

Office of EMS and Trauma System

American College of Surgeons: Resources for Optimal Care of the Injured Patient 2022

Standard	Required for Level I, not Level II
Level I Adult Trauma Patient Volume Criteria	A Level I adult trauma center must care for at least 1,200 trauma patients per year or at least 240 trauma patients with Injury Severity Score (ISS) greater than 15 per year.
Soft Tissue Coverage Expertise	Level I trauma centers must have the capability for comprehensive soft tissue coverage of wounds, including microvascular expertise for free flaps.
Craniofacial Expertise	Level I trauma centers must have the capability to diagnose and manage acute facial fractures of the entire craniomaxillofacial skeleton, including the skull, cranial base, orbit, midface, and occlusal skeleton, with expertise contributed by any of the following specialists: otolaryngology, oral maxillofacial surgery, or plastic surgery.
Disaster Management and Emergency Preparedness Course	In Level I adult and pediatric trauma centers, the trauma surgeon liaison to the disaster committee must successfully complete the Disaster Management and Emergency Preparedness (DMEP™) course at least once.
Commitment to Postgraduate Education	<p>Level I trauma centers must demonstrate commitment to postgraduate training and education by having residency rotations in trauma that meet all of the following conditions</p> <ul style="list-style-type: none"> • There must be a defined trauma curriculum and trauma specific objectives for junior and senior residents • The rotations must be available to, at minimum, general surgery, orthopedic, neurosurgery, and emergency medicine residents. • All residents on the trauma service must be from an Accreditation Council for Graduate Medicine Education (ACGME) accredited program • There must be a sufficient volume and breadth of cases to provide general surgery senior residents the opportunity to meet the competency requirements for senior general surgery residents in trauma set forth by the ACGME • The rotation must be continuously available to residents to assure ample exposure to trauma care
Research and Scholarly Activities	<p>Level I trauma centers must demonstrate the following scholarly activities during the verification cycle:</p> <ul style="list-style-type: none"> • At least 10 trauma-related research articles* • Participation by at least one trauma program faculty member as a visiting professor, invited lecturer, or speaker at a regional, national, or international trauma conference • Support of residents or fellows in any of the following

scholarly activities: laboratory experiences; clinical trials; resident trauma paper competitions at the state, regional, or national level; and other resident trauma research presentations

*Fulfillment of the research requirement must also meet the following criteria:

- At least three articles must be authored by general pediatric trauma surgeons
- Research activity must be performed at the trauma center
- If case series are to be counted, they must include more than five patients
- Basic science research must involve topics directly related to the pathophysiology of injury
- At least three articles must be from disciplines other than general/pediatric surgery
- All articles must be published or accepted for publication in peer-reviewed and indexed journals
- Authors from the trauma center must meet accepted authorship requirements of the International Committee of Medical Journal Editors
- One paper from acute care surgery may be included

IMPACTS SPECIFIC TO THE SOUTHERN NEVADA COMMUNITY

TRAUMA ACUITY DISTRIBUTION

Based on current protocols, Sunrise already receives all levels of adult trauma injury, including steps 1, 2, 3, and 4.

TFTC Transports by Trauma Center, 2019-2023					
	2019	2020	2021	2022	2023
Step 1: Physiological	655	750	818	964	896
Step 2: Anatomical	779	904	947	836	857
Step 3: Mechanism	4921	4103	4696	4495	4660
Step 4: Special Considerations	6946	6383	7289	8025	8231
Other	0	32	26	19	30
All	13301	12172	13776	14339	14674
<i>Source: SNHD TFTC Data</i>					
<i>Note: Includes all TFTC transports in the Southern Nevada Trauma System.</i>					

Sunrise TFTC Transports by Step, 2019-2023					
	2019	2020	2021	2022	2023
Step 1: Physiologic	146	231	248	240	197
Step 2: Anatomic	207	261	310	268	257
Step 3: Mechanism	851	702	837	690	767
Step 4: Special Considerations	1799	1577	1644	1674	1994
Other	0	32	23	3	19
Total	3003	2803	3062	2875	3234
<i>Source: SNHD TFTC Data</i>					
<i>Note: Includes all TFTC transports in the Southern Nevada Trauma System.</i>					

In 2023, Sunrise received 22% of the overall Step 1 patients and 30% of the overall Step 2 patients.

Impact: The acuity distribution should not change with an upgrade as both Level I and Level II trauma centers already receive all steps.

TRANSPORT VOLUMES

Transport volumes (the number of patients that meet trauma field triage criteria that are transport to the hospital by ambulance) should be unaffected with an upgrade from Level II to Level I. Level II centers already receive all Step 1 and Step 2 patients within the assigned catchment areas.

TFTC Transports by Trauma Center, 2019-2023					
	2019	2020	2021	2022	2023
Mike O'Callaghan	0	0	0	35	208
St. Rose-Siena	853	847	1028	1748	1013
Sunrise	3003	2803	3062	2875	3234
UMC	9445	8522	9686	9681	10209
All	13301	12172	13776	14339	14664
<i>Source: SNHD TFTC Data</i>					
<i>Note: Includes all TFTC transports in the Southern Nevada Trauma System.</i>					

In 2023, Sunrise received 22% of the total TFTC patients.

Impact: This volume should not change with an upgrade as there would be no change to the current catchment areas.

CATCHMENT

"CATCHMENT AREA" means the geographical area described by the Office of Emergency Medical Service & Trauma System when more than one Designated Trauma Center or Pediatric Trauma Center is established in close proximity in its plan for providing treatment for trauma as the area served by those Trauma Centers.

Impact: The catchment area would not change based on an upgrade from Level II to Level I.

INTERFACILITY TRANSFERS

Per the Resources for Optimal Care of the Injured Patient, All trauma centers must have clearly defined transfer protocols that include the types of patients, expected time frame for initiating and accepting a transfer, and predetermined referral centers for outgoing transfers (5.12). In all trauma centers, the decision to transfer an injured patient must be based solely on the needs of the patient, without consideration of their health plan or payor status (5.13).

Facility Patient Transferred to	# of Trauma Cases
Sunrise Hospital Medical Center	750
University Medical Center	582

*Nevada Trauma Annual Report 2022

Impact: Interfacility transfers and transfer agreements are not controlled by OEMSTS and should not change based on an upgrade from Level II to Level I other than the ability to now receive soft tissue and craniofacial patients.

TRANSPORT TIMES

There are no established or scientifically defined optimal transport times (the time it takes to get a patient from the scene to the hospital). Therefore, for Southern Nevada, transport times are provided to subject-matter-experts to allow for analysis based on, but not limited to, geographic layout and infrastructure for the community's needs.

Southern Nevada Median Transport Time by Step (1-4), 2019-2023						
		Year				
		2019	2020	2021	2022	2023
Step 1: Physiologic	N	504	591	637	742	688
	Median (Minutes)	13m 24s	13m 48s	13m 24s	14m 24s	14m 30s
Step 2: Anatomic	N	631	718	768	663	666
	Median (Minutes)	12m 36s	12m 42s	13m 12s	13m 0s	13m 48s
Step 3: Mechanism	N	4065	3507	3968	3687	3778
	Median (Minutes)	16m 12s	15m 24s	15m 36s	15m 48s	16m 12s
Step 4: Special Considerations	N	5730	5430	6250	6729	6385
	Median (Minutes)	16m 0s	15m 24s	16m 12s	16m 24s	17m 24s
Other	N	0	9	2	6	10
Source: SNHD TFTC Data						
<i>Note: Data not listed if out of state or if zip code is unavailable. Service area for Southern Nevada includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.</i>						

Impact: Transport Times should not be affected by an upgrade from Level II to Level I based on no changes to the catchment areas.

RESEARCH/EDUCATION

Level I trauma centers have an obligation to innovate and advance trauma care through research and other scholarly activities. These activities also create opportunities for the development of future trauma leaders.

Adding research requirements to a program can:

- Advance medical knowledge
- Improve QI/PI
- Improve public health initiatives
- Evidence-based practice
- Attract talent
- Encourage collaboration and research

Impact: These residency programs are already established at Sunrise and do not work with the same University as other local residency programs. Introducing additional residency rotations within the system could potentially boost the number of new physicians for Southern Nevada. Integrating research requirements into a program can lead to significant benefits for the community by driving advancements in healthcare, promoting educational excellence, and addressing local health needs.

SPECIALTY PHYSICIANS

Impact: These physicians are already contracted and would not take away from current physician specialty pools. By including these additional medical specialty physicians into the system, patients wouldn't need to be transferred from this facility with these injuries.

COST

Trauma activation fees were created in 2002 to recuperate some of these readiness costs, which had previously never been covered by charges to individual patients. The fees can offset costs such as administrative fees, trauma team member salaries, equipment, supplies, physician trauma coverage agreements, trauma medical director and trauma registrar time, operating room readiness, blood product availability, education, protocol development, and local county emergency medical services fees. There is currently no standard fee schedule or uniform approach to calculating trauma activation fees; therefore, it is left to the discretion of each individual trauma center and program leadership to determine their price for being trauma ready.

Primary Source of Payment	2019	2020	2021	2022
Medicare	37.0%	33.5%	34.2%	33.5%
Private Insurance	20.6%	19.4%	18.0%	16.3%
Medicaid	17.4%	20.6%	21.8%	19.5%
Self-Pay	5.7%	6.2%	6.4%	7.2%
Other Commercial	5.0%	4.3%	4.7%	5.1%
No Fault Automobile	1.5%	1.1%	1.4%	1.2%
Other Government	3.5%	3.4%	3.2%	2.4%
Worker's Compensation	1.5%	1.4%	1.5%	2.6%
Other	1.4%	0.8%	0.6%	1.0%
Military	0.6%	1.0%	1.6%	1.1%
Charity	0.1%	0.1%	0.0%	0.0%
Unknown	5.7%	5.0%	6.6%	10.2%

*Nevada Trauma Annual Report 2022

Impact: Trauma activation fees and payor sources are not controlled by nor regulated by OEMSTS. It is unknown if this data would be affected.



Certificate of Verification

The American College of Surgeons Verification, Review, and Consultation Program recognizes

HCA Sunrise Hospital and Medical Center

Las Vegas, NV
as a Level I Trauma Center
Accredited through 07/11/2025

Patricia L. Turner, MD, MBA, FACS
Executive Director & CEO

Clifford Y. Ko, MD, MS, MSHS,
FACS, FASCRS
Director, ACS Division of Research
and Optimal Patient Care

Avery Nathens, MD, FACS
Medical Director,
Trauma Quality Programs

Scott G. Sagraves, MD, FACS
Chair, Verification, Review, and
Consultation Program



Executive Summary

Sunrise Hospital has been designated as a Level II Trauma Center since 2005, after initially holding a Level III designation from 1989. The current Level II designation is valid until February 2026. Before the Board today is an application submitted by Sunrise Hospital to change its Trauma Center Designation level from a Level II to a Level I.

Trauma centers, like Sunrise, are integral components of Southern Nevada's Trauma System, which is designed to ensure that critically injured patients receive prompt, specialized care through a coordinated network of emergency responders, transportation, and medical facilities.

Southern Nevada's Trauma System, managed by the Southern Nevada Health District's Office of Emergency Medical Services and Trauma Services (OEMSTS), sets standards and regulations to oversee operations to ensure optimal care.

Trauma center designations—Levels III, II, and I—are governed by standards set by the American College of Surgeons (ACS), with increasing requirements at higher levels. A Level II designation requires adherence to rigorous standards for service, timeliness, and performance. Advancing to a Level I designation introduces additional criteria, emphasizing research, disaster management, and physician training rather than further enhancements to the quality or timeliness of care.

ACS Additional Standards for Level I Trauma Centers:

Standard 1.2. Research Support

Standard 2.4. Patient Volume

Standard 4.23. Soft Tissue Coverage Expertise

Standard 4.24. Craniofacial Expertise

Standard 4.36. Disaster Management and Emergency Preparedness Course

Standard 8.4. Commitment to Post Graduate Education

Standard 9.1. Research and Scholarly Activities

Each Standard is outlined in the attached Impact Report prepared by OEMSTS.

Southern Nevada Trauma System Regulation 300.300

The Board's approval or denial of a request to increase designation level is determined by a demonstration on needs based on:

1. The information provided by the applicant, including its agreement to meet ACS standards for Level I trauma centers. (Application is attached)
2. An impact report prepared by OEMSTS (Attached)
3. Advisory positions of the Regional Trauma Advisory Board and Trauma Medical Audit Committee (included in the Petition)
4. A review of the most current Trauma System Report, Nevada State Trauma Registry Report, and the location, depth, and utilization of the trauma resources in the system (Online links provided on Petition)

Health District regulations require OEMSTS to review the above criteria and provide a statement to the Board recommending approval or denial of the application.

1. Review of Sunrise's Application

Staff reviewed Sunrise's application for compliance with Health District Regulation 300.300(II)(A)(i), i.e., a commitment to meet all additional ACS standards applicable to Level I trauma centers. In its application, Sunrise commits to adhering to the required ACS standards for Level I trauma centers, including providing all essential personnel, facilities, and equipment. Achievement of these standards is assessed by ACS.

The ACS conducted a comprehensive two-day review in July to verify compliance with all minimum requirements. The review confirmed that all standards necessary for Level I verification were successfully met. A certificate issued by ACS verifying Sunrise's eligibility to meet Level I standards was issued and included as an attachment.

2. Review of Impact Report

OEMSTS Staff reviewed the potential impact of adding the above ACS standards that are unique to Level I trauma centers. Utilizing trauma system data such as the number of patients transported to each of the four trauma centers, interfacility transfers, transport times. Staff's review centered on how the provision of these services might impact the Southern Nevada Trauma System.

After review, it was determined a change in level is not likely to have a negative impact on the System or any other trauma center in the system based on the relevant ACS standards. For example, staff determined that distribution of patients between trauma centers is unlikely to be impacted. This is because Level II and Level I trauma centers are approved to accept the most severely injured patients, Step 1 and Step 2/ Red level patients. That is, there is not an injury severity that would require a patient to be transported to Level I trauma center instead of a Level II trauma center. If Sunrise's application is approved and its designation level is upgraded to Level I, Staff does not expect any changes in patient distribution since the catchment areas will remain unchanged.

3. Advisory positions from RTAB and TMAC

In the subsequent months, the Pursuant to Health District Regulation 300.300(III)(B), OEMSTS staff presented Sunrise's application and the attached Impact Report to the Regional Trauma Advisory Board (RTAB) and Trauma Medical Audit Committee (TMAC) during public meetings. The Impact Report highlighted the differences between Level I and Level II trauma center criteria and assessed how these differences, whether positive or negative, could affect the community and existing trauma centers. At the same meetings, a representative of Sunrise' Hospital also delivered presentations and made himself available for questions. Lastly, the OEMSTS released the 2023 Trauma System Report which includes the last five years of trauma data.

Following discussion of the matter, both bodies adopted motions that did not support Sunrise's application. A recording of the meetings is available online and full motion and voting results are included in the Petition.

4. Review of 2023 Trauma System Report and Nevada State Registry Report

A Level I adult trauma center must care for at least 1,200 trauma patients per year or at least 240 trauma patients with Injury Severity Score (ISS) greater than 15 per year. (This number represents a serious/severe injury)

Southern Nevada Trauma System's Total Number of Trauma Patients: 12,566

- UMC: 3533
- Sunrise: 3473

Total Number Trauma Patients w/ ISS >15 in Southern Nevada: 1425

Southern Nevada Trauma System Annual Report 2023:

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

Nevada State Annual Trauma Report 2023:

<https://dphh.nv.gov/uploadedFiles/dphhngov/content/Programs/EBV/2023%20Annual%20Trauma%20Report.pdf>

SOUTHERN NEVADA TRAUMA SYSTEM ANNUAL REPORT

2023



Contents

Acknowledgments.....	5
Southern Nevada Trauma System Review	6
Introduction	6
The Need for a Trauma System.....	6
What is a Trauma System?.....	6
Trauma System Components	7
Prehospital Emergency Medical Services.....	7
Level I	7
Level II	7
Level III	7
Pediatric Level I or II.....	7
Rehabilitation, Data Collection, Injury Prevention, Performance Improvement.....	7
Southern Nevada Trauma System.....	8
Office of Emergency Medical Services & Trauma System.....	8
American College of Surgeons Committee on Trauma	8
Optimal versus Minimal Standard.....	8
Verification versus Designation.....	8
Southern Nevada Verified and Designated Trauma Centers	8
Southern Nevada Emergency Medical Services	9
Southern Nevada Trauma Catchment Areas.....	9
Non-Trauma Center Hospitals.....	9
Leadership and Legislation.....	10
Trauma System Evaluation and Performance Improvement.....	11
Purpose of Southern Nevada Trauma Annual Report.....	12
Data Sources.....	12
The Center for Business and Economic Research University of Nevada, Las Vegas.....	12
Southern Nevada Department of Comprehensive Planning.....	12
Nevada State Trauma Registry	12
Trauma Field Triage Criteria (TFTC) 2023 Data	13
Limitations.....	13
The Trauma System During COVID.....	14
Future Plans	14

Population Data.....	15
Intent.....	15
Clark County ZIP Code Map.....	16
Clark County Population Forecast: 2023-2065.....	17
Clark County Historical Population by Zip Code, 2018-2023	17
SNHD Trauma Field Triage Criteria (TFTC) Data.....	20
Intent.....	20
Number of TFTC Transports by Step, 2019-2023	21
TFTC Transports by Trauma Center, 2019-2023	22
UMC TFTC Transports by Step, 2019-2023	23
Sunrise TFTC Transports by Step 2019-2023.....	24
St. Rose – Siena TFTC Transports by Step, 2019-2023	25
Mike O’Callaghan TFTC Transports by Step, 2019-2023	26
TFTC Transports (1-4) by Disposition 2019-2023	27
Transport Times	29
Intent.....	29
Southern Nevada Median Transport Time in Minutes (Steps 1-4), 2019-2023	30
Southern Nevada Step 1 Median Transport Time, 2019-2023	31
Southern Nevada Step 2 Median Transport Time, 2019-2023	32
Southern Nevada Step 3 Median Transport Time, 2019-2023	33
Southern Nevada Step 4 Median Transport Time, 2019-2023	34
Southern Nevada (Composite) Median Transport Time by Step (1-4), 2019-2023	35
Histogram and Interquartile Range of Transport Time, 2019-2023.....	36
TFTC Incidents by Transport Time and Step, 2019-2023	37
Percentage of TFTC Incidents with Transport Time ≤ 15 , 2019-2023.....	38
TFTC Regional Incidents	39
Intent.....	39
TFTC Regional Map.....	40
TFTC Incident Total by Las Vegas Region, 2019-2023	41
TFTC Transports by Las Vegas Region and Step, 2019-2023.....	42
Non-Trauma Center Hospital Data.....	43
Intent.....	43
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital.....	44
by Injury Severity Score (ISS) in Southern Nevada, 2019-2023.....	44
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital	45

with an Injury Severity (ISS) >15 by Facility in Southern Nevada, 2019-2023	45
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital.....	46
with an Injury Severity (ISS) ≤15 by Facility in Southern Nevada, 2019-2023	46
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital who were Transferred to a Trauma Hospital with an Injury Severity (ISS) >15 by Facility in Southern Nevada, 2019-2023.....	47
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital who were Transferred to a Trauma Hospital with an Injury Severity (ISS) ≤ 15 by Facility in Southern Nevada, 2019-2023.....	48
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) >15 by Arrival Mode in Southern Nevada, 2019-2023.....	49
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) ≤15 by Arrival Mode in Southern Nevada, 2019-2023.....	50
Number of Deceased Patients Meeting Trauma Criteria at a Trauma Hospital with an Injury Severity Score (ISS) >15 in Southern Nevada, 2019-2023.....	51
Number of Deceased Patients Meeting Trauma Criteria at a Trauma Hospital with an Injury Severity Score (ISS) ≤15 in Southern Nevada, 2019-2023.....	52
Number of Deceased Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) >15 in Southern Nevada, 2019-2023.....	53
Number of Deceased Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) ≤15 in Southern Nevada, 2019-2023.....	54
Transfers to Southern Nevada Trauma Centers from Non-Trauma Centers, 2019-2023.....	55
Emergency Department and Trauma Center Hours, 2019-2023	56
Intent.....	56
Operational Hours for Emergency Departments and Trauma Centers, 2019-2023	57
Trauma Medical Audit Committee.....	59
Appendix	60
Appendix A: Trauma Field Triage Criteria	60
Appendix B: Southern Nevada Trauma Catchment Areas	62

Acknowledgments

The Southern Nevada Trauma System report was prepared by staff in the Southern Nevada Health District Office of Emergency Medical Services & Trauma System, Southern Nevada Health District Informatics and Public Information Offices, and Southern Nevada Health District Office of Epidemiology. The Health District appreciates the contributions of the following organizations:

- American College of Surgeons Committee on Trauma
- Nevada State Division of Health
- Regional Trauma Advisory Board
- Trauma Medical Audit Committee
- University Medical Center
- Sunrise Hospital & Sunrise Children’s Hospital
- St. Rose Dominican Hospitals – Siena Campus
- Mike O’Callaghan Military Medical Center

Thanks to the members of the Regional Trauma Advisory Board, all SNHD EMS committees, participating trauma center medical directors, program managers, and registrars. Their dedication to continuously improving data collection makes it possible to fully evaluate and advance the Southern Nevada Trauma System.

Southern Nevada Trauma System Review

Introduction

This Southern Nevada Trauma Annual Report comprehensively describes the ongoing development, operation, and maintenance of the Southern Nevada Trauma System using a 5-year calendar review. Since its inception in 2005, trauma system leadership continues to make significant strides to provide a well-coordinated trauma system to serve the trauma transport and treatment of Southern Nevada residents, bordering states, and visitors each year.

The Need for a Trauma System

Trauma systems embody extensive infrastructures designed to deliver top-tier care for injured individuals. They cover a broad range of services, including initiatives for injury prevention, a cohesive network of trauma centers, and coordinated research initiatives. Traumatic injury is the leading cause of death among young people and a significant health threat to Southern Nevada and its millions of visitors each year. Using evidenced based data to recognize top injury mechanisms, preparedness and injury prevention efforts can be directed at decreasing injury before it occurs.

Southern Nevada is an expert in providing care for large scale events, including concerts, conferences, and major sporting events.

What is a Trauma System?

A trauma system is an organized, coordinated, comprehensive injury response network of essential resources that promote injury prevention and control initiatives and provides specialized care for the injured. The system facilitates appropriate triage and transportation of trauma patients through the emergency medical services system to designated health care facilities that possess the capability, competence, and commitment to providing optimum care for trauma victims. It also promotes rehabilitation services to decrease the likelihood of long-term disability and maximize injured patients' potential to return to their prior functional capacity and reintegration into the community.

The goals of a trauma care delivery system are to:

- reduce the incidence and severity of injuries;
- improve the health outcome of those who are injured by ensuring equitable access to the most appropriate health care resources promptly;
- promote efficient, cost-effective delivery of care;
- implement performance improvement activities to ensure quality care throughout the system; and
- advocate for sufficient resources to meet the needs of the injured in the community.

Trauma System Components

Prehospital Emergency Medical Services

The prehospital component of the trauma system is designed to provide initial assessment and management of injured patients at the scene of an emergency with safe and efficient transport to the most appropriate health care facility.

Level I

A Level I trauma center provides comprehensive care for the most severely injured patients. The required clinical resources include emergency medicine, general and subspecialty surgical and anesthesia services. A Level I trauma center is expected to provide leadership in trauma system planning, education, and research. The center must also meet specific volume performance standards (at least 1200 patients annually). A 24-hour in-house availability with a 15-minute maximum acceptable response is required for the highest-level trauma activation.

Level II

A Level II trauma center provides comprehensive trauma care based on the environment of the region. In population-dense areas, Level II should supplement the Level I facility's clinical activity and expertise. A Level II trauma center is expected to provide initial and definitive trauma care for severely injured patients, including all the clinical services provided by a Level I trauma center except hand and microvascular surgical services. A 24-hour in-house availability with a 15-minute maximum acceptable response is required for the highest-level trauma activation.

Level III

A Level III trauma center typically serves communities without immediate access to Level I or II resources. When multiple trauma centers function within a community (e.g., metropolitan area), a Level III trauma center may be required to participate within a trauma system (see Level III- Southern Nevada Trauma System). The required resources include emergency medicine and general and orthopedic surgical services to treat and stabilize all the Center for Disease Control guidelines for trauma triage. The other subspecialties are desired but not required. Level III trauma centers then function to transfer injured patients that exceed the facility resources to Level I and Level II trauma centers. As such, participation in a regional trauma system is essential. A 24-hour availability with a 30-minute maximum acceptable response is required for the highest-level trauma activation.

Pediatric Level I or II

A Pediatric Level I or Level II trauma center is a health care facility that has committed the necessary resources and expertise to meet the pediatric population's specialized needs. A pediatric trauma center is expected to assume a leadership role in the care of injured children within their community.

Rehabilitation, Data Collection, Injury Prevention, Performance Improvement

All trauma centers commit to an optimal performance that includes these four key points. The rehabilitation of injured patients reduces costs; each trauma center establishes local agreements with rehabilitation centers to provide post-trauma care. Data collected to analyze and evaluate system performance is used to improve responses, conserve resources, implement prevention strategies, and comply with reporting statutes.

Southern Nevada Trauma System

The establishment of a Trauma System is mandated by Nevada law. The authority to plan, implement, and monitor the Southern Nevada Trauma System was delegated to the Southern Nevada District Board of Health (Board). The Board has established and adopted a comprehensive trauma system plan and regulations. As the lead regulatory agency in Southern Nevada, the Southern Nevada Health District plays a central role in acquiring and analyzing trauma system data. Through the Office of Emergency Medical Services & Trauma System (OEMSTS), the Health District provides a continuous assessment of the trauma system. In addition, the Regional Trauma Advisory Board (RTAB) and Trauma Medical Audit Committee (TMAC) share responsibility for interpreting the data to evaluate the system's efficiency and effectiveness. In Southern Nevada, all trauma centers are verified by the American College of Surgeons Committee on Trauma (ACS-COT) and designated by the Nevada Division of Public and Behavioral Health (DPBS) every three-years. With a population of over 700,000, the Board must participate in the designation process.

Office of Emergency Medical Services & Trauma System

OEMSTS is comprised of a Manager, Supervisor, Regional Trauma Coordinator, EMS Project/Program Coordinators, EMS Field Representatives, and Senior Administrative Assistant. Additionally, the Health District contracts a licensed physician to serve as the EMS Medical Director. OEMSTS receives direction from the District Health Officer and Director of Community Health.

American College of Surgeons Committee on Trauma

ACS-COT focuses on improving injured patients' care. Their guidelines were developed for a verification process whereby a hospital could be evaluated to determine if all the needed criteria to function as a trauma center are being met.

Optimal versus Minimal Standard

The American College of Surgeons Committee on Trauma (ACS-COT) has developed a classification system to verify the necessary resources to provide optimal care to injured patients. It is not a ranking of medical care provided by a health care facility but the recognition of the depth of resources available within the institution. In Nevada, any healthcare facility that has not been verified by the ACS-COT meets a minimum standard, through state and federal industry certifications, and not an optimal standard. Nevada Administration Code (NAC) 450B.819 requires ACS-COT verification to be considered for designation.

Verification versus Designation

Verification: A hospital verified by the ACS-COT demonstrates it meets the criteria contained in *Resources for Optimal Care of the Injured Patient*. This verification process requires a visit by the ACS-COT to determine if all criteria are optimally met. Any hospital seeking to be designated to perform as a Trauma Center in Southern Nevada must be verified.

Designation: The regulatory and bureaucratic process needed by a hospital to be designated as a Trauma Center is performed by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services. Additionally, in Southern Nevada, as defined by its population, a hospital seeking designation must obtain a letter from the Southern Nevada District Board of Health that provisionally authorizes its designation. To be included in the Southern Nevada Trauma Catchment Areas, a hospital must be designated.

Southern Nevada Verified and Designated Trauma Centers

- University Medical Center Level I and Pediatric Level II Trauma Center
- Sunrise Hospital Level II Trauma Center
- St. Rose Dominican Hospitals – Siena Campus Level III Trauma Center
- Mike O'Callaghan Miliary Medical Center Level III Trauma Center

Southern Nevada Emergency Medical Services

In Southern Nevada, the public fire departments provide emergency medical services (EMS): Boulder City Fire Department, Clark County Fire Department, Henderson Fire Department, Las Vegas Fire & Rescue, Mesquite Fire & Rescue, and North Las Vegas Fire Department. The private franchised EMS agencies serving the area are American Medical Response, Community Ambulance, Guardian Elite Medical Services, and MedicWest Ambulance. Air ambulance services are provided by Guardian Flight (fixed wing), Optimumedicine (fixed wing), and Mercy Air Service Inc. (rotor wing).

Southern Nevada Trauma Catchment Areas

To facilitate the timely transportation of trauma patients from the scene of an emergency to the closest appropriate trauma center, the Office of Emergency Medical Services & Trauma System (OEMSTS) creates and determines geographic catchment areas (Appendix B). The office monitors trauma patients' distribution to ensure patients are matched with the appropriate resources while providing sufficient volume to each trauma center to provide stability within the trauma system. In 2024, the prehospital emergency services triage for trauma patients will be implemented to reflect the CDC's updated 2021 Guidelines for field triage of injured patients.

Non-Trauma Center Hospitals

The Southern Nevada Trauma System recognizes that hospital facilities that provide emergency services contribute to its inclusive trauma system. These facilities are known as Non-Trauma Center Hospitals and provide prompt assessment, resuscitation, emergency operations, and stabilization and arrange for transfer to a designated trauma center. Most trauma patients arrive at Non-Trauma Center Hospitals by self-delivery or by EMS provider judgment exemptions. If injured patients meet trauma criteria, they may be transferred through inter-local agreements to a designated Trauma Center.

Leadership and Legislation

The Administrator of Nevada's Department of Health and Human Services, in conjunction with the Deputy of the Division of Public and Behavioral Health, has the authority to designate a health care institution as a trauma center based on a proposal that must include a verification of the American College of Surgeons classification system and approval of a district board of health in any county whose population is 700,000 or more. During the 2005 state legislative session, Nevada Revised Statute (NRS) 450B.237 was promulgated, authorizing the Southern Nevada District Board of Health to establish and adopt a comprehensive trauma system plan concerning trauma treatment in Clark County. During the 2020 state legislative session, NRS 450B.237 was altered. The overall designation process remained the same except that approval of a new Level III trauma center must come from the Nevada State Health Division's Administrator after they have conducted a comprehensive assessment of needs. Additionally, the Southern Nevada District Board of Health cannot approve the proposal without having met the criteria outlined.

The Health District's Regional Trauma Coordinator, as part of OEMSTS, provides administrative oversight of the Southern Nevada Trauma System. With the assistance of local trauma leaders and community stakeholders, the Southern Nevada Trauma System regulations were first adopted by the District Board of Health in May 2007.

To assist the District Health Officer and OEMSTS in fulfilling the responsibilities defined in regulations, the RTAB was created. The primary mission of the RTAB is to support the District Health Officer to ensure a quality system of patient care for the victims of trauma within Southern Nevada. The RTAB makes recommendations and assists in the ongoing design, operation, evaluation, and revision of the trauma system from initial patient access to definitive patient care. The members of the RTAB include a trauma surgeon and trauma program manager from each designated trauma center; the chairman of the Health District's Emergency Medical Services Medical Advisory Board; an administrator from a non-trauma hospital; a person representing the public providers of advanced emergency care; a person representing the private franchised providers of advanced emergency care; a person representing health education and prevention services; a person representing the payors of medical benefits for the victims of trauma; and a person representing the general public. RTAB meets, at minimum, quarterly according to the trauma system's needs.

Trauma System Evaluation and Performance Improvement

An essential component of any trauma system is a continuous, comprehensive, multidisciplinary, data-driven assessment process. This process monitors and evaluates the trauma system's structure and outcome measures through all phases of care. The Southern Nevada Trauma System Improvement Plan consists of three major elements: 1) internal performance improvement and patient safety program within each trauma center; 2) scheduled independent evaluations of trauma care by trauma care experts from the American College of Surgeons; and quarterly trauma system review and analysis by the Trauma Medical Audit Committee; and 3) ongoing data collection, management, and analysis at the local, state and national level to ensure system effectiveness and identify trends and needs within the system.

The cornerstone of the Southern Nevada Trauma System medical review process is the Trauma Medical Audit Committee (TMAC). It is a peer review committee that meets quarterly to review, monitor, and evaluate trauma system performance and make recommendations for system improvements. The TMAC derives its authority and privilege from NRS 49.117 - 49.123; NRS 49.265; and NRS 450B.237. The members of the TMAC include the trauma medical director and program manager from each designated trauma center; the Southern Nevada medical examiner or designee; the Health District's Regional Trauma Coordinator; a neurosurgeon; an anesthesiologist; an orthopedic surgeon; and an emergency physician not affiliated with a trauma center.

Effectively evaluating trauma system performance is contingent upon appropriate data collection, management, analysis, and reporting. NRS 450B.238 requires each designated trauma center to provide data on any person who sustains an acute injury, which has the potential of being fatal or producing major disability to the state trauma registry managed by the State Health Division, Bureau of Health Planning and Statistics. The State Trauma Registry is one source of valuable information needed to describe injured patients with an ISS greater than fifteen within the Southern Nevada Trauma System.

Each designated Trauma Center also voluntarily provides data to the National Trauma Data Bank maintained by the ACS-COT. This data includes patients evaluated for trauma by the mechanism of injury and special considerations. This criterion is based on injury patterns, mental status and vital signs, mechanism, and EMS judgement outlined in the Southern Nevada EMS System Trauma Field Triage Criteria Protocol (TFTC). In addition, injury mortality data provided by the Southern Nevada Coroner's Office is used by the TMAC to evaluate trauma system resource utilization and planning for improved system effectiveness and efficiency.

Purpose of Southern Nevada Trauma Annual Report

To provide a data-driven assessment of the Southern Nevada Trauma System, the Regional Trauma Coordinator produces the annual Southern Nevada Trauma System Report. Where able, a 5-year data set will be used to present the most current information available. All sources are chosen to provide an overview of injury and trauma system utilization at the local level. As defined in NRS, the District Board of Health shall consider plans for future county trauma needs, designation of new trauma centers, and the most effective way to provide trauma services. This report is intended as a tool for the Southern Nevada Trauma System's subject-matter experts to review the overall system to recognize trends and provide decision-makers with informed guidance.

Data Sources

The Center for Business and Economic Research University of Nevada, Las Vegas
Southern Nevada Department of Comprehensive Planning

Nevada State Trauma Registry

The Nevada Trauma registry is a repository of trauma incident data from across the state. All hospitals within Nevada are required to submit data quarterly. To be classified as a trauma, a series of criteria identified by the American College of Surgeons must be met. For an incident to be classified as a trauma, the patient must have:

- At least one diagnostic code for injury:
 - ICD-10 code from the following ranges: S00-S99 (7th Character Modifier A, B, or C), T07, T14, T20-T28 (7th Character modifier A), T30-32, and T79.A1-T79.A9 (7th character modifier A) and the patient must have:
- At least one of the following criteria:
 - Patient was in the hospital for at least 24 hours due to injuries;
 - Injury resulted in death; or
 - Patient was transferred between hospitals using EMS or air ambulance.

Trauma Field Triage Criteria (TFTC) 2023 Data

The designated trauma centers in Southern Nevada submit data to the OEMSTS related to patients transported according to the Health District's EMS Operations Trauma Field Triage Criteria Protocol criteria. The TFTC algorithm is a triage decision scheme developed by the American College of Surgeons Committee on Trauma.

Prehospital professionals are trained to perform a physical assessment of trauma patients and recognize specific injuries and injury mechanisms that are likely to cause severe injury. The data, verified through First Watch, includes:

- day and time;
- address with longitude and latitude coordinates;
- injury code;
- EMS response time-stamps;
- transport destinations;
- out-of-area.

Patients are transported to area trauma centers based on these criteria:

Step 1 (Physiologic): A trauma patient whose injury is so severe that their vital signs or level of consciousness are abnormal.

Step 2 (Anatomic): A trauma patient whose vital signs and level of consciousness are within normal limits, but they have sustained an obvious serious injury; for example, an open or depressed skull fracture, pelvic fracture, or paralysis.

Step 3 (Mechanism): A trauma patient whose vital signs and level of consciousness are within normal limits. They do not appear to have an obvious serious injury. Still, they have experienced high energy impact to the body that may have caused a severe injury that is not immediately obvious.

Step 4 (Special Considerations): A trauma patient whose circumstances merit special considerations, for example, older adults, children, anticoagulants/bleeding disorders, and pregnancy.

In 2024, the steps will shift to align with the updated guidelines from the CDC.

Limitations

One of the most critical limitations of the trauma system report is the lack of consistency in trauma data collection at the state and local levels. Variability was noted in disease classification coding, case definitions, and inclusion criteria among the organizations that collect injury data.

It is the desire of the OEMSTS and members of the RTAB to be evidence-based in making decisions regarding future planning, development, and modification of the Southern Nevada Trauma System. The stakeholders are working diligently to improve data collection activities specific to Southern Nevada.

The Trauma System During COVID

The trauma system functioned as intended during the COVID pandemic without interruption of services. Complications arose when ACS-COT was unable to provide in-person verification visits. This required the ACS-COT to develop web-based verification visits. Siena Level III Trauma Center was reverified as part of the pilot web-based verification process. Sunrise Level II Trauma Center was reverified via the web-based verification process. All three trauma centers were granted one-year extensions to their designations by the Administrator of the Nevada Department of Health and Human Services due to the ACS-COT delays.

During the COVID pandemic, trauma case numbers and type remained the same, though initially, there appeared to be an increase in interpersonal violence (e.g., stabbings). The increase was attributed to a decrease in other injuries (e.g., automobile accidents) that subsequently raised the percentage of certain injuries without an actual increase in cases.

Future Plans

The trauma system's future evolution depends on a reliable surveillance system to monitor trends, identify opportunities for improvement, and provide valuable information to health care leaders, emergency managers, and policymakers. Access to quality data contributes to the accurate assessment of current resources and assists in developing comprehensive, evidence-based, and integrated strategic plans to promote effective and efficient emergency medical care for injured patient.

The OEMSTS, during 2024, will be focusing on the following:

- Review of Trauma System Plan and Performance Improvement Plan
- Review of trauma system data
- Transition of TFTC data to the updated CDC guidelines

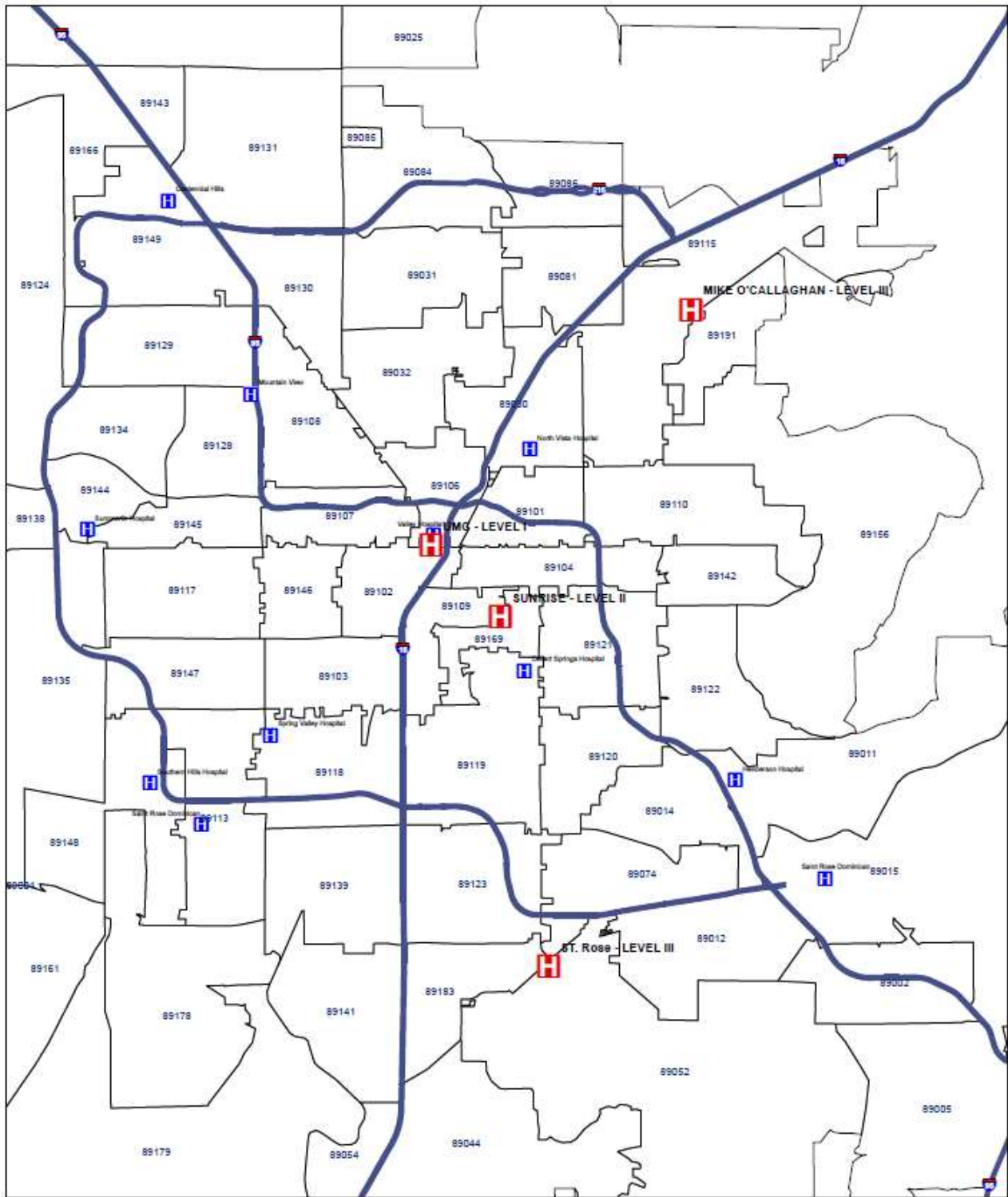
The Office of Emergency Medical System & Trauma System appreciates our community partners' contributions and support in maintaining the Southern Nevada Trauma System and have committed to building on the achievements to date.

Population Data

Intent

The intent of including population data is to examine if there has been statistically significant population growth or decline and determine if population changes will impact patient care. The data is populated to provide evidence of where growth or decline is happening, how fast, and if it is expected to continue. While population changes are not always associated with increased or decreased trauma volumes, the change needs to be identified to consider its impact. When a population change occurs, it congruently may affect but is not limited to roadways, infrastructure, emergency and healthcare providers, and socioeconomic factors.

Clark County ZIP Code Map



Clark County Population Forecast: 2023-2065

Year	Population Forecast	Change in Population Forecast	Growth in Population (Percent)
2023	2,374,000*	42,066	1.8%
2024	2,407,000*	33,000	1.4%
2025	2,438,000*	31,000	1.3%
2026	2,494,000	56,000	2.3%
2027	2,542,000	48,000	1.9%
2028	2,583,000	41,000	1.6%
2029	2,617,000	34,000	1.3%
2030	2,645,000	28,000	1.1%
2031	2,670,000	25,000	0.9%
2032	2,691,000	21,000	0.8%
2033	2,711,000	20,000	0.7%
2034	2,731,000	20,000	0.7%
2035	2,750,000	19,000	0.7%
2036	2,770,000	20,000	0.7%
2037	2,789,000	19,000	0.7%
2038	2,809,000	20,000	0.7%
2039	2,828,000	19,000	0.7%
2040	2,848,000	20,000	0.7%
2041	2,866,000	18,000	0.6%
2042	2,884,000	18,000	0.6%
2043	2,902,000	18,000	0.6%
2044	2,919,000	17,000	0.6%
2045	2,935,000	16,000	0.5%
2046	2,951,000	16,000	0.5%
2047	2,967,000	16,000	0.5%
2048	2,983,000	16,000	0.5%
2049	2,999,000	16,000	0.5%
2050	3,014,000	15,000	0.5%
2051	3,030,000	16,000	0.5%
2052	3,046,000	16,000	0.5%
2053	3,062,000	16,000	0.5%
2054	3,078,000	16,000	0.5%
2055	3,095,000	17,000	0.6%
2056	3,111,000	16,000	0.5%
2057	3,127,000	16,000	0.5%
2058	3,144,000	17,000	0.5%
2059	3,160,000	16,000	0.5%
2060	3,176,000	16,000	0.5%
2061	3,192,000	16,000	0.5%
2062	3,207,000	15,000	0.5%
2063	3,222,000	15,000	0.5%
2064	3,236,000	14,000	0.4%
2065	3,250,000	14,000	0.4%

* SNRPC Census population estimate.

Source: The Center for Business and Economic Research University of Nevada, Las Vegas

Note: The average annual forecasted growth rate is 0.7 percent.

Clark County Historical Population by Zip Code, 2018-2023

ZIP	2018	2019	2020	2021	2022	2023	Absolute Growth	Growth Rate (%)
-----	------	------	------	------	------	------	-----------------	-----------------

							2018-2023	2018-2023
89002	36,793	37,804	38425	38515	38176	38,536	1,743	4.74
89004	315	308	303	150	151	153	-162	-51.43
89005	16104	16398	16505	15250	14972	15,023	-1,081	-6.71
89007	1064	1074	1068	991	939	929	-135	-12.69
89011	31074	34521	37424	40068	41693	45,239	14,165	45.58
89012	36374	36360	36607	37311	36366	36,697	323	0.89
89014	42471	42753	42773	42223	42512	42,905	434	1.02
89015	42528	42205	42658	43447	41972	42,969	441	1.04
89018	1153	1300	1353	1114	1407	1,554	401	34.78
89019	2786	2838	2908	2808	2570	2,565	-221	-7.93
89021	3554	3544	3610	2733	3059	3,059	-495	-13.93
89025	1452	1449	1453	1278	1308	1,284	-168	-11.57
89027	20158	21020	21955	19703	18673	18,993	-1,165	-5.78
89029	10538	10515	10931	9734	9350	9,297	-1,241	-11.78
89030	54973	56328	56289	56056	50691	50,444	-4,529	-8.24
89031	71137	72506	73842	76085	78527	79,427	8,290	11.65
89032	46542	47941	48263	49448	48816	49,669	3,127	6.72
89034	2707	3117	3601	3372	3474	3,817	1,110	41.00
89039	206	227	231	149	156	154	-52	-25.24
89040	3776	3922	4023	3455	3259	3,259	-517	-13.69
89044	23420	25971	27455	27551	30804	33,931	10,511	44.88
89046	406	424	437	485	479	453	47	11.58
89052	58648	60356	62576	61276	61079	62,031	3,383	5.77
89054	102	102	102	62	66	63	-39	-38.24
89074	55455	54863	55749	54376	52941	53,002	-2,453	-4.42
89081	38540	38840	39622	41804	42546	42,706	4,166	10.81
89084	28263	29726	32752	37263	38175	40,532	12,269	43.41
89085	3747	3627	3671	3699	4263	4,266	519	13.85
89086	5103	6037	6679	8660	10735	12,517	7,414	145.29
89101	41672	44179	45257	46728	41479	42,513	841	2.02
89102	38181	40100	41080	37782	34614	34,204	-3,977	-10.42
89103	49618	50396	51624	45150	45170	45,303	-4,315	-8.70
89104	37032	39691	39826	38337	36516	36,449	-583	-1.57
89106	26751	30087	30767	31678	30811	30,796	4,045	15.12
89107	40580	39340	39331	38623	38891	39,111	-1,469	-3.62
89108	80869	78900	79111	78128	76138	76,685	-4,184	-5.17
89109	5539	6464	6608	7165	6880	6,739	1,200	21.66
89110	79077	80581	80441	78526	74821	74,649	-4,428	-5.60
89113	31853	33936	34803	34794	37623	40,384	8,531	26.78
89115	74336	75243	77533	75196	73305	70,694	-3,642	-4.90
89117	58913	57184	57174	55761	55750	55,750	-3,163	-5.37
ZIP	2018	2019	2020	2021	2022	2023	Absolute Growth 2018-2023	Growth Rate (%) 2018-2023
89118	25884	26417	27433	26082	26979	27,840	1,956	7.56
89119	49614	49860	51001	50411	47594	48,785	-829	-1.67

89120	24506	26026	26647	24084	24366	24,374	-132	-0.54
89121	72173	69543	69532	66209	67609	68,186	-3,987	-5.52
89122	55750	56498	56994	56056	55706	55,683	-67	-0.12
89123	64061	62305	63176	58763	58026	57,938	-6,123	-9.56
89124	7169	7202	6891	6616	6861	6,786	-383	-5.34
89128	39379	39753	39749	39775	38716	38,742	-637	-1.62
89129	56848	54566	55755	55565	54158	54,585	-2,263	-3.98
89130	33556	32325	32836	32490	32357	32,413	-1,143	-3.41
89131	49455	50176	50474	50227	50354	50,484	1,029	2.08
89134	25298	25486	25486	24205	23820	23,806	-1,492	-5.90
89135	32316	32617	33828	33092	32928	34,405	2,089	6.46
89138	18748	20001	22074	23289	26515	29,218	10,470	55.85
89139	41653	42064	44127	43112	45600	46,376	4,723	11.34
89141	38678	40006	43865	41017	43033	45,284	6,606	17.08
89142	37609	36391	36888	35568	36010	36,046	-1,563	-4.16
89143	14658	13406	13409	13350	13879	15,072	414	2.82
89144	19824	20162	20160	19291	18980	19,000	-824	-4.16
89145	28171	28481	28594	28452	27908	27,896	-275	-0.98
89146	19739	19918	20057	18686	19008	18,903	-836	-4.24
89147	60349	60183	60934	56287	56070	56,253	-4,096	-6.79
89148	66931	68749	71877	65967	66568	67,827	896	1.34
89149	41365	43739	44504	42908	44915	45,454	4,089	9.89
89156	30418	31514	31508	29945	30895	31,270	852	2.80
89158	0	1543	1549	1367	476	736	736	0.00
89161	506	502	502	443	0	479	-27	-5.34
89166	17830	19253	20957	23425	28834	32,921	15,091	84.64
89169	24946	27047	28273	26853	25852	24,981	35	0.14
89178	35355	38514	40314	41198	43852	45,733	10,378	29.35
89179	9740	11422	11688	11819	11856	11,856	2,116	21.72
89183	38275	37955	38786	39602	39788	43,497	5,222	13.64
Total	2,284,616	2,325,798	2,325,798	2,325,798	2,325,798	2,371,586	86,970	3.81

Clark County Department of Comprehensive Planning

Source: Southern Nevada Census Population Estimate, August - Roll Close 2020

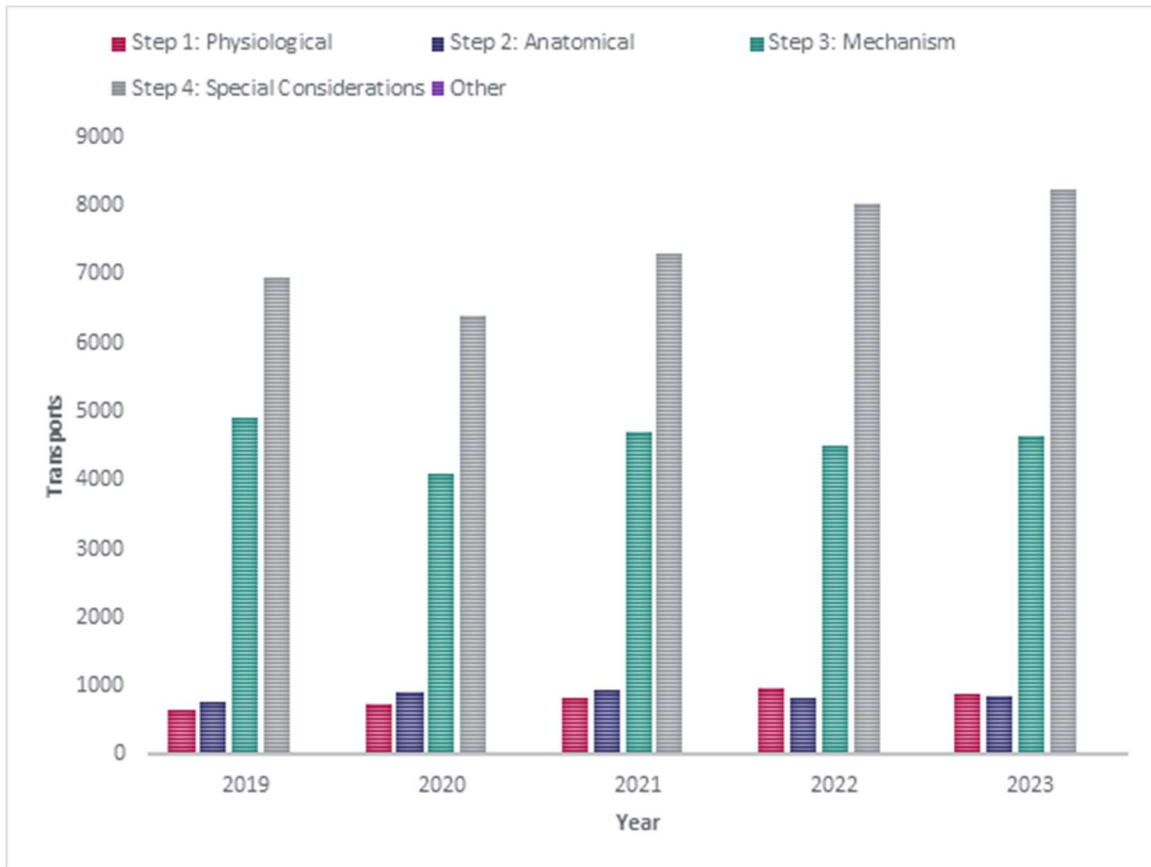
SNHD Trauma Field Triage Criteria (TFTC) Data

Intent

The intent of including TFTC data is to examine and determine the number of reported trauma cases at all designated Trauma Centers in Southern Nevada. This data can then be used to analyze capacity, determine unmet needs, identify negative outcomes, and recognize barriers to access healthcare. TFTC data is abstracted by trained data extractors to be reported, compiled, verified, and generated by a collaborative effort between designated trauma centers and the Office of Emergency Medical Services and Trauma System (OEMSTS). This data is separate from the data criteria required and submitted to the Nevada State Trauma Registry. All data points include a date, time, location, injury code, transporting agency, and receiving facility. Current Southern Nevada TFTC is guidance provided by the CDC and approved by the Medical Advisory Board.

Appendix A: Trauma Field Triage Criteria

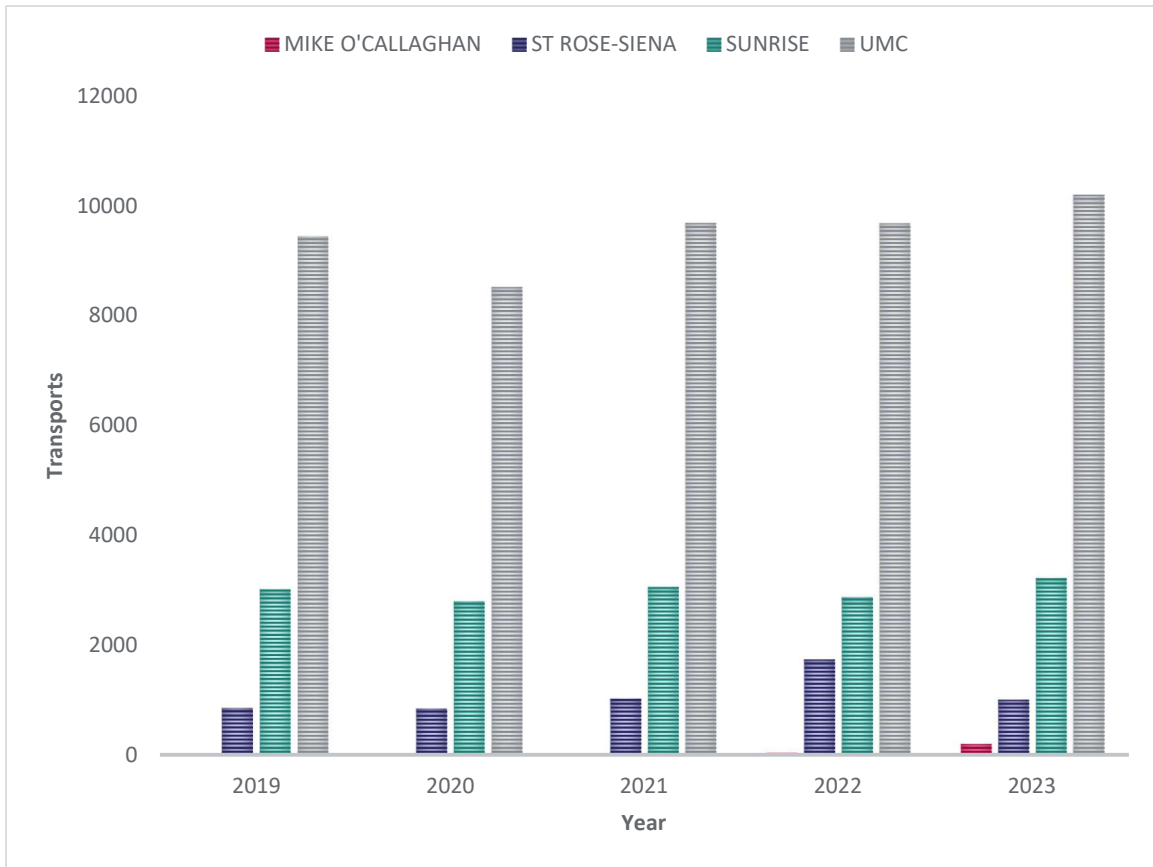
Number of TFTC Transports by Step, 2019-2023



TFTC Transports by Trauma Center, 2019-2023					
	2019	2020	2021	2022	2023
Step 1: Physiological	655	750	818	964	896
Step 2: Anatomical	779	904	947	836	857
Step 3: Mechanism	4921	4103	4696	4495	4660
Step 4: Special Considerations	6946	6383	7289	8025	8231
Other	0	32	26	19	30
All	13301	12172	13776	14339	14674

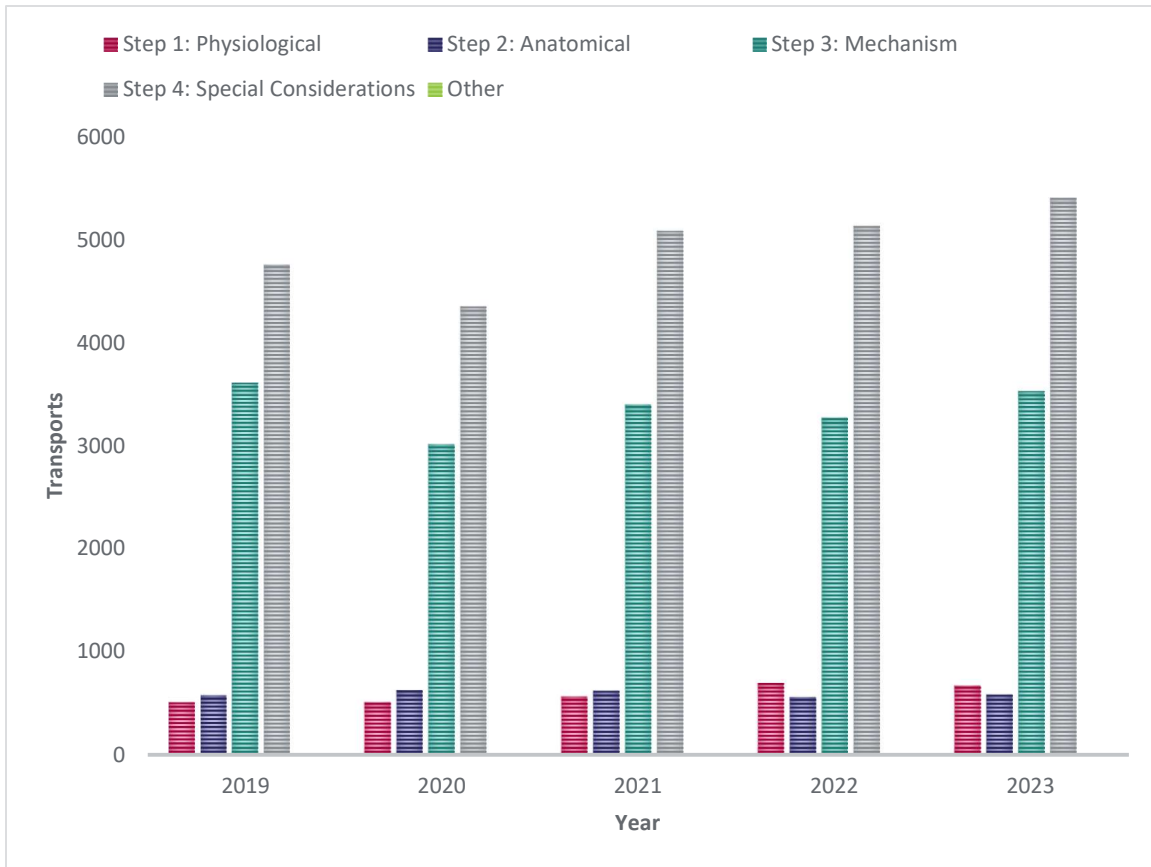
Source: SNHD TFTC Data
 Note: Includes all TFTC transports in the Southern Nevada Trauma System.

TFTC Transports by Trauma Center, 2019-2023



TFTC Transports by Trauma Center, 2019-2023					
	2019	2020	2021	2022	2023
Mike O'Callaghan	0	0	0	35	208
St. Rose-Siena	853	847	1028	1748	1013
Sunrise	3003	2803	3062	2875	3234
UMC	9445	8522	9686	9681	10209
All	13301	12172	13776	14339	14664
<i>Source: SNHD TFTC Data</i>					
<i>Note: Includes all TFTC transports in the Southern Nevada Trauma System.</i>					

UMC TFTC Transports by Step, 2019-2023



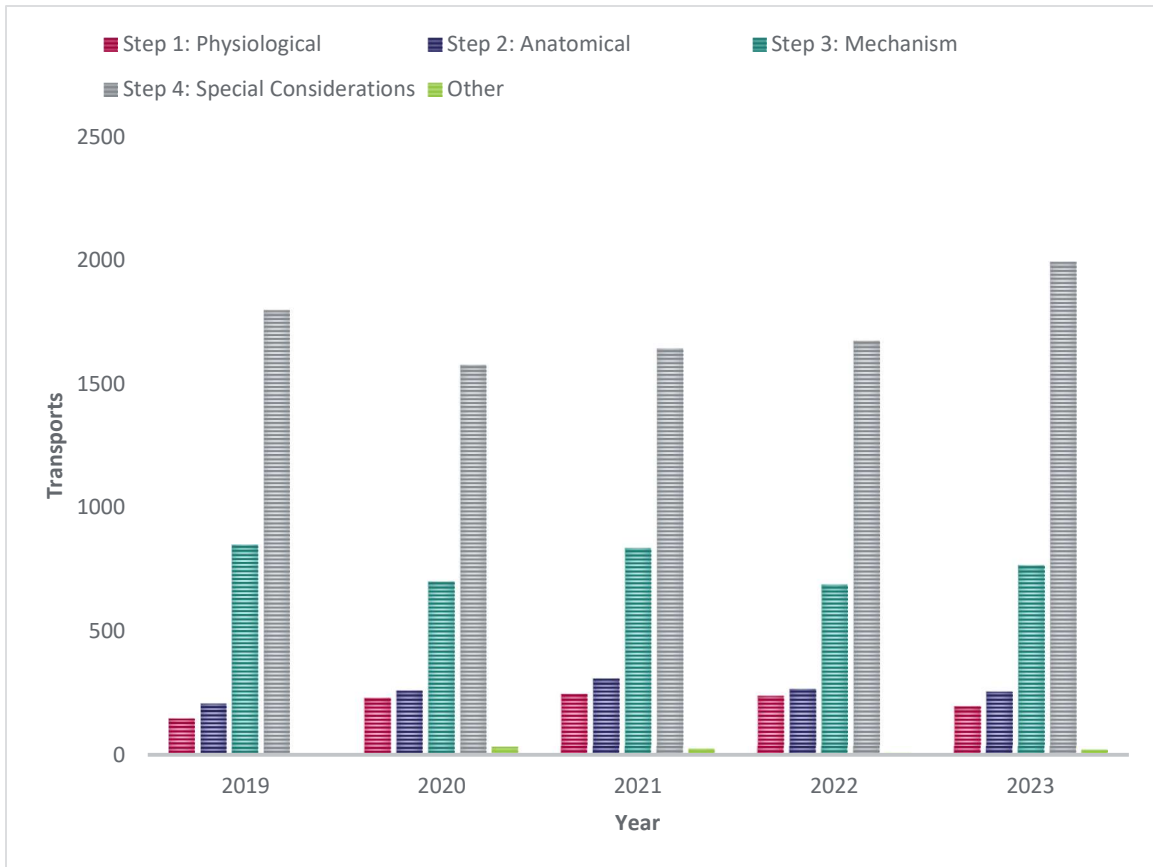
UMC TFTC Transports by Step, 2019-2023

	2019	2020	2021	2022	2023
Step 1: Physiologic	505	513	569	703	676
Step 2: Anatomic	569	637	627	564	590
Step 3: Mechanism	3613	3016	3403	3277	3533
Step 4: Special Considerations	4758	4356	5087	5134	5409
Other	0	0	0	3	1
Total	9445	8522	9686	9681	10209

Source: SNHD TFTC Data

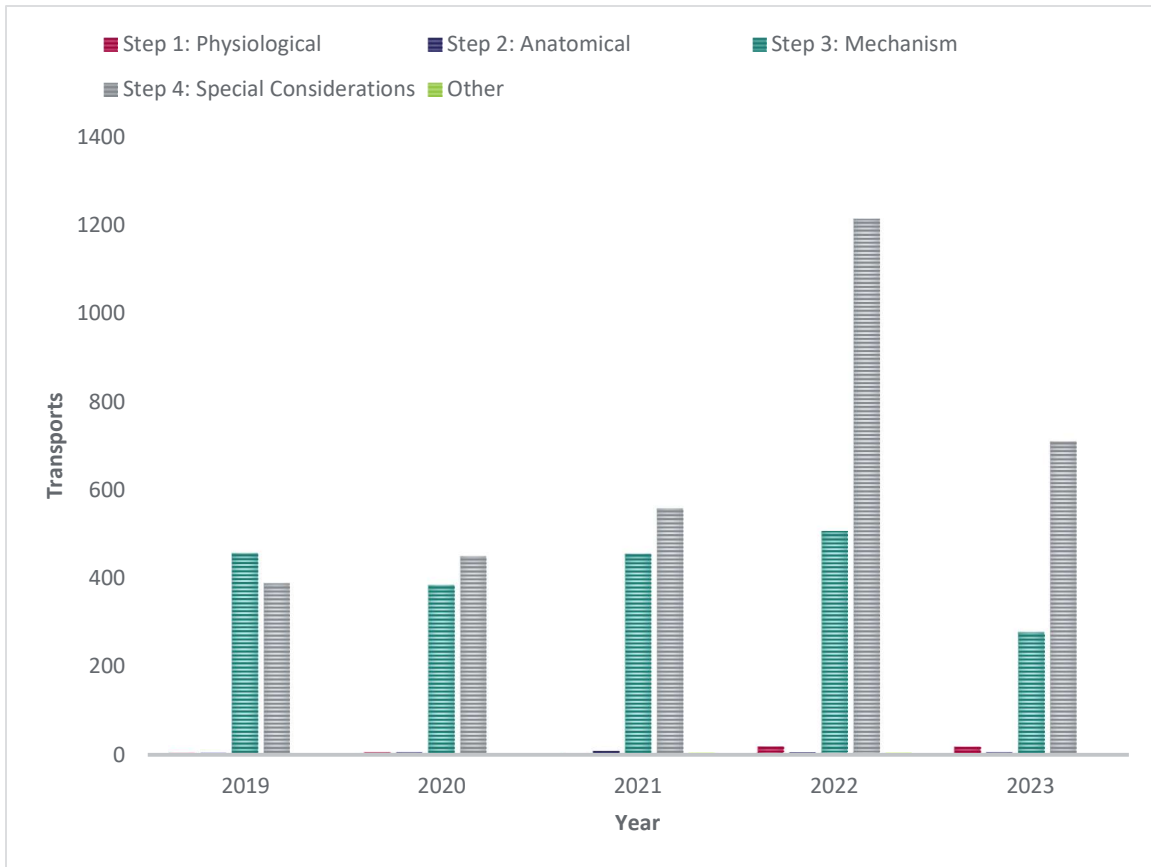
Note: Includes all TFTC transports in the Southern Nevada Trauma System.

Sunrise TFTC Transports by Step 2019-2023



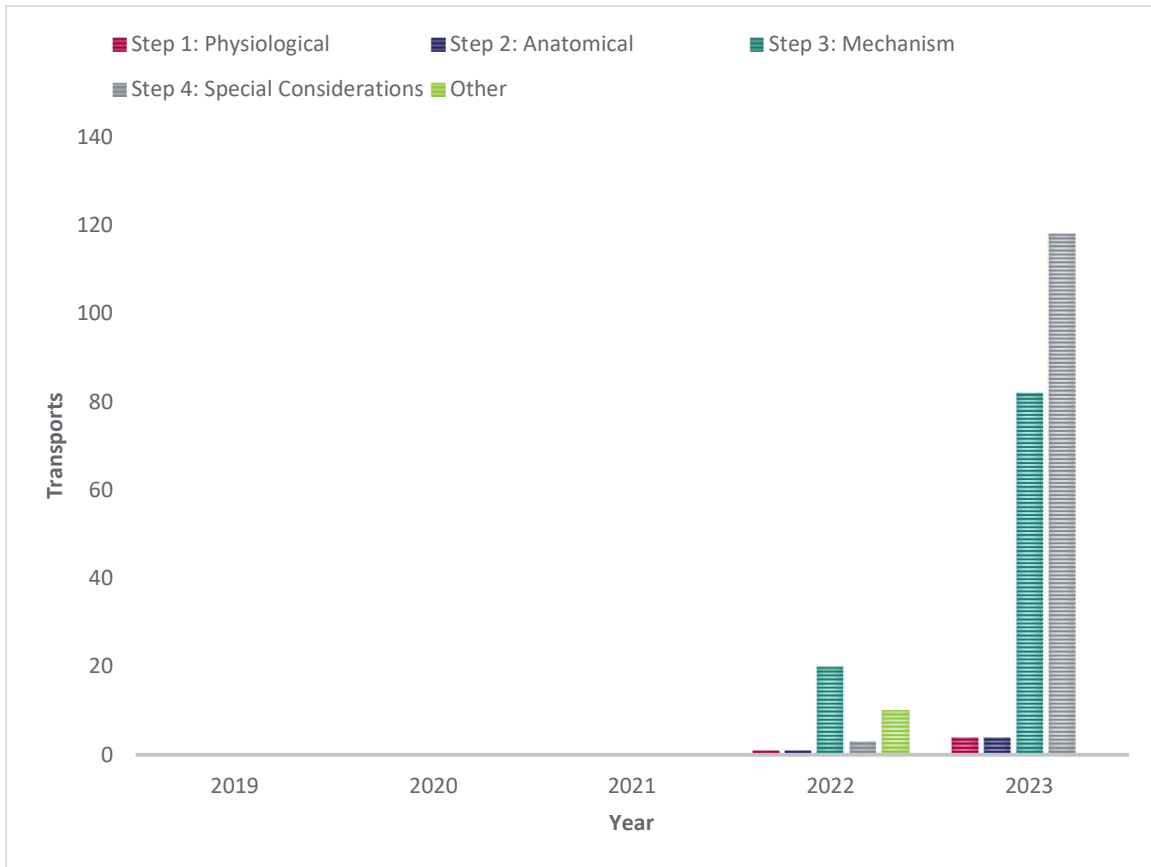
Sunrise TFTC Transports by Step, 2019-2023					
	2019	2020	2021	2022	2023
Step 1: Physiologic	146	231	248	240	197
Step 2: Anatomic	207	261	310	268	257
Step 3: Mechanism	851	702	837	690	767
Step 4: Special Considerations	1799	1577	1644	1674	1994
Other	0	32	23	3	19
Total	3003	2803	3062	2875	3234
<i>Source: SNHD TFTC Data</i>					
<i>Note: Includes all TFTC transports in the Southern Nevada Trauma System.</i>					

St. Rose – Siena TFTC Transports by Step, 2019-2023



St Rose – Siena TFTC Transports by Step, 2019-2023					
	2019	2020	2021	2022	2023
Step 1: Physiologic	4	6	1	20	19
Step 2: Anatomic	3	6	10	3	6
Step 3: Mechanism	457	385	456	508	278
Step 4: Special Considerations	389	450	558	1214	710
Other	0	0	3	3	0
Total	853	847	1028	1748	1013
<i>Source: SNHD TFTC Data</i>					
<i>Note: Includes all TFTC transports in the Southern Nevada Trauma System.</i>					

Mike O'Callaghan TFTC Transports by Step, 2019-2023



Mike O'Callaghan TFTC Transports by Step, 2019-2023					
	2019	2020	2021	2022	2023
Step 1: Physiologic	0	0	0	1	4
Step 2: Anatomic	0	0	0	1	4
Step 3: Mechanism	0	0	0	20	82
Step 4: Special Considerations	0	0	0	3	118
Other	0	0	0	10	0
Total	0	0	0	35	208
<i>Source: SNHD TFTC Data</i>					
<i>Note: Mike O'Callaghan became a Level III Trauma Center in 2022. Includes all TFTC transports in the Southern Nevada Trauma System.</i>					

TFTC Transports (1-4) by Disposition 2019-2023



TFTC Transports (1-4) by Disposition, 2019-2023					
	2019	2020	2021	2022	2023
Admitted	3129	3167	3753	4490	4184
Deceased	137	161	192	182	135
Discharged	8218	7053	7854	7770	8255
ICU	1139	1144	1293	1079	1357
OR	516	460	498	495	565
Transferred	158	184	181	290	139
All	13297	12170	13771	14306	14635
<i>Source: SNHD TFTC Data</i>					
<i>Note: Includes all TFTC transports in the Southern Nevada Trauma System with a Documented Disposition. Includes 1 unclassified disposition in 2020.</i>					

TFTC Steps (1-4) by Disposition, 2019-2023						
		2019	2020	2021	2022	2023
Step 1: Physiological	Admitted	129	171	153	223	213
	Deceased	86	96	123	135	91
	Discharged	106	125	127	170	168
	ICU	265	291	351	335	325
	OR	67	66	64	96	93
	Transferred	2	1	0	4	5
Step 2: Anatomical	Admitted	167	208	215	211	221
	Deceased	25	47	53	33	26
	Discharged	278	318	350	306	283
	ICU	112	118	123	111	116
	OR	196	209	203	170	207
	Transferred	1	4	3	5	3
Step 3: Mechanism	Admitted	916	777	877	835	870
	Deceased	21	11	10	6	11
	Discharged	3485	2865	3363	3263	3342
	ICU	342	326	313	248	314
	OR	115	88	99	84	90
	Transferred	42	36	34	49	27
Step 4: Special Considerations	Admitted	1917	1998	2502	3061	2875
	Deceased	5	6	5	8	7
	Discharged	4349	3732	4004	4020	4453
	ICU	420	406	501	541	597
	OR	138	96	131	145	175
	Transferred	113	143	144	231	104
Other	Admitted	0	13	6	4	5
	Deceased	0	1	1	0	0
	Discharged	0	13	10	10	9
	ICU	0	3	5	1	5
	OR	0	1	1	0	0
	Transferred	0	0	0	1	0
All		13297	12170	13771	14306	14635
<i>Source: SNHD TFTC Data</i>						
<i>Note: Includes all TFTC transports in the Southern Nevada Trauma System with a Documented Disposition. Includes 1 unclassified step in 2020.</i>						

Transport Times

Intent

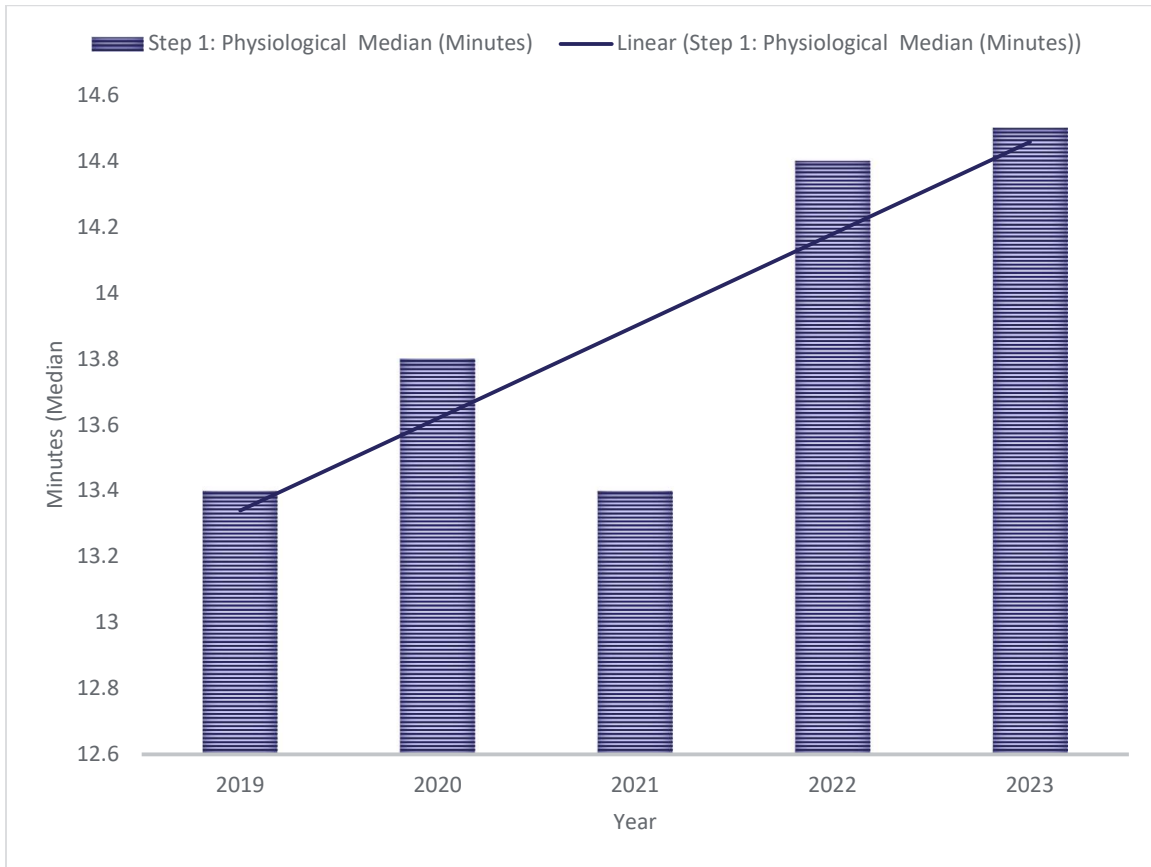
The intent of analyzing Trauma Field Triage Criteria (TFTC) transport times is to evaluate patient transport time to identify if a barrier exists to the prompt treatment of trauma. The goal of a trauma system is to get the right patient the right care in the right place at the right time. Prompt trauma treatment may shorten the recovery period and return a patient to pre-accident functionality. Patients transported by EMS providers to trauma centers must satisfy TFTC. These patients vary in the severity of the mechanisms of injury. The less severe, which represent a larger number of patients, are awake, alert, and have normal vital signs. While they appear less injured, some patients have significant, often occult injuries. Most will be discharged home after evaluation, but some require life-saving interventions identified by expedited resources available at trauma centers. There are no established or scientifically defined optimal transport times. Therefore, for Southern Nevada, transport times are provided to subject-matter-experts to allow for analysis based on, but not limited to, geographic layout and infrastructure for the community's needs.

Appendix B: Southern Nevada Trauma Catchment Areas

Southern Nevada Median Transport Time in Minutes (Steps 1-4), 2019-2023

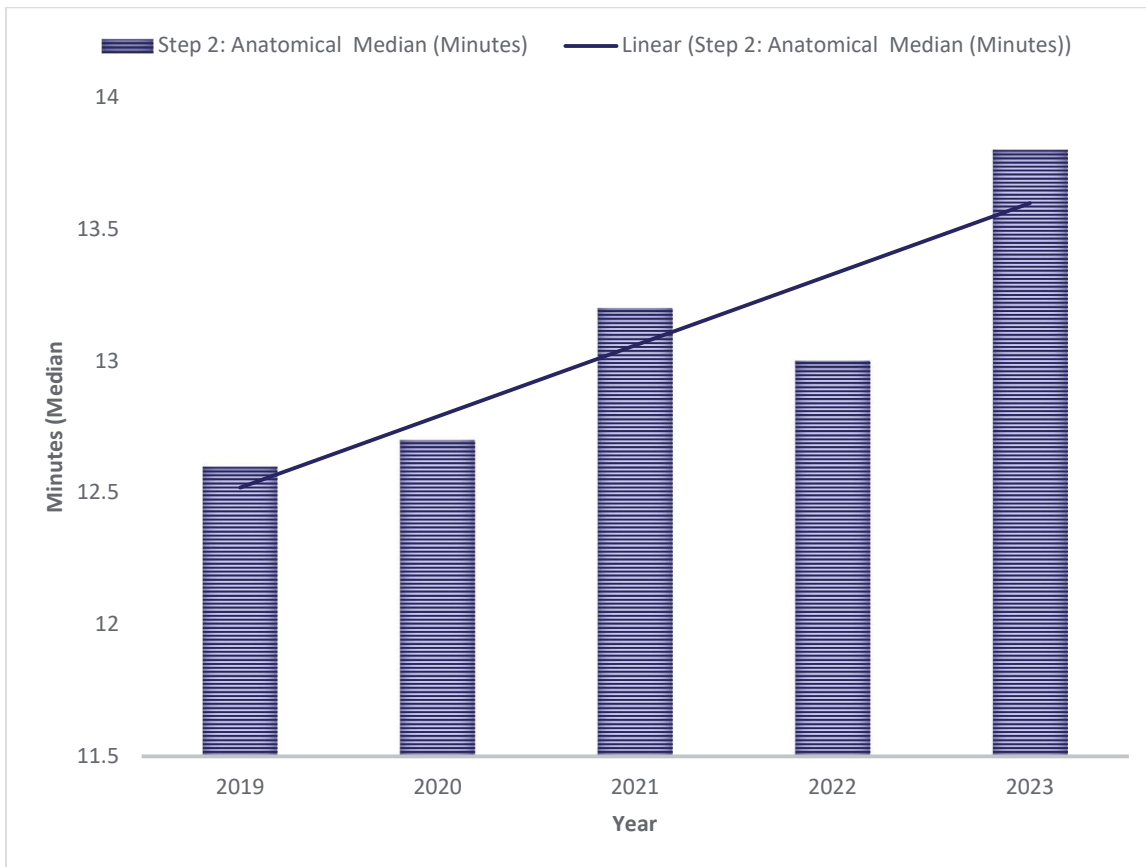
Southern Nevada Median Transport Time by Step (1-4), 2019-2023						
		Year				
		2019	2020	2021	2022	2023
Step 1: Physiologic	N	504	591	637	742	688
	Median (Minutes)	13m 24s	13m 48s	13m 24s	14m 24s	14m 30s
Step 2: Anatomic	N	631	718	768	663	666
	Median (Minutes)	12m 36s	12m 42s	13m 12s	13m 0s	13m 48s
Step 3: Mechanism	N	4065	3507	3968	3687	3778
	Median (Minutes)	16m 12s	15m 24s	15m 36s	15m 48s	16m 12s
Step 4: Special Considerations	N	5730	5430	6250	6729	6385
	Median (Minutes)	16m 0s	15m 24s	16m 12s	16m 24s	17m 24s
Other	N	0	9	2	6	10
<i>Source: SNHD TFTC Data</i>						
<i>Note: Data not listed if out of state or if zip code is unavailable. Service area for Southern Nevada includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.</i>						

Southern Nevada Step 1 Median Transport Time, 2019-2023



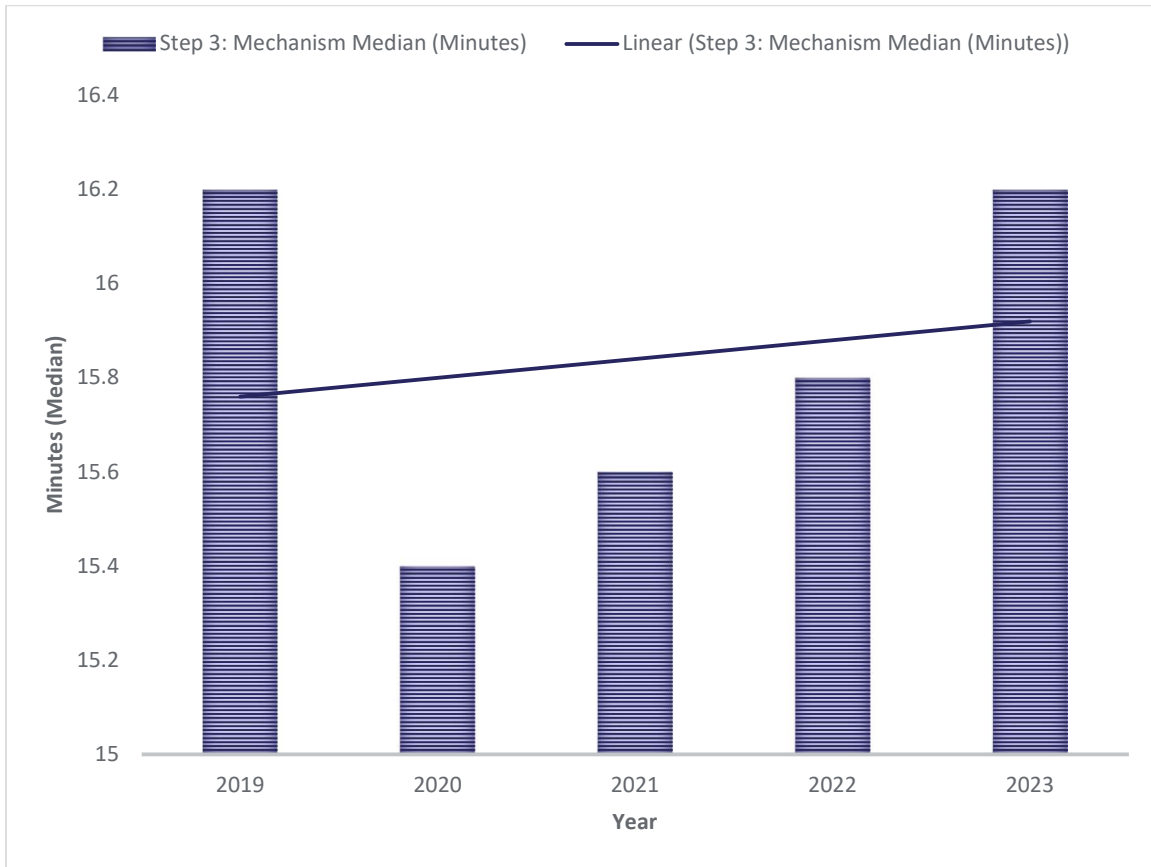
Southern Nevada Step 1 Median Transport Time, 2019-2023						
		Year				
		2019	2020	2021	2022	2023
Step 1: Physiologic	N	504	591	637	742	688
	Median (Minutes)	13m 24s	13m 48s	13m 24s	14m 24s	14m 30s
<i>Source: SNHD TFTC Data</i>						
<p><i>Note: Data not listed if out of state or if zip code is unavailable. Service area for Southern Nevada includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.</i></p>						

Southern Nevada Step 2 Median Transport Time, 2019-2023



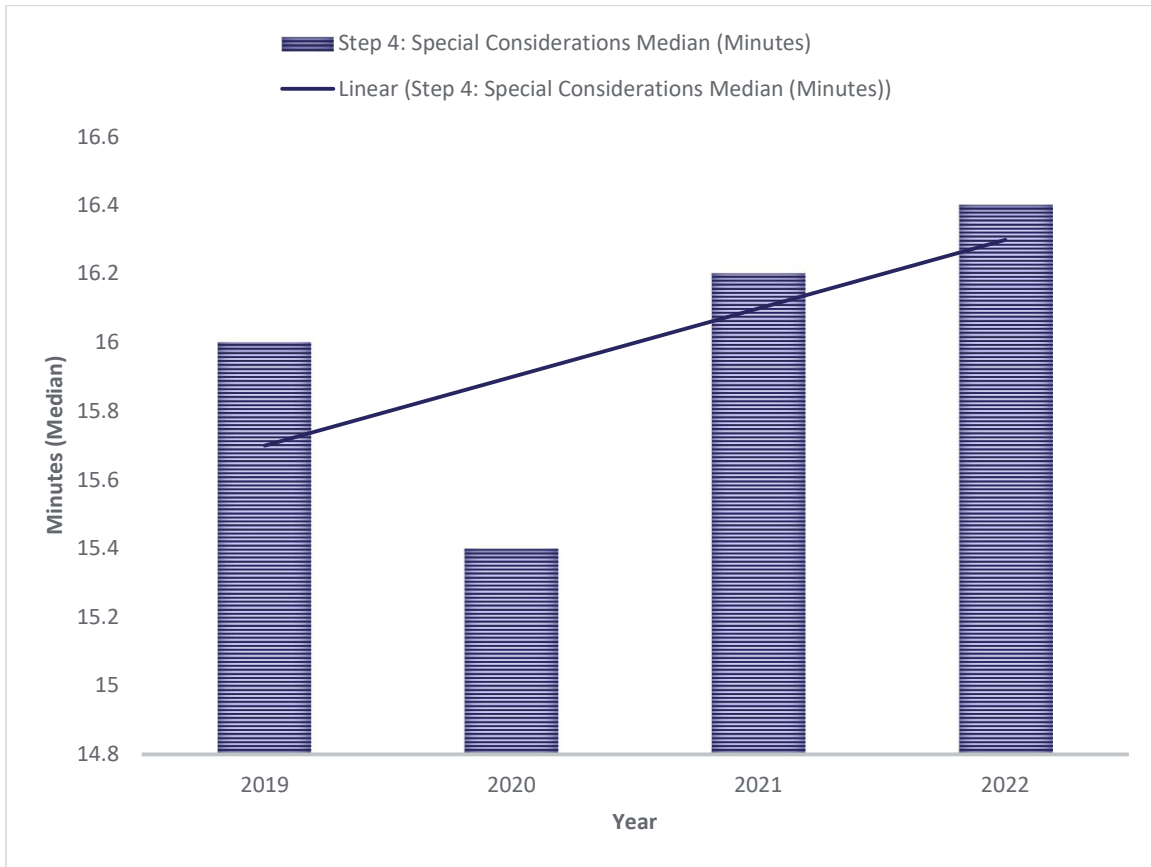
Southern Nevada Step 2 Median Transport Time, 2019-2023						
		Year				
		2019	2020	2021	2022	2023
Step 2: Anatomic	N	631	718	768	663	666
	Median (Minutes)	12m 36s	12m 42s	13m 12s	13m 0s	13m 48s
<i>Source: SNHD TFTC Data</i>						
<p><i>Note: Data not listed if out of state or if zip code is unavailable. Service area for Southern Nevada includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.</i></p>						

Southern Nevada Step 3 Median Transport Time, 2019-2023



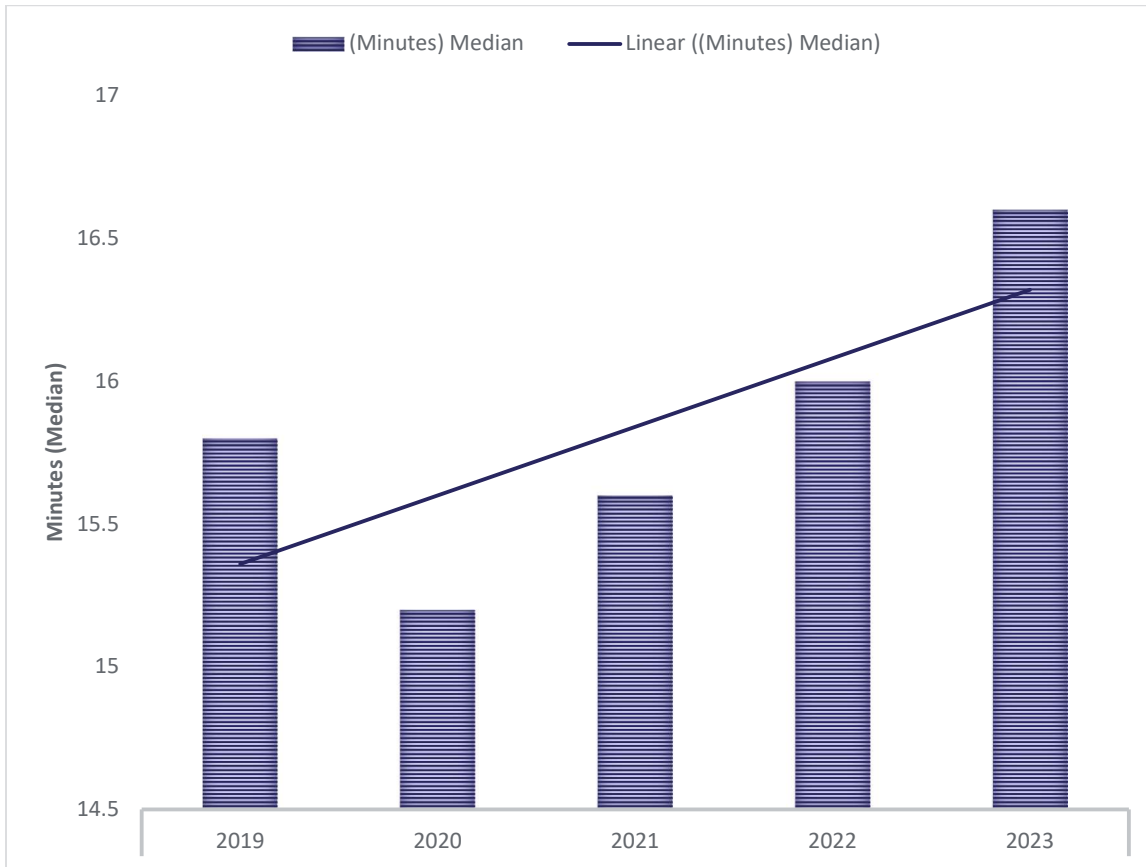
Southern Nevada Step 3 Median Transport Time, 2019-2023						
		Year				
		2019	2020	2021	2022	2023
Step 3: Mechanism	N	4065	3507	3968	3687	3778
	Median (Minutes)	16m 12s	15m 24s	15m 36s	15m 48s	16m 12s
<i>Source: SNHD TFTC Data</i>						
<p><i>Note: Data not listed if out of state or if zip code is unavailable. Service area for Southern Nevada includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.</i></p>						

Southern Nevada Step 4 Median Transport Time, 2019-2023



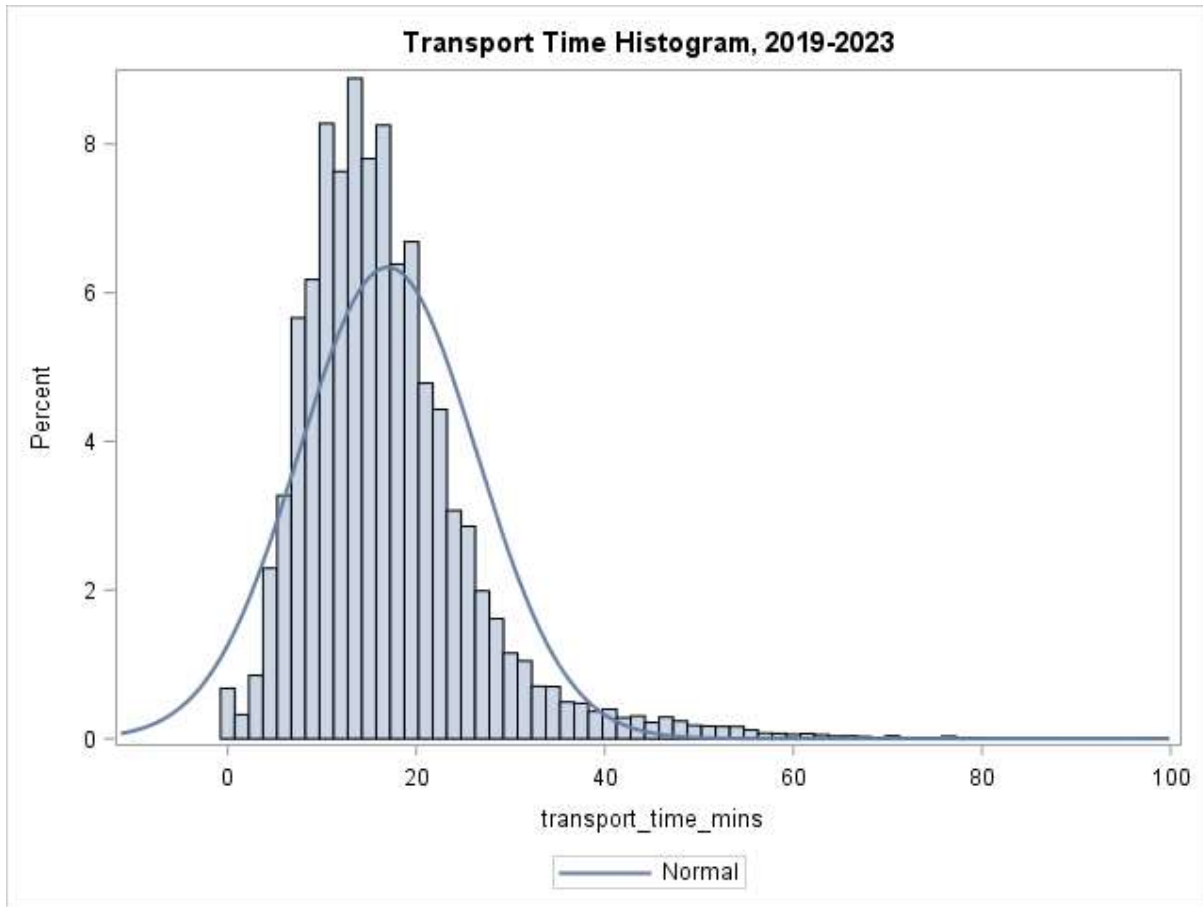
Southern Nevada Step 4 Median Transport Time, 2019-2023						
		Year				
		2019	2020	2021	2022	2023
Step 4: Special Considerations	N	5730	5430	6250	6729	6385
	Median (Minutes)	16m 0s	15m 24s	16m 12s	16m 24s	17m 24s
<i>Source: SNHD TFTC Data</i>						
<p><i>Note: Data not listed if out of state or if zip code is unavailable. Service area for Southern Nevada includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.</i></p>						

Southern Nevada (Composite) Median Transport Time by Step (1-4), 2019-2023



Southern Nevada Median Transport Time (Step 1-4), 2019-2023						
		Year				
		2019	2020	2021	2022	2023
Transport Time (Minutes)	N	10930	10255	11625	11827	11527
	Median	15m 48s	15m 12s	15m 36s	16m 0s	16m 36s
<i>Source: SNHD TFTC Data</i>						
<p><i>Note: Data not listed if out of state or if zip code is unavailable. Service area for Southern Nevada includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.</i></p>						

Histogram and Interquartile Range of Transport Time, 2019-2023



Interquartile Range of Transport Time, 2019-2023

	Year				
	2019	2020	2021	2022	2023
25th Percentile Transport Time (Minutes)	10m 36s	10m 12s	10m 48s	11m 0s	11m 36s
50th Percentile Transport Time (Minutes)	15m 12s	14m 36s	15m 12s	15m 36s	16m 12s
75th Percentile Transport Time (Minutes)	21m 0s	19m 48s	20m 36s	21m 0s	21m 36s
Quartile Range Transport Time (Minutes)	10m 24s	9m 36s	9m 48s	10m 0s	10m 0s

Source: SNHD TFTC Data

Note: Includes all TFTC transports in the Southern Nevada Trauma System with a transport time greater than 0 seconds. Histogram is restricted to show transport times between values greater than 0 and less than or equal to 100.

TFTC Incidents by Transport Time and Step, 2019-2023

TFTC Incidents by Transport Time and Step, 2019-2023					
	2019	2020	2021	2022	2023
>15 Minutes					
Step 1	224	254	270	369	350
Step 2	253	255	321	278	300
Step 3	2475	1943	2264	2153	2260
Step 4	3547	3035	3869	4257	4341
>20 Minutes					
Step 1	109	122	135	196	158
Step 2	123	120	157	149	140
Step 3	1417	1017	1171	1173	1234
Step 4	1942	1515	2098	2300	2457
>25 Minutes					
Step 1	54	57	62	83	75
Step 2	50	64	83	67	66
Step 3	747	507	613	626	638
Step 4	954	682	1022	1145	1249
<i>Source: SNHD TFTC Data</i>					
<i>Note: Includes all TFTC transports in the Southern Nevada Trauma System.</i>					

Percentage of TFTC Incidents with Transport Time ≤15, 2019-2023

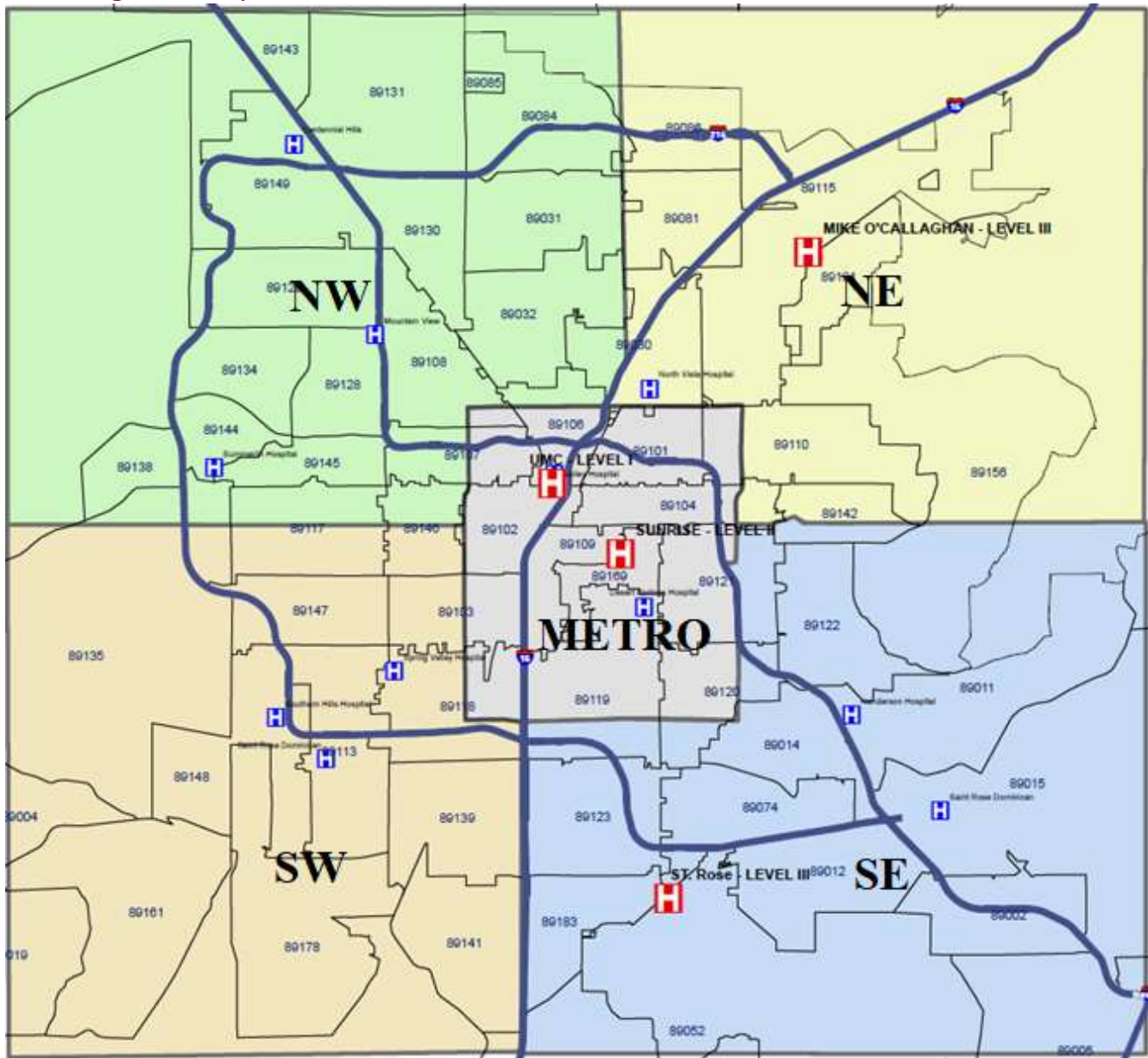
Percentage of TFTC Incidents with Transport Time ≤15 Minutes, 2019-2023					
	2019	2020	2021	2022	2023
≤15 Minutes					
Step 1	382	433	494	508	426
Total	606	687	764	877	776
%	63.04%	63.03%	64.66%	57.92%	54.90%
Step 2	479	608	598	518	452
Total	732	863	919	796	752
%	65.44%	70.45%	65.07%	65.08%	60.11%
Step 3	2179	1928	2205	2024	1839
Total	4654	3871	4469	4177	4099
%	46.82%	49.81%	49.34%	48.46%	44.86%
Step 4	3265	3185	3310	3418	2888
Total	6812	6220	7179	7675	7229
%	47.93%	51.21%	46.11%	44.53%	39.95%
Other	0	4	2	3	5
<i>Source: SNHD TFTC Data</i>					
<i>Note: Includes all TFTC transports in the Southern Nevada Trauma System with a transport time greater than 0 seconds.</i>					

TFTC Regional Incidents

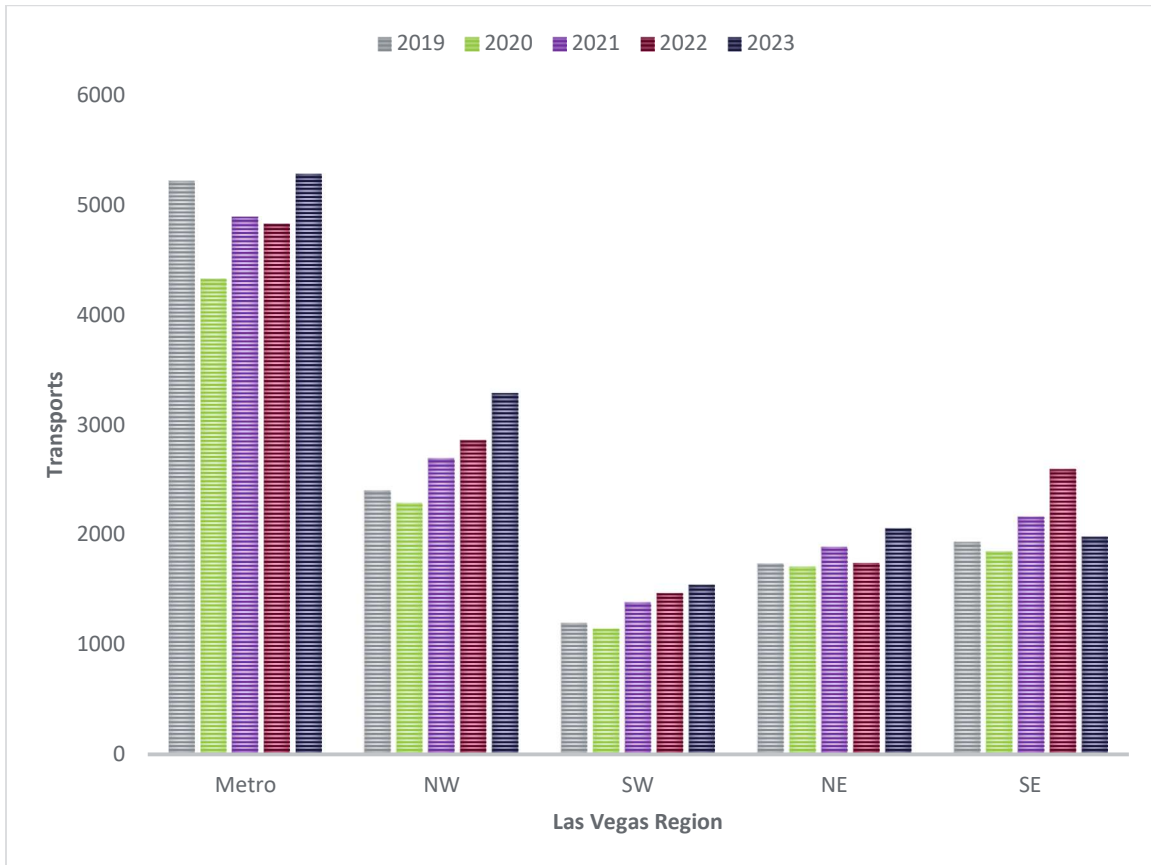
Intent

TFTC Regional Incidents is provided to analyze trauma in Southern Nevada's metropolitan area. Divided into five regions that contain unique geographical, socioeconomic, and infrastructure, the transport times and number of incidents are intended to identify barriers to access to care. This further develops an approach to monitor unmet needs to create new capacity when and where needed. The five regions were agreed upon by the RTAB, TMAC, and generated by OEMSTS. (Note: These regions are not catchment areas.)

TFTC Regional Map



TFTC Incident Total by Las Vegas Region, 2019-2023



TFTC Transports by Las Vegas Region, 2019-2023

	2019	2020	2021	2022	2023
Metro	5218	4325	4900	4833	5286
NW	2407	2292	2698	2864	3291
SW	1201	1149	1387	1473	1549
NE	1741	1716	1892	1746	2061
SE	1938	1851	2166	2600	1987
Total	12505	11333	13043	13516	14174

Source: SNHD TFTC Data

Note: Only includes transports with a step designation

TFTC Transports by Las Vegas Region and Step, 2019-2023

TFTC Transports by Las Vegas Region and Step, 2019-2023					
	2019	2020	2021	2022	2023
Step 1					
Metro	230	254	307	324	317
NW	139	136	138	197	195
SW	73	59	87	79	91
NE	70	106	100	132	139
SE	84	121	124	147	111
Step 2					
Metro	290	357	386	353	330
NW	131	149	149	136	143
SW	58	57	54	58	73
NE	134	163	155	130	159
SE	113	125	156	133	114
Step 3					
Metro	1513	1158	1408	1377	1475
NW	913	785	944	882	1026
SW	615	512	539	508	603
NE	614	561	632	557	723
SE	783	684	791	794	617
Step 4					
Metro	3185	2556	2799	2779	3164
NW	1224	1222	1467	1649	1927
SW	455	521	707	828	782
NE	923	886	1005	927	1040
SE	958	921	1095	1526	1145
<i>Source: SNHD TFTC Data</i>					
<i>Note: Only includes transports with a step designation.</i>					

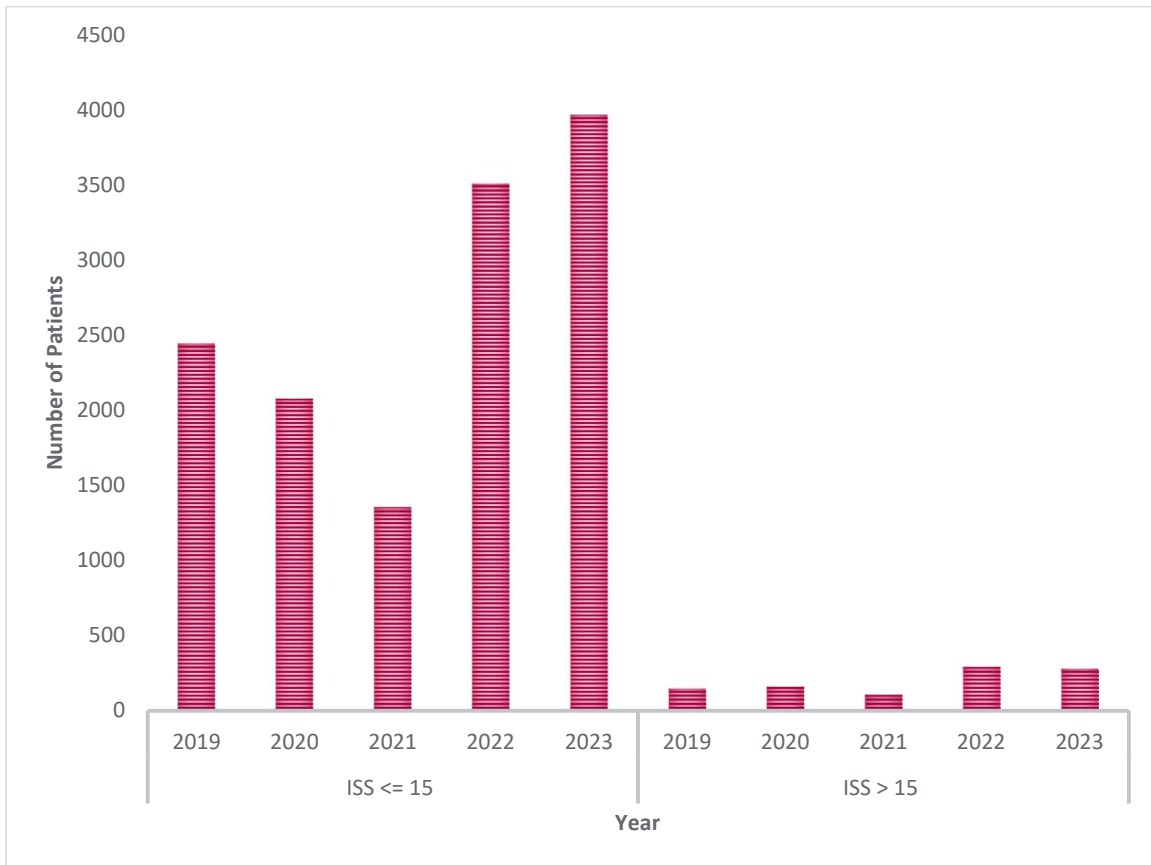
Non-Trauma Center Hospital Data

Intent

Non-Trauma Center Hospital Data is provided to analyze trauma outside of the four designated trauma centers. Due to the inclusion criteria and collection methods, the NV State Trauma Registry and the TFTC Trauma Center Trauma Registry are incompatible. Patients identified as meeting trauma inclusion criteria at non-trauma hospitals are still part of Southern Nevada's inclusive trauma system. Since the two data sets cannot be combined, an accurate calculation of overtriage and undertriage is not possible. Still, it is important to capture and analyze all trauma within our community to determine capacity and injury prevention needs.

Note: The Injury Severity Score (ISS) is a system for numerically stratifying injury severity, which correlates with mortality, morbidity, and other severity measures. The risk of death increases with a higher score. It requires extensive training and experience to calculate and determine the score. This report categorizes an ISS score that is equal to or less than 15 as minor or moderate. A score greater than 15 is considered severe to very severe.

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital by Injury Severity Score (ISS) in Southern Nevada, 2019-2023



Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital by Injury Severity Score (ISS) in Southern Nevada, 2019-2023

	ISS ≤ 15				
	2019	2020	2021	2022	2023
All	2445	2078	1357	3507	3966
	ISS > 15				
	2019	2020	2021	2022	2023
All	150	162	110	294	282

Source: State Trauma Registry data

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity (ISS) >15 by Facility in Southern Nevada, 2019-2023

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) > 15 by Facility in Southern Nevada, 2019-2023					
	2019	2020	2021	2022	2023
Boulder City Hospital	1	1	0	1	1
Centennial Hills Hospital	13	4	8	16	23
*Desert Springs Hospital Medical Center	0	0	1	1	1
Henderson Hospital	4	3	4	1	1
*Henderson Hospital - ER at Green Valley	3	1	0	1	1
Mesa View Regional Hospital	0	1	0	0	6
Mountain View Hospital	31	18	21	45	25
*Mountain View Hospital - ER at Aliante	0	1	0	1	0
*Mountain View Hospital - ER at Skye Canyon	0	0	0	2	0
North Vista Hospital	70	113	68	155	138
*Southern Hills Hospital - ER at the Lakes	0	1	0	1	2
Southern Hills Hospital Medical Center	2	3	0	1	13
*Spring Valley Hospital - ER at Blue Diamond	0	0	0	0	1
Spring Valley Hospital Medical Center	3	3	1	4	6
St. Rose Dominican Hospital - Blue Diamond	0	0	0	1	10
*St. Rose Dominican Hospital - De Lima Campus	2	0	2	0	1
*St. Rose Dominican Hospital - North Las Vegas	0	0	0	8	16
St. Rose Dominican Hospital - San Martin Campus	1	0	0	3	3
*St. Rose Dominican Hospital - West Flamingo	0	0	0	3	1
*St. Rose Dominican Hospital - West Sahara	0	0	0	2	8
Summerlin Hospital Medical Center	17	9	4	45	19
Valley Hospital Medical Center	3	4	1	3	6
All	150	162	110	294	282
<i>Source: State Trauma Registry data</i>					
<i>*Free-Standing Remote ER</i>					

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity (ISS) ≤15 by Facility in Southern Nevada, 2019-2023

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) ≤ 15 by Facility in Southern Nevada, 2019-2023					
	2019	2020	2021	2022	2023
Boulder City Hospital	41	42	22	58	52
Centennial Hills Hospital	190	178	103	301	349
*Desert Springs Hospital Medical Center	22	23	19	85	64
Henderson Hospital	353	277	130	284	425
*Henderson Hospital - ER at Green Valley	64	60	27	29	31
Mesa View Regional Hospital	48	22	3	59	49
Mountain View Hospital	471	497	358	700	754
*Mountain View Hospital - ER at Aliante	8	15	2	26	21
*Mountain View Hospital - ER at Skye Canyon	0	0	0	11	10
North Vista Hospital	50	10	3	5	5
*Southern Hills Hospital - ER at South Las Vegas B	0	0	0	17	26
*Southern Hills Hospital - ER at the Lakes	13	7	0	13	31
Southern Hills Hospital Medical Center	73	131	8	295	347
*Spring Valley Hospital - ER at Blue Diamond	6	19	7	35	68
Spring Valley Hospital Medical Center	657	399	328	655	785
St. Rose Dominican Hospital - Blue Diamond	3	14	6	35	35
*St. Rose Dominican Hospital - De Lima Campus	94	86	61	104	103
*St. Rose Dominican Hospital - North Las Vegas	36	18	14	70	64
St. Rose Dominican Hospital - San Martin Campus	88	75	43	144	157
*St. Rose Dominican Hospital - West Flamingo	5	4	3	25	25
*St. Rose Dominican Hospital - West Sahara	4	10	4	35	47
Summerlin Hospital Medical Center	195	173	202	480	502
Valley Hospital Medical Center	24	18	14	41	16
All	2445	2078	1357	3507	3966
<i>Source: State Trauma Registry data</i>					
<i>*Free-Standing Remote ER</i>					

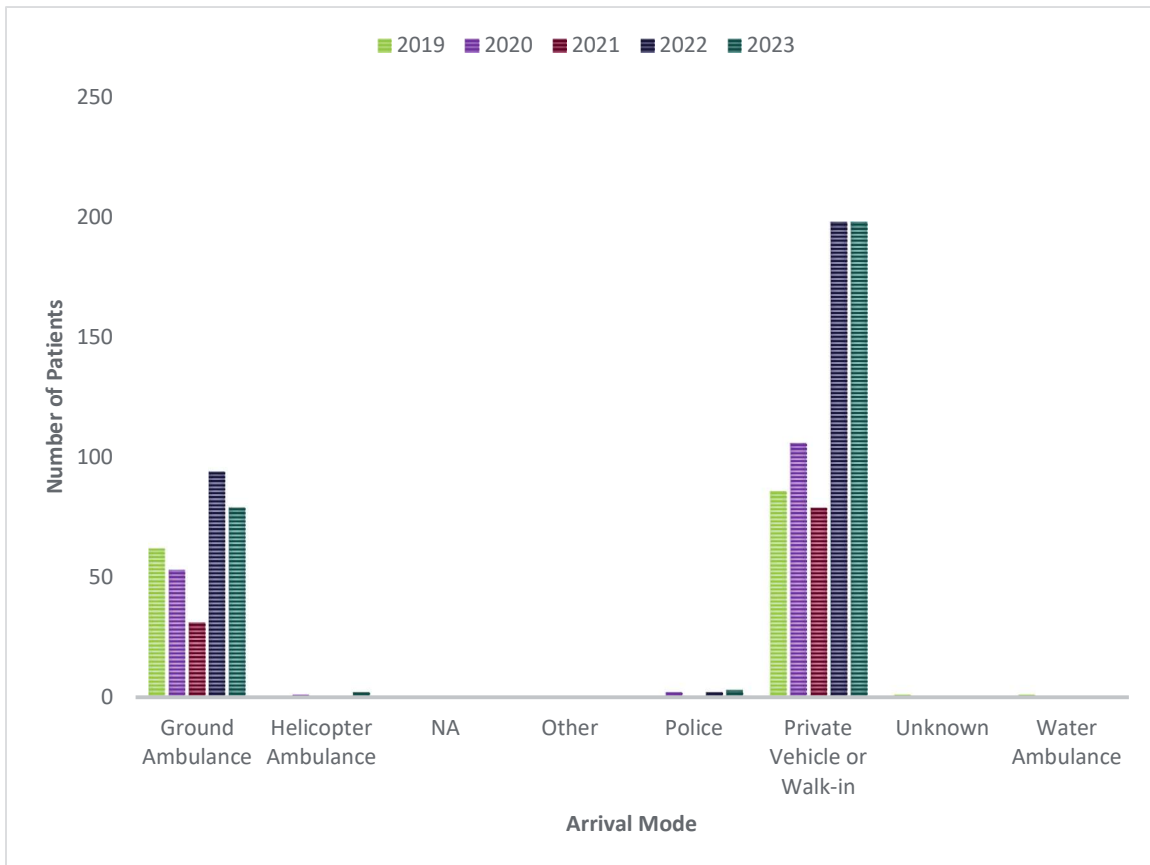
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital who were Transferred to a Trauma Hospital with an Injury Severity (ISS) >15 by Facility in Southern Nevada, 2019-2023

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital who were Transferred to a Trauma Hospital with an Injury Severity Score (ISS) > 15 by Facility in Southern Nevada, 2019-2023					
	2019	2020	2021	2022	2023
	N	N	N	N	N
Boulder City Hospital	0	1	0	1	0
Centennial Hills Hospital	5	4	8	13	11
*Desert Springs Hospital Medical Center	0	0	1	1	1
Henderson Hospital	0	1	1	1	0
*Henderson Hospital - ER at Green Valley	1	1	0	1	1
Mesa View Regional Hospital	0	0	0	0	2
Mountain View Hospital	1	2	1	3	1
*Mountain View Hospital - ER at Aliante	0	1	0	0	0
*Mountain View Hospital - ER at Skye Canyon	0	0	0	2	0
North Vista Hospital	47	108	65	153	137
*Southern Hills Hospital - ER at the Lakes	0	1	0	0	1
Southern Hills Hospital Medical Center	1	1	0	0	1
*Spring Valley Hospital - ER at Blue Diamond	0	0	0	0	1
Spring Valley Hospital Medical Center	0	0	1	0	2
St. Rose Dominican Hospital - Blue Diamond	0	0	0	0	9
*St. Rose Dominican Hospital - De Lima Campus	1	0	2	0	1
*St. Rose Dominican Hospital - North Las Vegas	0	0	0	8	15
St. Rose Dominican Hospital - San Martin Campus	0	0	0	3	3
*St. Rose Dominican Hospital - West Flamingo	0	0	0	3	1
*St. Rose Dominican Hospital - West Sahara	0	0	0	2	7
Summerlin Hospital Medical Center	4	3	3	29	12
Valley Hospital Medical Center	2	4	1	3	6
All	62	127	83	223	212
<i>Source: State Trauma Registry data</i>					

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital who were Transferred to a Trauma Hospital with an Injury Severity (ISS) \leq 15 by Facility in Southern Nevada, 2019-2023

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital who were Transferred to a Trauma Hospital with an Injury Severity Score (ISS) \leq 15 by Facility in Southern Nevada, 2019-2023					
	2019	2020	2021	2022	2023
Boulder City Hospital	11	25	11	43	31
Centennial Hills Hospital	27	27	29	57	57
*Desert Springs Hospital Medical Center	13	23	19	40	27
Henderson Hospital	44	61	44	90	75
*Henderson Hospital - ER at Green Valley	22	23	7	15	18
Mesa View Regional Hospital	8	6	1	23	21
Mountain View Hospital	17	32	24	56	17
*Mountain View Hospital - ER at Aliante	2	6	1	11	0
*Mountain View Hospital - ER at Skye Canyon	0	0	0	2	0
North Vista Hospital	34	10	3	5	5
*Southern Hills Hospital - ER at South Las Vegas B	0	0	0	9	1
*Southern Hills Hospital - ER at the Lakes	12	6	0	5	5
Southern Hills Hospital Medical Center	19	22	7	50	2
*Spring Valley Hospital - ER at Blue Diamond	0	10	2	19	24
Spring Valley Hospital Medical Center	44	42	41	71	72
St. Rose Dominican Hospital - Blue Diamond	2	12	3	30	27
*St. Rose Dominican Hospital - De Lima Campus	48	65	46	77	75
*St. Rose Dominican Hospital - North Las Vegas	23	16	12	61	54
St. Rose Dominican Hospital - San Martin Campus	0	0	0	35	60
*St. Rose Dominican Hospital - West Flamingo	1	3	1	21	15
*St. Rose Dominican Hospital - West Sahara	4	8	4	27	35
Summerlin Hospital Medical Center	22	25	52	93	82
Valley Hospital Medical Center	17	18	14	41	16
All	370	440	321	881	719
<i>Source: State Trauma Registry data</i>					

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) >15 by Arrival Mode in Southern Nevada, 2019-2023

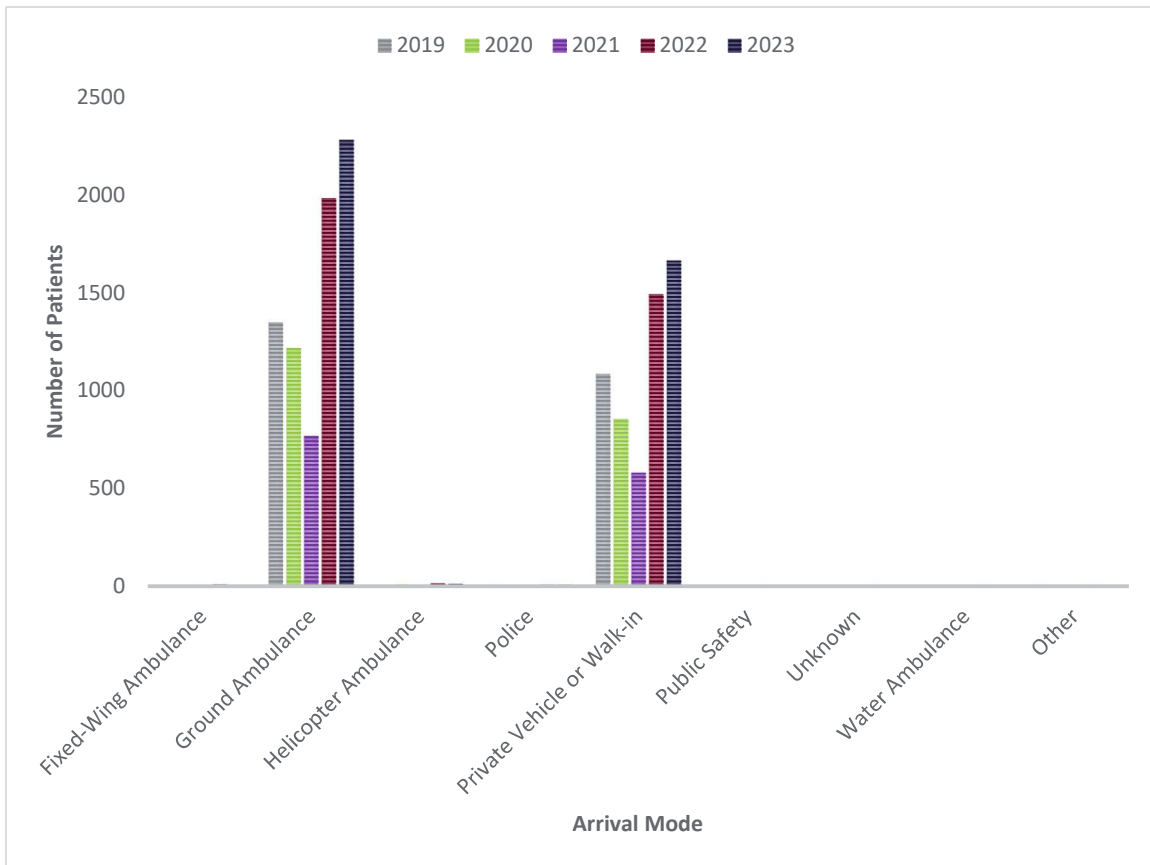


Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) > 15 by Arrival Mode in Southern Nevada, 2019-2023

	2019	2020	2021	2022	2023
Ground Ambulance	62	53	31	94	79
Helicopter Ambulance	0	1	0	0	2
Police	0	2	0	2	3
Private Vehicle or Walk-in	86	106	79	198	198
Water Ambulance	1	0	0	0	0
Other	0	0	0	0	0
Unknown	1	0	0	0	0
N/A	0	0	0	0	0
All	150	162	110	294	282

Source: State Trauma Registry data

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) ≤15 by Arrival Mode in Southern Nevada, 2019-2023

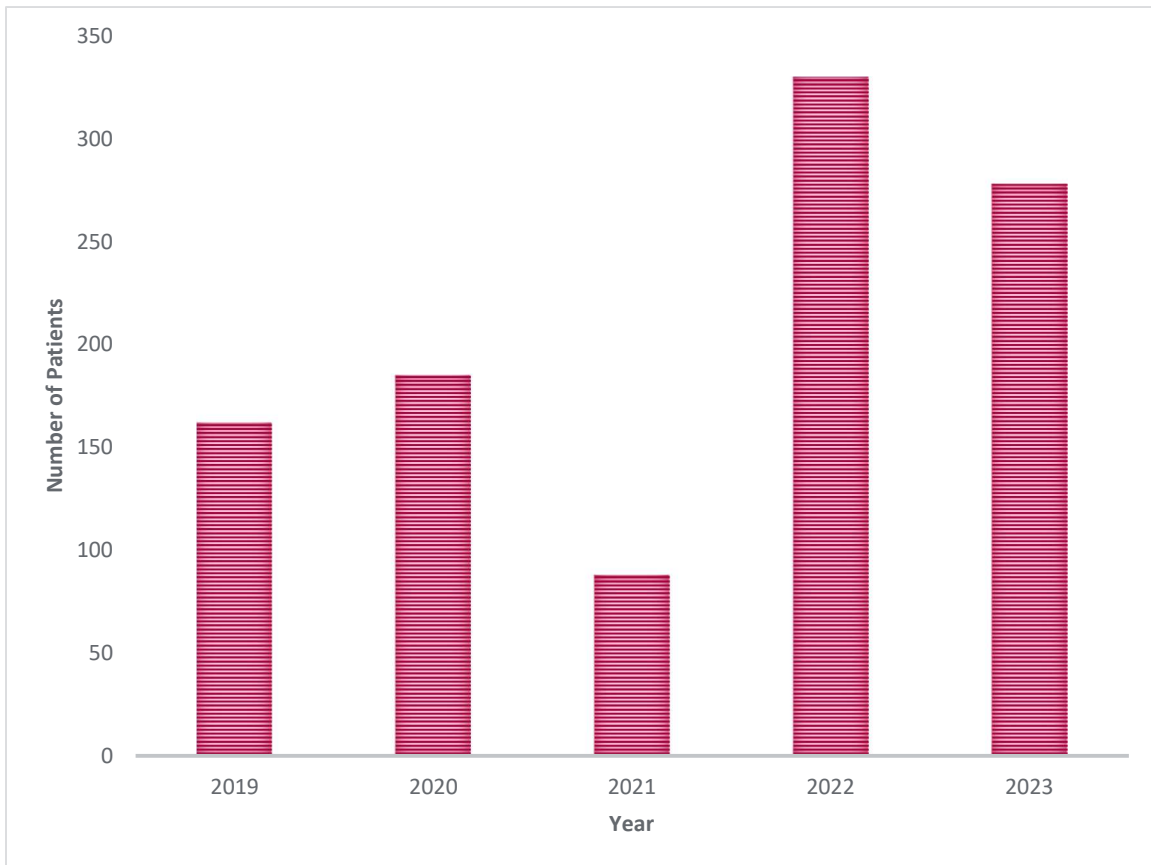


Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) ≤15 by Arrival Mode in Southern Nevada, 2019-2023

	2019	2020	2021	2022	2023
Fixed-Wing Ambulance	0	0	1	7	1
Ground Ambulance	1348	1219	768	1982	2281
Helicopter Ambulance	1	4	3	15	11
Police	5	2	2	6	6
Private Vehicle or Walk-in	1085	853	581	1491	1664
Public Safety	0	0	0	1	0
Unknown	2	0	0	1	0
Water Ambulance	0	0	0	1	0
Other	4	0	2	3	3
N/A	0	0	0	0	0
All	2445	2078	1357	3507	3966

Source: State Trauma Registry data

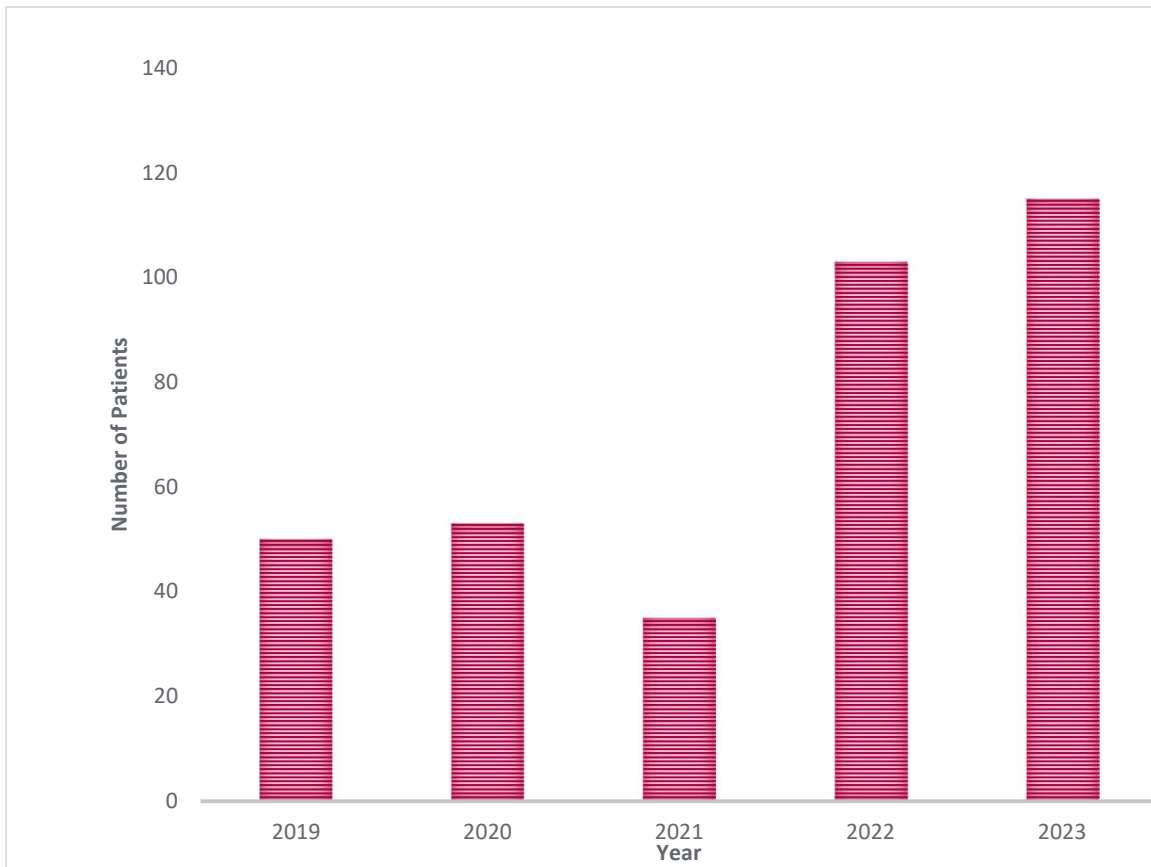
Number of Deceased Patients Meeting Trauma Criteria at a Trauma Hospital with an Injury Severity Score (ISS) >15 in Southern Nevada, 2019-2023



Number of Deceased Patients Meeting Trauma Criteria at a Trauma Hospital with an Injury Severity Score (ISS) >15 in Southern Nevada, 2019-2023

	2019	2020	2021	2022	2023
All	162	185	88	330	278
<i>Source: State Trauma Registry data</i>					

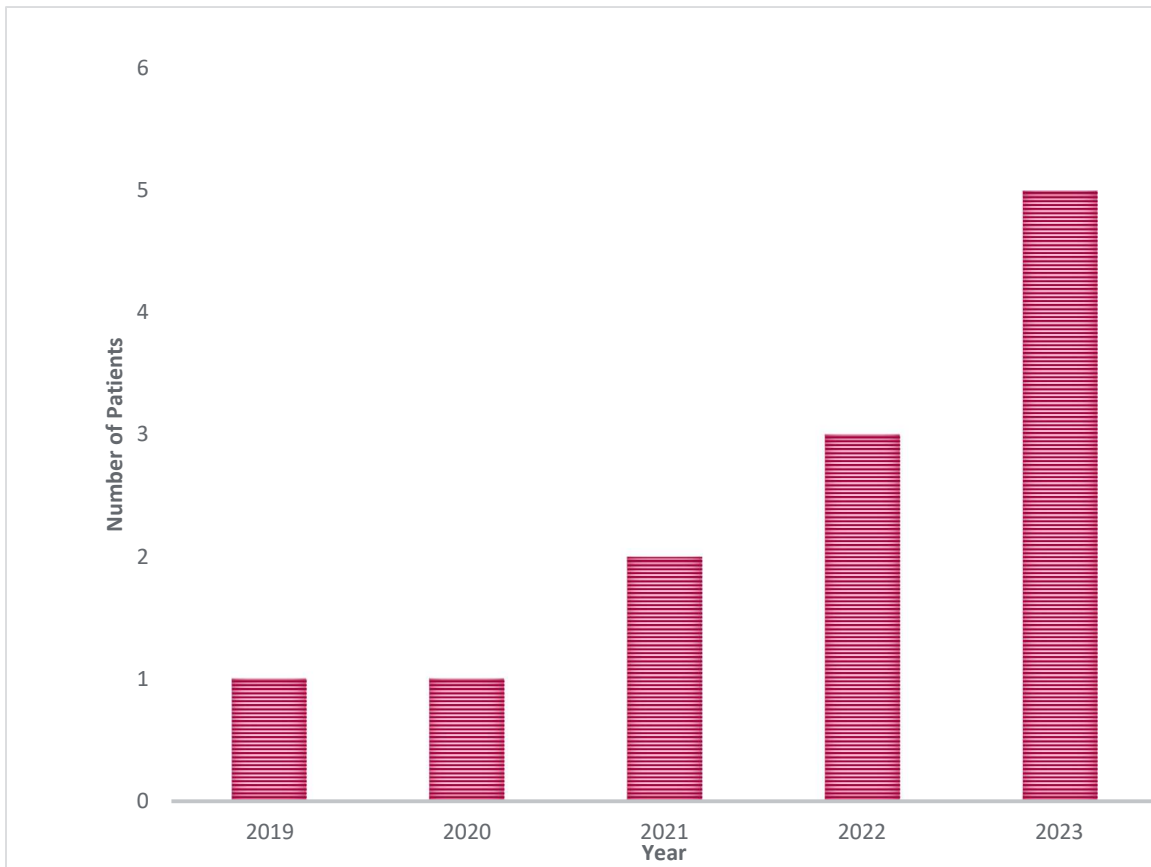
Number of Deceased Patients Meeting Trauma Criteria at a Trauma Hospital with an Injury Severity Score (ISS) ≤ 15 in Southern Nevada, 2019-2023



Number of Deceased Patients Meeting Trauma Criteria at a Trauma Hospital with an Injury Severity Score (ISS) ≤ 15 in Southern Nevada, 2019-2023

	2019	2020	2021	2022	2023
All	50	53	35	103	115
<i>Source: State Trauma Registry data</i>					

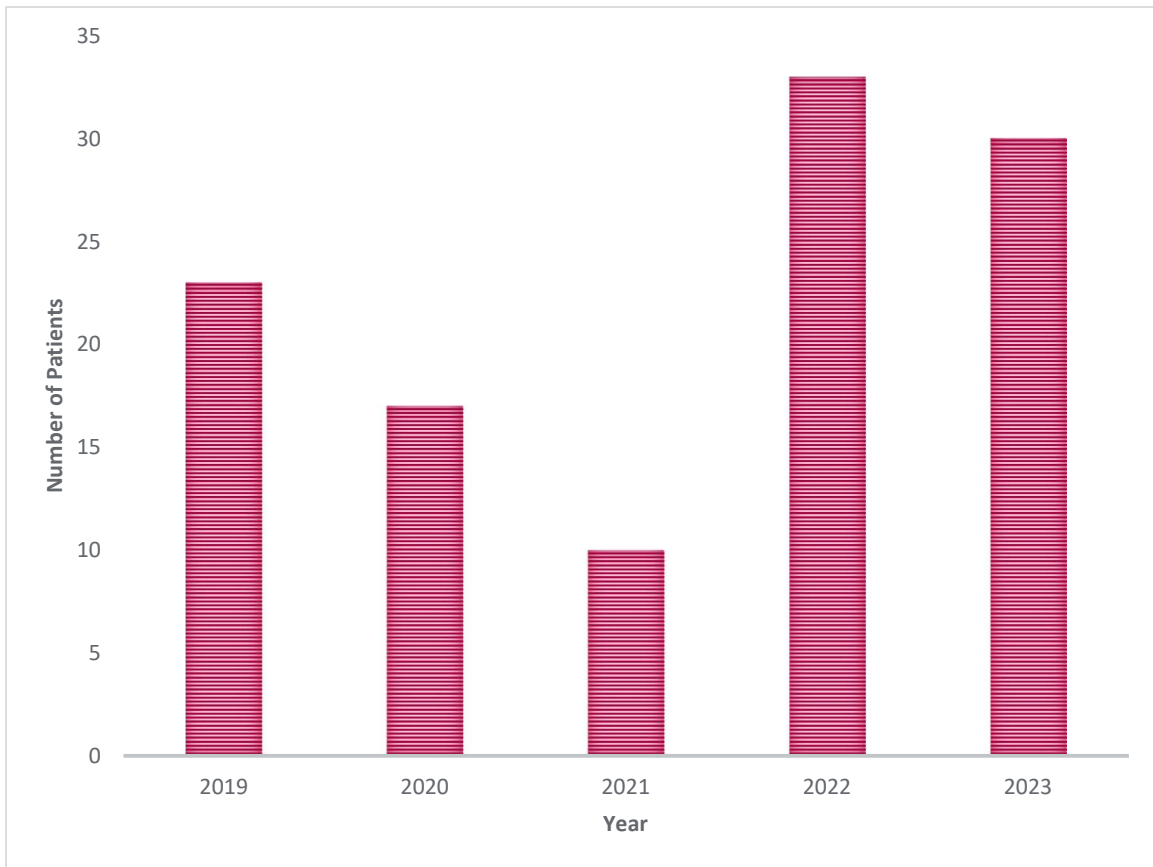
Number of Deceased Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) >15 in Southern Nevada, 2019-2023



Number of Deceased Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) >15 in Southern Nevada, 2019-2023

	2019	2020	2021	2022	2023
All	1	1	2	3	5
<i>Source: State Trauma Registry data</i>					

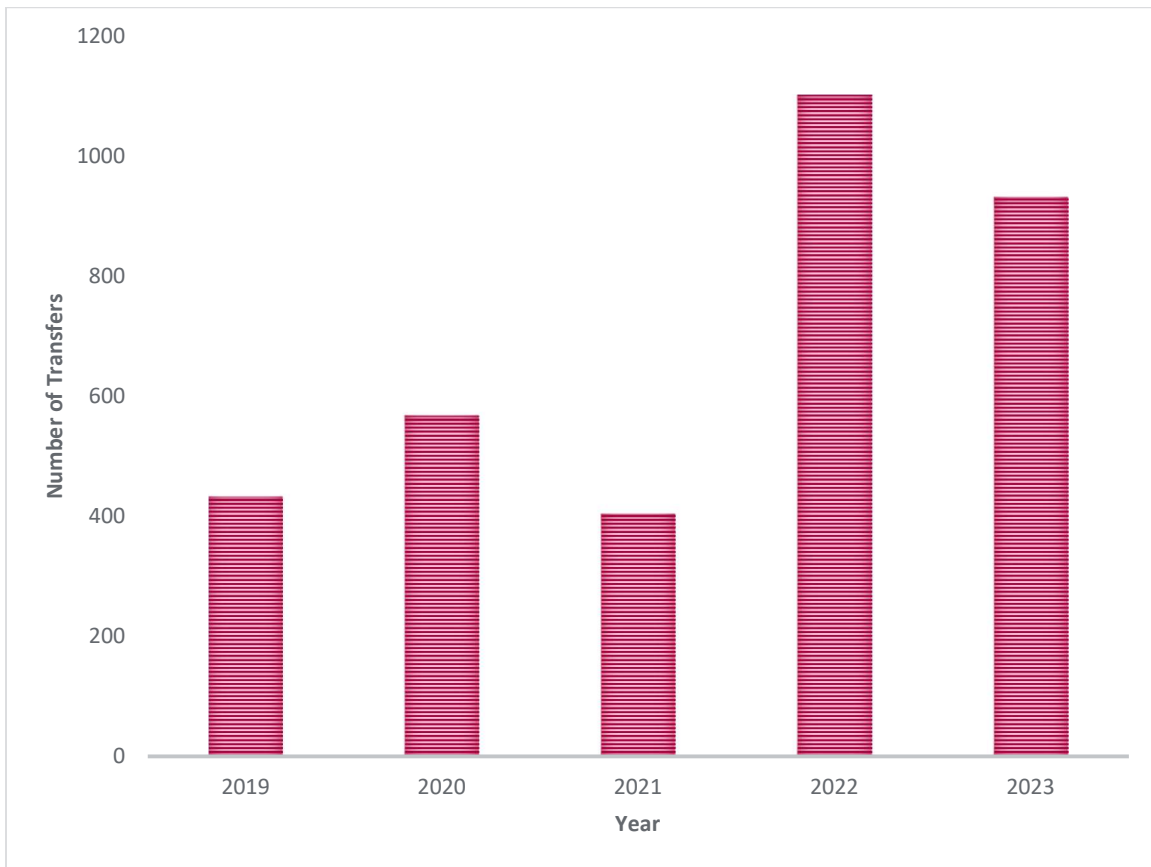
Number of Deceased Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) ≤ 15 in Southern Nevada, 2019-2023



Number of Deceased Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) ≤ 15 in Southern Nevada, 2019-2023

	2019	2020	2021	2022	2023
All	23	17	10	33	30
<i>Source: State Trauma Registry data</i>					

Transfers to Southern Nevada Trauma Centers from Non-Trauma Centers, 2019-2023



Transfers into Southern Nevada Trauma Centers from Non-Trauma Centers, 2019-2023

	2019	2020	2021	2022	2023
All	434	569	405	1104	933

Source: State Trauma Registry data

Emergency Department and Trauma Center Hours, 2019-2023

Intent

Southern Nevada's inclusive trauma system includes designated Trauma Centers and Non-Trauma Center Hospitals (Emergency Departments). Traditionally, Emergency Departments (ED) met the demands of trauma-related injuries. Trauma Centers were developed to provide an expedited resource for the optimal care of trauma patients. When there is a designated Trauma Center, the trauma system is designed to transport the patient to the most appropriate destination, bypassing EDs that may be closer. Most Trauma Centers are integrated into EDs but function separately. All hospitals (EDs & Trauma Centers) must develop protocols to manage a crisis that may require closure. The crisis may be that capacity is met, and no additional patients can be received, or that an internal disaster/failure (e.g., infrastructure, technology, medical professionals) requires closure. The protocols developed to manage the closure of an ED and Trauma Center are separate. An ED may declare it is on Internal Disaster, but that declaration would never include the Trauma Center. A Trauma Center, even if an integrated part of an ED, will remain open and be able to receive trauma patients while the ED is closed. When a Trauma Center closes, it is called Trauma Bypass. It is rare for a Trauma Center to close. As part of the ACS-COT verification process, a Trauma Center must not be on bypass more than 5 percent of the time.

Definitions specific to Southern Nevada Trauma System and Emergency Medical System:

Trauma Bypass- Closure of a Trauma Center. If on Trauma Bypass, which is a mandated reported requirement, the center cannot take patients. All EMS agencies can view this real-time status via telemetry. The time spent on trauma bypass is regularly reviewed at TMAC and is part of ACS-COT criteria.

Internal Disaster- Closure of an Emergency Department. If on Internal Disaster, the ED is not able to take patients. All EMS agencies can view this real-time status via telemetry.

Operational Hours for Emergency Departments and Trauma Centers, 2019-2023

* Source: Juvare EMS Data System

University Medical Center					
	2019	2020	2021	2022	2023
ED Open Total Hours	8683	8634	8510	8518	8440
ED Closed Total Hours	77	149	250	242	320
ED % of Total Hours Open	99%	98%	97%	97%	96.3%
Trauma Center Bypass Event Hours	0	0	0	0	0
Trauma Center % Open	100%	100%	100%	100%	100%

Sunrise Hospital					
	2019	2020	2021	2022	2023
ED Open Total Hours	8760	8784	8760	8760	8760
ED Closed Total Hours	0.2	0	0	0	0
ED % of Total Hours Open	100%	100%	100%	100%	100%
Trauma Center Bypass Event Hours	0	0	0	0	0
Trauma Center % Open	100%	100%	100%	100%	100%

St. Rose Siena					
	2019	2020	2021	2022	2023
ED Open Total Hours	8530	8400	8188	8480	8708
ED Closed Total Hours	230	383	572	280	52
ED % of Total Hours Open	97%	95%	94%	97%	99.4%
Trauma Center Bypass Event Hours	0	0	0	0	0
Trauma Center % Open	100%	100%	100%	100%	100%

Michael O'Callaghan					
	2019	2020	2021	2022	2023
ED Open Total Hours	N/A	N/A	N/A	8732	8746
ED Closed Total Hours	N/A	N/A	N/A	28	14
ED % of Total Hours Open	N/A	N/A	N/A	99%	99.8%
Trauma Center Bypass Event Hours	N/A	N/A	N/A	0	15
Trauma Center % Open	N/A	N/A	N/A	100%	99.8%

Southern NV Hospitals					
	2019	2020	2021	2022	2023
ED Open Total Hours	220k	236k	243k	269k	262k
ED Closed Total Hours	9094	1330	3073	2245	3639
ED % of Total Hours Open	96%	99%	98%	99%	98.6%
Trauma Centers Bypass Event Hours	0	0	0	0	15
Trauma Centers % Open	100%	100%	100%	100%	99.9%

Trauma Medical Audit Committee

The Trauma Medical Audit Committee (TMAC) is a multidisciplinary closed medical peer review committee of the District Board of Health that meets quarterly. Its purpose is to review the Southern Nevada Trauma system by evaluating trauma care, monitoring trends, and making system improvements recommendations.

- For 2023, TMAC has reviewed trauma cases as an evaluation of trauma care. In a review of those cases, TMAC has not found any significant trauma protocols or regulations variance.
- For 2023, TMAC did not observe any delays in care in trauma services.
- For 2023, TMAC has not identified any notable change in trends in system performance.
- For 2023, TMAC did not observe any aberrations in out of hospital deaths, patients treated in non-trauma center hospitals, or prehospital services.

As part of the TMAC's purpose to implement improvement activities to ensure quality care throughout the trauma system, it reports that the current trauma system is functioning efficiently. TMAC recognizes the importance of controlled and appropriate growth of the trauma system for future sustainability.

Lisa Rogge, RN

TMAC Chair

Appendix

Appendix A: Trauma Field Triage Criteria

Trauma Field Triage Criteria

A licensee providing emergency medical care to a patient at the scene of an injury shall use the following procedures to identify and care for patients with traumas:

1. Step 1 – Measure vital signs and level of consciousness. If the patient’s:

- A. Glasgow Coma Scale is 13 or less;
- B. Systolic blood pressure is less than 90 mm Hg; or
- C. Respiratory rate is less than 10 or greater than 29 breaths per minute (less than 20 in infant aged less than 1 year), or is in need of ventilatory support

the adult patient *MUST* be transported to a Level 1 or 2 center for the treatment of trauma in accordance with the catchment area designated. The pediatric patient *MUST* be transported to a pediatric center for the treatment of trauma.

2. Step 2 – Assess anatomy of injury. If the patient has:

- A. Penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee;
- B. Chest wall instability or deformity (e.g. flail chest);
- C. Two or more proximal long-bone fractures;
- D. Crushed, degloved, mangled, or pulseless extremity;
- E. Amputation proximal to wrist or ankle;
- F. Pelvis fractures;
- G. Open or depressed skull fractures; or
- H. Paralysis

the adult patient *MUST* be transported to a Level 1 or 2 center for the treatment of trauma in accordance with the catchment area designated. The pediatric patient *MUST* be transported to a pediatric center for the treatment of trauma.

3. Step 3 – Assess mechanism of injury and evidence of high-energy impact, which may include:

- A. Falls
 - 1) Adults: greater than 20 feet (one story is equal to 10 feet)
 - 2) Children: greater than 10 feet or two times the height of the child
- B. High-risk auto crash
 - 1) Motor vehicle was traveling at a speed of at least 40 miles per hour immediately before the collision occurred;
 - 2) Intrusion, including roof: greater than 12 inches occupant site; greater than 18 inches any site;
 - 3) Ejection (partial or complete) from automobile;
 - 4) Motor vehicle rolled over with unrestrained occupant(s);
 - 5) Death in same passenger compartment
- C. Motorcycle crash greater than 20 mph
- D. Auto vs pedestrian/bicyclist thrown, run over, or with significant (greater than 20 mph) impact

The patient *MUST* be transported to a Level 1, 2, or 3 center for the treatment of trauma in accordance with the catchment area designated. For patients who are injured outside a 50-mile radius from a trauma center, the licensee providing emergency medical care shall call and consider transport to the nearest receiving facility.

Trauma Field Triage Criteria (Cont.)

4. Step 4 – Assess special patients

A. Older adults

- 1) Risk of injury/death increases after age 55 years
- 2) SBP less than 110 mm Hg might represent shock after age 65 years
- 3) Low impact mechanisms (e.g. ground level falls) might result in severe injury

B. Children should be triaged preferentially to a trauma center.

C. Anticoagulants and bleeding disorders: Patients with head injury are at high risk for rapid deterioration.

D. Burns

- 1) Without other trauma mechanisms: transport in accordance with the Burns protocol
- 2) With trauma mechanism: follow appropriate catchment guidelines for trauma. Trauma patients with burns falling into St Rose Siena catchment area will be transported to Sunrise Hospital, and those falling in the Mike O'Callaghan catchment area will be transported to UMC Hospital.

E. Pregnancy greater than 20 weeks

F. EMS provider judgment

The patient *MUST* be transported to a Level 1, 2, or 3 center for the treatment of trauma in accordance with the catchment area designated. For patients who are injured outside a 50-mile radius from a trauma center, the licensee providing emergency medical care shall call and consider transport to the nearest receiving facility.

The person licensed to provide emergency medical care at the scene of an injury shall transport a patient to a designated center for the treatment of trauma based on the following guidelines:

St. Rose Dominican Hospital - Siena Campus (Level 3 Trauma Center) Catchment Area

All trauma calls that meet Step 3 or in the provider's judgment meet Step 4 of the Trauma Field Triage Criteria Protocol or pediatric Step 4 and occur within the City of Henderson or the geographical area bordered by Interstate 15 to the west and Sunset road to the north, and the county line to the east, are to be transported to St. Rose Hospital – Siena Campus and the medical directions for the treatment of the patient must originate at that center;

Mike O'Callaghan Military Medical Center (Level 3 Trauma Center) Catchment Area

All trauma calls that meet Step 3 or in the provider's judgment meet Step 4 of the Trauma Field Triage Criteria Protocol or pediatric Step 4 and occur within the geographical area bordered by Pecos Road to the west, Interstate 15 to the west/northwest and Lake Mead Blvd to the south, and the county line to the east, are to be transported to Mike O' Callaghan Military Medical Center and the medical directions for the treatment of the patient must originate at that center;

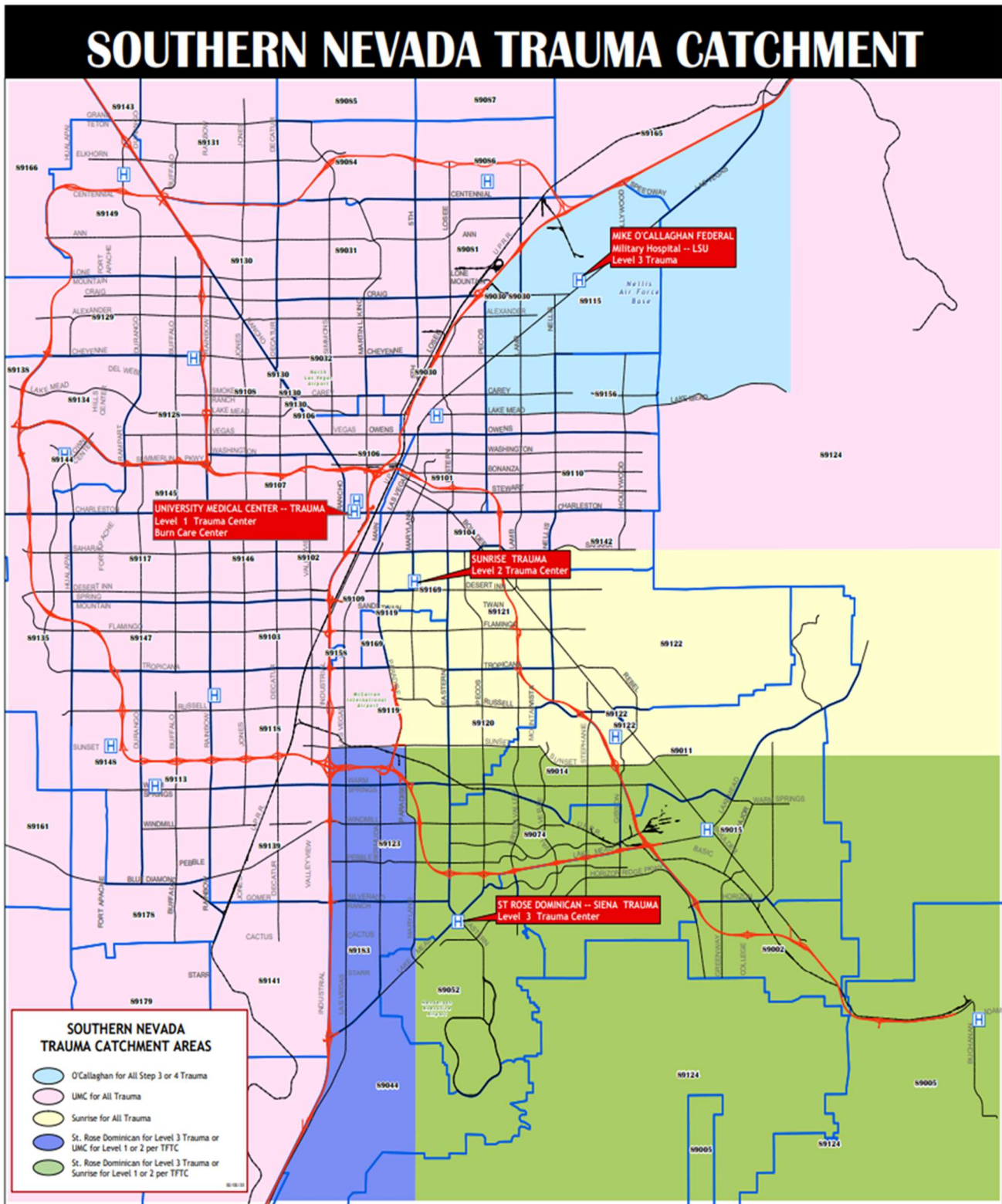
Sunrise Hospital & Medical Center (Level 2 Trauma Center) Catchment Area

All adult trauma calls and pediatric Step 3 or 4 trauma calls that meet the Trauma Field Triage Criteria Protocol and occur within the geographical area bordered by Paradise Road to the west, Sahara Avenue to the north, Sunset Road to the south, and the county line to the east, are to be transported to Sunrise Hospital & Medical Center and the medical directions for the treatment of the patient must originate at that center;

In addition, adult trauma calls that meet Step 1 or 2 of the Trauma Field Triage Criteria Protocol and occur within the St. Rose Dominican Hospital – Siena Campus Catchment Area, City of Henderson, or the geographical area bordered by Paradise Road to the west continuing along that portion where it becomes Maryland Parkway, Sunset Road to the north, and the county line to the east, are to be transported to Sunrise Hospital & Medical Center and the medical directions for the treatment of the patient must originate at that center.

Trauma Field Triage Criteria (Cont.)(Revised and approved by District Health Officer 03/02/2022)

Appendix B: Southern Nevada Trauma Catchment Areas



STATE OF NEVADA

BUREAU OF HEALTH PROTECTION AND PREPAREDNESS

ANNUAL TRAUMA REGISTRY REPORT 2023

Joe Lombardo
Governor
State of Nevada

Richard Whitley
Director

Department of Health and Human Services

July 2024
Edition 1.0
Color

Cody Phinney
Administrator
Division of Public and Behavioral Health

Ihsan Azzam, PhD, MD
Chief Medical Officer
Division of Public and Behavioral Health



**Nevada Department of
Health and Human Services**

**DIVISION OF PUBLIC AND
BEHAVIORAL HEALTH**

Helping People. It's Who We Are and What We Do.

Table of Contents

<i>Acknowledgements</i>	5
<i>Purpose of report</i>	5
<i>Introduction</i>	5
<i>Nevada Revised Statute (NRS)</i>	6
<i>Nevada Administrative Code (NAC)</i>	7
<i>Methodology</i>	7
<i>Results</i>	8
<i>Trauma Center Levels</i>	8
<i>Technical Notes</i>	10
<i>Trauma Cases by Facility</i>	10
<i>Demographics</i>	12
<i>Place and Mechanism of Injury</i>	23
<i>Injury Characteristics: Injury Severity Score (ISS)</i>	26
<i>Patient Transportation</i>	28
<i>Patient Discharge and Transfer</i>	28
<i>Risk Factors: Drug/Alcohol Use</i>	29
<i>Safety Equipment</i>	34
<i>Falls – By Last Transfer Facility</i>	36
<i>Final Note</i>	37
<i>Additional Information</i>	37
<i>Citations</i>	38
<i>Funding Source</i>	38
<i>Recommendations</i>	38

TABLES

Table 1: Trauma Cases by Facility, 2023 (includes Nevada Residents and Non-Residents)	10
Table 2: Trauma Incidence and Mortality Ratio for Levels 1-3 by Trauma Center Designation	12
Table 3: Nevada Trauma Cases by Sex (Unique Traumas)	12
Table 4: Nevada Trauma Cases by Race/Ethnicity (Unique Traumas)	12
Table 5: Age-Specific Trauma Cases by Race/Ethnicity (Unique Traumas)	14
Table 6: Age-Specific Trauma Cases and Mortality Proportion (Unique Traumas)	14
Table 7: Age and Sex-Specific Trauma Rate per 100,000 Nevada Residents (Unique Traumas)	15
Table 8: Nevada Trauma Cases by County of Injury (non-duplicated)	16
Table 9: Age-Specific Traumatic Brain Injury Incidence and Mortality Proportion (Unique Traumas)	21
Table 10: Age-Specific Traumatic Brain Injury Incidence and Mortality Proportion (Unique Traumas)	21
Table 11: Proportion of Trauma Primary Payment Sources in Nevada, 2019-2023	22
Table 12: Trauma Incidence by Place of Injury (Unique Traumas)	23
Table 13: Trauma Incidence and Mortality by Mechanism of Injury (Unique Traumas)	23
Table 14: Trauma Rates for Top Three Mechanisms of Injury by Age (Unique Traumas)	24
Table 15: Traumatic Brain Injury Incidence and Mortality by Mechanism of Injury	25
Table 16: Trauma Incidence and Mortality Proportion by Injury Severity Score (ISS) (Unique Traumas)	26
Table 17: Traumatic Brain Injury Incidence and Mortality Proportion (Unique Traumas) by Injury Severity	27
Table 18: Injury to ED arrival time for a patient with a score of >15 for their injury, broken down by their location (Rural, Urban, or Statewide)	27
Table 19: Trauma Incidence by Mode of Arrival (Unique Traumas)	28
Table 20: Mode of arrival by Injury Severity Score	28
Table 21: Patient Transfer to Nevada Trauma Centers by Injury Severity Score	29
Table 22: Injury Intent and Drug/Alcohol Use (Unique Traumas)	29
Table 23: Age-Specific Prevalence of Restraint Use Among Passengers in Moving Vehicles (Positive Blood Alcohol Content [BAC])	29
Table 24: Age-Specific Ratio of Restraint Use Among Drivers and Passengers in Motor Vehicles (Use of Drugs and Alcohol)	30
Table 25: Trauma Incidence by Mechanism of Injury (Unique Traumas) and Drug/Alcohol Use	31
Table 26: Trauma Incidence by Mechanism of Injury (Unique Traumas) and BAC Levels (Interval)	31
Table 27: Trauma Incidence by County and BAC (Unique Traumas)	32
Table 28: Trauma Incidence by County and Drug/Alcohol Use (Unique Trauma)	33
Table 29: Age-Specific Restraint Use Among Motor-Vehicle Traffic Occupants	34
Table 30: Age-Specific Proportion of Restraint Use Among Motor-Vehicle Traffic Occupants	35
Table 31: Trauma Rate for Falls by Sex (Unique Traumas)	36
Table 32: Incidence and Mortality Proportion by Type of Fall (Unique Traumas)	36
Table 33: Trauma Rate by Age and Type of Fall (Unique Traumas)	37

Figures

Figure 1: Percentage of Unique Trauma Cases by Race/Ethnicity	13
Figure 2: Age-Specific Trauma Cases and Mortality Proportion (Unique Traumas).....	15
Figure 3: Age and Sex-Specific Trauma Rates per 100,000 Nevada Residents	16
Figure 4: County-Specific Trauma Rates per 100,000 County Residents	17
Figure 5: NV Trauma Cases by Zip Code of Injury (Unique Traumas).....	18
Figure 6: NV Trauma Cases by County of Injury (Unique Traumas).....	19
Figure 7: NV Trauma Cases by County of Injury (Unique Traumas).....	20
Figure 8: Proportion of Trauma Primary Payment Sources in Nevada, 2019-2023*	22
Figure 9: Top Five Mechanisms of Unintentional Trauma.....	24
Figure 10: Top Five Mechanisms of Homicide/Assault-Related Trauma.....	25
Figure 11: Top Five Mechanisms of Suicide/Self-Inflicted Trauma.....	25
Figure 12: Mortality Proportion of Traumatic Brain Injury Incidence by Mechanism of Injury (Unique Traumas).....	26
Figure 13: Age-Specific Trauma and Drug/Alcohol Use (Unique Traumas).....	30
Figure 14: Proportion of Helmet Use Among Pedal Cyclists, Motor Cyclists, and Off-Road Users (UT)	34
Figure 15: Age-Specific Proportion of Restraint Use Among Motor-Vehicle Traffic Occupants.....	35

ACKNOWLEDGEMENTS

Thank you to Tabatha Hart, Tyson Dayton, Sandra Atkinson, Zachary Rees, and Donielle Allen for their contributions to this publication.

PURPOSE OF REPORT

This report aims to provide a picture of trauma occurrences within the state of Nevada based on data submitted by hospitals to the Nevada Trauma Registry (NTR). This report presents data in a usable format for local health authorities, healthcare providers, the media, and the public. Nevada regulations require the Nevada Division of Public and Behavioral Health (DPBH) to prepare an Annual Trauma Report in accordance with [Nevada Administrative Code \(NAC\) 450B.768](#). This annual report's data is based on the calendar year and summarizes data submitted by Nevada hospitals regarding reported traumas handled by each facility.

It should be noted that the data depicted in this report reflects only data entered and reported to the NTR. Therefore, if a facility fails to report trauma data to the registry, it is not reflected in this report. In addition, ongoing staffing challenges during the pandemic contributed to challenges in reporting.

The information included in this report is accurate to the best knowledge of all reporting facilities and the State of Nevada Trauma Registry.

INTRODUCTION

What is the Nevada Trauma Registry (NTR)?

Per Nevada Revised Statutes [\(NRS\) 450B.238](#) and Nevada Administrative Code [\(NAC\) 450B.768](#) the NTR was established in 1987 to collect data on persons who sustain a physical (blunt or penetrating) injury caused by an accident or violence. The NTR data is collected from all licensed acute care hospitals and trauma centers in Nevada.

The NTR currently collects required data points from the National Trauma Data Bank (NTDB) established by the *American College of Surgeons* and data points identified in [NAC 450B.766](#) and [NAC 450B.768](#). Included (but not limited to) are data on the event causing the injury, severity of the injury, place of the injury, length of hospital stays, diagnosis(es) of the patient, discharge destination of the patient, and payer source.

Information on the frequency, occurrence, morbidity, and mortality of injuries reported in Nevada is available from the NTR. Data can be filtered by county, hospital, race, or age range. To measure the effects of trauma in Nevada and launch health education initiatives, grant applicants can use this data, which is available to state, private, or federal entities. Additionally, the Local Health Authorities are given access to data for data analysis, surveillance, and improving outcomes for public health.

The 2023 Annual Trauma Report is based upon data submitted to the NTR by Nevada's five designated trauma centers and 42 non-trauma center hospitals, for a total of 47 facilities that operated during calendar 2023. To comply with [NAC 450B.768](#), a hospital must enter all trauma records into the NTR or notify the State NTR Manager that no records meet the criteria to be submitted by the quarterly due date.

The percentage of facilities that comply with submitting data to the NTR each year is summarized in the table below.

YEAR	% of Non-Trauma Centers Compliant	% of Trauma Centers Compliant
2019	89%	75%
2020	88%	94%
2021	88%	100%
2022	94%	100%
2023	99%	100%

In 2023, all trauma centers provided the NTR with the required information. There was one noncompliance incident involving a facility that isn't a designated trauma center in the past year.

To ensure that the NTR software is used correctly, and that the data is of the highest quality and accuracy, regular training is conducted for hospital personnel. In addition, hospital personnel have open access to the NTR help desk for questions or concerns. It is the state's NTR staff's priority to continue training hospital staff to increase accuracy.

**Preparation → Analysis (Mapping) → Development (Conversion) →
Testing → Deployment**

It is not recommended to compare year-over-year data due to multiple reporting changes over the years. These changes include transitions to modified ICD codes, the addition or removal of facilities, and the submission of trauma data during a global pandemic that affected the overall prevalence of trauma.

Throughout the state, collaborations have continued with trauma personnel in a variety of disciplines. To date, these efforts have included:

- Participating in local healthcare coalitions.
- Quarterly NTR user group meetings.
- Hosting quarterly conference calls with trauma center staff.
- Meeting hospital staff who enter NTR data in person, if possible.

Educating hospitals about trauma data requirements, creating relationships across the state, and communicating regularly have all contributed to improving hospital data entry compliance. The data from hospitals is both of higher quality and reliability enhancing the overall understanding of trauma in the state.

Nevada Trauma Registry Background

The definition of a traumatic incident and the requirements for trauma reporting are outlined in the Nevada Revised Statutes and Nevada Administrative Code.

NEVADA REVISED STATUTE (NRS)

[NRS 450B.105](#) "Trauma" defined. "Trauma" means any acute injury which, per standardized criteria for triage in the field, involves a significant risk of death or the precipitation of complications or disabilities.

[NRS 450B.238](#) Regulations requiring a hospital to record and maintain information. The State Board of Health shall adopt regulations which require each hospital to record and

maintain information concerning the treatment of trauma in the hospital. The Board shall consider the guidelines adopted by the American College of Surgeons, which concern the information which must be recorded.

NEVADA ADMINISTRATIVE CODE (NAC)

The NAC regarding trauma treatment in Nevada and the corresponding Trauma Registry reporting requirements, guidelines, and procedures can be found at [NAC 450B.760](#) through [NAC 450B.774](#), inclusive.

To summarize, the regulations require that the Public and Behavioral Health Division develop a standardized system for collecting trauma treatment information. It is necessary to maintain records regarding treatment both before and after admission to a hospital. This requirement is fulfilled by the Nevada Trauma Registry (NTR).

Each hospital must submit quarterly trauma data to the Division, which meets the criteria prescribed by the Division and contains the minimum data set required by the National Trauma Data Bank (NTDB) established by the American College of Surgeons, as well as any other information required by the Division or State Board.

Data submitted by hospitals on trauma patients shall be compiled into an annual report by the Division for the preceding calendar year.

METHODOLOGY

The NTR is a depository of trauma incident data from across the state. All hospitals within Nevada are required to submit data quarterly to the NTR. Each year the data within the NTR will be statistically analyzed to evaluate incident traumas in Nevada. It should be noted that the data presented in this report is a reflection based solely on data points recorded within the NTR. It does not include patient history or examination. This evaluation is presented in the Annual Trauma Report, prepared by the state, per [NAC 450B.768](#).

A series of criteria identified by the American College of Surgeons must be met to be classified as a trauma. For an incident to be classified as a trauma, the patient must have:

- At least one diagnosis code for injury:
 - ICD-10 code from the following ranges: S00 -S99 (7th Character Modifier A, B, or C), T07, T14, T20-T28 (7th Character modifier A), T30-32, and T79.A1-T79.A9 (7th character modifier A) and the patient must have either:
- At least one of the following criteria:
 - The patient was hospitalized for at least 24 hours due to injuries, or
 - The injury resulted in death; or
 - The patient was transferred between hospitals using a ground or air ambulance.

In 2023, the NTR captured 16,421 trauma cases. This report includes cases for patients with an Emergency Department/Hospital Arrival Date between January 1, 2023, and December 31, 2023. All data were analyzed using Statistical Analysis System (SAS) Version 9.4 (SAS Institute, Cary, NC).

RESULTS

From January 1, 2023, to December 31, 2023, a total of 16,421 traumas were recorded in the NTR from the 47 facilities in Nevada. The following pages include data analysis on trauma cases, risk factors, demographics, injury characteristics, injury location and mechanism, patient discharge and transfer, patient transport, safety equipment, and fall data breakdown.

TRAUMA CENTER LEVELS

Outlined below are standard criteria for Trauma Centers verified by the ACS and designated by states and municipalities. Facilities are set/confirmed as adult and/or Pediatric Trauma Centers. It is not uncommon for facilities to have different designations for each group (i.e., a Trauma Center may be a Level I Adult facility and a Level II Pediatric Facility).

Level I

A Level I Trauma Center is a comprehensive regional resource, a tertiary care facility central to the trauma system. A Level I Trauma Center can provide total care for every aspect of injury – from prevention to rehabilitation.

Elements of Level I Trauma Centers Include:

- 24-hour in-house coverage by general surgeons and prompt availability of care in specialties such as orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology, internal medicine, plastic surgery, oral and maxillofacial, pediatric, and critical care.
- Referral resources for communities in nearby regions.
- Provides leadership in the prevention and public education to surrounding communities.
- Provides continuing education to the trauma team members.
- Incorporates a comprehensive quality assessment program.
- Operates an organized teaching and research effort to help direct innovations in trauma care.
- Program for substance abuse screening and patient intervention.
- Meets minimum requirement for annual volume of severely injured patients.

Level II

A Level II Trauma Center can initiate definitive care for all injured patients.

Elements of Level II Trauma Centers Include:

- 24-hour immediate coverage by general surgeons and by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology, and critical care.
- Tertiary care needs such as cardiac surgery, hemodialysis, and microvascular surgery may be referred to as a Level I Trauma Center.
- Provides trauma prevention and continuing education programs for staff.
- Incorporates a comprehensive quality assessment program.

Level III

A Level III Trauma Center has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care, and stabilization of injured patients and emergency operations.

Elements of Level III Trauma Centers Include:

- 24-hour immediate coverage by emergency medicine physicians and prompt availability of general surgeons and anesthesiologists.
- Incorporates a comprehensive quality assessment program.
- Has developed transfer agreements for patients requiring more comprehensive care at a Level I or Level II Trauma Center.
- Provides backup care for rural and community hospitals.
- Offers continued education of the nursing and allied health personnel or the trauma team.
- Involved with prevention efforts and must have an active outreach program for its referring communities.

Level IV

A Level IV Trauma Center has demonstrated the ability to provide advanced trauma life support (ATLS) before transferring patients to a higher-level trauma center. In addition, it provides evaluation, stabilization, and diagnostic capabilities for injured patients.

Elements of Level IV Trauma Centers Include:

- Basic emergency department facilities to implement ATLS protocols and 24-hour laboratory coverage. Available trauma nurse(s) and physicians are available upon patient arrival.
- May provide surgery and critical-care services if available.
- Has developed transfer agreements for patients requiring more comprehensive care at a Level I or Level II Trauma Center.
- Incorporates a comprehensive quality assessment program.
- Involved with prevention efforts and must have an active outreach program for its referring communities.

Level V

A Level five Trauma Center provides initial evaluation, stabilization, and diagnostic capabilities and prepares patients for transfer to higher levels of care.

Elements of Level V Trauma Centers Include:

- Basic emergency department facilities to implement ATLS protocols.
- Available trauma nurse(s) and physicians are available upon patient arrival.
- After-hours activation protocols if the facility is not open 24 hours a day.
- May provide surgery and critical-care services if available.
- Has developed transfer agreements for patients requiring more comprehensive care at Level I through III Trauma Centers.

TECHNICAL NOTES

There are three ways in which the Nevada Trauma Registry presents traumas. Each category found in the report is explained below.

- Total Trauma Cases include all cases reported to the Nevada Trauma Registry, including transfers between facilities. Therefore, if a trauma patient is presented initially to one facility and is transferred to another facility, that case is represented twice.
- Unique Trauma Cases are calculated by matching trauma records based on birth date, injury date, patient zip code, and discharge/arrival date. Unique trauma cases include only the first presentation to a facility and not transfers between facilities, except in Tables 3, 8, 10, 15, 16, 17, and Figure 11, where traumas are assigned to the last transfer facility. This logic to include the previous transfer facility was used to account for the following situations:
 - When considering traumas that resulted in deaths, it is important to analyze based on the facility at the time of death. Therefore, throughout this report, when a table lists Mortality Proportion and 16,421 in Unique Traumas, the table is based upon the last facility.
 - There were some instances where the mechanism of injury differed between the facility of the first presentation and the facility at the time of death. In this case, the mechanism was assigned based on the facility at the time of death.
 - Please note that the state of Nevada does not attempt to change/correct patient records at the first facility if it does not match information at the last facility.
- Patient Transfer Trauma Cases are determined by the following question reported by the facilities, “if transferred, to which facility?” This question is self-reported by hospital staff and does not always align with the results of the Division’s match to calculate unique trauma cases.

TRAUMA CASES BY FACILITY

Out of all facilities listed in Table 1, the designated trauma centers had the highest number of trauma cases treated. There were five designated trauma centers in the State of Nevada during 2023.

Table 1: Trauma Cases by Facility, 2023 (includes Nevada Residents and Non-Residents)

County	Facility	Unique Trauma Patients [^]		Total Trauma Cases*	
Clark County	Boulder City Hospital	53	0.3%	53	0.3%
	Centennial Hills Hospital	348	2.1%	374	2.1%
	Desert Springs Hospital Center	69	0.4%	69	0.4%
	Henderson ER at Green Valley Ranch	32	0.2%	32	0.2%
	Henderson Hospital	429	2.6%	432	2.4%
	Mesa View Regional Hospital	54	0.3%	54	0.3%
	Mike O’Callaghan Federal Medical Center	129	0.8%	129	0.7%
	Mountain View ER at Aliante	21	0.1%	21	0.1%
	Mountain View - ER at Skye Canyon	10	0.1%	10	0.1%
	Mountain View Hospital	790	4.8%	805	4.5%
	North Vista Hospital	143	0.9%	143	0.8%

	Southern Hills ER at South Las Vegas Blvd	25	0.2%	25	0.1%
	Southern Hills ER at the Lakes	33	0.2%	33	0.2%
	Southern Hills Hospital Medical Center	345	2.1%	375	2.1%
	Spring Valley ER at Blue Diamond	69	0.4%	69	0.4%
	Spring Valley Hospital Medical Center	746	4.5%	807	4.5%
	St. Rose Dominican Hospital Blue Diamond	46	0.3%	46	0.3%
	St. Rose Dominican Hospital De Lima Campus	105	0.6%	105	0.6%
	St. Rose Dominican Hospital North Las Vegas	80	0.5%	80	0.4%
	St. Rose Dominican Hospital San Martin Campus	164	1.0%	170	0.9%
	St. Rose Dominican Hospital Siena Campus	1300	7.9%	1316	7.3%
	St. Rose Dominican Hospital West Flamingo	26	0.2%	26	0.1%
	St. Rose Dominican Hospital West Sahara	55	0.3%	55	0.3%
	Summerlin Hospital Medical Center	466	2.8%	525	2.9%
	Sunrise Hospital Medical Center	3473	21.1%	4370	24.2%
	University Medical Center	3533	21.5%	3778	20.9%
	Valley Hospital Medical Center	22	0.1%	22	0.1%
Washoe County	Northern Nevada Medical Center	173	1.1%	174	1.0%
	NNMC - ER at McCarran	32	0.2%	32	0.2%
	NNMC - ER at Spanish Springs	58	0.4%	58	0.3%
	Northern Nevada Sierra Medical Center	56	0.3%	56	0.3%
	Renown Regional Medical Center	1718	10.5%	1978	11.0%
	Renown South Meadows Medical Center	145	0.9%	145	0.8%
	St. Mary's Regional Medical Center	273	1.7%	276	1.5%
All Other Counties	Banner Churchill Community Hospital	89	0.5%	89	0.5%
	Battle Mountain General Hospital	27	0.2%	27	0.1%
	Carson Tahoe Regional Medical Center	445	2.7%	448	2.5%
	Carson Valley Medical Center	170	1.0%	170	0.9%
	Desert View Hospital	271	1.7%	271	1.5%
	Grover C. Dils Medical Center	32	0.2%	32	0.2%
	Humboldt General Hospital	70	0.4%	70	0.4%
	Mt. Grant General Hospital	36	0.2%	36	0.2%
	Northeastern Nevada Regional Hospital	135	0.8%	135	0.7%
	Pershing General Hospital	23	0.1%	23	0.1%
	South Lyon Medical Center	42	0.3%	42	0.2%
	Williams Bee Ririe Hospital	60	0.4%	60	0.3%
Nevada (Total)		16,421	100.0%	18,046	100.0%

**Unique trauma patients are calculated by matching transferred patient based on birthdate, injury date, patient zip code, and discharge/arrival date and only counted once by the facility where they first presented with the trauma (excepted when mortality data is analyzed), which is represented as Unique Trauma.*

** Total trauma cases are all cases reported to the Nevada Trauma Registry, for 2023.*

Table 2: Trauma Incidence and Mortality Ratio for Levels 1-3 by Trauma Center Designation

Trauma Center designation	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Trauma Center Level 1	3778	34.0%	208	5.5%
Trauma Center Level 2	6347	57.2%	264	4.2%
Trauma Center Level 3	974	8.8%	14	1.4%
Total	11099	100.0%	486	4.4%

*There were 10 unknown discharge status (dead/alive) cases.

DEMOGRAPHICS

Of 16,421 unique traumas recorded in the NTR between January 1, 2023, and December 31, 2023, 55.2% of all trauma cases among males, and 44.8% were in females. (Table 3)

Table 3: Nevada Trauma Cases by Sex (Unique Traumas)

Sex	Count	Percent	Rate per 100,000 (95% CI)
Male	9067	55.2%	555.8 (544.4-567.2)
Female	7353	44.8%	448.2 (438.0-458.4)
Sex Not Reported	1	0.0%	-
Total	16,421	100%	501.9 (494.2-509.6)

Table 4: Nevada Trauma Cases by Race/Ethnicity (Unique Traumas)

Race/Ethnicity	Count	Percent	Rate per 100,000 (95% CI)
White	10,034	61.1%	632.9 (620.5-645.3)
Black	1,533	9.3%	507.7 (482.3-533.1)
American Indian, Alaskan Native	69	0.4%	195.2 (149.1-241.2)
Asian	722	4.4%	216.1 (200.3-231.9)
Hispanic	2,017	12.3%	198.7 (190.0-207.4)
Other	966	5.9%	0.0 (0.0-0.0)
Unknown	1,080	6.6%	0.0 (0.0-0.0)
Total	16,421	100.0%	501.9 (494.2-509.6)

White individuals had significantly more traumas than any other racial/ethnic groups in the state due to the high concentration of white residents. Figure 4 shows the frequencies and percentages among the racial/ethnic of trauma injuries in the Nevada in 2023.

Figure 1: Percentage of Unique Trauma Cases by Race/Ethnicity

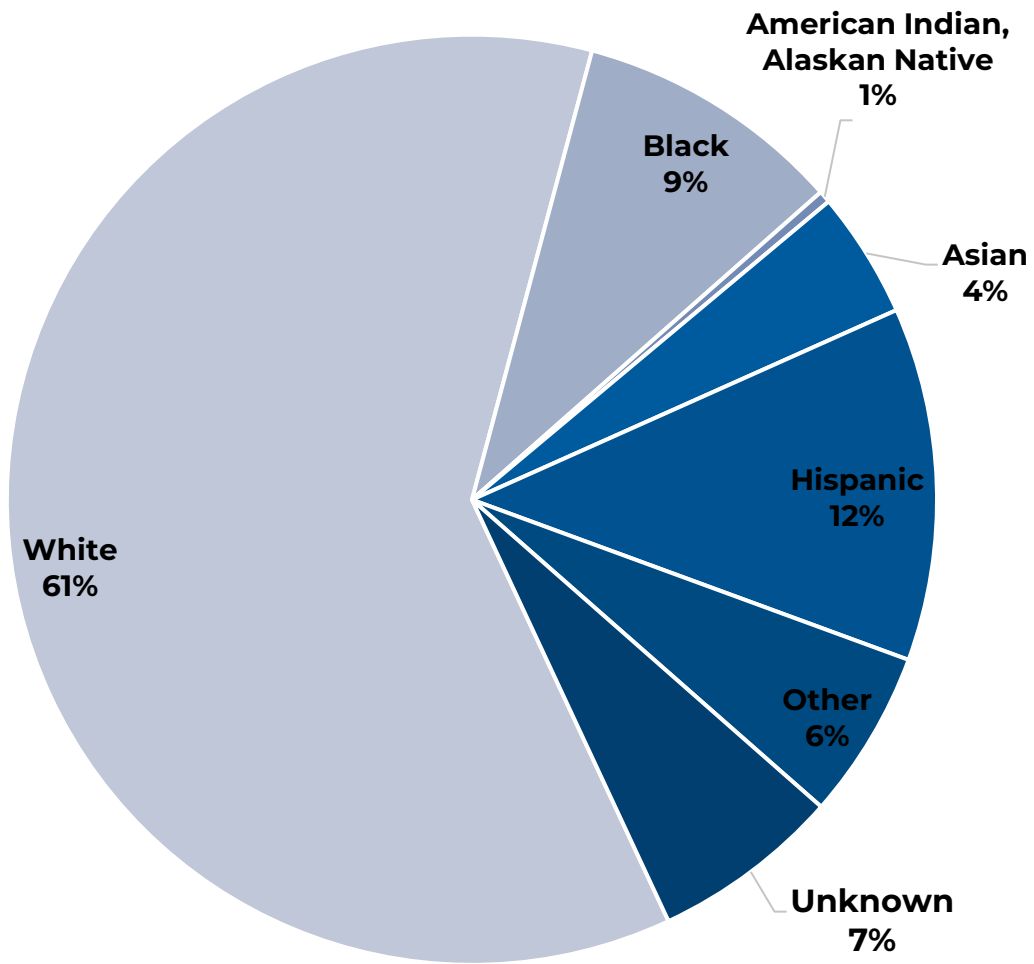


Table 5: Age-Specific Trauma Cases by Race/Ethnicity (Unique Traumas)

Age Groups	White	Black	American Indian, Alaskan Native	Asian	Hispanic	Other	Unknown	Total
<1	32	17	2	5	17	13	11	97
1-5	78	36	0	8	50	22	22	216
6-17	277	118	4	40	164	58	68	729
18-24	299	157	7	32	212	61	102	870
25-34	560	278	4	39	359	157	135	1,532
35-44	663	237	9	46	286	112	126	1,479
45-54	732	165	13	48	199	72	104	1,333
55-64	1,342	193	10	66	222	125	153	2,111
65-74	2,054	155	10	150	205	119	132	2,825
75-84	2,393	116	4	182	190	125	141	3,151
85+	1,604	61	6	106	113	102	85	2,077
Unknown	0	0	0	0	0	0	1	1
Total	10,034	1,533	69	722	2,017	966	1,080	16,421

Table 6: Age-Specific Trauma Cases and Mortality Proportion (Unique Traumas)

Age Groups	Count	Percentage of Cases	Deaths among Cases	Mortality Proportion (Row Percent)
Unknown	1	0.0%	0	0.0%
<1	97	0.6%	2	2.1%
1-5	216	1.3%	7	3.2%
6-17	729	4.4%	22	3.0%
18-24	870	5.3%	42	4.8%
25-34	1,532	9.3%	65	4.2%
35-44	1,479	9.0%	66	4.5%
45-54	1,333	8.1%	51	3.8%
55-64	2,111	12.9%	50	2.4%
65-74	2,825	17.2%	80	2.8%
75-84	3,151	19.2%	100	3.2%
85+	2,077	12.6%	79	3.8%
Total	16,421	100.0%	565	3.4%

In Tables 5 and 6, trauma cases are presented by age groups and death rate among cases. During 2023, Nevada experienced 16,421 unique trauma cases. Of those, 2,825 were in the 65-74 age group, 3,151 in the 75-84 age group, and 2,111 in the 55-64 age group. In Figure 2, the 18-24 age group has the highest percentage of deaths from trauma, with 4.8%, followed by the 35-44 age group with 4.5%, and the 25-34 age group with 4.2%. There is a mortality rate of 3.82% in both the 45-54 and 85+ age ranges.

Figure 2: Age-Specific Trauma Cases and Mortality Proportion (Unique Traumas)

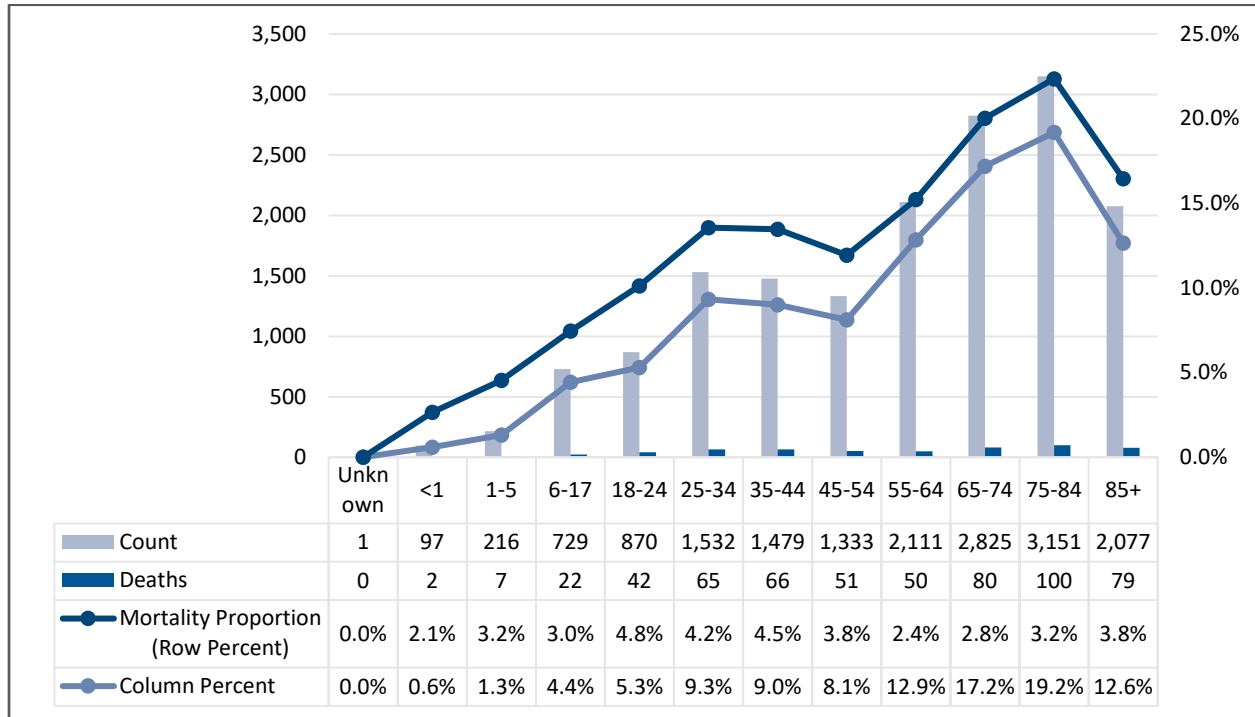


Table 7: Age and Sex-Specific Trauma Rate per 100,000 Nevada Residents (Unique Traumas)

Age Group	Male		Female		Unknown	Total	
	Residents	Rate per 100,000 (95% CI)	Residents	Rate per 100,000 (95% CI)	Residents	Residents	Rate per 100,000 (95% CI)
Pediatric <18	565	154.0 (141.3-166.7)	316	90.1 (80.1-100.0)	0	881	122.7 (114.6-130.9)
Adult 18-64	3,986	387.7 (375.7-399.8)	1,874	186.2 (177.8-194.7)	1	5,861	288.1 (280.7-295.5)
Geriatric >64	2,895	1224.9 (1180.2-1269.5)	4,113	1450.7 (1406.4-1495.1)	0	7,008	1348.0 (1316.5-1379.6)
Total	7,446	456.4 (446.1-466.8)	6,303	384.2 (374.7-393.7)	1	13,750	420.2 (413.2-427.3)

Figure 3: Age and Sex-Specific Trauma Rates per 100,000 Nevada Residents

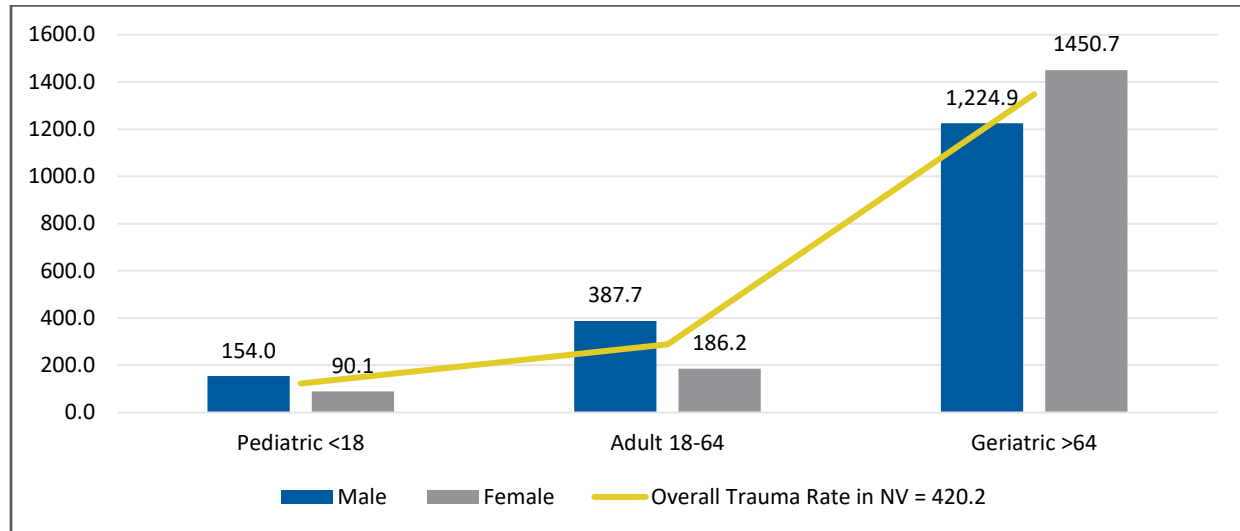
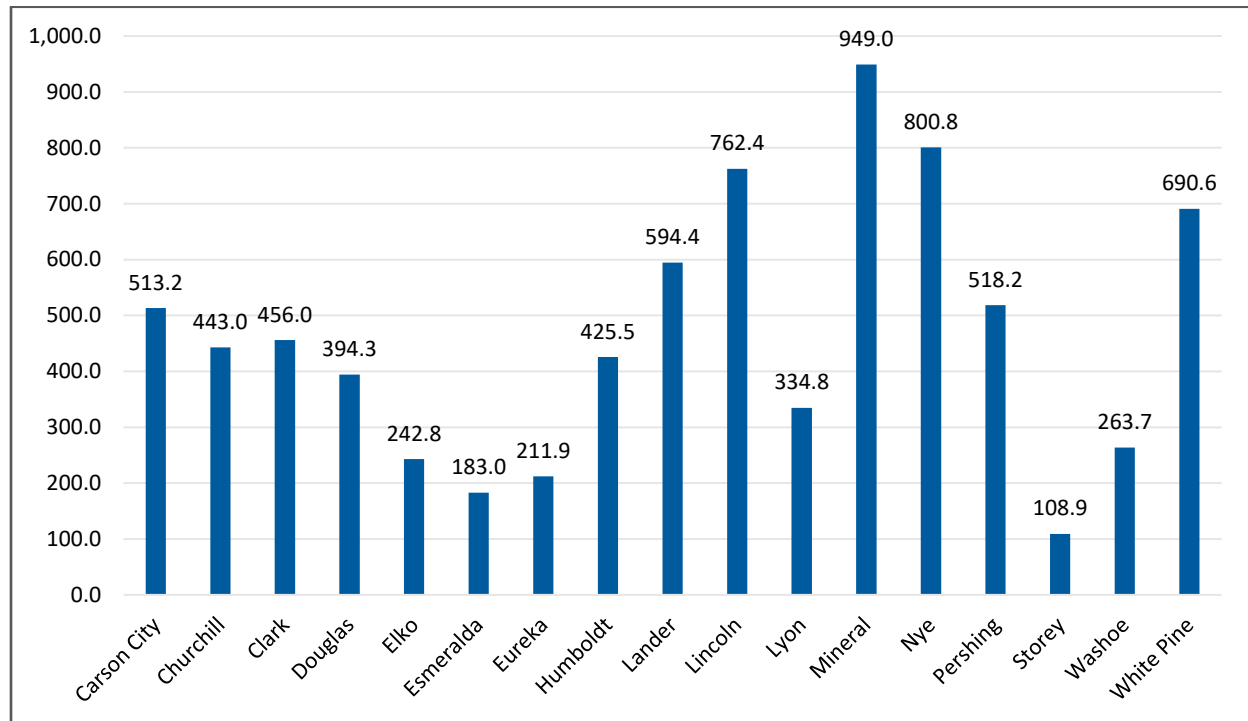


Table 8: Nevada Trauma Cases by County of Injury (non-duplicated)

County	Count	Rate per 100,000 (95% CI)
Carson City	303	513.2 (455.4-571.0)
Churchill	118	443.0 (363.1-523.0)
Clark	10,908	456.0 (447.4-464.5)
Douglas	211	394.3 (341.1-447.5)
Elko	137	242.8 (202.1-283.5)
Esmeralda	2	183.0 (0.0-436.6)
Eureka	4	211.9 (4.2-419.5)
Humboldt	76	425.5 (329.8-521.1)
Lander	37	594.4 (402.9-785.9)
Lincoln	38	762.4 (520.0-1004.9)
Lyon	206	334.8 (289.1-380.6)
Mineral	46	949.0 (674.8-1223.3)
Nye	417	800.8 (723.9-877.6)
Pershing	38	518.2 (353.4-683.0)
Storey	5	108.9 (13.4-204.3)
Washoe	1,349	263.7 (249.6-277.8)
White Pine	70	690.6 (528.8-852.4)
Out of State	1,100	-
Unknown	1,356	-

Figure 4: County-Specific Trauma Rates per 100,000 County Residents



This analysis found that Mineral County, with 949.0, had the highest rate of trauma cases per 100,000 residents. Nye County came in second with 800.8, followed by Lincoln County with 762.4.

According to the Federal Information Processing Standard (FIPS) code for trauma cases, Trauma Rates per county are calculated exclusively based on ICD-10 diagnosis coding recorded by treating facilities, without regard for backgrounds, patient histories, or examinations.

Highest Trauma Cases (Figure 5)

Utilizing FIPS codes of where an injury occurred:

#1) Clark County recorded the highest number of Trauma Cases at 10,908 Cases.

#2) Washoe with 1,349 Trauma Cases.

#3) Carson City with 303 Trauma Cases.

1,100 Trauma Cases occurred out-of-state.

Figure 5: NV Trauma Cases by Zip Code of Injury (Unique Traumas)

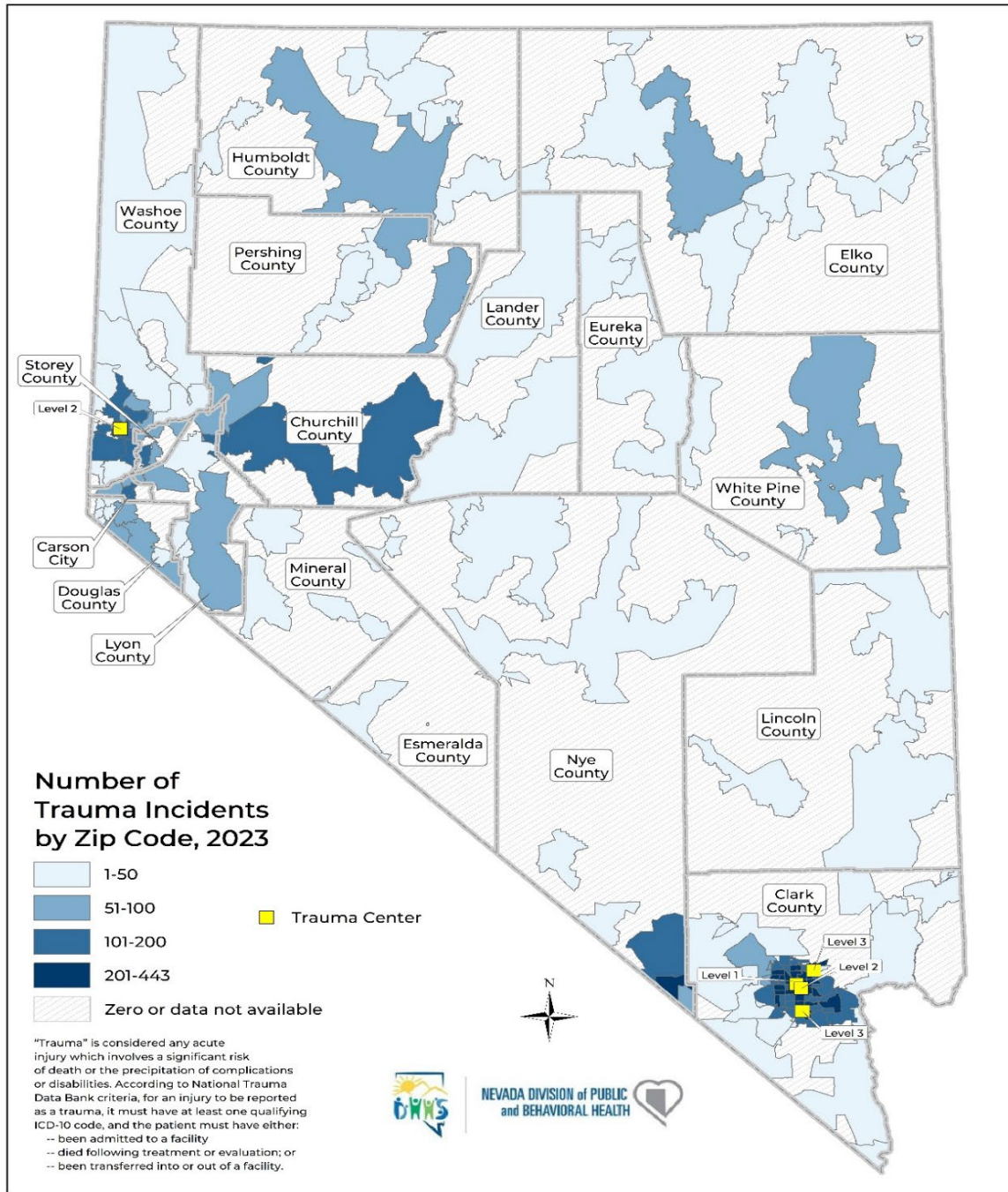


Figure 6: NV Trauma Cases by County of Injury (Unique Traumas)

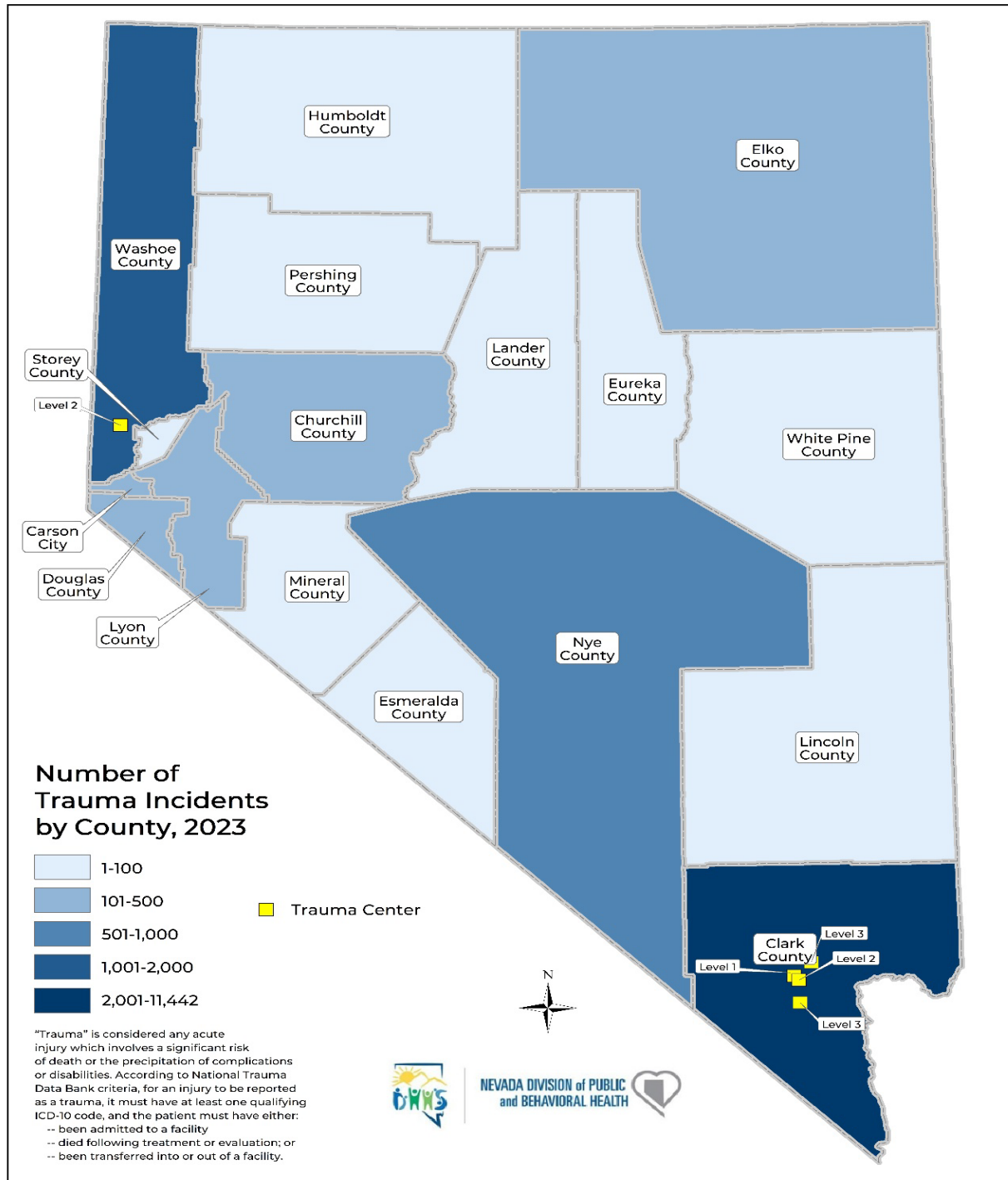


Figure 7: NV Trauma Cases by County of Injury (Unique Traumas)

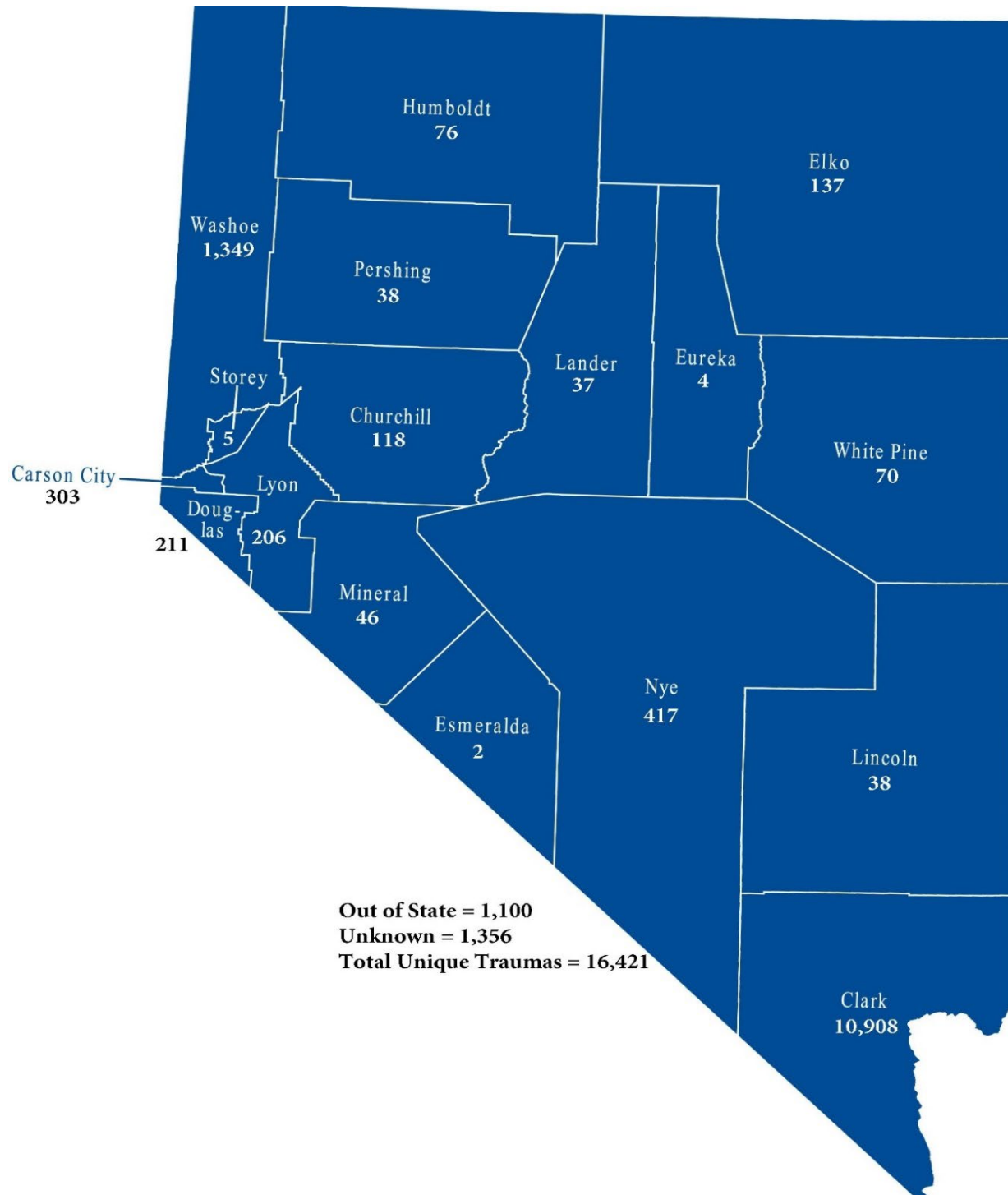


Table 9: Age-Specific Traumatic Brain Injury Incidence and Mortality Proportion (Unique Traumas)

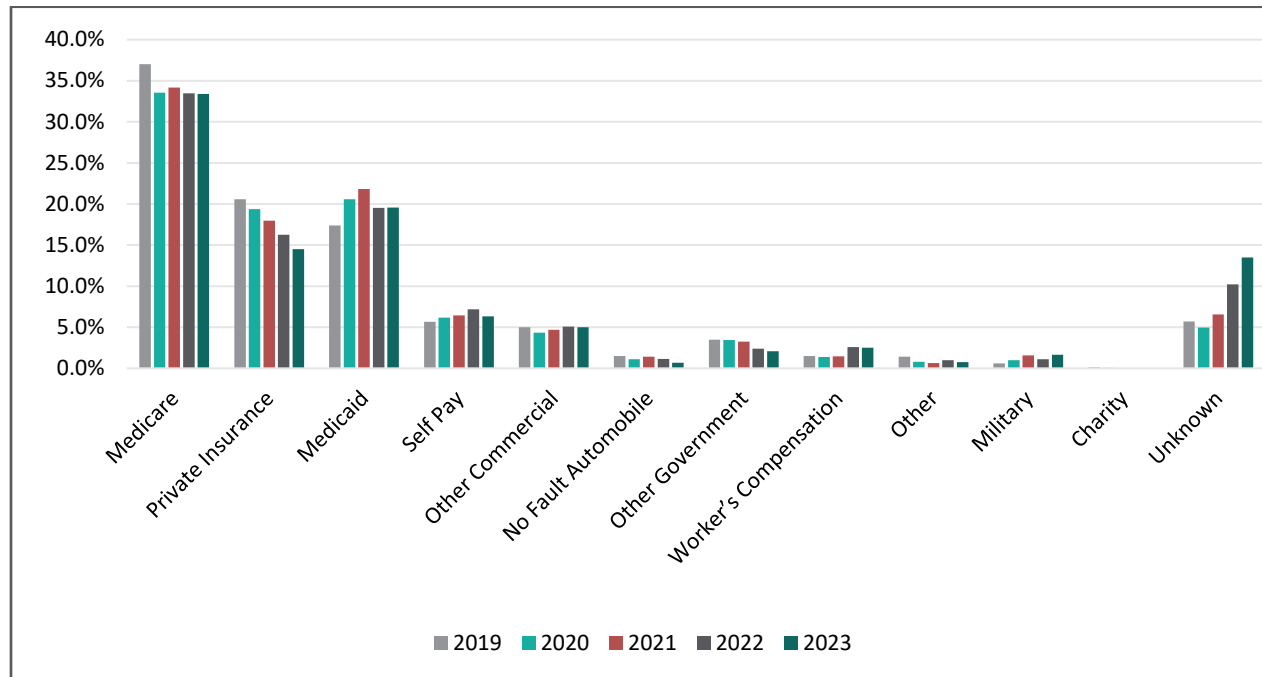
Age Group	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Pediatric <18	228	7.9%	15	6.6%
Adult 18-64	1328	46.1%	114	8.6%
Geriatric >64	1326	46.0%	113	8.5%
Total	2882	100.0%	242	8.4%

*Throughout the report Unique Traumas are analyzed by where the patient first originated, but mortality data is analyzed based on their final facility. ** 6 unknown dead/alive status ***

Table 10: Age-Specific Traumatic Brain Injury Incidence and Mortality Proportion (Unique Traumas)

Age Groups	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
<1	50	1.7%	1	2.0%
1-5	34	1.2%	4	11.8%
6-17	148	5.1%	10	6.8%
18-24	156	5.4%	17	10.9%
25-34	262	9.1%	27	10.3%
35-44	250	8.7%	26	10.4%
45-54	262	9.1%	20	7.6%
55-64	394	13.7%	24	6.1%
65-74	487	16.9%	42	8.6%
75-84	548	19.0%	46	8.4%
85+	291	10.1%	25	8.6%
Total	2,882	100.0%	242	8.4%

Figure 8: Proportion of Trauma Primary Payment Sources in Nevada, 2019-2023



**Year over year trauma data comparison is not recommended due to the changes mentioned in the introduction section of this report. However, the data from previous years in Figure 6 were included as it was derived from proportional data.*

Table 11: Proportion of Trauma Primary Payment Sources in Nevada, 2019-2023

Primary Source of Payment	2019	2020	2021	2022	2023
Medicare	37.0%	33.5%	34.2%	33.5%	33.4%
Private Insurance	20.6%	19.4%	18.0%	16.3%	14.5%
Medicaid	17.4%	20.6%	21.8%	19.5%	19.6%
Self-Pay	5.7%	6.2%	6.4%	7.2%	6.3%
Other Commercial	5.0%	4.3%	4.7%	5.1%	5.0%
No Fault Automobile	1.5%	1.1%	1.4%	1.2%	0.7%
Other Government	3.5%	3.4%	3.2%	2.4%	2.1%
Worker's Compensation	1.5%	1.4%	1.5%	2.6%	2.5%
Other	1.4%	0.8%	0.6%	1.0%	0.8%
Military	0.6%	1.0%	1.6%	1.1%	1.7%
Charity	0.1%	0.1%	0.0%	0.0%	0.0%
Unknown	5.7%	5.0%	6.6%	10.2%	13.5%

PLACE AND MECHANISM OF INJURY

Table 12: Trauma Incidence by Place of Injury (Unique Traumas)

Place of Injury	Trauma Count	Percent
Residence	8,053	49.04%
Street	4,032	24.55%
Trade and Service Area	960	5.85%
Recreation Area	328	2.00%
Wilderness Area	279	1.70%
Sports Area	225	1.37%
School or Public Area	222	1.35%
Other Specified	199	1.21%
Industrial and Construction	120	0.73%
Transport vehicle	79	0.48%
Farm	22	0.13%
Military Training Ground	11	0.07%
Railroad Track	7	0.04%
Unknown/Unspecified	1,884	11.47%
Total	16,421	100%

Table 13: Trauma Incidence and Mortality by Mechanism of Injury (Unique Traumas)

Mechanism	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Falls	9,635	58.7%	234	2.4%
Motor Vehicle Traffic	2,670	16.3%	153	5.7%
Struck by/Against	890	5.4%	6	0.7%
Cut/Pierce	645	3.9%	18	2.8%
Firearm	590	3.6%	105	17.8%
Other Specified	265	1.6%	5	1.9%
Natural/Environmental	260	1.6%	3	1.2%
Suffocation	246	1.5%	10	4.1%
Motor Vehicle Non-Traffic	235	1.4%	2	0.9%
Pedal Cyclist, Other	197	1.2%	1	0.5%
Unknown	181	1.1%	4	2.2%
Other Transport (Land, Sea, Sky)	160	1.0%	4	2.5%
Pedestrian, Other	131	0.8%	17	13.0%
Overexertion	96	0.6%	0	0.0%
Unspecified	85	0.5%	1	1.2%
Machinery	68	0.4%	1	1.5%
Fire/Burn	62	0.4%	0	0.0%
Drowning	5	0.0%	1	20.0%
Total	16,421	100.0%	565	3.4%

In 2023, the state of Nevada saw the highest incidence of traumatic injury caused by Falls (58.7%), Traffic-Related Accidents (16.3%), and Being Struck by/Against (5.4%). In total trauma cases, the highest proportion of deaths came from Drowning incidents (20.0%), Firearm incidents (17.8%), and Pedestrian incidents (13.0%).

ICD-10 codes are currently used by the NTR to collect trauma data. Some trauma mechanisms are not coded in the ICD-10 system. If the cause of trauma cannot be identified using an ICD-10 code, there are still ICD-10 codes available: Pedestrian, Other, Other Specified, Unspecified, and Unknown.

Table 14: Trauma Rates for Top Three Mechanisms of Injury by Age (Unique Traumas)

Age Group	Falls		Struck by/Against		Motor Vehicle Traffic	
	n	Rate per 100,000 (95% CI)	n	Rate per 100,000 (95% CI)	n	Rate per 100,000 (95% CI)
Pediatric <18	344	47.9 (42.9-53.0)	111	15.5 (12.6-18.3)	179	24.9 (21.3-28.6)
Adult 18-64	2,443	120.1 (115.3-124.9)	622	30.6 (28.2-33.0)	1,887	92.8 (88.6-96.9)
Geriatric >64	6,854	1318.4 (1287.2-1349.6)	162	31.2 (26.4-36.0)	556	107.0 (98.1-115.8)
Total	9,641	294.7 (288.8-300.5)	895	27.4 (25.6-29.1)	2,622	80.1 (77.1-83.2)

Table 14 outlines the top three mechanisms for injury by age. The number one trauma injury per all age groups in 2023 was Falls.

Figure 9: Top Five Mechanisms of Unintentional Trauma

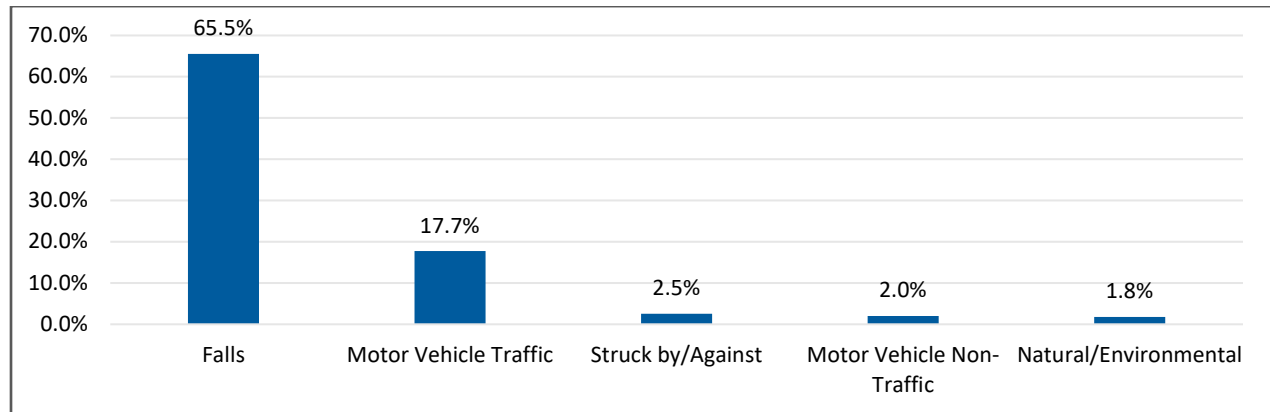


Figure 10: Top Five Mechanisms of Homicide/Assault-Related Trauma

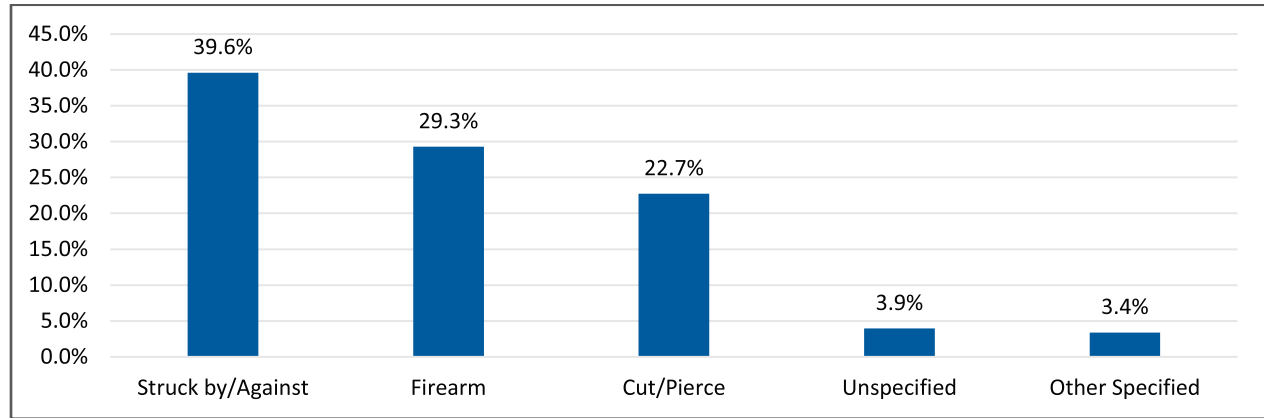


Figure 11: Top Five Mechanisms of Suicide/Self-Inflicted Trauma

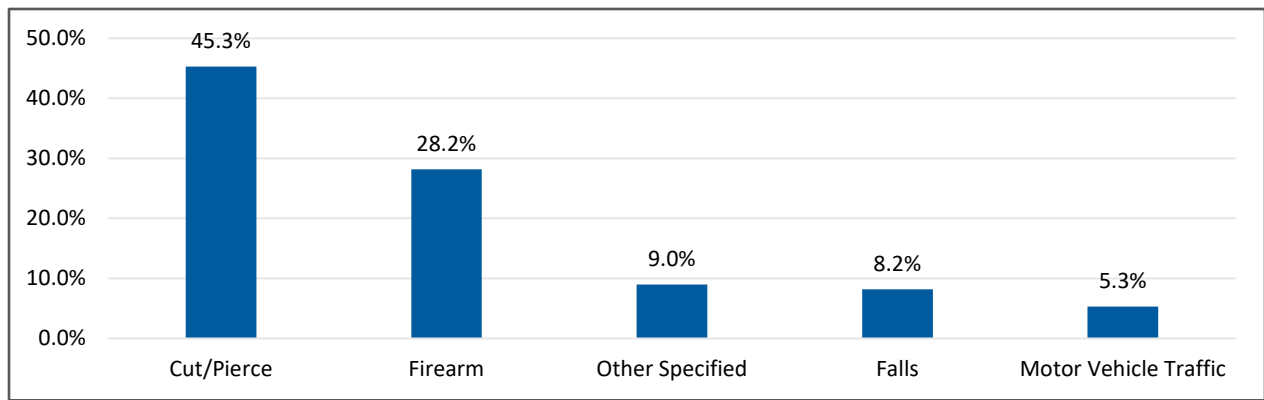
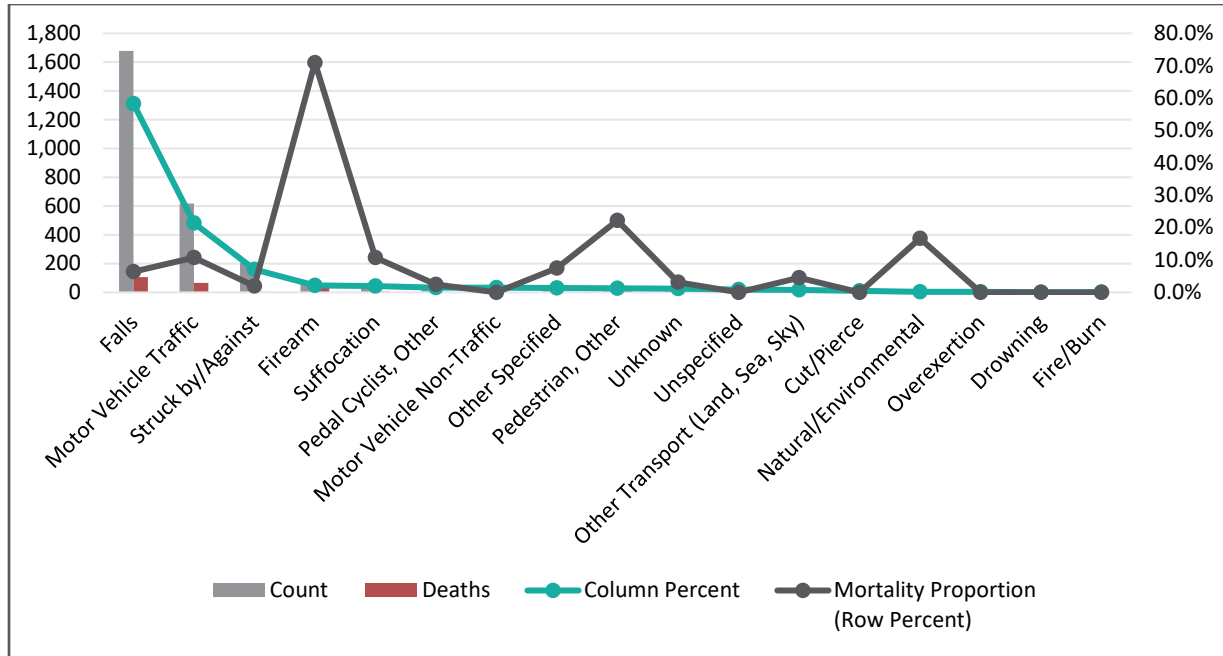


Table 15: Traumatic Brain Injury Incidence and Mortality by Mechanism of Injury

Mechanism	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Falls	1,679	58.3%	107	6.4%
Motor Vehicle Traffic	617	21.4%	66	10.7%
Struck by/Against	205	7.1%	4	2.0%
Firearm	62	2.2%	44	71.0%
Suffocation	56	1.9%	6	10.7%
Pedal Cyclist, Other	41	1.4%	1	2.4%
Motor Vehicle Non-Traffic	41	1.4%	0	0.0%
Other Specified	40	1.4%	3	7.5%
Pedestrian, Other	36	1.2%	8	22.2%
Unknown	32	1.1%	1	3.1%
Unspecified	26	0.9%	0	0.0%
Other Transport (Land, Sea, Sky)	22	0.8%	1	4.5%
Cut/Pierce	12	0.4%	0	0.0%
Natural/Environmental	6	0.2%	1	16.7%

Overexertion	5	0.2%	0	0.0%
Drowning	1	0.0%	0	0.0%
Fire/Burn	1	0.0%	0	0.0%
Total	2,882	100.0%	242	8.4%

Figure 12: Mortality Proportion of Traumatic Brain Injury Incidence by Mechanism of Injury (Unique Traumas)



INJURY CHARACTERISTICS: INJURY SEVERITY SCORE (ISS)

Injury Severity Score (ISS) is an anatomical scoring system that provides an overall score for patients with multiple injuries. The ISS has values from 1 to 75:

ISS score of 1-8 = Minor
ISS score of 16-24 = Serious

ISS score of 9-15 = Moderate
ISS score of 25-75 = Severe

Table 16: Trauma Incidence and Mortality Proportion by Injury Severity Score (ISS) (Unique Traumas)

Injury Severity Score	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Minor, 1-8	7,440	44.3%	85	1.1%
Moderate, 9-15	6,776	40.6%	122	1.8%
Serious, 16-24	1,292	8.1%	79	6.1%
Severe, 25-75	905	7.0%	279	30.8%
Missing/NA/ND	8	0.0%	0	0.0%
Total	16,421	100.0%	565	3.4%

Throughout the report Unique Traumas are analyzed by where the patient first originated, but mortality data is analyzed based on their final facility.

Table 17: Traumatic Brain Injury Incidence and Mortality Proportion (Unique Traumas) by Injury Severity

Injury Severity Score	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Minor, 1-8	585	20.3%	6	1.0%
Moderate, 9-15	1,204	41.8%	33	2.7%
Serious, 16-24	582	20.2%	34	5.8%
Severe, 25-75	511	17.7%	169	33.1%
Total	2,882	100.0%	242	8.4%

Table 18: Injury to ED arrival time for a patient with a score of >15 for their injury, broken down by their location (Rural, Urban, or Statewide).

County	<1hour	1-3 hours	3-6 hours	6-9 hours	9-12 hours	>12 hours
Carson City	20	0	0	0	0	0
Churchill	13	2	0	1	0	0
Clark	1,177	135	33	19	13	48
Douglas	12	4	1	1	0	0
Elko	1	4	0	0	0	0
Esmeralda	0	0	0	0	1	0
Eureka	1	0	0	0	0	0
Humboldt	16	3	0	0	1	0
Lander	2	2	0	0	0	0
Lincoln	9	6	0	0	0	0
Lyon	21	3	1	0	0	0
Mineral	15	1	0	0	0	0
Nye	26	4	5	2	1	0
Pershing	5	0	0	0	0	0
Storey	0	1	0	0	0	0
Unknown	153	9	14	3	8	3
Washoe	171	4	2	2	0	1
White Pine	6	7	0	1	5	0
Out of State	176	23	30	13	1	10
Total	1,824	208	86	42	30	62

PATIENT TRANSPORTATION

In Nevada, ground ambulances outnumbered private cars and walk-ins when transporting trauma patients to hospitals in 2023 (Table 19)

Table 19: Trauma Incidence by Mode of Arrival (Unique Traumas)

Mode of Arrival	Trauma Count	Percent
Ground Ambulance	11,536	70.25%
Private Vehicle or Walk-in	3,755	22.87%
Helicopter Ambulance	948	5.77%
Fixed-Wing Ambulance	64	0.39%
Police	35	0.21%
Other	72	0.44%
Public Safety	2	0.01%
Missing	9	0.05%
Total	16,421	100%

It is useful to look at patient methods of arrival based on their Injury Severity Score (ISS) ranges in addition to reviewing the data by mode of patient arrival (Table 20). As demonstrated in Table 20, individuals with the greatest ISS were also the ones who were frequently transported to hospitals by ground ambulance.

Table 20: Mode of arrival by Injury Severity Score

Mode of Arrival	Injury Severity Score Range				
	Minor 1-8	Moderate 9-15	Serious 16-24	Severe 25-75	Missing/NA ISS Scores
Ground Ambulance	4,838	5,130	911	652	5
Private Vehicle or Walk-in	2,192	1,254	231	74	4
Helicopter Ambulance	237	345	175	191	0
Fixed-Wing Ambulance	26	28	6	4	0
Water Ambulance	0	0	0	0	0
Police	19	8	4	4	0
Other	68	4	0	0	0
Public Safety	2	0	0	0	0
Missing	2	7	0	0	0
Total	7,384	6,776	1,327	925	9

PATIENT DISCHARGE AND TRANSFER

Of the 16,421 trauma cases that occurred in Nevada in 2023, 1,903 were sent to trauma centers. The most trauma patients were transferred to Sunrise Hospital Medical Center from other facilities. The trauma center with the lowest average ISS was located at St. Rose Dominican Hospital – Siena Campus. (See Table 21)

Table 21: Patient Transfer to Nevada Trauma Centers by Injury Severity Score

Facility Patient Transferred To	Injury Severity Score Range			
	Trauma Cases	Mean ISS	Standard Deviation	ISS Range
Renown Regional Medical Center	452	8.9	8.0	1 - 75
St. Rose Dominican Hospital Siena Campus	33	5.5	3.3	1 - 14
Sunrise Hospital Medical Center	1095	8.8	6.9	1 - 48
University Medical Center	323	10.2	9.9	1 - 75
Total	1903	9.0	7.7	1 - 75

"Patient Transfer to" is determined by the question, "Was Patient Transferred to Facility?" and not through the matching process that creates the Unique Traumas

RISK FACTORS: DRUG/ALCOHOL USE

Table 22: Injury Intent and Drug/Alcohol Use (Unique Traumas)

Injury Intent	Trauma Cases	Drug/Alcohol Use	Percent Drug/Alcohol Use (Row Percent)
Unintentional	14,671	1,948	13%
Suicide	245	105	43%
Homicide/Assault	1,267	367	29%
Legal Intervention	25	6	24%
Undetermined (accidental/intentional)	123	28	23%
Unknown	90	7	8%
Total	16,421	2,461	15%

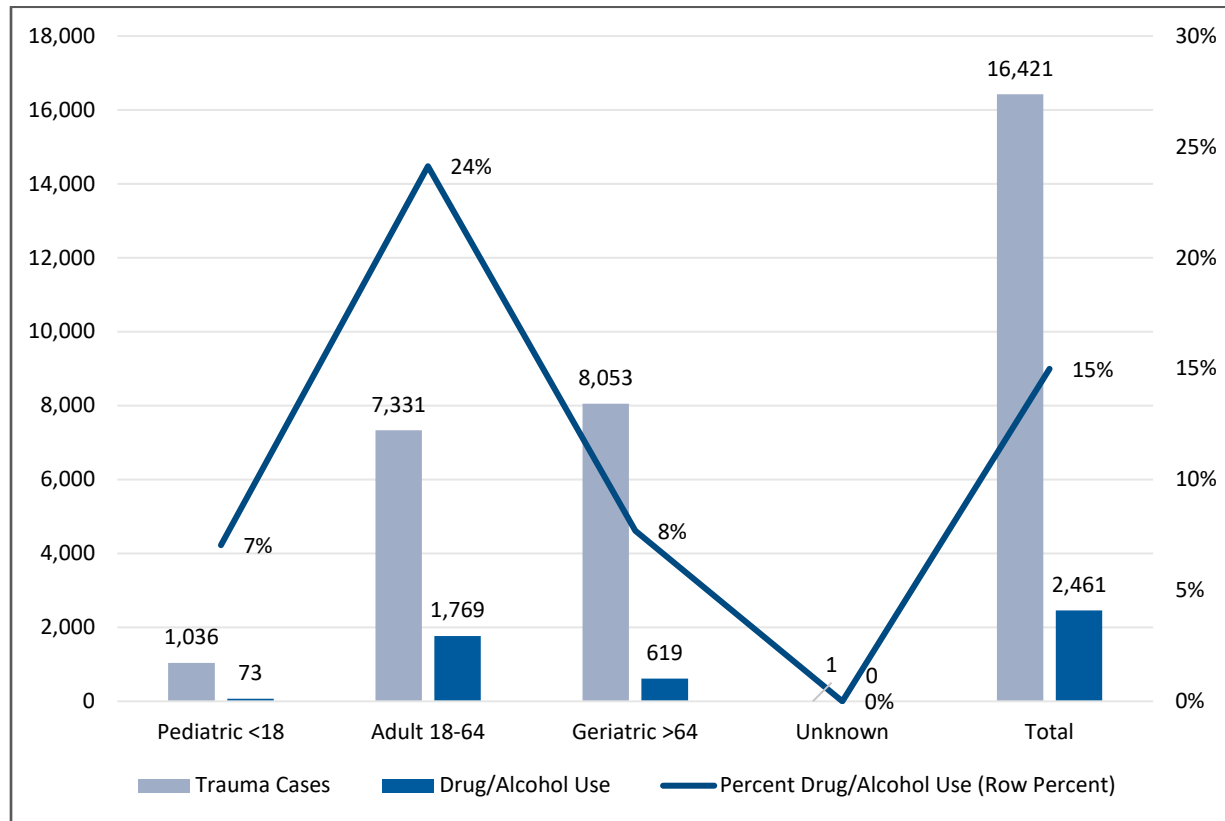
2,461 (15%) of the 16,421 distinct traumas listed in the NTR for 2023 involved drug or alcohol use. Additionally, drug or alcohol use was present in 43% of suicides and 29% of Homicide or Assault related trauma incidents.

Table 23: Age-Specific Prevalence of Restraint Use Among Passengers in Moving Vehicles (Positive Blood Alcohol Content [BAC])

Protective Device Restraint	Pediatric <18	Adult 18-64	Geriatric >64	Total
None	7	68	6	81
Seatbelt – Lap & Shoulder	2	93	12	107
Seatbelt – Lap Only	0	3	1	4
Seatbelt – Shoulder Only	0	1	0	1
Seatbelt – NFS	0	13	3	16
Unknown	0	34	3	37
Total	9	212	25	246

There was no restraint or safety measure used in 81 of the 246 unique trauma cases with reports of drug or alcohol use.

Figure 13: Age-Specific Trauma and Drug/Alcohol Use (Unique Traumas)



There was a high prevalence of adults between the ages of 18 and 64 with positive or high Blood Alcohol Content (BAC) at the time of the reported trauma incident. Among the 7,331 traumas recorded in this age range, 1,769 (24%) had positive BAC results.

Table 24: Age-Specific Ratio of Restraint Use Among Drivers and Passengers in Motor Vehicles (Use of Drugs and Alcohol)

Protective Device Restraint	Pediatric <18	Adult 18-64	Geriatric >64	Total
None	10	100	13	123
Seatbelt – Lap & Shoulder	6	136	26	168
Seatbelt – Lap Only	1	20	7	28
Seatbelt – NFS	0	17	10	27
Unknown	1	44	7	52
Total	19	318	63	400

Table 25: Trauma Incidence by Mechanism of Injury (Unique Traumas) and Drug/Alcohol Use

Mechanism	Trauma Cases	Drug/Alcohol Use	Percent Drug/Alcohol Use (Row Percent)
Falls	9,641	966	10%
Motor Vehicle Traffic	2,622	706	27%
Struck by/Against	895	174	19%
Cut/Pierce	641	177	28%
Firearm	589	147	25%
Motor Vehicle Non-Traffic	296	53	18%
Natural/Environmental	263	11	4%
Other Specified	253	34	13%
Suffocation	226	51	23%
Pedal Cyclist, Other	202	17	8%
Unknown	185	18	10%
Other Transport (Land, Sea, Sky)	154	25	16%
Pedestrian, Other	134	43	32%
Overexertion	96	6	6%
Unspecified	90	29	32%
Machinery	65	1	2%
Fire/Burn	64	2	3%
Drowning	5	1	20%
Total	16,421	2,461	15%

The following specific traumas were linked to the highest reported rates of drug and alcohol use: 32% of pedestrian cases and 28% of cases were related to cut/pierce incidents. These are followed by motor vehicle traffic injuries at 27% and firearm injuries at 25%. No injury mechanism was found in 32% of incidents.

Table 26: Trauma Incidence by Mechanism of Injury (Unique Traumas) and BAC Levels (Interval)

Mechanism	<0.08	0.08 to 1	2 to 20	21 to 50	51 to 100	101 to 200	More than 200	Unknown	Total
Falls	38	26	28	39	66	142	232	9,070	9,641
Motor Vehicle Traffic	1	1	25	28	46	122	187	2,212	2,622
Struck by/Against	2	3	8	2	12	29	49	790	895
Cut/Pierce	6	3	5	7	14	34	45	527	641
Firearm	2	0	5	16	13	29	23	501	589
Motor Vehicle Non-Traffic	0	1	1	2	3	13	10	266	296
Natural/Environmental	0	0	0	0	1	1	3	258	263
Other Specified	2	1	4	1	3	6	3	233	253

Suffocation	0	0	0	0	7	15	6	198	226
Pedal Cyclist, Other	0	0	0	2	1	0	3	196	202
Unknown	0	0	2	2	2	6	3	170	185
Other Transport (Land, Sea, Sky)	1	0	2	2	3	7	1	138	154
Pedestrian, Other	0	1	1	0	4	10	10	108	134
Overexertion	0	0	0	0	0	1	2	93	96
Unspecified	0	0	2	1	1	6	7	73	90
Machinery	0	0	0	0	0	0	0	65	65
Fire/Burn	0	0	1	0	0	0	0	63	64
Drowning	0	0	0	0	1	0	0	4	5
Total	52	36	84	102	177	421	584	14,965	16,421

Table 27: Trauma Incidence by County and BAC (Unique Traumas)

County	<0.08	0.08 to 1	2 to 20	21 to 50	51 to 100	101 to 200	more than 200	Unknown	Total
Out of State	1	1	11	13	17	35	22	1,000	1,100
Carson City	0	0	3	4	1	5	13	277	303
Churchill	0	0	0	0	2	6	6	104	118
Clark	45	26	38	50	102	241	383	10,023	10,908
Douglas	0	0	0	0	2	12	9	188	211
Elko	0	0	0	1	2	4	5	125	137
Esmeralda	0	0	0	0	0	0	0	2	2
Eureka	0	0	0	0	0	0	0	4	4
Humboldt	0	0	1	1	1	4	2	67	76
Lander	0	0	1	1	0	0	2	33	37
Lincoln	0	0	0	0	0	0	0	38	38
Lyon	0	0	1	4	2	5	10	184	206
Mineral	0	0	1	0	0	1	1	43	46
Nye	0	1	5	2	4	3	4	398	417
Pershing	0	0	0	0	0	2	3	33	38
Storey	0	0	0	0	0	1	0	4	5
Washoe	0	0	11	12	20	57	83	1,166	1,349
White Pine	0	0	0	0	0	1	3	66	70
Unknown	6	8	12	14	24	44	38	1,210	1,356
Total	52	36	84	102	177	421	584	14,965	16,421

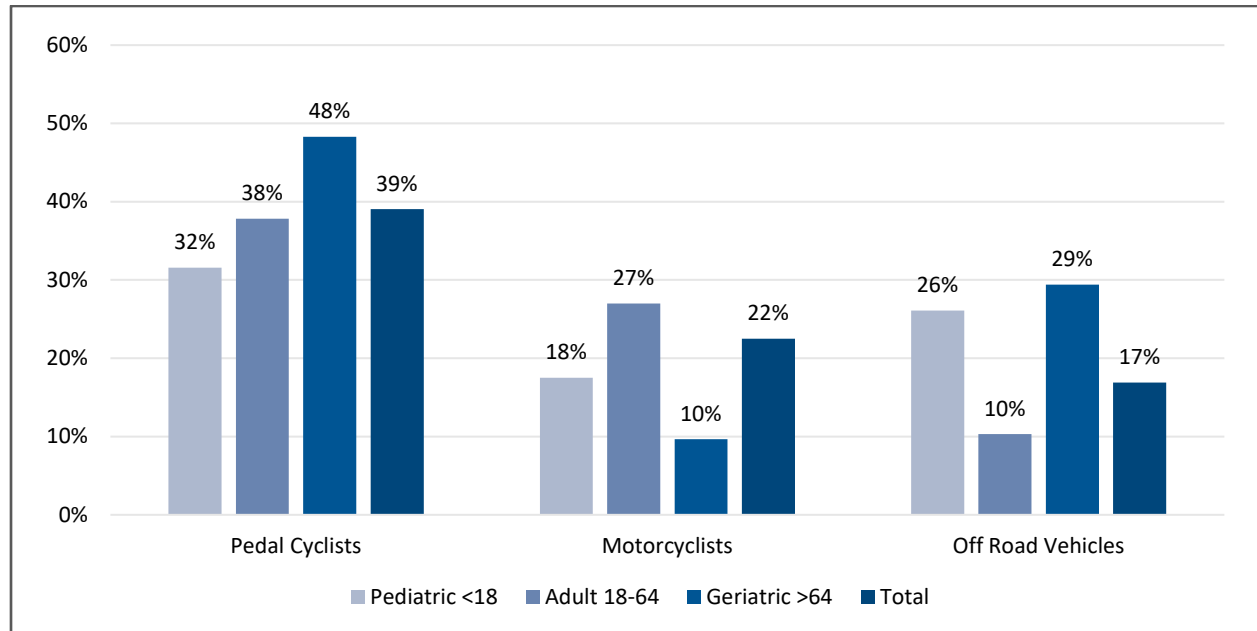
Table 28: Trauma Incidence by County and Drug/Alcohol Use (Unique Trauma)

County	Trauma Cases	Drug/Alcohol Use	Percent Drug/Alcohol Use (Row Percent)
Out of State	1,100	215	20%
Carson City	303	35	12%
Churchill	118	15	13%
Clark	10,908	1,640	15%
Douglas	211	25	12%
Elko	137	18	13%
Esmeralda	2	1	50%
Eureka	4	1	25%
Humboldt	76	11	14%
Lander	37	4	11%
Lincoln	38	0	0%
Lyon	206	23	11%
Mineral	46	4	9%
Nye	417	35	8%
Pershing	38	5	13%
Storey	5	1	20%
Washoe	1,349	213	16%
White Pine	70	5	7%
Unknown	1,356	210	15%
Total	16,421	2,461	15%

SAFETY EQUIPMENT

Wearing a helmet is crucial for safety, particularly when operating an off-road vehicle, motorcycle, or bicycle. —Figure 12.

Figure 14: Proportion of Helmet Use Among Pedal Cyclists, Motor Cyclists, and Off-Road Users (Unique Trauma)



In Nevada, 1,571 of the 2,670 people injured in motor vehicle accidents reported wearing age-appropriate restraints at the time of the accident. According to the National Highway Traffic Safety Administration (NHTSA), in 2023, 91.9 percent of Americans wore seat belts, showing that they are aware of the importance of doing so for their own safety. According to the NHTSA, using a seatbelt can reduce your risk of suffering a fatal injury by 45% and a moderate to critical injury by 50%.

Table 29: Age-Specific Restraint Use Among Motor-Vehicle Traffic Occupants

Age Group	Pediatric <18	Adult 18-64	Geriatric >64	Total
Seatbelt	48	678	317	1,043
Child or Infant booster/car seat	9	0	0	9
None	45	264	67	376
Unknown	6	89	48	143
Total	108	1,031	432	1,571

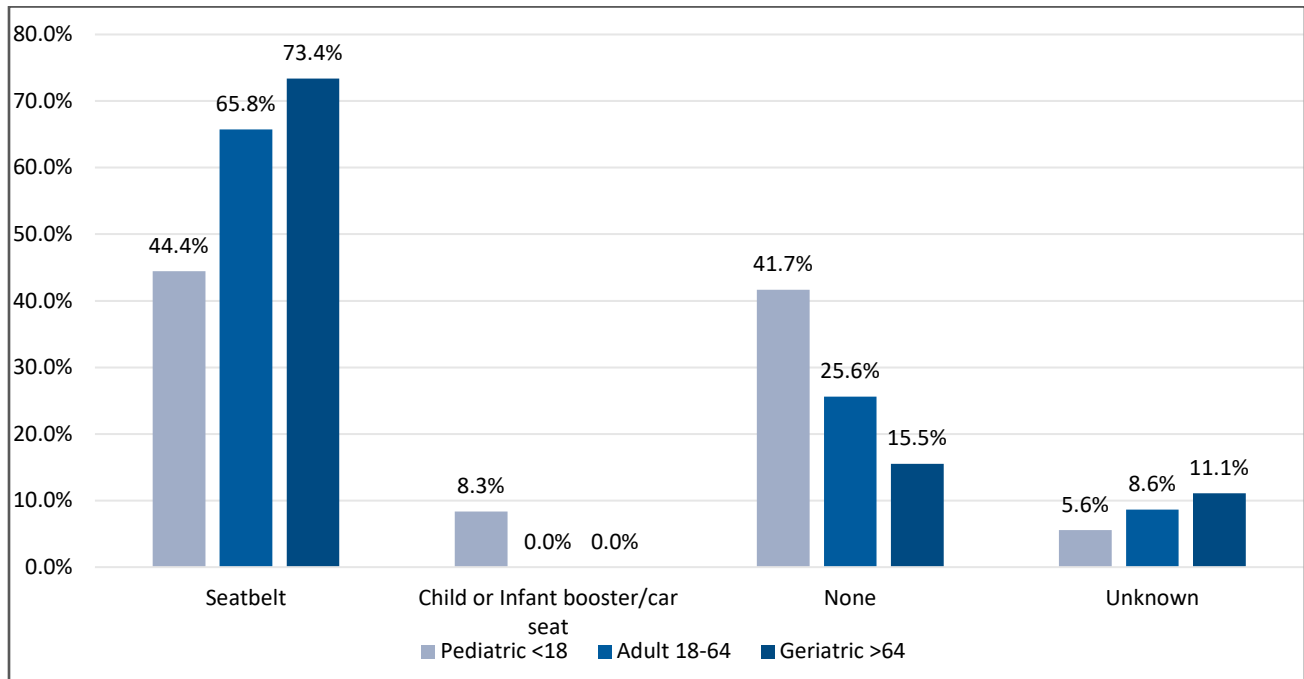
Table 30: Age-Specific Proportion of Restraint Use Among Motor-Vehicle Traffic Occupants

Age Group	Pediatric <18	Adult 18-64	Geriatric >64	Total (column percent)
Seatbelt	44.4%	65.8%	73.4%	66.4%
Child or Infant booster/car seat	8.3%	0.0%	0.0%	0.6%
None	41.7%	25.6%	15.5%	23.9%
Unknown	5.6%	8.6%	11.1%	9.1%
Total Age-Specific Proportion	6.9%	65.6%	27.5%	100.0%

- Among Motor vehicle occupants: 6.9% are <18, 65.6% are 18-64 and 27.5% are >64years.
- Among Motor vehicle occupants 66.4% use seatbelt, 0.6% used Child booster/car seat, 23.9% used no restraint. 9.1% of motor vehicle occupants have unknown restraint information.
- Among all motor vehicle traffic occupants < 18 years, 44.4% used seatbelts.

Table 30 and Figure 13 demonstrate that 44.4% of pediatric passengers involved in motor vehicle related traumas were properly restrained by a seat belt. While only 65.8% of adult drivers reported wearing a seatbelt, the elderly population over the age of 64 reported wearing one at a rate of 73.4%. As individuals' self-reported use of restraints at the time of incidents there is potential for some data inaccuracies. It is important to note Figure 13 refers to the populations in shown age range that reported being properly restrained using the correct type of safety restraint.

Figure 15: Age-Specific Proportion of Restraint Use Among Motor-Vehicle Traffic Occupants



FALLS – BY LAST TRANSFER FACILITY

Slipping, tripping, and stumbling were considered the main contributors to the types of falls that resulted in trauma injuries, accounting for 66.6%. This was also the most frequent types of falls that resulted in death.

In 2023, falls were Nevada's leading cause of trauma. In line with this, most traumas occur at home (Table 12). In analyzing the falls by sex, females experienced more trauma than males by 968 cases. (Table 31). A breakdown of the types of falls is provided in Table 32.

Table 31: Trauma Rate for Falls by Sex (Unique Traumas)

Sex	n	Rate per 100,000 (95% CI)
Female	5,418	330.3 (321.5-339.0)
Male	4,450	272.8 (264.8-280.8)
Total	9,868	301.6 (295.6-307.5)

Table 32: Incidence and Mortality Proportion by Type of Fall (Unique Traumas)

Type of Falls	Count	Percent of Falls (Column Percent)	Deaths	Mortality Proportion (Row Percent)
Same level (Slipping/Tripping/Stumbling)	6,577	66.6%	139	2.1%
Unspecified	911	9.2%	39	4.3%
From Furniture	669	6.8%	28	4.2%
Steps	546	5.5%	13	2.4%
Fall Due to Environmental Factors	267	2.7%	6	2.2%
Pedestrian Conveyance Accident	267	2.7%	4	1.5%
On or From Ladder/Scaffolding	236	2.4%	2	0.8%
Out of Building/Structure	117	1.2%	2	1.7%
Multi-Level: Cliff, Tree, Water, etc.	111	1.1%	0	0.0%
Collision/Push/Shove By/Oth. Person	63	0.6%	0	0.0%
Playground Equipment	62	0.6%	0	0.0%
Suicide Related	31	0.3%	5	16.1%
Undetermined Fall High Place	7	0.1%	0	0.0%
Assault Related	4	0.0%	0	0.0%
Total	9,868	100.0%	238	2.4%

Table 33: Trauma Rate by Age and Type of Fall (Unique Traumas)

Age Group	Type of Fall					
	Steps		From Same Level (tripping, slipping, stumbling)		From Furniture (bed, chair, etc.)	
	n	Rate per 100,000 (95% CI)	n	Rate per 100,000 (95% CI)	n	Rate per 100,000 (95% CI)
Pediatric <18	11	1.5 (0.6-2.4)	92	12.8 (10.2-15.4)	58	8.1 (6.0-10.2)
Adult 18-64	187	9.2 (7.9-10.5)	1,407	69.2 (65.6-72.8)	111	5.5 (4.4-6.5)
Geriatric >64	348	66.9 (59.9-74.0)	5,078	976.8 (949.9-1003.7)	500	96.2 (87.7- 104.6)
Total	546	16.7 (15.3-18.1)	6,577	201.0 (196.2-205.9)	669	20.4 (18.9- 22.0)

FINAL NOTE

Trauma Registry (NTR) continues to improve due to increased data entry compliance and accuracy. The NTR Manager and Coordinator thank all NTR users for their perseverance in mastering accurate data entry into the NTR at the various trauma and non-trauma centers throughout Nevada. We appreciate and are aware of your commitment.

We are working to compile and maintain complete historical data for Nevada's trauma centers as collaboration among the facilities and the Nevada Trauma Registry continues to grow. Additionally, these data and subsequent reports become more valuable to the various NTR community stakeholders through ongoing partnerships to improve the quantity and quality of the information in the NTR.

ADDITIONAL INFORMATION

For additional information regarding this publication, contact:

Rachel Marchetti

Division of Public and Behavioral Health
Public Health Preparedness Program

Rmarchetti@health.nv.gov

(775) 684-3244

Should any county or facility need specific trauma data for their hospital facilities and zip codes, please contact the contact listed above. As a reminder, all data from the Nevada State Trauma Registry is self-reported by treating facilities. Information requestors and readers should be aware that there may be minor inconsistencies if facilities do not capture trauma data correctly.

CITATIONS

- American College of Surgeons. National Trauma Data Bank 2016 Annual Report. Available at: <https://www.facs.org/media/ez1hpdcu/ntdb-annual-report-2016.pdf>
- United States Census Bureau. State of Nevada Facts 2020-2022 available at: <https://www.census.gov/quickfacts/NV?>
- Nevada State Demographer's Office. 2001-2023 ASRHO Estimates and Projections. Division of Public and Behavioral Health edition. Vintage 2022. https://tax.nv.gov/Publications/Population_Statistics_and_Reports/
- Nevada Revised Statutes. Treatment of Trauma. NRS 450B.105, 450B.236 – 450B.239. Available at: <http://www.leg.state.nv.us/NRS/NRS-450B.html#NRS450BSec236>
- Nevada Administrative Code. Treatment of Trauma. Initial Procedures and Collection of Information. NRS 450B.760 – 450B.774. Available at: <http://www.leg.state.nv.us/nac/NAC-450B.html#NAC450BSec760>
- National Highway Traffic Safety Administration (NHTSA). Seat Belts Save Lives. <https://www.nhtsa.gov/seat-belts/seat-belts-save-lives>
- National Highway Traffic Safety Administration (NHTSA) <https://www.nhtsa.gov/vehicle-safety/seat-belts>
- National Highway Traffic Safety Administration (NHTSA). Traffic Safety Facts, Research notes. Seat Belt Use in 2023. <https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:29ebe20a-1318-43cb-bc88-fb2cbe7e9efd>

FUNDING SOURCE


This report was produced by the Division of Public and Behavioral Health and supported by Grant Numbers 6NU90TP922047-05-00 and 6U3REP190613-05-00, funded by the Centers for Disease Control and Prevention and the Assistant Secretary for Preparedness and Response. Its contents are solely the authors' responsibility. They do not necessarily represent the official views of the Centers for Disease Control and Prevention, Office of the Assistant Secretary for Preparedness and Response, or the Department of Health and Human Services.

RECOMMENDATIONS

Division of Public and Behavioral Health. *2022 Annual Trauma Registry Report*. Carson City, Nevada. e 1.0, June 2023. (Division of Public and Behavioral Health, 2022)

Southern Nevada Trauma System



A red ambulance truck is the central focus, parked in a garage. The truck is viewed from the side, showing its cab and front wheel. In the background, other vehicles, including a white van, are parked. Several people are visible in the distance, some appearing to be in uniform. The scene is lit with a warm, golden light, suggesting sunrise or sunset. A bright green horizontal bar is located in the top left corner of the image.

Application for
Trauma Level
Upgrade:
Sunrise Hospital

Southern Nevada Trauma System Regulation: 300.300

First Steps

Process for accepting applications for provisional authorization as a trauma center **with a change of level**, the requesting hospital must:

- Complete an application through the Office of EMS and Trauma
- The hospital must agree to comply with roles and responsibilities as outlined in the Trauma System and PI Plan appropriate to level requested
- Pay the appropriate fees

- These steps were completed in February 2024



Application for Trauma Upgrade

(Full application is available in the meeting packets)



APPLICATION FOR RENEWAL OF AUTHORIZATION AS A CENTER FOR THE TREATMENT OF TRAUMA

Name of Institution: Sunrise Hospital and Medical Center

Street Address: 3186 S Maryland Parkway

City: Las Vegas State: NV Zip Code: 89109

Telephone: 702-961-9011 FAX: 866-499-3591 E-Mail: todd.sklamberg@hcahealthcare.com

Owner of Facility: HCA, Inc

Street Address: One Park Plaza

City: Nashville State: TN Zip Code: 37203

Telephone: 615-344-9551 FAX: _____ E-Mail: _____

Hospital Administrator/Director: Todd P. Sklamberg, CEO

Contact Person for Application Processing: Cheryl Malone, Trauma Services Director

Telephone: 702-961-7821 FAX: 702-961-7829 E-Mail: cheryl.malone@hcahealthcare.com

Level of Center for the Treatment of Trauma renewal being sought:

- Level I Level II Level III
 Pediatric Level I Pediatric Level II

Date of original designation: October 1989 Level III; August 2005 Level II

Date of last renewal of designation: February 2023

Briefly describe any changes in the hospital's capacity to provide trauma services in the community during the past designation period:

Sunrise Hospital and Medical Center (SHMC) is seeking Level I American College of Surgeons (ACS) Trauma Verification July 9 – July 10, 2024. SHMC is currently verified as a Level II Trauma Center through July 11, 2024 with ACS. Recent capacity upgrades include: new trauma bays (four trauma resuscitation bays), upgraded Trauma Surgical ICU which is located in a new tower just above the Emergency Department, adding 36 inpatient rooms. Additionally, SHMC continues to provide TNCC, TCAR nursing education, ATLS for physician education and trauma emergency medical services outreach and education.

Briefly describe any changes in the hospital's capabilities to provide trauma services in the community during the past designation period:

SHMC has qualified personnel to deliver care for patients sustaining traumatic injuries arriving to the hospital via EMS, private vehicle and /or transfer-in for higher level of care. The hospital provides staffing to meet the needs of the Level I Trauma Center injured patient and has all the necessary capacity, equipment, supplies and Medical Staff Providers to provide treatment, monitoring and resuscitation meeting ACS Level I Trauma Verification 2022 Standards. SHMC has the appropriate surgical specialists availability, soft tissue coverage and cranial facial expertise, replant and microvascular services, ENT, and medical specialists (including, but not limited to Emergency Medicine, Anesthesiology, Interventional Radiology, and Radiology).

Briefly describe any changes in the hospital's longitudinal commitment (expected to be greater than five years) to provide trauma services in the community during the past designation period:

SHMC has longitudinal commitment by SHMC's Board of Trustees and Medical Executive Committee to ensure continued adherence to the required standards. They affirm the provision of essential personnel, facilities and equipment are made available to treat and care for the communities critically injured patients, including research and scholarly activities. Additionally, there is dedicated commitment to post-graduate education requirements within the collaborative trauma care system in Clark County, Nevada, ensuring compliance with ACS Level I Trauma Standards.

Additional information the applicant would like to provide in support of their request:

SHMC continues to serve the community by providing trauma care and ancillary personnel that are dedicated to setting the standard of excellence in care. SHMC collaborates with the community and national partners to provide outreach education and injury prevention.

Additional Information:

1. Population Served: SHMC service is defined by the Southern Nevada Health District, Office of Emergency Medical Services & Trauma System regulations. The Southern Nevada Health District, Office of Emergency Medical Services & Trauma System is responsible to establish, review, and adjust catchment areas for Trauma or Pediatric Trauma Centers to facilitate timely transportation of trauma patients from the scene of an emergency and not for the purposes of restricting referral of patients requiring transfer to a higher level of care.
2. Hospital Capacity to Provide Level I ACS Trauma Services in the Community:
 - 834 licensed hospital beds (144 bed capacity increase since 2019)
 - 3,855 employees and 1,543 physicians and advanced practice providers
 - 2 helpads
 - 4 trauma resuscitation rooms
 - 100 Emergency Department beds
 - 5 CT Scanners (2- 256 slice and 3-64 slice)
 - 3 MRIs (1- 1.5T and 2- 3T)
 - 2 Focus Assessment with Sonography in Trauma (FAST)
 - 23 Operating Rooms
 - 2 IR Suites (1 additional IR Suite build planned)
 - 110 Intensive Care Beds (46 dedicated Trauma Surgical ICU)
 - 391 Med-Surg Beds (36 Trauma Bed Unit)
 - 206 Children's Beds (Med-Surge, MBU, PICU, CICU, NICU, and L&D)
 - 42 Inpatient Rehabilitation Bed Unit
 - SHMC has the inpatient and operating room capacity to support Level I Trauma Center Verification and Designation. Additionally, it has an inpatient rehabilitation unit, which has the resources to help trauma patients recover from their injuries.
3. Hospital Capabilities to Provide Level I ACS Trauma Services in the Community: SHMC treats more than 177,569 patients per year and admits nearly 40,000 (39,914) patients. Additionally, SHMC cares for 698 patients meeting National Trauma Data Standards with Injury Severity Scores greater than 15. Current capabilities include:
 - Trauma Staff:
 - Trauma Medical Director, Board Certified in General Surgery and Surgical Critical Care
 - Trauma Surgeon expertise to manage critically injured patients
 - Trauma Program Director
 - Trauma Program Staff: 11 full time employees to support Trauma Program's performance improvement and patient safety program, injury prevention, education and outreach activities, research and 10 full time Trauma Registrars, including support from a Trauma Registry Operations Manager and two Trauma Registry Leads, including a Certified Abbreviated Injury Scale Specialist
 - Physician Staffing and Training
 - Level I Surgical Specialists, Ophthalmology Services, Soft Tissue Coverage Expertise, Craniofacial Expertise, Replant Services, Medical Specialist services, including Burn Services
 - Advanced Trauma Life Support (ATLS) Program; Course Director and two Program Coordinators
 - Graduate medical education (i.e., residency) programs
 - Leading Services: As the healthcare leader in Southern Nevada, Sunrise Hospital offers a full range of specialized services including:

Application for Trauma Upgrade Cont.

(Full application is available in the meeting packets)

- The Nevada Neurosciences Institute, is supported by the region's first and only Joint Commission certified Advanced Comprehensive Stroke Center and is home to some of the area's most prestigious neurologists and neurosurgeons
- Comprehensive Cancer Center recognized by the American College of Surgeons
- An innovative, comprehensive Breast Center with advanced services for the diagnosis, treatment and management of all types of breast disease
- The Epilepsy Center at Sunrise, with a dedicated Chief Epileptologist, is the only center of its kind in Nevada offering a dedicated epilepsy monitoring unit
- Trauma and Emergency Services Department
- Specialty services in women's health, pulmonology, critical care, complex surgery and rehabilitation
- Expertise of Sunrise Children's Hospital, the most comprehensive children's hospital in Nevada
- Ancillary Services
 - Level I ancillary services including, but not limited to:
 - Comprehensive Radiology and Interventional Radiology Services
 - Laboratory, Blood Bank and Pathology Services
 - Pharmacy Services
 - Nutritional Services
 - Hemodialysis
 - Respiratory Therapy
 - Therapy (Physical Therapy, Occupational Therapy and Speech Therapy)
 - Social Services / Case Management
 - Child Life Specialists
 - Cardiac Services
 - Burn Services
 - Replant Services
 - Surgical and Medical Physician Coverage
 - Extracorporeal Membrane Oxygenation (ECMO) Services
 - Organ Procurement Program
 - Level III Neonatal ICU
 - Comprehensive inpatient rehabilitation and physiatrist services available
- Trauma Program Expertise
 - Comprehensive quality assessment program (i.e., performance improvement (PI), clinical guidelines, audit filters, loop closure, documentation/outcomes, multidisciplinary operational and peer review committee with specialist liaisons)
 - Fully supported trauma program
 - Participation in ACS Trauma Quality Program, including TQIP
 - Evidence-based Trauma Registry data validation (inter-rater reliability, single and multivariate reports)
 - Daily Multidisciplinary Trauma Rounds
- Education / Research
 - Trauma-specific onboarding and continuing education, including Trauma Nurse Core Course and Trauma Care After Resuscitation
- Trauma Research:
 - The infrastructure of the trauma research program at SHMC is a collaborative model comprised of dedicated physician research time as well as a full time Trauma Research Coordinator. Resident involvement in research is available through GME collaboration. Additional resources to the Trauma Research Program include an IRB at SHMC and access to research experts at the corporate level (Center for Trauma and Acute Care Surgery Research, CTACSR) to assist with statistical computation, epidemiologists and promotion of collaboration amongst other HCA facilities participating in multicenter research projects. Through our corporate partnership, we have access to national trauma databases (including CMS) and collaboration in research activities.
 - Resident scholarly activity/research to support the advancement of resident and faculty knowledge of scholarly activity and perform scholarly works as required by ACGME
- Injury Prevention and Outreach
 - Comprehensive Injury Prevention and Outreach Program to reduce and/or eliminate trauma related injuries in our community by direct education, public policy change
 - SHMC has been the lead organization for Safe Kids Clark County, Nevada since 1993
 - SHMC is a Trauma Survivors Network Facility.

Has the applicant been in compliance with the conditions for authorization as a center for the treatment of trauma as outlined below during this past designation period?

1. Submitted trauma data to SNHD and the State Trauma Registry.

Yes No

2. Actively participated in the Regional Trauma Advisory Board and Trauma System Performance Improvement activities.

Yes No

3. Complied with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma.

Yes No

I have read and completed the application to the best of my ability and attest to the fact the information provided is true and complete to the best of my knowledge.

I authorize the release of such information as may pertain to the purpose of this application.

I understand any misstatements or omissions of material facts may cause forfeiture of the right to authorization as a center for the treatment of trauma.

I understand and agree to comply with the conditions set forth in the application.

Signature of Hospital Administrator or Owner:  Date: 02/09/2024

Printed Name of Hospital Administrator or Owner: Todd P. Sklamberg

Title of Person signing the Application: Chief Executive Officer

Southern Nevada Trauma System Regulation: 300.300

The Office of Emergency Medical Services and Trauma Services (OEMSTS) will present the Board the following:

- An Impact Report
- An advisory position of Regional Trauma Advisory Board (RTAB) and Trauma Medical Advisory Committee (TMAC)
- A review of the most current Trauma System Report and Nevada Annual Trauma Registry Report
- A statement by the OEMSTS to approve or deny the application

Impact Report

(The full report, which outlines the differences between a Level I and a Level II, is available in the meeting packets)

What impact (positive, negative, or none) would upgrading from a Level II Trauma Center to a Level I?

- The patient acuity distribution should not be affected
- Transport volumes should not be affected
- Catchment areas would not change
- Interfacility transfers are not controlled by OEMSTS
- EMS transport times should not change due to no changes to catchment
- Addition of trauma research and education could lead to community benefits in addressing local healthcare needs
- Addition of specialty physicians could lead to a lessened need to transfer some patients out to another hospital
- Trauma activation fees and payor sources are outside of the control of OEMSTS. It is unknown if the data would be affected





RTAB

Advisory Statement from July 2024 Meeting

Deny the application based on the information presented not establishing need

Yes – 13

No -4

Abstain - 2



TMAC

Statement from October 2024 Meeting

The Committee does not support the application for an upgrade from Level II to Level I

Yes – 4

No – 3

Abstain -1

Annual Trauma System Report

(OEMSTS Annual Report)



The full report is available in your packets



Also available online at:

<https://www.southernnevadahealthdistrict.org/programs/emergency-medical-services-trauma-system/southern-nevada-trauma-system/>



Nevada Annual Trauma Registry Report

(Nevada State Annual Report)

- Available online:

<https://dpbh.nv.gov/Programs/NVTrauma/NVTrauma - Home/>

Survey Results: Impact of Sunrise Hospital Becoming a Level I Trauma Center

Sent to all hospital administrators and all members of RTAB

- 37% of RTAB members and 38% of Hospital Administrators completed the survey



Survey Results: Impact of Sunrise Hospital Becoming a Level I Trauma Center

Overview:

- **Support for Level I Upgrade:** The majority of respondents (62%) agree that upgrading Sunrise from Level II to Level I will positively enhance the trauma system, and 54% support the increase in trauma designation.

Key Findings:

- **System Needs:** 62% agree that the Southern Nevada Trauma System needs more trauma resources.
- **Patient Outcomes:** 62% agree that trauma patients will have better outcomes with specialized care at a Level I trauma center.
- **Physician Supply:** 62% agree that the upgrade will help alleviate the physician shortage in Southern Nevada.

Concerns:

- **Patient Volume:** 54% disagree that the upgrade will decrease patient volume at their hospitals.
- **Financial Impact:** 54% disagree that the upgrade will have a negative financial impact on their hospitals.

Conclusion:

- **General Support:** While a minority express concerns, the overall results show support for the Level I upgrade, particularly regarding enhanced care and resource availability.

OEMSTS
RECOMMENDATION

SUPPORT THE
UPGRADE

Advantages of Approval:

- Physician training
- Expanded research capabilities
- Vital specialties such as microvascular and craniofacial surgery

Points to Note:

- Volume, acuity, and transport times do not demonstrate a pressing need
- Minimal, if any, negative impact on existing trauma centers
 - Unknown Financial Impact: Grant Opportunities

Possible Outcomes if Denied:

- Loss of resources already being provided

Frequently Asked Questions (FAQ)

- Will this upgrade lead to a change in level of care available for patients?
 - No, upgrading from a Level II to a Level I trauma center does not significantly change the clinical capabilities, as both levels offer similar treatment and manage all steps of trauma field triage patients
- Should a patient with an injury severity score (ISS) below 15 be treated in an emergency room instead of a trauma center?
 - No, non-trauma-designated emergency rooms may lack critical resources like 24-hour trauma physicians, trauma-trained nurses, quick response times for general surgeons, and interfacility transfer agreements for faster patient transfers if necessary
- Why hasn't a full needs assessment been completed and presented?
 - A needs assessment is only required for the initial designation of a trauma center, as specified in regulation 300.100. However, this is not a requirement for an upgrade of an already designated trauma center, as per regulation 300.300

FAQ continued

- Would an approved upgrade from a Level II to a Level I require or lead to a change in catchment areas?
 - No
- Where does Nevada rank in number of general surgeons available for 100,000 residents?
 - According to a 2023 article titled "Nevada's Healthcare Crisis: A Severe Shortage of Physicians and Residency Positions," Nevada ranks 49th in the number of general surgeons available per 100,000 residents
- How could Sunrise becoming a Level I trauma center benefit the community?
 - While Level II trauma centers may take on some of the requirements of a Level I center, they are not obligated to do so. By becoming a Level I trauma center, Sunrise would fulfill additional requirements such as specialized expertise in soft tissue and craniofacial surgery, commitment to postgraduate education, and conducting research. These factors could significantly improve the quality of care and attract more physicians to the community. Without the Level I designation, they would not be required to maintain these enhanced standards

FAQ continued

- Would Sunrise's residency program conflict with UMC's program?
 - No, there would be no conflict. Sunrise's residents are primarily from MountainView and Valley Hospitals, while UMC partners with UNLV, the military, and other residency programs
- Has OEMSTS reviewed other trauma systems to compare the number of trauma centers at each level?
 - Yes, this data was requested and presented to the RTAB. However, it was noted that every city has unique needs, and trauma center distributions vary significantly. As a result, this data was not considered useful for making comparisons
- The ACS recommends geospatial modeling when evaluating applications for new or higher-level trauma centers, has OEMSTS done this?
 - No, geospatial modeling wasn't conducted because our catchment areas are already defined and will not change with this upgrade. Therefore, geospatial modeling wouldn't provide additional insights in this case

FAQ continued

- Has OEMSTS communicated with UMC regarding the impact of this level change?
 - UMC gave a presentation on September 5, 2024, at a joint meeting of the Clark County Board of Commissioners and the Southern Nevada District Board of Health. The presentation included a series of slides outlining their perspectives on the level change
- Is there a sufficient number of trauma patients in Southern Nevada to support two Level I trauma centers?
 - Yes, according to ACS standards, a Level I trauma center should handle 1,200+ trauma patients or at least 240+ patients with ISS >15 annually. The 2023 data for Southern Nevada shows the following:
 - Total EMS trauma patients meeting TFTC criteria: 14,664
 - Total patients meeting National Trauma Databank criteria: 12,566
 - Total patients with an ISS >15: 1,425

These figures exceed the minimum requirements, indicating there is enough volume to support two Level I trauma centers

Southern
Nevada
Trauma
System
Regulation:
300.300

Final Step

- The Board's approval for a change in Level will be determined by a **demonstration of needs** on the criteria outlined in Regulation 300.300

What Determines a *NEED*?

Opinions Vary

Lack of Access
to Care?

Increasing
Mortality Rates?

Population
Growth?

Increasing
Acuity?

Rising Volume
and Capacity
Demands?

Longer
Transport
Times?

Improving
Quality of Care?

Attracting more
healthcare
professionals?

Injury
Prevention?





Southern Nevada TRAUMA SYSTEM

Discussion/Questions

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





SNHD BOH- Trauma Center Renewal Authorization

January 23, 2025



Sunrise is a Verified ACS Level I Trauma Center



ACS verification signifies that a facility is capable of delivering the highest level of trauma care, improving both the quality and outcomes of patient care.

- ✓ **Quality of Care:** Ensures the highest standards of trauma care are met, improving patient outcomes.
- ✓ **Structure and Resources:** Validates that the facility has the necessary infrastructure, personnel, and equipment to provide comprehensive trauma care.
- ✓ **Clinical Processes:** Enhances clinical processes through adherence to best practices and evidence-based guidelines.
- ✓ **Multidisciplinary Approach:** Promotes a multidisciplinary team approach to trauma care, ensuring all aspects of patient care are addressed.
- ✓ **Education and Training:** Encourages ongoing education and training for staff, ensuring they are up-to-date with the latest trauma care techniques and protocols.
- ✓ **Research and Innovation:** Fosters a commitment to research and innovation in trauma care, contributing to advancements in the field.
- ✓ **Community Trust:** Builds community trust and confidence in the facility's ability to provide high-quality trauma care.
- ✓ **System Improvements:** Drives continuous quality improvement and system enhancements within the trauma care network.

Sunrise Overview | Largest Hospital in Nevada

Care Delivery

	Hospital Beds 834		EMS Arrivals 67,067
	Employees 3,855		Trauma Visits 6,424
	Physicians & APPs 1,555		Surgeries 18,672
	Hospital ER Visits 188,031		Pediatric ER Visits 50,390



Sunrise Impact

Salaries, wages, benefits	\$464 million
Total taxes incurred	\$ 19 million
Estimated cost for delivery of charity care, uninsured discounts and other uncompensated care	\$ 16 million
Capital investment	\$ 47 million
Total economic impact	\$546 million

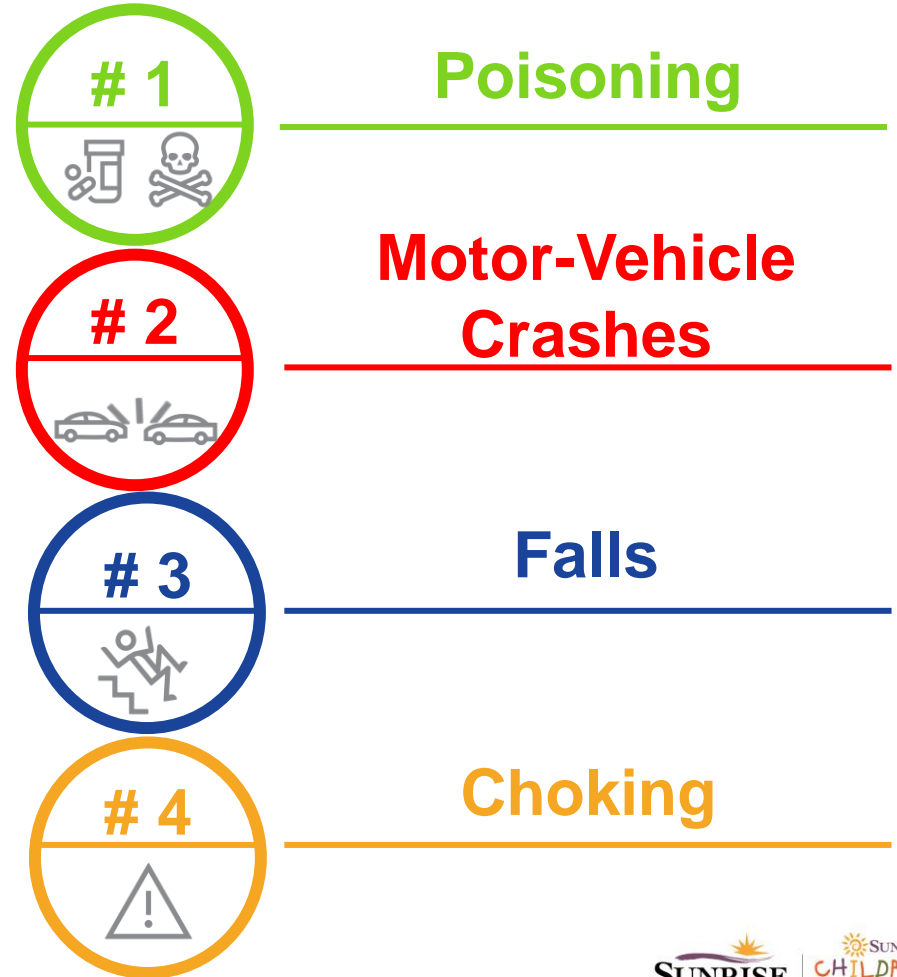
Sunrise Level I | Preventable Deaths- Traumatic Injuries

Traumatic injuries are a significant public health concern in the United States, leading to substantial morbidity and mortality annually. According to the Centers for Disease Control and Prevention (CDC), **unintentional injuries were the third leading cause of death in 2022, accounting for approximately 227,039 fatalities, which translates to a death rate of 68.1 per 100,000 population.**

- Motor Vehicle Traffic Incidents: **death rate of 13.4** per 100,000 population
- Unintentional Falls: **death rate of 14.0** per 100,000 population

According to National Safety Council, **Nevada ranks 17th in preventable death rates with Motor Vehicle collision death rate at 13.8 and falls at 13.1 per 100,000 population.**

The Leading Causes of Preventable Injury-Related Deaths in Nevada 2022



Trauma System Growth | Volume Overview

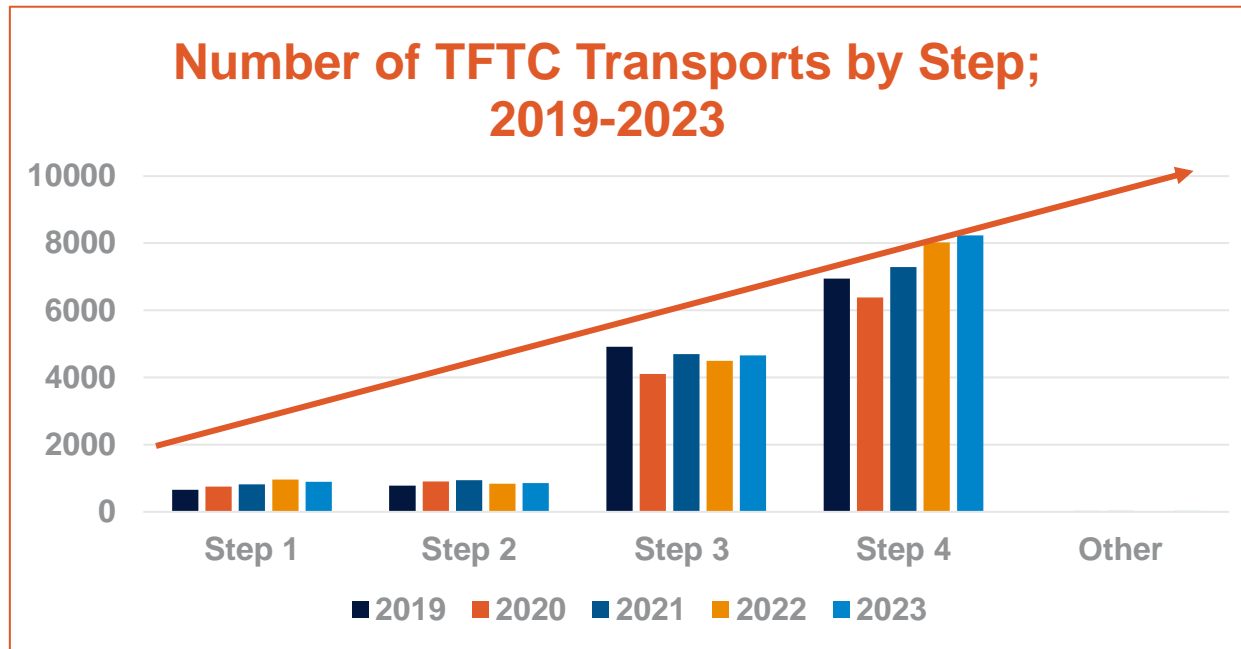


Clark County Population increased from 2.229 million in 2018 to 2.323 million in 2022. Represents 4.2% increase over 5 year period.

- By 2028, Clark County population is projected to increase by 3.2% vs. the national growth rate of 1.5%
- The predominant portion of growth is evident among individuals aged 35-39 and 75 and older

Age Group	Age Distribution			USA		
	2023	% of Total	2028	% of Total	% Change	% Change
Age 0-4	146,785	6.40%	156,531	6.6%	6.6%	2.8%
Age 5-9	151,480	6.60%	154,153	6.5%	1.8%	-1.9%
Age 10-14	147,953	6.45%	153,929	6.5%	4.0%	-0.5%
Age 15-19	136,426	5.95%	137,028	5.8%	0.4%	-1.4%
Age 20-24	141,594	6.17%	143,136	6.0%	1.1%	-1.5%
Age 25-29	170,975	7.45%	173,653	7.3%	1.6%	-4.7%
Age 30-34	177,834	7.75%	183,900	7.8%	3.4%	-2.2%
Age 35-39	171,166	7.46%	186,099	7.9%	8.7%	7.0%
Age 40-44	161,596	7.05%	165,935	7.0%	2.7%	4.2%
Age 45-49	140,574	6.13%	150,111	6.3%	6.8%	8.2%
Age 50-54	137,289	5.99%	129,462	5.5%	-5.7%	-6.9%
Age 55-59	129,326	5.64%	126,057	5.3%	-2.5%	-6.1%
Age 60-64	128,149	5.59%	118,592	5.0%	-7.5%	-8.2%
Age 65-69	118,009	5.15%	116,248	4.9%	-1.5%	3.3%
Age 70-74	100,140	4.37%	103,033	4.4%	2.9%	8.4%
Age 75-79	66,990	2.92%	81,027	3.4%	21.0%	23.6%
Age 80-84	38,940	1.70%	51,037	2.2%	31.1%	29.2%
Age 85+	28,337	1.24%	36,110	1.5%	27.4%	17.0%
Total	2,293,563	100.00%	2,366,041	100.0%	3.2%	1.5%

- Clark County Trauma Field Triage Criteria Transports



Step 1 ↑ 37%

Step 2 ↑ 10%

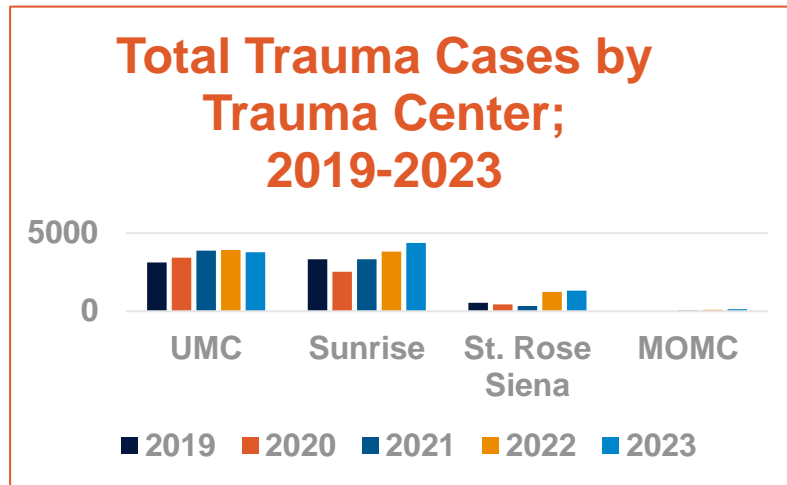
Step 3 ↓ -5%

Step 4 ↑ 18%

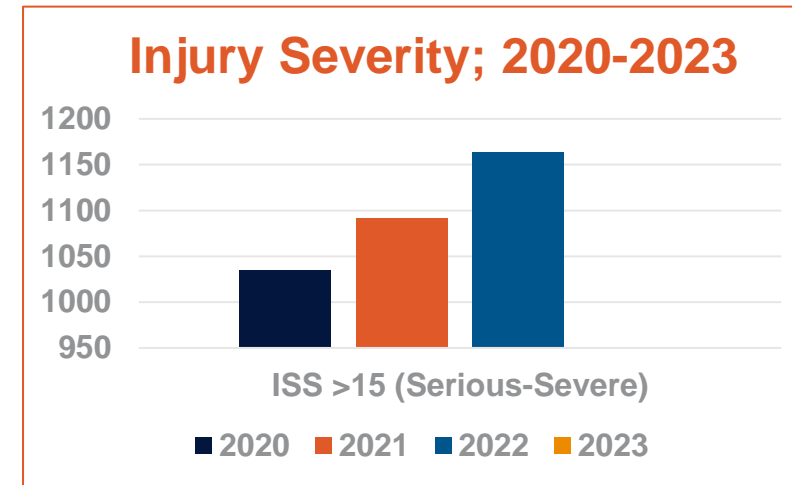
**↑ 22%
Step 1 &
Step 2
TFTC
Transports
since 2019**

Trauma System Growth | Volume Overview

- State of Nevada Trauma Registry Report; National Trauma Data Bank (NTDB) Inclusion Criteria. Clark County represents 66% of Trauma Registry Volume.



↑ 38%
**Trauma Patients meeting
NTDB Criteria**



↑ 25%
**Injury Severity Scores
Classified as
Serious to Severe Injuries**

- Sunrise’s Trauma Outcomes Review: Nevada 2023 Annual Trauma Registry Report

Table 2: Trauma Incidence and Mortality Ratio for Levels 1-3 by Trauma Center Designation

Trauma Center designation	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Trauma Center Level 1	3778	34.0%	208	5.5%
Trauma Center Level 2	6347	57.2%	264	4.2%
Trauma Center Level 3	974	8.8%	14	1.4%
Total	11099	100.0%	486	4.4%

**There were 10 unknown discharge status (dead/alive) cases.*

- NTDB 2016 Overall Mortality rate is 4.39%
- Sunrise 2024 NTDB Mortality Rate is at 3.31%

Sunrise Level I | Community Impact

- **Being a Level I trauma center signifies a commitment to providing the highest standard of care for trauma patients, contributing to medical education and research, and playing a vital role in community health, education and emergency preparedness.**
- **Enhancing the quality and scope of our services to better serve our community.**
- **Improves Quality of Life and Functional Outcomes:** Beyond survival, level I trauma centers also impact the quality of life and functional outcomes for patients, leading to better long-term health and functional status.
- **Expanded GME Program:** Attracts new physicians to an area with a physician shortage. To date, **5 former residents** have returned to the Las Vegas area as attending physicians, and **9 residents** have completed Trauma Critical Care Fellowships.
- **Provide Funding for Medical Research:** Promotes a commitment to research and innovation in trauma care, leading to advancements in the field. This commitment is supported by dedicated funding for research initiatives and projects.
- **Community Education and Resident Involvement:** Level I trauma centers provide injury prevention programs, emergency response training (e.g., Stop the Bleed), and public health education. Residents actively contribute by leading sessions and engaging with the community, improving both community preparedness and their own trauma care expertise.

- **Sunrise Meets all ACS Level I Specific Adult Standards**

- ✓ **Level I Adult Trauma patient Volume Criteria** – Level I Adult Trauma Centers must care for at least 1,200 trauma patients per year or at least 240 trauma patients with ISS greater than 15 (NTDB inclusion Criteria)

Trauma Cases Nevada Trauma Registry Report: 2023	
Facility	Unique Trauma Patients
Sunrise Hospital Medical Center	3,473

State of Nevada, Bureau of Health Protection and Preparedness; Annual Trauma Registry Report (2023) (Table 1)

- ✓ **Soft Tissue Coverage Expertise**

Sunrise has comprehensive soft tissue coverage capability includes coverage of all open fractures, soft tissue coverage of a mangled extremity, and soft tissue defects of the head and neck, including replant services.

- ✓ **Craniofacial Expertise**

Sunrise has comprehensive craniofacial expertise, including the following specialist: otolaryngology, oral maxillofacial surgery and plastic surgery.

- **Sunrise Meets all ACS Level I Specific Adult Standards**

- ✓ **Disaster Management and Emergency Preparedness**

Sunrise is a leader in disaster management and emergency preparedness, actively participating in events like the Super Bowl and Formula 1. A dedicated trauma surgeon and Orthopaedic Liaison also serve on the Hospital Emergency Management Committee.

- ✓ **Commitment to Postgraduate Education**

Sunrise is committed to training future generation. We provide residents with educational goals, schedules, assignments, supervision, mentorship, evaluations, and feedback. This helps ensure they receive a thorough education while delivering excellent patient care in trauma situations. It's crucial for training competent healthcare professionals in trauma medicine, especially with the current physician shortage. General Surgery and Emergency Medicine Residents PGY 1 – PGY 5 rotate on our trauma service and trauma critical care service.

- **General Surgery- 42 Residents**

- 24 Sunrise Consortium
- 18 Valley Health System

- **Emergency Medicine- 42 Residents**

- 30 Sunrise Consortium
- 12 Kingman Regional Medical Center

- **Anesthesia Fellows- 2 Sunrise Consortium**

- We are committed to our program and training initiatives, serving as a key recruitment tool to retain physicians in Nevada and address the physician shortage.
- According to a 2023 article titled "Nevada's Healthcare Crisis: A Severe Shortage of Physicians and Residency Positions," Nevada ranks 49th in the number of general surgeons available per 100,000 residents.

- **Sunrise Meets all ACS Level I Specific Adult Standards**

- ✓ **Research and Scholarly Activities**

The trauma research program at SHMC features a collaborative infrastructure with dedicated physician research time, a full-time Trauma Research Coordinator, and resident involvement through GME collaboration, supported by IRB resources and corporate-level research experts, to meet ACS standards for peer-reviewed publications and other scholarly activities. Additionally, the program supports residents through education, mentoring, and continuous research opportunities, advancing both resident and faculty knowledge and fulfilling ACGME requirements.

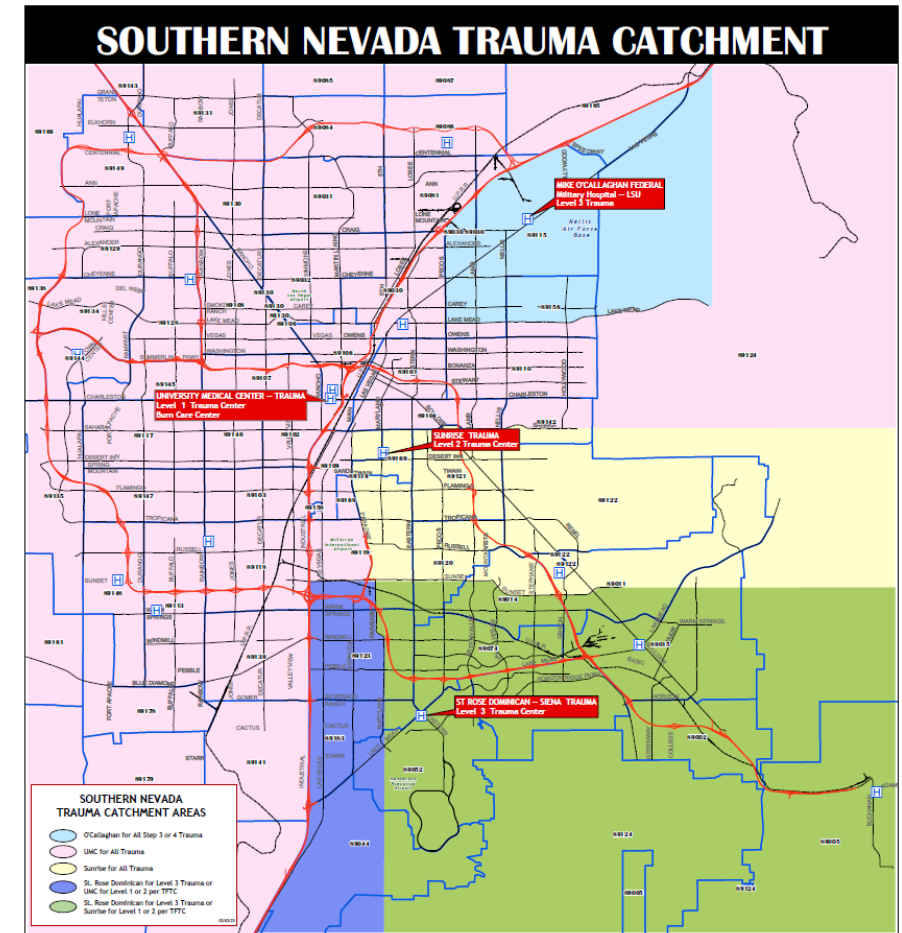
- **13 Peer-Reviewed Journal Publications, with 17 active research projects underway**
- **9 Local, Regional, National and International Research Presentations**
- **Research collaboration with local trauma centers**

Sunrise Level I | Community Impact

- **SNHD Sunrise Level I Upgrade Report, the following will not change:**
 - The TFTC acuity distribution **will not change** with Sunrise Level I upgrade.
 - The TFTC volume will not change with a Level I upgrade.
 - The **catchment area would not change** based on an upgrade from Level II to Level I.
 - Transport times would not be affected by an upgrade from Level II to Level I; Step 1 median time 14 mins 30 seconds and Step 2 median time 13 mins 48 seconds.

SNHD TFTC Transports by Step; 2019 – 2023; % of Total TFTC

TFTC Transports	Sunrise Hosp Med Center	University Medical Center
Step 1: Physiologic	1,062 (26%)	2,966 (73%)
Step 2: Anatomic	1,303 (30%)	2,987 (69%)
Step 3: Mechanism	3,847 (17%)	16,842 (74%)
Step 4: Special Consideration	8,688 (24%)	24,744 (67%)

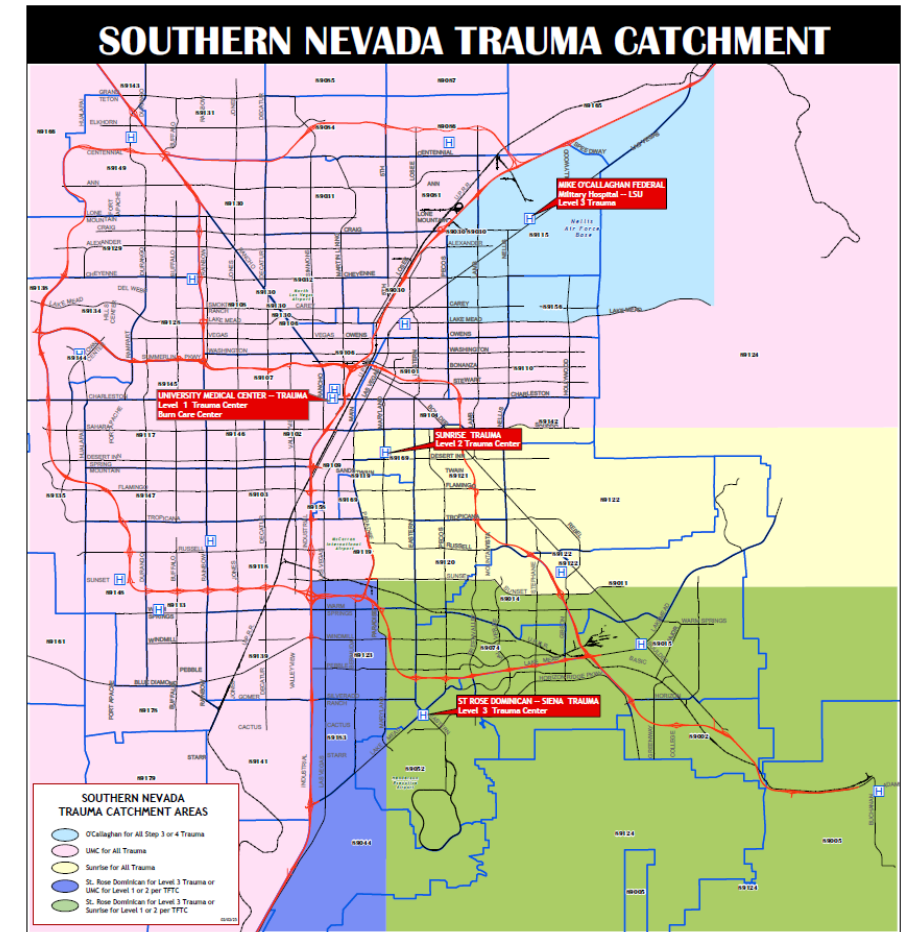


Sunrise Level I | Community Impact

- **SNHD Sunrise Level I Upgrade Report, the following will not change:**
 - TFTC catchment will not change based on an upgrade from Level II to Level I.
 - Sunrise Level I designation will not impact existing patient distribution since the catchment areas will remain unchanged.
 - In Southern Nevada Trauma System, patients are transported to the appropriate level of care using the TFTC Criteria as follows:

SNHD TFTC Criteria and Transport to Trauma Center Level

Trauma Center Level	TFTC Step 1 & 2	TFTC Step 3 & 4
Level I Trauma Center	YES	YES
Level II Trauma Center	YES	YES
Level III Trauma Center	NO	YES
Non-Trauma Center	NO	NO



RTAB Survey Results: Impact of Sunrise Hospital Becoming a Level I Trauma Center

- ✓ Support for Level I Upgrade: The majority of respondents **(62%) agree** that upgrading Sunrise from Level II to Level I will positively enhance the trauma system, and 54% support the increase in trauma designation.

Key Findings

- ✓ **System Needs: 62% agree** that the Southern Nevada Trauma System **needs more trauma resources**.
- ✓ **Patient Outcomes: 62% agree** that trauma patients will have **better outcomes** with specialized care at a Level I trauma center.
- ✓ **Physician Supply: 62% agree** that the upgrade will help **alleviate the physician shortage** in Southern Nevada.
- ✓ **Patient Volume: 54% disagree** that the **upgrade will decrease patient volume at their hospitals**.
- ✓ **Financial Impact: 54% disagree** that the **upgrade will have a negative financial impact on their hospitals**.

Conclusion

- ✓ **The overall results show support for the Level I upgrade, particularly regarding enhanced care and resource availability.**

Sunrise Level I | Conclusion

- **As a Level I Designated Trauma Center, the following will not change:**
 - ✓ TFTC trauma center volume
 - ✓ Southern Nevada trauma catchment
 - ✓ A needs assessment is only required for the initial designation of a trauma center, as specified in regulation 300.100. However, this is not a requirement for an upgrade of an already designated trauma center, as per regulation 300.300.
- **As a Level I Designated Trauma Center the following will improve SNHD Trauma System:**
 - ✓ **Enhanced Healthcare System Capacity:** Establishing Sunrise as a Level I trauma center increases overall system capacity and resilience while ensuring a balanced distribution of patient care across the region.
 - ✓ **Advancing Medical Excellence:** The upgrade demonstrates a commitment to improving physician training, expanding research capabilities, and offering specialized services like microvascular and craniofacial surgery. These advancements are critical in addressing Nevada's physician shortage and improving patient care.
 - ✓ **Support for a Growing Community:** With Nevada ranked low nationwide for active physicians, the upgrade addresses the need for trauma-related postgraduate medical education and enhances healthcare quality for the state's growing population and visitors.

- **As a Level I Designated Trauma Center the following will improve SNHD Trauma System:**
 - ✓ **Preparedness and Investment:** Sunrise has already invested in resources and meets the necessary volume requirements for a Level I designation without requiring changes to catchment areas. Failing to approve the upgrade risks losing these valuable assets.
 - ✓ **Long-Term Benefits:** The upgrade prioritizes broader benefits, including improved medical training, innovation, and care quality. These outcomes align with the evolving healthcare needs of Nevada.
 - ✓ **Sunrise Level I Designation Approval** underscores that the benefits—better care standards, physician training/recruitment/retention, and medical innovation—coupled with no volume impact to the existing Level I trauma center, making approval for Sunrise as a Designated Level I Trauma Center a strategic step forward for the state's healthcare system.

Thank
You





TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** January 23, 2025

RE: Approval of the budget augmentation for Southern Nevada Health District for the fiscal year ending June 30, 2025.

PETITION #17-25

That the Southern Nevada District Board of Health *approve the budget augmentation for the fiscal year ending June 30, 2025 to meet the financial requirements of NRS 354.598005.*

PETITIONERS:

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

DISCUSSION:

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

The increase in June 30, 2024 (FY2024) General Fund ending fund balance of \$9,045,096 (from adopted \$45,827,732 to actual is \$54,872,828) will provide additional available resources to the FY2024-2025 SNHD General Fund Budget.

The increase in total revenue sources (FY2025) in the General Fund budget of \$7,337,775 will provide additional resources to the FY2024-2025 SNHD General Fund Budget. FY2024-2025 appropriations also increased by \$8,773,819 from \$101,785,951 to \$110,559,770.

The decrease in June 30, 2024 (FY2024) year end fund balance to the Grant Fund (Special Revenue) is \$(23,225) (from adopted \$105,306 to actual \$82,081). The FY2025 total adopted budget revenue is \$64,150,365 and has been increased to \$78,880,017, an increase of \$14,729,652 to align with year-to-date actual amounts. FY2024-2025 appropriations increase from \$69,681,100 to \$85,231,149 to align with year-to-date actual amounts.



To complete the augmentation process, the attached Resolutions to Augment #01-25 for Southern Nevada Health District General Fund Budget and #02-25 for Southern Nevada Health District Grant (Special Revenue). Fund Budget for Fiscal Year Ending June 30, 2025 must be adopted. The Resolutions will be forwarded to the Nevada Department of Taxation after the adoption of the Resolutions to Augment is completed.

FUNDING:

Please see attached Resolutions #01-25 for Southern Nevada Health District General Fund Budget and #02-25 for Southern Nevada Health District Grant (Special Revenue).



RESOLUTION #01-25

RESOLUTION TO AUGMENT THE 2024-2025 BUDGET OF Southern Nevada Health District

WHEREAS, total resources of the **Southern Nevada Health District (General) Fund, Southern Nevada Health District** were budgeted to be **\$152,727,737** on July 1, 2024; and

WHERE AS, the total available resources are now determined to be **\$169,110,608**.

WHEREAS, said additional unanticipated resources are as follows:

<u>Southern Nevada Health District (General) Fund</u>	
Ending Fund as of 6/30/2024 (Increased)	\$(9,045,096)
Total Revenues Sources (Increased)	\$(7,337,775)
Total	<u>\$16,382,871</u>

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

Now, therefore, it is hereby RESOLVED, that **Southern Nevada Health District** shall augment its 2024-2025 budget by appropriating **\$8,773,819** for use in the **Southern Nevada Health District (General) Fund**, thereby increasing its appropriations from **\$101,785,951** to **\$110,559,770**. A detailed schedule is attached to this Resolution and by reference is made a part thereof.

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

PASSED, ADOPTED, AND APPROVED the **23rd** of **January 2025**.

AYES:
Scott Black, Bobbette Bond, Nancy Brune,
Pattie Gallo, Joe Hardy, Marilyn Kirkpatrick,
Brian Knudsen, Frank Nemec
Scott Nielson, Jim Seebock

NAYS:

Absent:
Tick Segerblom

By: Marilyn Kirkpatrick, Chair
Southern Nevada District Board of Health

ATTEST: 

REVENUES	FINAL BUDGET	REVISIONS	REVISED REVENUE RESOURCES
Licenses & Permits			
Business Licenses & Permits			
Business Licenses	27,802,255	1,214,368	29,016,623
Intergovernmental Revenues			
State Shared Revenues			
Other	37,651,176	-	37,651,176
Charges for Services			
Health			
Other	39,943,686	4,579,935	44,523,621
Miscellaneous			
Interest Earnings	669,772	-	669,772
Other	1,889,388	487,200	2,376,588
SUBTOTAL REVENUE ALL SOURCES	107,956,277	6,281,503	114,237,780
OTHER FINANCING SOURCES			
Operating Transfers in (Sch T)			
SUBTOTAL OTHER FINANCING SOURCES			
BEGINNING FUND BALANCE	45,827,732	9,045,096	54,872,828
TOTAL BEGINNING FUND BALANCE	45,827,732	9,045,096	54,872,828
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL AVAILABLE RESOURCES	153,784,009	15,326,599	169,110,608
EXPENDITURE BY FUNCTION AND ACTIVITY	FINAL BUDGET	REVISIONS	REVISED EXPENDITURES
Health			
Health District			
Salaries & Wages	46,412,030	1,944,287	48,356,317
Employee Benefits	22,521,269	1,376,333	23,897,602
Services & Suplies	32,163,852	5,428,600	37,592,452
Capital Outlay	688,800	24,600	713,400
SUBTOTAL EXPENDITURES	101,785,951	8,773,819	110,559,770
OTHER USES			
Contingency (not to exceed 3% of total expenditures)	3,000,000	-	3,000,000
Operating Transfers			
To Fund 7060	2,000,000	-	2,000,000
To Fund 7090	5,530,735	820,397	6,351,132
SUBTOTAL OTHER USES	10,530,735	820,397	11,351,132
ENDING FUND BALANCE			
TOTAL ENDING FUND BALANCE	41,467,323	5,732,383	47,199,706
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL FUND COMMITMENTS AND FUND BALANCE	153,784,009	15,326,599	169,110,608

(Local Government)
Schedule B - 7050 Fund



RESOLUTION #02-25

RESOLUTION TO AUGMENT THE 2024-2025 BUDGET OF Southern Nevada Health District

WHEREAS, total resources of the **Southern Nevada Health District Grant (Special Revenue) Fund, Southern Nevada Health District** were budgeted to be **\$69,786,406** on July 1, 2024; and

WHERE AS, the total available resources are now determined to be **\$85,313,230**.

WHEREAS, said additional unanticipated resources are as follows:

Southern Nevada Health District Grant (Special Revenue) Fund

Ending Fund as of 6/30/2024 (Increased)	\$23,225
Total Revenues Sources (Increased)	\$(15,550,049)
Total	<u>\$15,526,824</u>

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

Now, therefore, it is hereby RESOLVED, that **Southern Nevada Health District** shall augment its 2024-2025 budget by appropriating **\$15,550,049** for use in the **Southern Nevada Health District Grant (Special Revenue) Fund**, thereby increasing its appropriations from **\$69,786,406** to **\$85,313,230**. A detailed schedule is attached to this Resolution and by reference is made a part thereof.

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

PASSED, ADOPTED, AND APPROVED the 23rd of January 2025.

AYES:

- Scott Black, Bobbette Bond, Nancy Brune,
- Pattie Gallo, Joe Hardy, Marilyn Kirkpatrick,
- Brian Knudsen, Frank Nemec,
- Scott Nielson, Jim Seebock

Absent:

Tick Segerblom

NAYS:

- _____
- _____
- _____
- _____

By: Marilyn Kirkpatrick, Chair
Southern Nevada District Board of Health

ATTEST: 

REVENUES	FINAL BUDGET	REVISIONS	REVISED REVENUE RESOURCES
Intergovernmental Revenues			
Federal Grants			
Department of Health & Human Services	49,262,176	13,584,776	62,846,952
Department of Homeland Security	138,361	(8,967)	129,394
Department of Justice	448,479	288,516	736,995
Environmental Protection Agency	365,559	(100,837)	264,722
State Grants			
Departement of Health & Human Services	6,245,338	861,862	7,107,200
Other Grants			
Clark County	4,421,746	156,937	4,578,683
City of Las Vegas	800,000	-	800,000
Other	2,468,706	(52,636)	2,416,070
SUBTOTAL REVENUE ALL SOURCES	64,150,365	14,729,652	78,880,017
OTHER FINANCING SOURCES			
Operating Transfers in (Sch T)			
From Fund 7050	5,530,735	820,397	6,351,132
SUBTOTAL OTHER FINANCING SOURCES	5,530,735	820,397	6,351,132
BEGINNING FUND BALANCE	105,306	(23,225)	82,081
TOTAL BEGINNING FUND BALANCE	105,306	(23,225)	82,081
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL AVAILABLE RESOURCES	69,786,406	15,526,824	85,313,230
EXPENDITURE BY FUNCTION AND ACTIVITY	FINAL BUDGET	REVISIONS	REVISED EXPENDITURES
Health			
Health District			
Salaries & Wages	20,427,843	551,712	20,979,555
Employee Benefits	9,615,389	501,244	10,116,633
Services & Supplies	28,758,460	14,856,292	43,614,751
Capital Outlay	10,879,408	(359,199)	10,520,209
SUBTOTAL EXPENDITURES	69,681,100	15,550,049	85,231,149
OTHER USES			
Contingency (not to exceed 3% of total expenditures)			
Operating Transfers			
SUBTOTAL OTHER USES			
ENDING FUND BALANCE	105,306	(23,225)	82,081
TOTAL ENDING FUND BALANCE	105,306	(23,225)	82,081
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL FUND COMMITMENTS AND FUND BALANCE	69,786,406	15,526,824	85,313,230

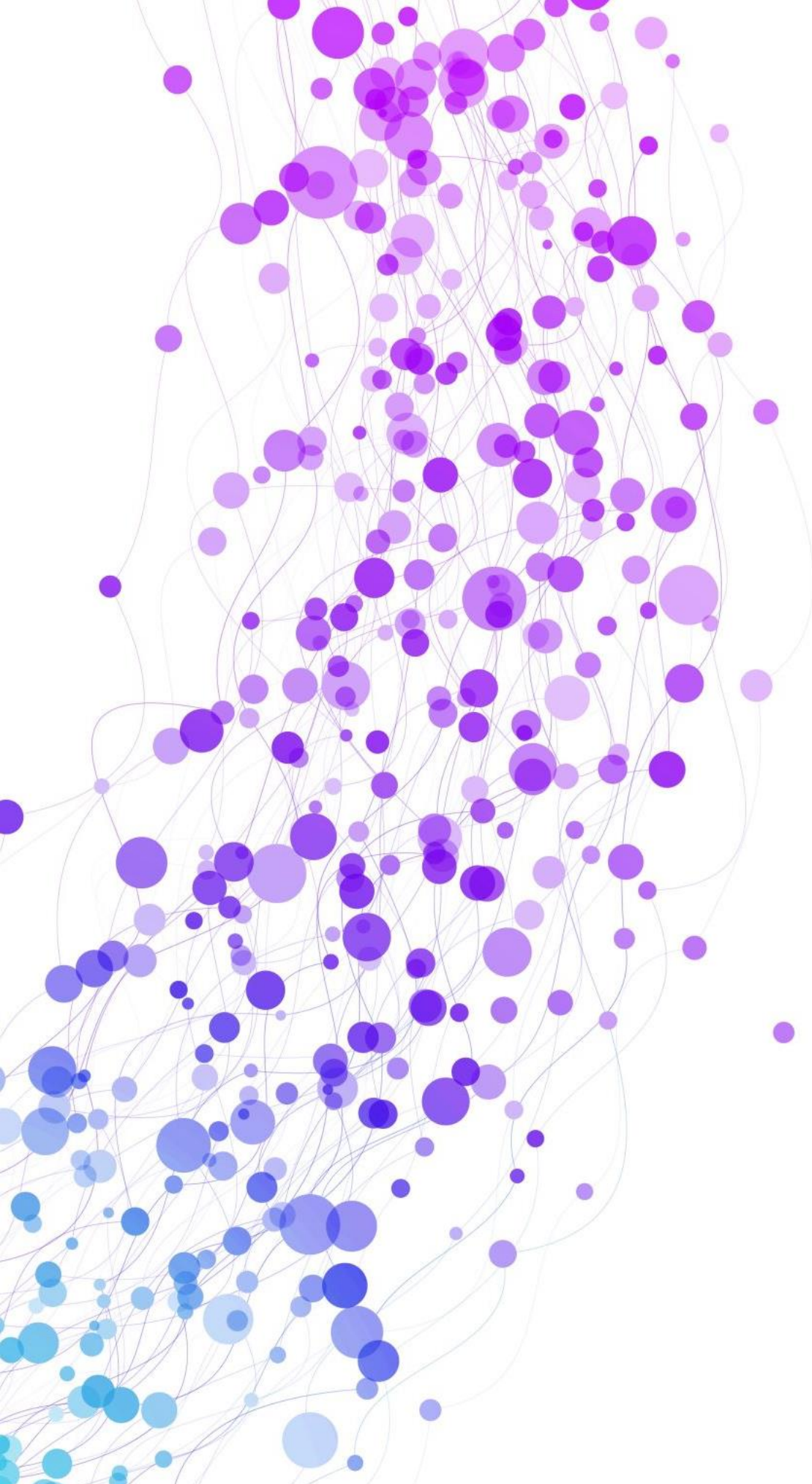
(Local Government)
Schedule B - 7090 Fund



FY 2024-2025 January Budget Augmentation

Board of Health Meeting

January 23, 2025

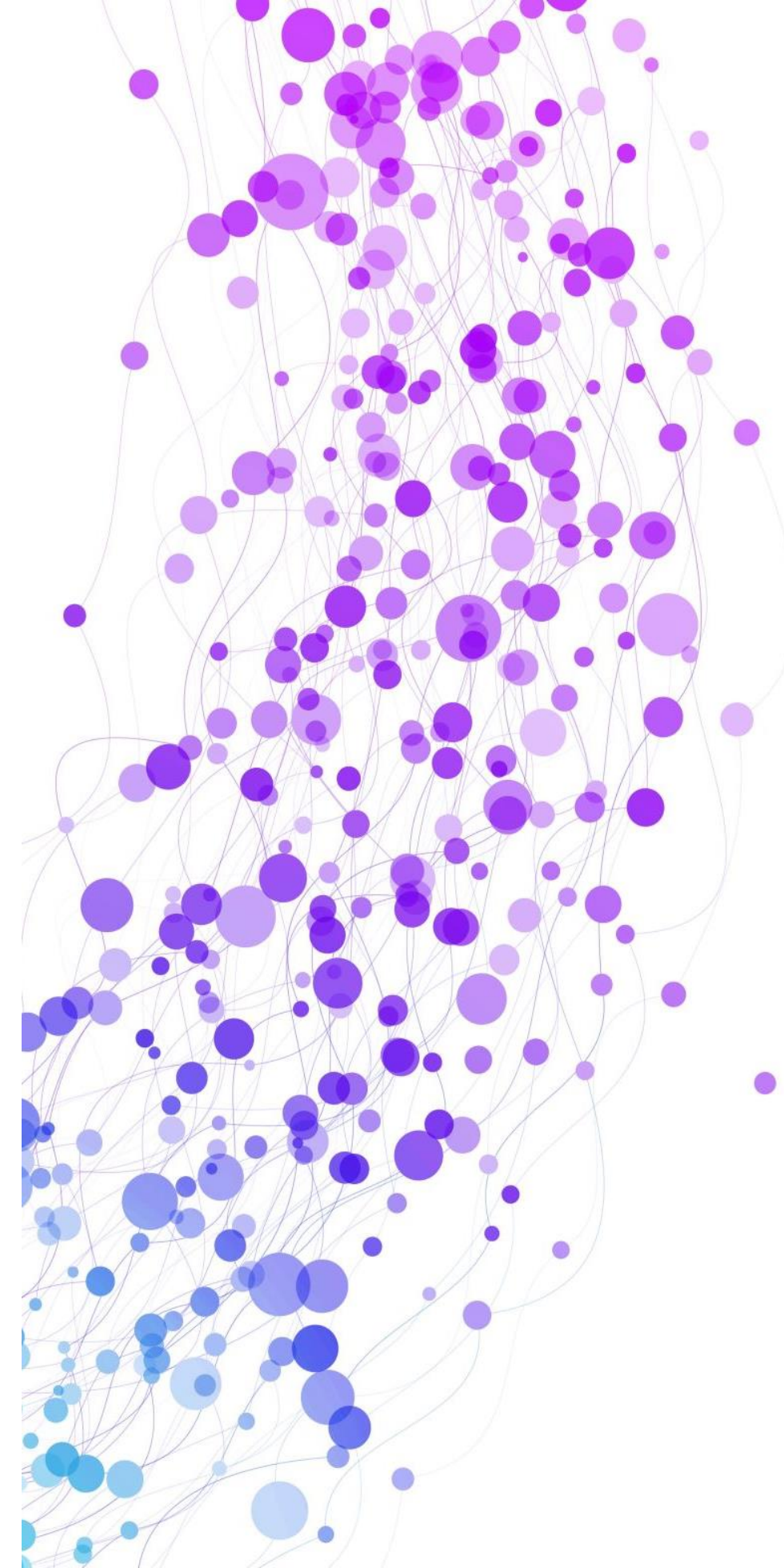


Definition

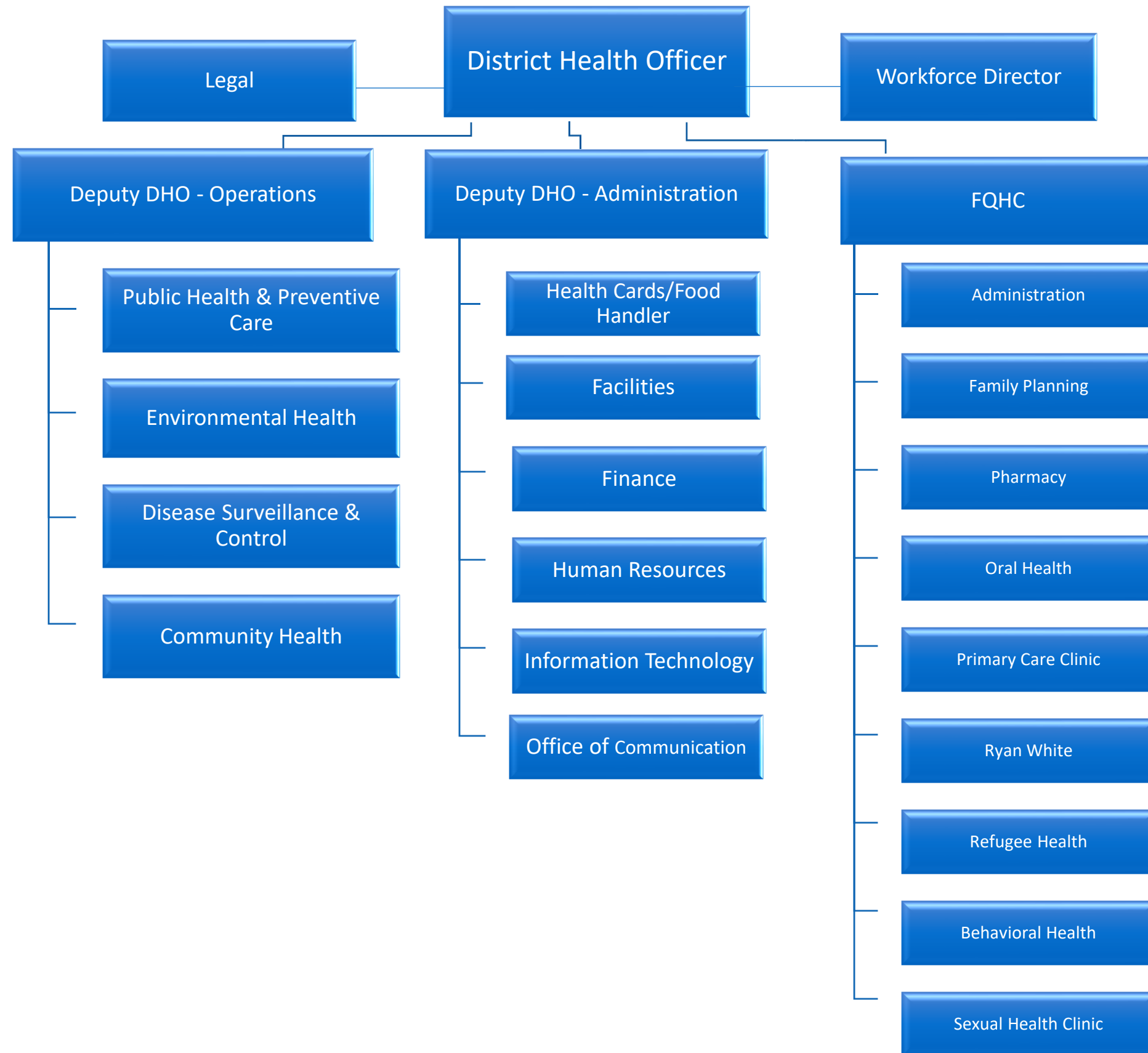
A “**Budget augmentation**” is a procedure for increasing appropriations of a fund with the express intent of employing previously unbudgeted resources of the fund for carrying out the increased appropriations.

Nevada Revised Statute (NRS) 354.626

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



SNHD ORGANIZATION CHART

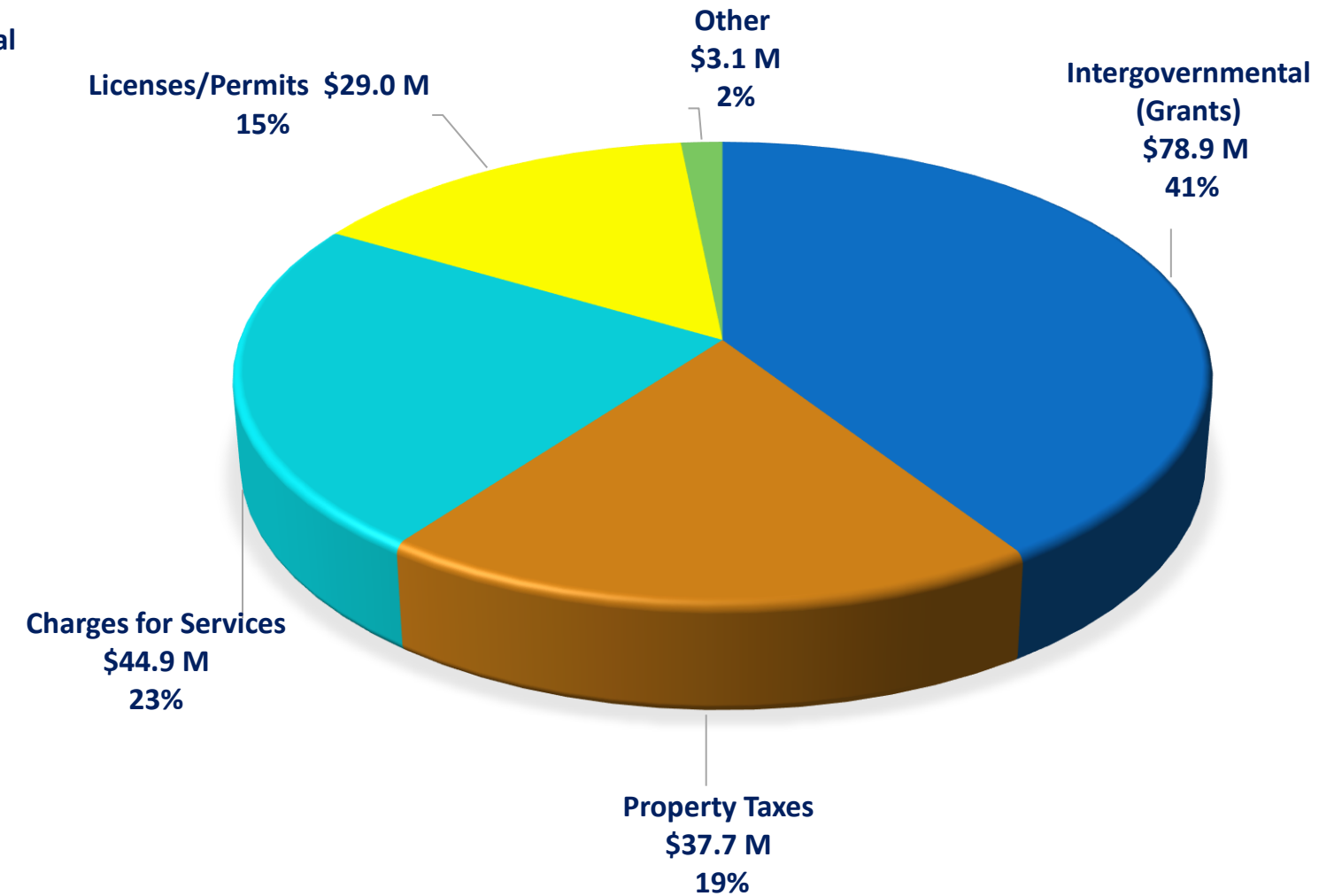
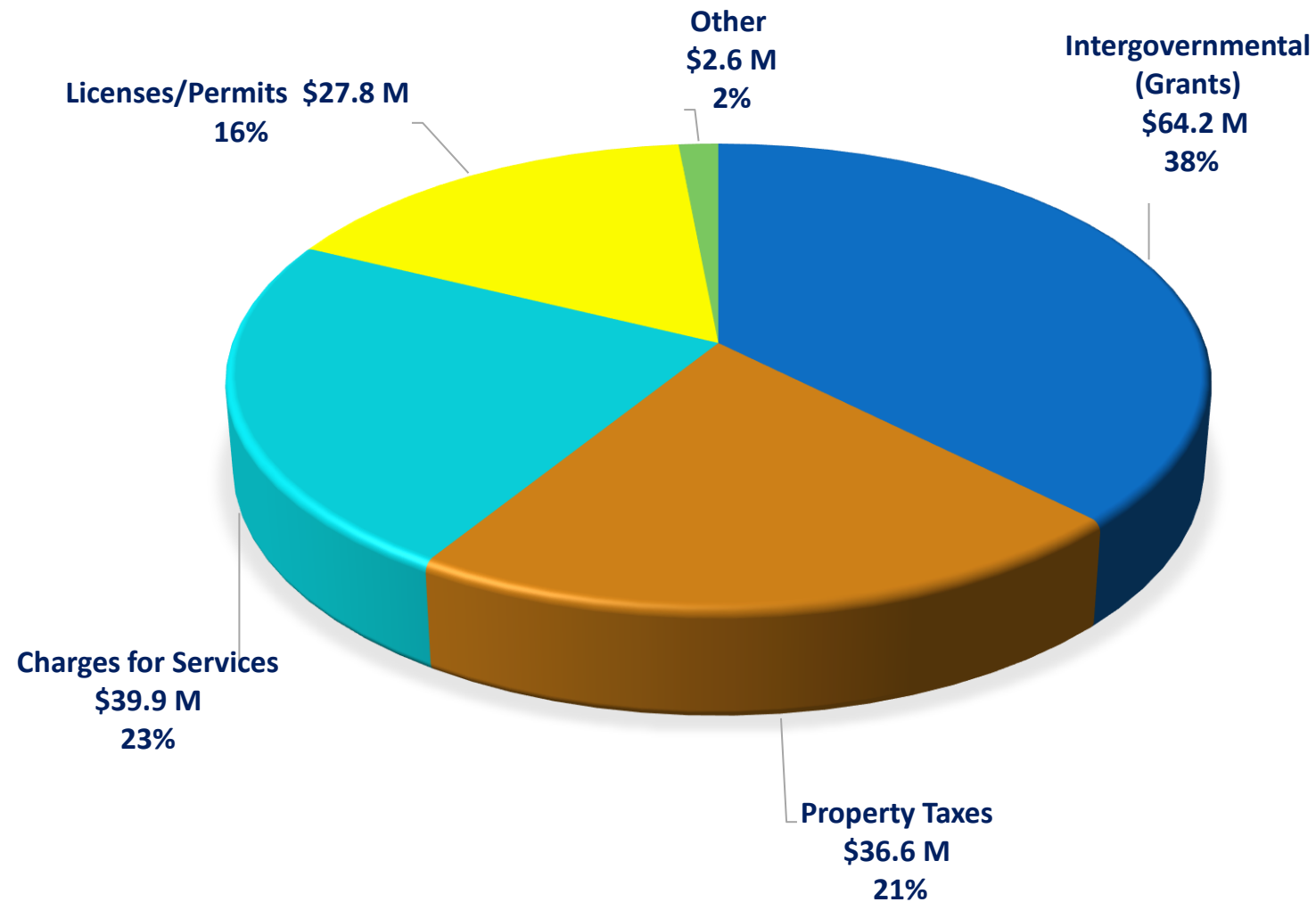


REVENUES

COMBINED GF & SRF REVENUES BY SOURCE – comparison

FY2025 Adopted Budget
Revenue
\$171.1 M

FY2025 January Budget
Augmentation Revenue
\$193.1M



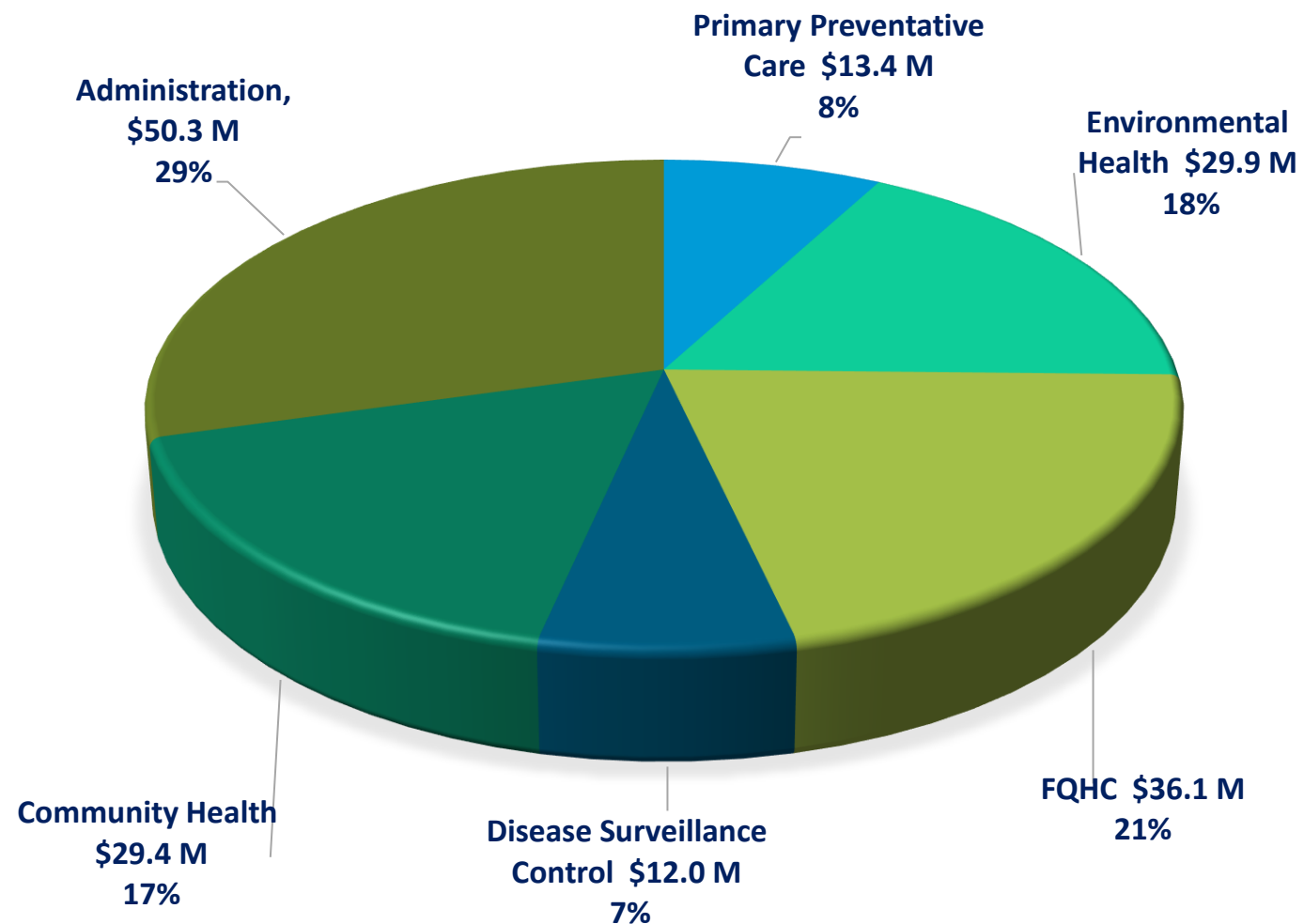
% Percentages are based on total revenue.

**Does not include Transfers In

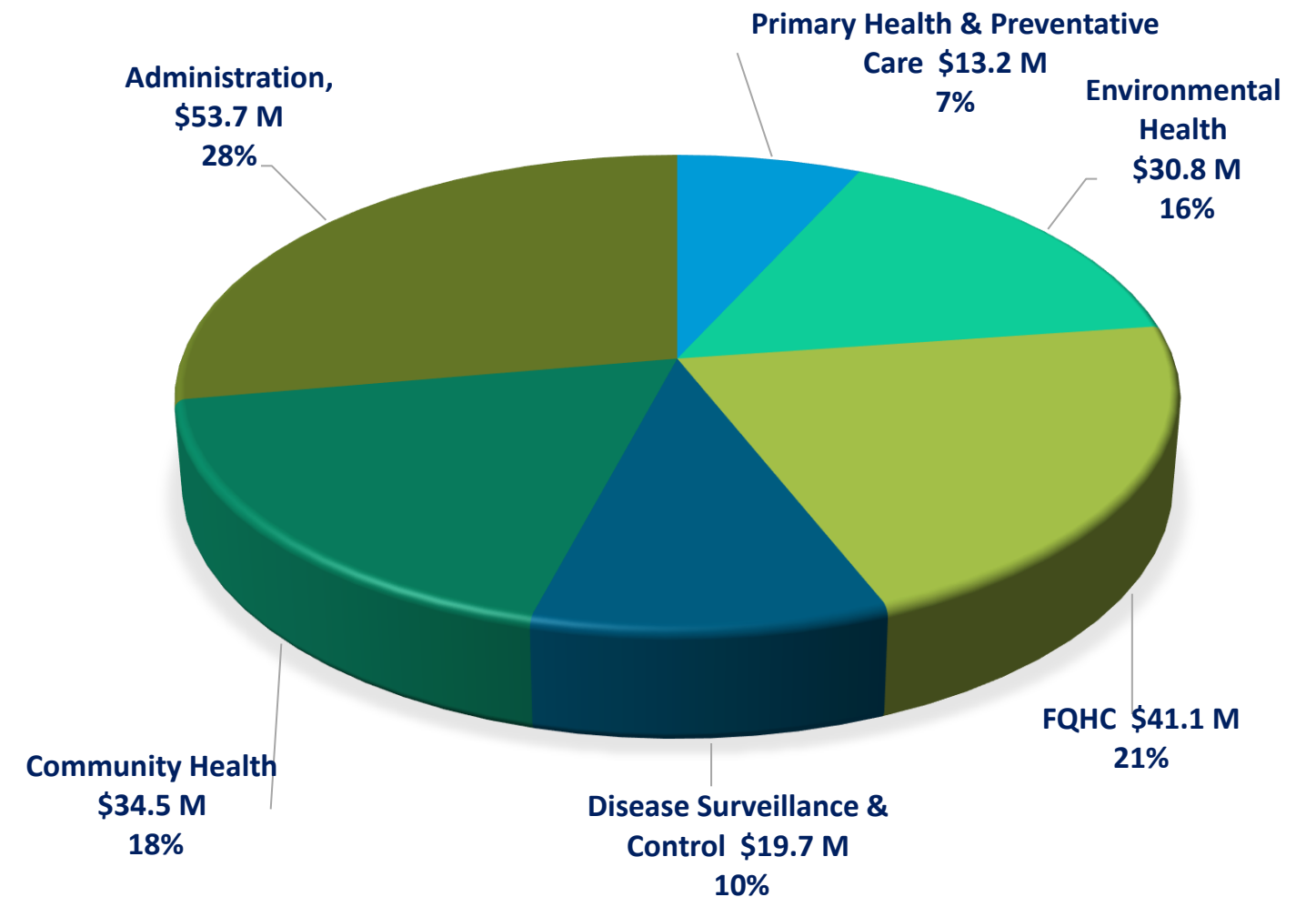
REVENUES

COMBINED REVENUES BY DIVISION – comparison

FY2025 Adopted Budget
Revenues \$171.1 M



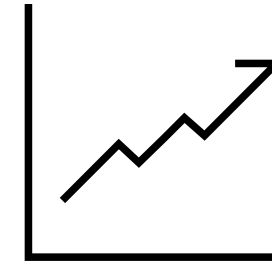
FY2025 January Budget
Augmentation Revenue \$193.1 M



*% Percentages are based on total revenue.
**Does not include Transfers In*

REVENUES

GENERAL & GRANTS FUND HIGHLIGHTS



Special Revenue (Grants) increased by \$14.7 M due to the addition of new grants and extension of existing grants such as ELC/Enhanced Detection, Healthy Start, HIV Prevention, Overdose Data to Action, Public Health Preparedness and Health Equity

Pharmacy revenue (FQHC Gen Fund), a major component of charges for services, is augmented at **\$28.7 M** an increase of \$4.3 M compared to original budget of \$24.4 M.

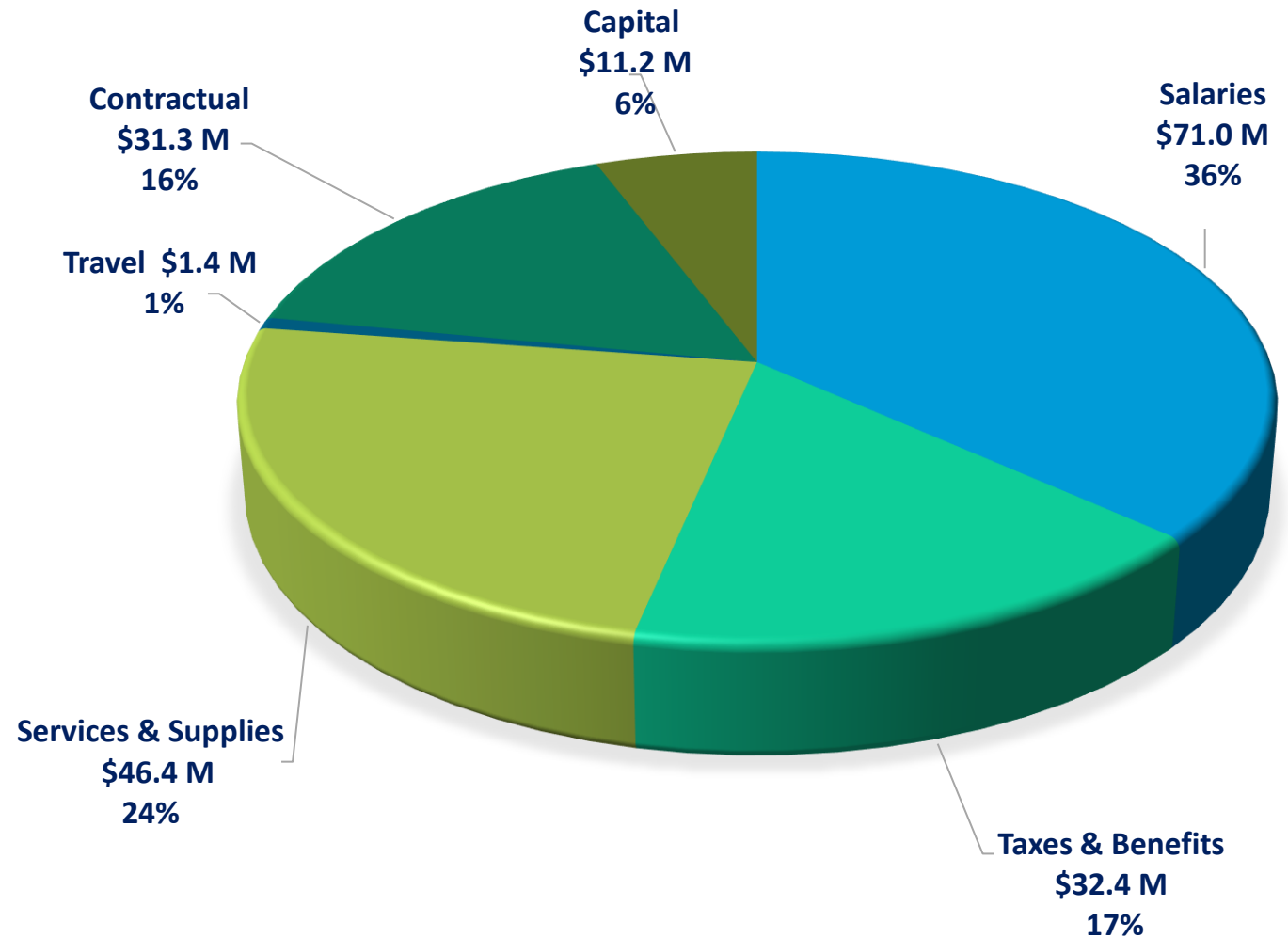
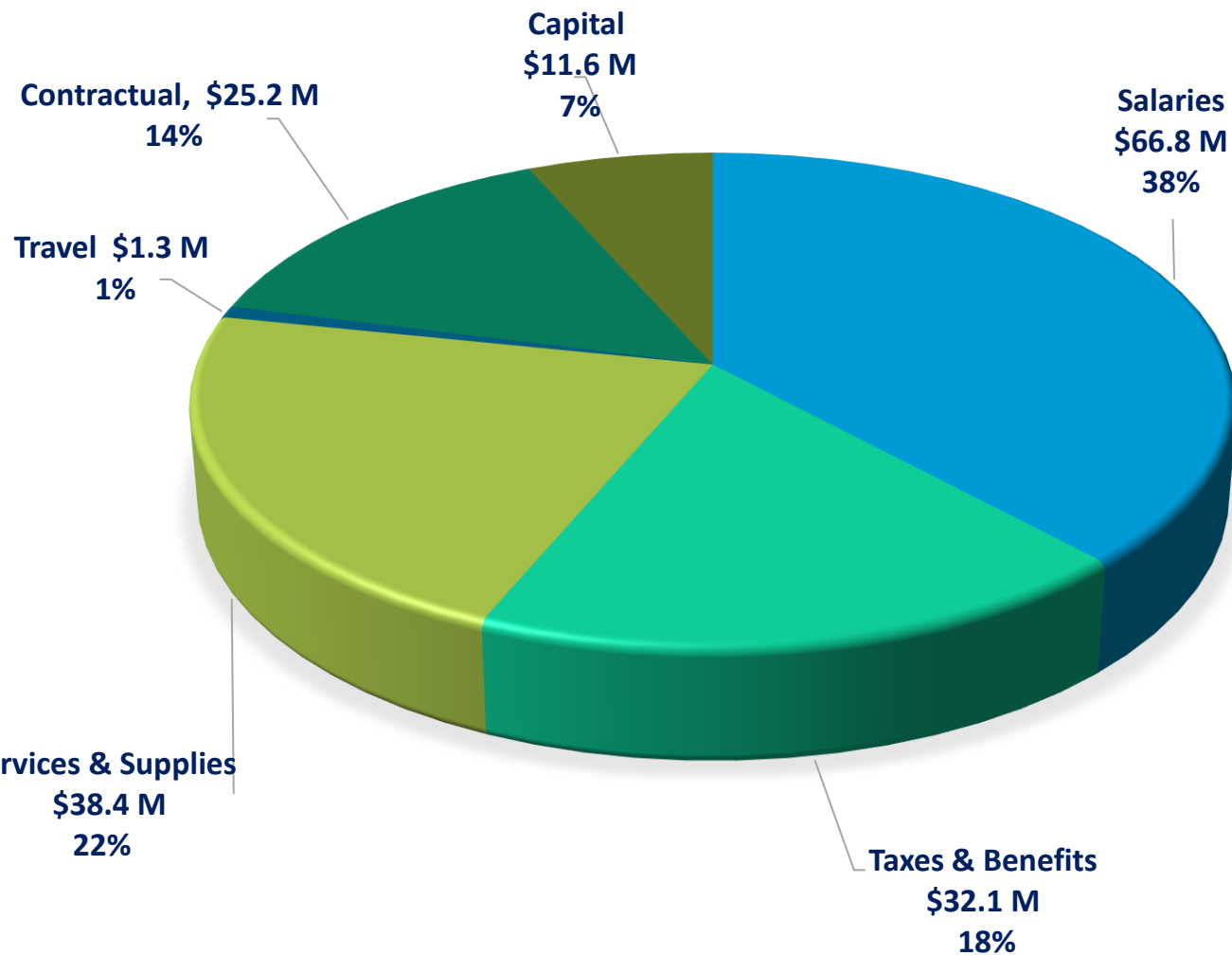
FY 2025 Clark County Property Tax revenue is \$1.05 M higher than the original approved budget (accepted on 06/27/2024).

EXPENDITURES

COMBINED EXPENSES BY SOURCE – comparison

FY2025 Adopted Budget
Expense \$175.4 M

FY2025 January Budget
Augmentation Expense \$193.7 M



\$ Amounts are based on total expense.

**Does not include Transfers Out and Cost Allocations

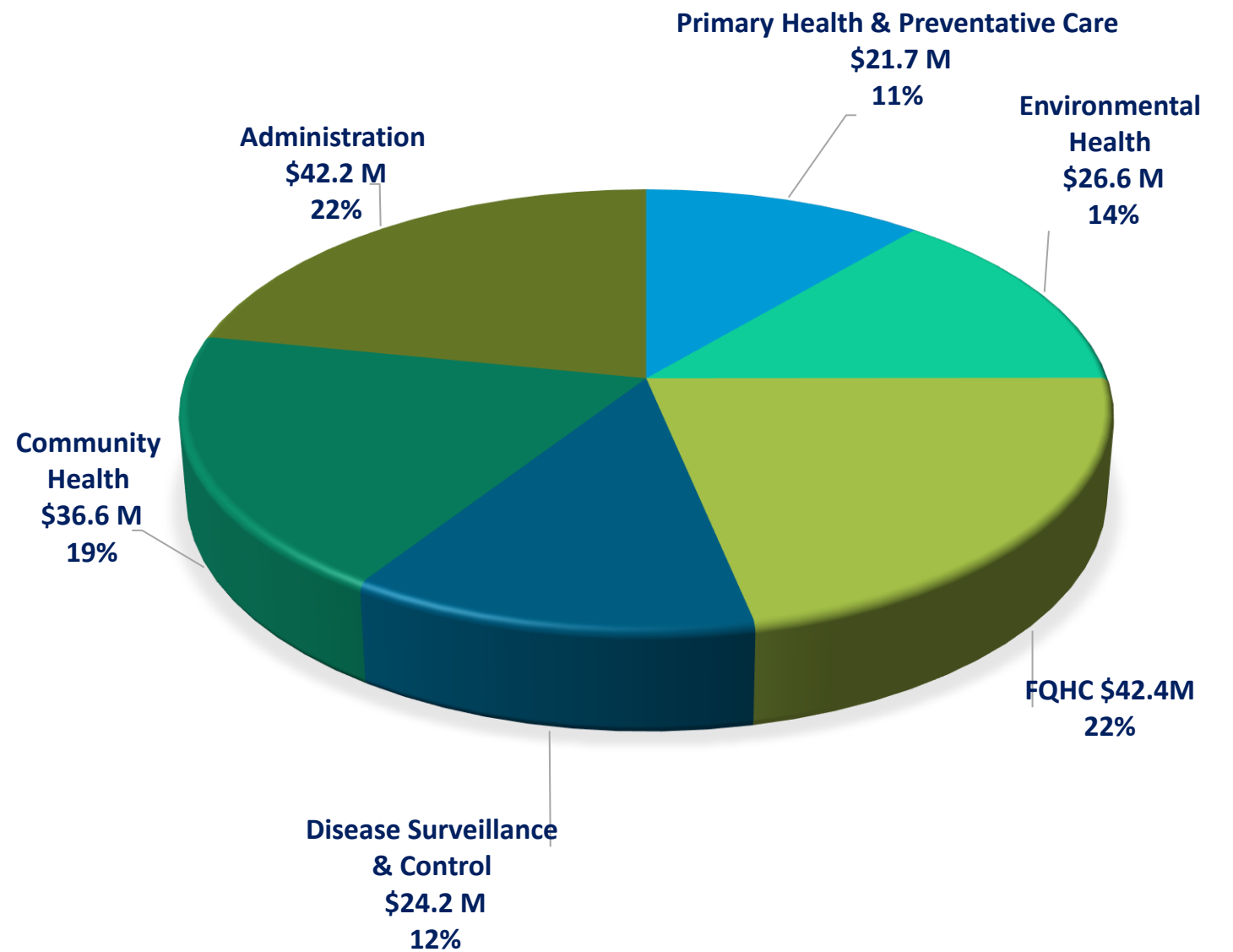
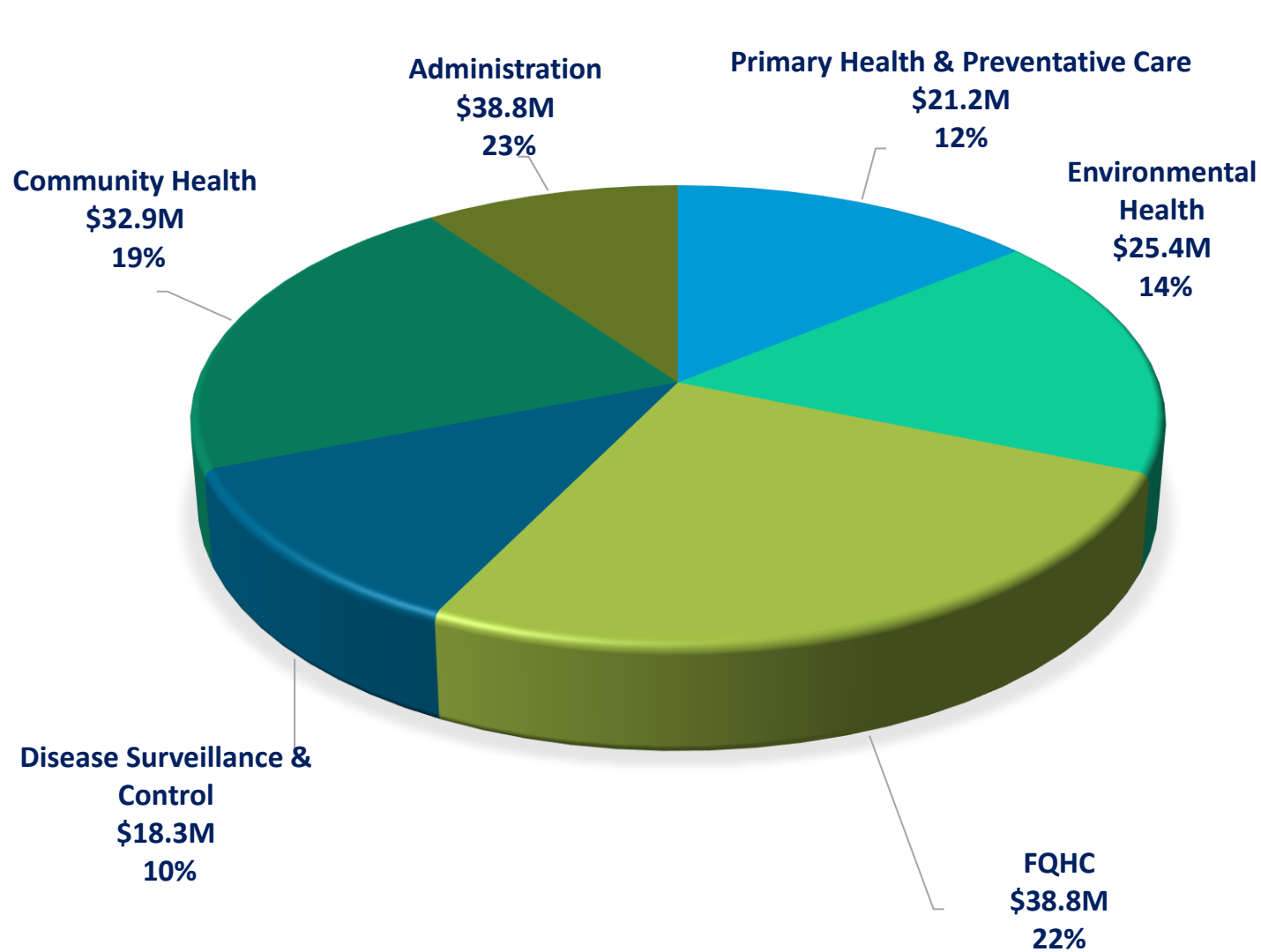
**Does not include Transfers Out to Capital of \$2M

EXPENDITURES

COMBINED EXPENSES BY DIVISION – comparison

FY2025 Adopted Budget
Expense \$175.4 M

FY2025 January Budget
Augmentation Expense \$193.7 M



\$ Amounts are based on total expense.

**Does not include Transfers Out and Cost Allocations

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

EXPENDITURES

General & Grants Fund HIGHLIGHTS



General Fund and Special Revenue expenditures total augmented budget is at **\$193.7 M** compared to \$175.4 M original budget, an increase of \$18.3 M. Special Revenue (Grants) increases include additions of new grants and extension of existing grants such as ELC/Enhanced Detection, Healthy Start, HIV Prevention, Overdose Data to Action, Public Health Preparedness and Health Equity



Pharmacy medication expenses increased from \$20.2 M to \$23.9 M, a **\$3.7 M** increase to align with actuals which is trending higher than original budget.



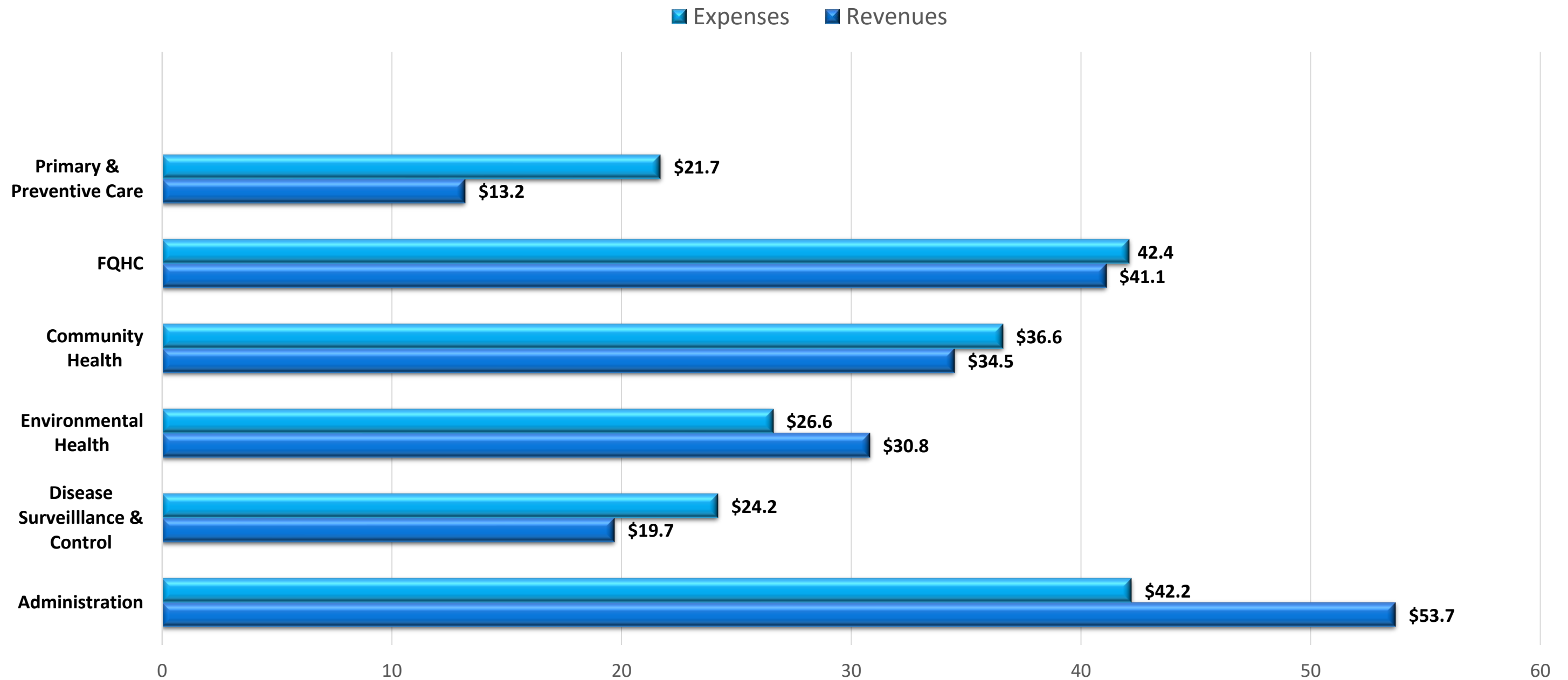
Vaccines expenses increased from \$5.8 M to \$6.8 M, a **\$1.0 M** increase to align with actuals which is partially offset by revenue



Total salaries and benefits for General & Grants Fund is **\$103.4 M** an increase of **\$4.5 M** from the adopted budget of \$98.9 M. This includes the adjustment for the negotiated Cost of Living and Merit increases.

REVENUES VS. EXPENDITURES

COMBINED FUNDS BY DIVISION EXCLUDING COST ALLOCATION



PERSONNEL

Southern Nevada Health District FY25 FTE Count

Division	2024/2025 ADOPTED	FTE Change	2024/2025 AMENDED	% FTE CHANGE Adopted v Estimated
Public Health & Preventive Care ⁽¹⁾	123.5	-7.83	115.7	-6.3%
Environmental Health	203.0	2.00	205.0	1.0%
FQHC	121.0	0.71	121.7	0.6%
Disease Surveillance & Control	125.0	0.96	126.0	0.8%
Community Health	104.0	-1.04	103.0	-1.0%
Administration ⁽³⁾	190.0	2.00	192.0	1.1%
Total:	866.5⁽²⁾	-3.19	863.3⁽²⁾	-0.4%

(1) Grant ended resulting in an overall reduction of FTE

(2) Represents FTE with an Adopted and Amended headcount of 867 and 876, respectively

(3) Added Chief Medical Officer and Communications And Legislative Affairs Administrator

General FUND

Three Fiscal Year Activity

	FY23	FY24	FY 25
General Fund	Actual	Actual	Augmented
Beginning Fund Balance	36,886,107	47,091,967	54,872,828
Revenues & Other Increases	90,298,608	104,502,746	114,237,780
Expenditures & Other Reductions	80,092,748	96,721,885	121,910,902
Change in Fund Balance ¹	10,205,860	7,780,861	(7,673,122)
Ending Fund Balance	47,091,967	54,872,828	47,199,706

¹ Includes \$3M contingency, cost allocation and transfers out to Special Revenue and Capital Project funds for FY 2025.

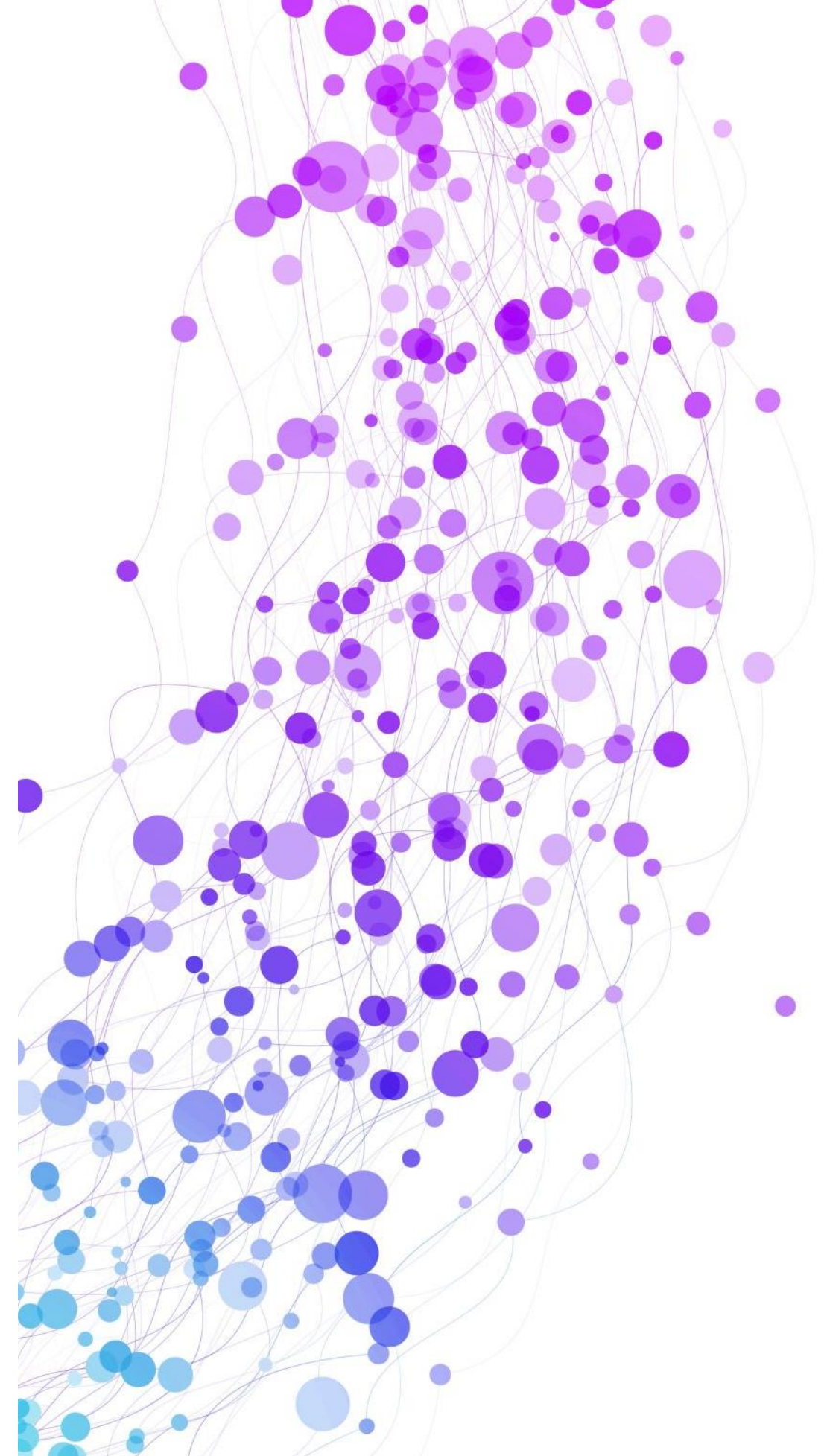
SPECIAL REVENUE FUND

Three Fiscal Year Activity

		FY23	FY24	FY 25
Special Revenue		Actual	Actual	Augmented
Beginning Fund Balance		57,622	105,306	82,081
	Revenues & Other Increases ¹	86,699,577	64,278,737	69,578,255
	Expenditures & Other Reductions	86,651,893	64,301,962	69,578,255
	Change in Fund Balance ¹	47,684	(23,225)	-
Ending Fund Balance		105,306	82,081	82,081
¹ Includes cost allocation and transfers in from General fund.				

RECOMMENDATION

- Approval of the FY 2025 January budget augmentation as presented.
 - ❖ Petition #17-25
 1. Resolution #01-25 – General Fund
 2. Resolution #02-25 – Special Revenue Fund
- Copies to be submitted to Clark County and State of Nevada, pending further instructions.





QUESTION AND ANSWER



DATE: January 23, 2025

TO: Southern Nevada District Board of Health Members

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

SUBJECT: District Health Officer Report

Behavioral Health Clinic Open House

The Southern Nevada Health District hosted an open house to showcase the expansion of the Southern Nevada Community Health Center Behavioral Health Clinic on January 14. The Southern Nevada Community Health Center is a Federally Qualified Health Center. The Behavioral Health Clinic provides services for patients receiving medical services within the Community Health Center, with a goal to expand the program. The Behavioral Health Clinic provides integrated care for patients seeking both primary care and behavioral health services for mild to moderate mental health concerns, collaborating with community partners to assist with treating patients with more complex conditions.

For more information about the services provided by the Southern Nevada Community Health Center, go to www.snchc.org.

Free Programs and Resources

As the new year begins, the Southern Nevada Health District is reminding everyone that small, positive changes to their health can lead to lasting, transformative results. The new year is the perfect time to commit to positive changes, whether it's eating healthier, getting active or quitting smoking. The Health District, through its Office of Chronic Disease Prevention and Health Promotion, provides free programs and resources to help individuals achieve their goals and kick off a healthy new year:

- **Quit Smoking:** Find tools and support to help you live tobacco-free.
English: www.gethealthyclarkcounty.org/live-tobacco-free/quit-smoking/
Spanish: www.vivasaludable.org/live-tobacco-free/quit-smoking/
- **Get Moving:** Learn the basics of physical activity and how to stay active.
English: www.gethealthyclarkcounty.org/get-moving/how-to-be-active/physical-activity-basics/
Spanish: www.vivasaludable.org/get-moving/how-to-be-active/physical-activity-basics/
- **Eat Better:** Access nutrition tips to make healthier food choices.
English: www.gethealthyclarkcounty.org/eat-better/nutrition-basics/
Spanish: www.vivasaludable.org/eat-better/nutrition-basics/

- **Heart Health:** Take steps to reduce the risk of cardiovascular disease:
English: www.gethealthyclarkcounty.org/manage-your-risk/heart-disease/
Spanish: www.vivasaludable.org/manage-your-risk/heart-disease/
- **Diabetes Management:** Get guidance on managing diabetes with local resources.
English: www.gethealthyclarkcounty.org/manage-your-risk/local-diabetes-resources/
Spanish: www.vivasaludable.org/recursos-locales-para-la-diabetes/
- **Obesity Prevention:** Find tools to help maintain a healthy weight.
English: www.gethealthyclarkcounty.org/manage-your-risk/obesity/
Spanish: www.vivasaludable.org/obesidad-2/
- **Community Calendar and Apps:** Stay connected with local activities and free mobile apps designed to support health goals.
English: www.gethealthyclarkcounty.org/community-calendar/ and www.gethealthyclarkcounty.org/mobile-apps/
Spanish: www.vivasaludable.org/calendario/ and www.vivasaludable.org/mobile-apps/

Additionally, the Health District partners with CredibleMind, an online mental health platform, to provide the community with free and confidential access to a large library of mental health and well-being resources. The site is available to the public at ClarkCountyThrive.crediblemind.com.

Diabetes Classes

The Health District’s 2025 schedule of free diabetes self-management, education and support classes, offered in English, Spanish, in-person and online starts in mid-January.

The Health District’s Office of Chronic Disease Prevention and Health Promotion offers diabetes classes throughout the year at the Main Public Health Center, 280 S. Decatur Blvd., Las Vegas, NV 89107. Facilitated by trained health educators, participants learn how to manage their blood sugar, stay physically active and adopt healthier eating habits.

The Health District is currently accepting registrations for in-person classes that run through mid-May:

English:

February 19 and 26: 10 a.m.–noon

March 19 and 26: 10 a.m.–noon

May 15 and 22: 10 a.m.–noon

Spanish:

January 22 and 29: 10 a.m.–noon

February 20 and 27: 2-4 p.m.

March 17 and 24: 10 a.m.–noon

April 15 and 22: 2-4 p.m.

May 12 and 19: 10 a.m.–noon

To register, call (702) 759-1270, email gethealthy@snhd.org or complete the [Diabetes Self-Management Interest Form](#). Registration for Spanish-language classes is available at the [Viva Saludable](#) website.

Diabetes ranks as the eighth leading cause of death in the United States and is the primary cause of kidney failure, lower limb amputations and blindness. Individuals with diabetes are also at an increased risk of severe complications from flu and COVID-19. In 2023, 12.8% of adults in Clark County, or 238,102 people, were living with diabetes. In Nevada, approximately 283,700 people—11.3% of the state's adult population—have been diagnosed with the condition. Nationwide, more than 38 million Americans have diabetes, with 8.7 million unaware of their diagnosis, putting their health at greater risk. Each year, an estimated 1.2 million Americans are newly diagnosed with diabetes.

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](#). For information about additional classes, events and programs offered by the Health District, visit the [Get Healthy Clark County Community Calendar](#).

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 December 28, 2024, for the 2024-2025 influenza season, 438 influenza-associated hospitalizations have been reported. Currently, there have been seven deaths associated with influenza reported for the season. The percentage of emergency department and urgent care clinic visits for influenza-like illness (fever plus cough or sore throat) rose from 8.2% during weeks 51 to 10.5% during week 52. Currently, Influenza A has been the dominant strain detected within the region. During week 52, 6.8% of outpatient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to respiratory illness. This percentage exceeds the national baseline of 3%. Among 55 states/jurisdictions, the respiratory illness activity level in the state of Nevada is very high.

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. Weekly flu surveillance updates are available on the Health District website at www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/.

Community Meetings

Week ending 12/29:

N/A

Week ending 12/22:

Monthly:

- Participated in the Local Health Official Monthly Engagement meeting facilitated by National Association of County and City Health Officials (NACCHO)

Quarterly:

- Participated in the County Health Officers meeting

Week ending 12/15:

Monthly:

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

Professional Development/Conferences:

- Attended the “Nevada Digital Government Summit 2024” facilitated by Gov Tech

Ad-hoc Meetings:

- Attended a meeting with Dr. Chad Kingsley (District Health Office of the Northern Nevada Health District) and Bradley Mayer
- Attended the meeting regarding the Spanish Healthcare Message Campaign facilitated by R.E.A.C.H. Las Vegas

Week ending 12/08:

Media/Interviews/Panelist/Presenter/Events:

- Interview with Ricardo Torres-Cortez (Review Journal) covering career at the Health District
- Attended the City of Las Vegas City Council meeting

Professional Development/Conferences:

- Attended the “2024 STI Update Virtual Series - Syphilis Overview: Screening, Diagnosis and Management” webinar facilitated by the Pacific AIDS Education & Training Center (Pacific AETC)

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 12/01:

N/A

Week ending 11/24:

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Councilwoman Brune, MPT Gallo, MPT Knudsen, MPT Black, Commissioner Segerblom, Councilman Seebock, Scott Nielson, Bobbette Bond, and Mayor Hardy
- Participated in the Southern Nevada Community Health Center Governing Board meeting
- Participated in the Southern Nevada District Board of Health meeting

Quarterly:

- Participated in the Southern Nevada District Board of Health Finance Committee meeting

Professional Development/Conferences:

- Attended the “Where Are We With Hepatitis C Elimination” webinar facilitated by the International Antiviral Society-USA (IAS-USA)

Week ending 11/17:

Monthly:

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

Media/Interviews/Panelist/Presenter/Events:

- Interview with Abel Ortiz (Channel 13) on retirement announcement, evolution of health care in Southern Nevada, challenges of the COVID-19 pandemic, and the growth of the Health District
- Attended the Health District After Dark “Gun Violence”

Week ending 11/10:

Media/Interviews/Panelist/Presenter/Events:

- Attended the UNLV School of Public Health's 20th Anniversary Celebration

Professional Development/Conferences:

- Attended the "Fall Managed Care Forum" Conference facilitated by the American Association of Integrated Healthcare Delivery Systems (AAIHDS), the American Association of Managed Care Nurses (AAMCN) and the National Association of Managed Care Physicians (NAMCP)
- Attended the "Ethics: Doing What's Right When No One's Looking" webinar facilitated by the Clark County Medical Society

The logo for the Southern Nevada Health District (SNHD) is displayed in large, blue, serif letters. Below the letters, the full name "Southern Nevada Health District" is written in a smaller, blue, sans-serif font. The logo is mounted on a white, perforated metal panel that is part of the building's facade.

SNHD
Southern Nevada Health District

A dark blue horizontal sign with white text and a small logo on the right side. The text reads "SOUTHERN NEVADA COMMUNITY HEALTH CENTER". The sign is mounted above the glass entrance doors of the building.

SOUTHERN NEVADA COMMUNITY HEALTH CENTER

District Health Officer and Division Accomplishments

FY2024

Fermin Leguen, MD, MPH
District Health Officer

Internal Environment Highlights

- ✓ Introduced Credible Minds.
- ✓ Added bereavement leave.
- ✓ Ratified new 2-year contracts for both general and supervisory units with SEIU.
- ✓ Implemented a Leadership Development Training Program.
 - Conducted onsite Leadership Conference
 - Implemented Leadership and Manager Toolbox Training
- ✓ Successfully executed Organizational Vital Signs (OVS) survey with an 82% participation.
- ✓ Implemented Employee of the Month & Manager/Supervisor of the Quarter recognition programs.

Structural/Operational Highlights

- ✓ Approved Phase I of the Public Health Lab expansion plan.
- ✓ Completed construction of the Behavioral Health Clinic at the Main Public Health Center (Decatur).
- ✓ Completed the layout and design of the Dental Clinic at the Fremont Public Health Center.
- ✓ Relocated three departments/programs to a new facility at N. Buffalo Dr.
- ✓ Created the Outbreak Response Office to address foodborne illness and other in environmental health related conditions.
- ✓ Reconfigured public space at Decatur Blvd to allow for 18-24 hoteling spaces for Environmental Health.
- ✓ Introduced a hybrid system of advance and same-day appointments for all Food Handler Safety Training Cards.
- ✓ Completed two budget augmentations in FY 2023-24 and received approval from NV Department of Taxation with no findings.
- ✓ Audited Financial Statements for June 30, 2024, received an unmodified opinion.

Significant Community Accomplishments

- ✓ Immunization Clinics administered a total of 86,727 vaccines to 35,432 clients.
- ✓ Hosted the Southern Nevada Health District's State of Public Health and Legislative Advocacy Day.
- ✓ Launched CredibleMind Community Dashboard to support access to mental health services across CC.
- ✓ Implemented a Congenital Syphilis Awareness Campaign among Clark County healthcare providers.
- ✓ Developed Perinatal HIV Prevention educational material for local hospital providers.
- ✓ Partnership with Three Squares to combat food insecurity.
- ✓ Launched the Beat the Heat Awareness Initiative.
- ✓ Partnership with UNLV to implement wastewater surveillance for SARS-CoV-2.
- ✓ Fight the Bite, mosquito control educational campaign.
- ✓ Received a new five-year federal grant to implement a Healthy Start program in our community.
- ✓ Provided support to the CCSD Safe Routes to School Program.
- ✓ Held 10 Pop-up Produce Stands between September 2023 and June 2024.
- ✓ Barber/Beauty Shop Health Outreach Program (BSHOP/BeSHOP) received the Nevada Public Health Association's Public Health Program of the Year Award.

Addressing the Opioid Epidemic in Clark County

- ✓ Organized the 2023 Southern Nevada Substance Misuse and Overdose Summit.
- ✓ Launched the Clark County Naloxone Saturation and Distribution Plan.
 - ✓ Distributed 52,732 doses of naloxone.
- ✓ Launched Xylazine Test Strip training and distribution program, to complement the Fentanyl Test Strip training.
 - ✓ Distributed 40,700 Fentanyl Test Strips and 6,100 Xylazine Test Strips.

Tobacco Cessation/Vaping Accomplishments

- ✓ Hosted the first annual event “Because We Matter Tobacco-Free Living Summit”, part of SNHD’s African American initiative.
- ✓ Developed new Spanish-language tobacco cessation materials.
- ✓ Over 27,000 UMC patients were electronically referred to the NV Tobacco Quitline.
- ✓ Trained 4,518 student athlete and youth leaders/influencers to share information on the dangers of electronic vapor products.

Health Center Significant Accomplishments

- ✓ 10,335 unique patients served at the Southern Nevada Community Health Center (SNCHC).
- ✓ SNCHC was awarded a new three-year grant by HRSA.
- ✓ Over \$2.8 million in savings for patient services at the SNCHC during FY24 (Sliding Fee Scale).
- ✓ Over 22,000 patient visits delivered at the Health Center during FY24.

Looking Ahead

Goals for Future Period

Looking Ahead...

- Collaborate with NACO and Nevada local health authorities to advocate for additional public health funding at the Nevada Legislature.
- Identify funds to complete the expansion of SNHD's Public Health Lab
- Systematic monitoring of SNHD's state and federal grants to identify and address the potential impact of federal and/or State grant cuts.
- Enhance collaboration with UNLV, other local universities, the Nevada Primary Care Association and other FQHCs serving our community.
- Consolidate, enhance interventions addressing the Opioid Epidemic.
- Launch "Strip Club" project
 - Mail-order program for Fentanyl and Xylazine drug testing strips.
- Complete construction of the dental clinic and implement a Dental Health Program at Freemont Health center
- Implement a hospital-based Wastewater testing program at SNHD's public health lab.
- Pilot and implement ChemBio rapid HIV/Syphilis tests in the field, at outreaches and in Express Testing.
- Enhance prevention of Congenital Syphilis, and perinatal HIV/AIDS in our community.
- Consolidate the integration of behavioral health services and primary care at the Health Center.
- Complete the design and construction of a dental health clinic at Freemont Street Health Center



Thank You

Fermin Leguen, MD, MPH
District Health Officer

MEMORANDUM



Date: January 23, 2025
To: Southern Nevada District Board of Health
From: Fermin Leguen, MD, MPH, *District Health Officer*
Subject: **District Health Officer and Division Accomplishments – FY2024**

- High-Level Accomplishments 2
 - Administration Division 2
 - Community Health Division 3
 - Disease Surveillance and Control Division 4
 - Environmental Health Division 4
 - Public Health and Preventive Care Division 5
 - Southern Nevada Community Health Center 5
- Administration Division 6
 - Facilities Department 6
 - Finance Department 7
 - Health Cards 9
 - Human Resources Department 10
 - Information Technology Department 13
 - Office of Communications 15
 - Legal Department 16
 - Workforce Director (Public Health Infrastructure Grant) 21
- Community Health Division 24
 - Vital Records 24
 - Passport Services (subsidiary of Vital Records) 24
 - Office of Emergency Medical Services & Trauma System 25
 - Office of Chronic Disease Prevention and Health Promotion 26
 - Office of Public Health Preparedness 32
 - Health Equity 35
 - Southern Nevada Public Health Laboratory 36
- Disease Surveillance and Control Division 42
 - Office of Disease Surveillance 42
 - Acute Communicable Disease Control 45
 - Office of Informatics and Epidemiology 49
- Environmental Health Division 58
 - Consumer Health 58
 - Food Operations - Inspections 58
 - Food Operations – Regulatory Support 59
 - Solid Waste & Compliance 60
 - Engineering 61
- Public Health and Preventive Care Division 62
 - Immunization Clinic 62
 - Immunization Outreach Program 62

Sexual Health Outreach and Prevention Program (SHOPP).....	62
Community Health Nursing Program	63
COVID-19 Vaccination Program	63
Tuberculosis Control and Prevention.....	64
Employee Health Program	64
Southern Nevada Community Health Center (FQHC).....	65
Access to Care: Medical (Family Planning, Primary Care, Ryan White, Sexual Health, and Refugee Health), Behavioral Health, Pharmacy, and Nutritional Health.....	65
Administration, Operations, and Finances.....	65
Grants Received	66
Community Partnerships	67

High-Level Accomplishments

Administration Division

1. Awarded and completed construction of the Behavioral Health Center at the Decatur location.
2. Completed layout and design of Dental Clinic for Fremont.
3. Completed full relocation of employees and custom buildouts to Buffalo building.
4. Reconfigured EH public space to 18-24 hoteling spots.
5. Completed update of security camera systems at South Decatur, Fremont, Bonanza, and SNPHL.
6. FY 2024-25 budget completed and submitted timely to Clark County and Department of Taxation. Completed two budget augmentations in FY 2023-24 and received approval from Department of Taxation with no findings.
7. Forecasting models and dashboard reporting implemented to provide relevant and timely information to stakeholders.
8. Audited Financial Statements for June 30, 2023 received an unmodified opinion.
9. Secured new funding from 27 grants that support the Southern Nevada Public Health Laboratory expansion, the expansion of the Behavioral Health Center, the response to the opioid crisis, and essential funding to support health-related services.
10. Completed training, testing and implementation of the ERP system to the Finance Enterprise version for all Finance functions.
11. Introduced a hybrid system of advance and same-day appointments for all Food Handler Safety Training Card.
12. Hosted 123 students, residents, and fellows for an approximate total of 4,640 applied public health practice hours.
13. Increased company-paid life insurance to 1x annual salary.
14. Ratified new 2-year contracts for both general and supervisory units with S.E.I.U.
15. Developed a Leadership Development Training Program.
16. Successfully responded to Cyberattack on our Website.
17. Migrated legacy phone system to Microsoft Teams Voice Services.
18. Launched the Beat the Heat Awareness Initiative.
19. The District Dish, the internal employee newsletter, published four quarterly editions.

20. The external newsletter, The Perspective, published six editions, covering topics like back-to-school vaccinations, heat safety, holiday travel tips, heart-healthy recipes, mosquito surveillance, and the Community Status Assessment.
21. Created and executed a Congenital Syphilis Awareness Campaign.
22. Hosted the Southern Nevada Health District's State of Public Health and Legislative Advocacy Day.
23. Posted the Fight the Bite mosquito surveillance campaign.
24. Provided Public Health Infrastructure Grant support to all programs within the scope of the grant.

Community Health Division

25. Registered 23,745 births; issued 45,247 birth certificates.
26. Registered 21,158 deaths; issued 94,333 death certificates.
27. The 2024 Slam Dunk Health Program wrapped up in March. The NACCHO-designated model practice program encourages physical activity and healthy eating among elementary school students. This year, the program was in 667 classrooms in 101 Clark County School District (CCSD) elementary schools serving over 16,400 students.
28. Provided support to the CCSD Safe Routes to School Program.
29. Chronic Disease Prevention and Health Promotion (CDPP) worked with one (1) faith-based pantry to implement the Supporting Wellness at Pantries (SWAP) program and adopt a nutrition standards policy. The pantry provides food assistance to over 800 people each month.
30. Ten (10) Pop-Up Produce stands were held between September 2023 and June 2024 in partnership with the Regional Transportation Commission of Southern Nevada (RTC), Together We Can, and Prevail Marketplace.
31. Our CDPP's Barber/Beauty Shop Health Outreach Program (BSHOP/BeSHOP) received the Nevada Public Health Association's (NPHA) Public Health Program of the Year Award at the NPHA annual conference in Reno.
32. The TCP's Breakdown (high school vaping prevention program) trained 4,518 student athlete and youth leaders and influencers to share information regarding the dangers of electronic vapor products with fellow teens.
33. Hosted the first annual Because We Matter Tobacco-Free Living Summit. Because We Matter is the TCP's African American initiative that raises awareness of tobacco use's harm to the African American and Black community and encourages cessation.
34. Developed new Spanish-language tobacco cessation materials designed for health care settings.
35. Electronic referrals from University Medical Center (UMC) and Southern Nevada Health District are made to the Nevada Tobacco Quitline. Over 27,000 UMC patients have been electronically referred to the Quitline to date.
36. The Southern Nevada Public Health Lab (SNPHL) performed a total number of 10,705 COVID tests and detected 1,694 positive samples from July 1, 2023 to August 31, 2024.
37. Achieved 100% on the LRN-B challenge test and LPX proficiency for select agent testing.
38. Performed a total number of 1,328 SARS-CoV-2 whole genome sequencing from July 1, 2023, to August 31, 2024.

39. The laboratory expansion plan received a total \$10.5 million in funding support from Clark County and local city governments.
40. Tested over 5,210 pools of mosquitos for Arbovirus targets since July 1, 2023 to August 31, 2024. Reported over 412 West Nile Virus positive and 22 Saint Louis Encephalitis positive pools for the testing season.

Disease Surveillance and Control Division

41. Southern Nevada Post Overdose Response Team (SPORT) developed processes and procedures to respond to overdose through a 24/7 response model.
42. Evaluated the use of expedited partner therapy (EPT) in SNHD's clinics.
43. Launched CredibleMind Community Dashboard to support access to mental health and wellness resources across Clark County, NV.
44. Collaborated with CCSD, in response to sudden rise in school exposures, to implement a voluntary TB screening tool for new faculty and staff.
45. Developed education material and elevated workflows for hospital providers on perinatal HIV Prevention that has been valuable in reporting and testing from clinicians.
46. Developed and launched Clark County Naloxone Saturation and Distribution Plan.
47. Launched Mental Health First Aid in Spanish.
48. Launched xylazine test strip training and distribution program in Clark County to complement SNHD's fentanyl test strip training in March 2024.
49. Facilitated the 2023 Southern Nevada Substance Misuse and Overdose Summit with over 200 attendees in Clark County community.
50. Distributed 52,732 doses of naloxone.
51. Distributed 40,700 Fentanyl Test Strips and 6,100 Xylazine Test Strips.
52. COVID-19 Vending machine project distributed 22,980 kits have been for FY24.
53. Partnered with 65 Community Based Organizations to distribute COVID-19 antigen home kits to underserved populations and populations with higher risk for COVID-19 distributing 101,870 kits for FY24.
54. Partnership with UNLV to implement wastewater surveillance for SARS-CoV-2.
55. Initiated a partnership with Three Square to combat food insecurity.
56. Worked with the state on Data Modernization Initiative (DMI) project.

Environmental Health Division

57. A new office (Outbreak Response Office) was created in the Environmental Health Division to respond to illnesses associated with exposures to a contaminated environment: foodborne illness, Legionella illness, lead poisoning, and recalls.
58. Staff participated on a CDC panel on foodborne illness investigation practices at the NEHA conference.
59. Staff participated as subject matter experts on retail water vending machines with the NEHA and Food and Drug Administration (FDA).
60. Worked with the Southern Nevada Water Authority (SNWA) to begin implementing a septic-to-sewer conversion program.

Public Health and Preventive Care Division

61. The Immunization Clinics administered a total of 86,727 vaccines to 35,432 clients within the four Southern Nevada Public Health Centers from July 1, 2023 to June 30, 2024.
62. The Sexual Health Outreach and Prevention Program (SHOPP) started in 2024 with Express Testing (ET) and Congenital Syphilis Case Management Programs (CSCMP).
63. The Healthy Start program is a new five-year grant that was awarded in September 2023. The first family was enrolled in February 2024 and there have been a total of 25 new families enrolled.

Southern Nevada Community Health Center

64. As of June 30, 2024, 10,335 unique patients were served in the Health Center; 95% year-over-year increase.
65. Awarded a new three-year Health Center program grant by HRSA.
66. Transitioned the Refugee Health Clinic to the Fremont Public Health Center.
67. Received FTCA initial deeming and redeeming for medical malpractice insurance coverage.
68. Total sliding fee adjustments for 2023 equal \$2.8 million, an increase of 12% year-over-year.
69. New behavioral health clinic at the Decatur Public Health Center.

Administration Division

Facilities Department

MAINTENANCE:

1. Successfully bid and awarded architect/engineer for lab project.
 - Currently working with CLV on utilities and drainage improvements.
2. Completed change out of 13 HVAC units.
 - This was one of the implementations point of our strategic plan.
3. Completed upgrade of LED parking lot lights.
 - Part of strategic plan to lower energy consumption by 5%.
4. Awarded and completed construction of the Behavioral Health Center at the Decatur location.
5. Completed layout and design of Dental Clinic for Fremont.
 - Construction drawings are currently with the city.
6. Completed full relocation of employees and custom buildouts to Buffalo building.
 - Completed construction of new IT room in Buffalo suite.
 - Organized and completed move of ~50 employees.
 - Installed equipment for several conference rooms created in Buffalo suite.
7. Built out EH Solid Waste Plan Review space in Main Lobby.
8. Reconfigured EH public space to 18-24 hoteling spots.
9. Build out and reconfigure EMS break room into training area.
10. Upgraded Lab DI system.
11. Installed awnings outside Health Cards/Vital Records/Passport/EMS area.
12. Install misting system outside Health Cards.
13. Built new office space in HR.
14. Remodel/Reconfigure back desk area in EH from four open desk plans to six semi-private spaces.
15. Build out new office space for FQHC Senior Administrative Specialist.
16. Installed filtered bottle filling station by Employee Entrance.
17. Upgraded AV monitors in Lone Mountain Conference Room, Willow Springs Conference Room, and Cactus Wren Canyon Conference Room.
18. Remodeled Safety Officer space for Respirator Fit Test.
19. Constructed and furnished call center for FQHC.
20. Reconfigured Cashier area for Environmental Health.
21. Install HR Monitors at all locations.
22. Installed filtered water system at Mesquite location.
23. Install local refrigerator door alarm in Sean White storage area.
24. Migrated OPHP Command Centers from SNPHL to Westwood Facility.

SECURITY

1. Purchased new patrol vehicle with lights, P/A system and air horn for Decatur location.
2. Purchased golf cart for Fremont location to patrol perimeter.
3. Full staff of seven officers for three shifts for Decatur.
4. Received med bags for bluebird situations.

5. Completed update of security camera systems at South Decatur, Fremont, Bonanza, and SNPHL.
6. Laid out new / safer Red Rock meeting room maps for EH hearings and BOH.
7. Redefined fire evacuation procedures for Decatur.
8. Completed safety walk through of Decatur building with Metro Police and discussed safety concerns after attempted armed robbery.
9. Monthly meetings with FQHC for security updates and Q & A session.
10. Completed vaccine storage and transportation course.
11. Reconfigured parking for SNHD vehicles in compound.
12. Completed another flawless back-to-school clinic.
13. Implemented a new security post/schedule to provide better safety coverage for clients and staff for Decatur.
14. Completed the planning, acquisition, and installation of the security systems and alarms for new pharmacy at Fremont.
15. Instituted alert/panic buttons for security team during an emergency.
 - Buttons installed in all exam/client rooms and counters serving the public at both Fremont and Bonanza locations.
16. Corrected and implemented solution to hazards in dumpster enclosures at Fremont.
17. Implemented procedure for regularly scheduled security staff meetings.

JANITORIAL

1. Purchased new floor cleaning equipment for carpet and flooring maintenance.
2. Hired three employees to complete floor reconditioning/maintenance at Fremont and Decatur locations.
3. Implemented scheduling for full janitorial staff meetings.
4. Established employee for nightly cleaning at new Buffalo location.
5. Continued quarterly exterior building pressure cleaning for all SNHD locations.
6. Successfully found new vendor for regular landscaping and established yearly contract.

Finance Department

FINANCE

1. FY 2024-25 budget completed and submitted timely to Clark County and Department of Taxation. Completed two budget augmentations in FY 2023-24 and received approval from Department of Taxation with no findings. Zero Based Budget Development implemented for all divisions.
2. Forecasting models and dashboard reporting implemented to provide relevant and timely information to stakeholders. Medicaid and Medicare cost report process and UDS reporting was refined and reports filed timely.
3. Audited Financial Statements for June 30, 2023 received an unmodified opinion and were published along with the Single Audit by the statutory due date. The June 30, 2024 Financial Statement audit is currently in progress.
4. Reconciliations and Treasury reports were prepared and submitted in a timely manner to the county and other internal reconciliations were brought current for banking, fixed assets, financial transaction and aging activity.

5. Accounts Payable and Accounts Receivable teams procurement card, invoicing, vendor payment and cashier balancing activities were timely and brought more current. Unclaimed property activity was identified and reviewed and over 14,000 invoices were billed for the Environmental Health Division.
6. New or active renewal grant awards were managed by the Grants team and they continue to research new funding opportunities and are committed to retaining funding for existing programs. Total grants, amendments, revisions in FY 2022-23 -137 and FY 2023-24 – 141. Established the framework for a new process for reviewing grant opportunities, renewals and extensions.
7. In addition to existing grant award management, new grant activity to support specific sub-populations and public health activity was received in FY 2023-2024. SNHD secured new funding from 27 grants that support the Southern Nevada Public Health Laboratory expansion, the expansion of the Behavioral Health Center, the response to the opioid crisis, and essential funding to support health-related services.
8. Accountants successfully produced grant reimbursement requests and other deliverables in acceptable timeframes in a sustained level of grant activity.
9. Completed training, testing and implementation of the ERP system to the Finance Enterprise version for all Finance functions. Completed testing, selection and implementation of a new payroll system.
10. Implemented first phases of the new Finance data reporting system to improve capabilities in financial reporting and data analytics.
11. The payroll team has managed to process increasing payroll volume and manage other deliverables including implementing the new payroll system, developing and delivering system training and troubleshooting transition challenges. At FYE 23 there were 792 employees with paid activity and at FYE 24 there were 803 employees with paid activity.
12. Purchasing responded to critical and time-sensitive purchasing activities, processing 2,157 Purchase Orders in FY 2023-24 (FY 2022-23 – 2,069). Combined activity processed including purchasing card and purchase orders in FY 2023-24 - 5,989 (FY 2022-23 – 5,743). New Vendor registrations in FY2023-2024 totaled 124 compared to 101 in FY2022-2023. Purchasing also updated the socioeconomic reporting to the State to improve efficiency for suppliers.
13. The finance team has experienced some turnover but currently has a full finance management team in place as well as having successful recruitment efforts for other team members during the fiscal year.

BILLING

1. Completed optimization project with eCW to streamline the billing module and processes.
2. Managed the update of the Master Fee Schedule for Board approval after researching current fee benchmarks.
3. Completed 3 reviews and amendments of insurance payors and vendor contracts as needed.
4. Managed the preparation and submission of the Medicare and Medicaid cost reports.
5. Ensured consistent submission of the monthly Wrap Report.
6. Contributed to the submission of the Uniform Data System report for FQHC.
7. Initiated the implementation of a credentialing software to provide efficiencies and compliance.

8. Managed efforts to establish new PPS rate (current rate is an interim rate).
9. Coordinated the billing components of the Sexual Health Clinic transition to FQHC.

FY2025 GOALS

Finance

1. Continue to focus on training and cross-training activities to ensure sustained knowledge levels and business continuity and coverage for critical processes.
2. Maintain regular meetings between Finance and other divisions to support ongoing communication for budget, financial processes/reporting, grant and payroll related information.
3. Implement change order process and provide divisional training on new and existing purchasing processes.
4. Implement additional phases of the Finance data reporting system to improve capabilities in financial reporting and data analytics.
5. Complete stabilization and optimization of the new payroll system.
6. Continue to research new funding opportunities.
7. Publish Adopted Budget Book for FY2025.
8. Provide cross-divisional training on updated Uniform Guidance, grant compliance and management best practices and complete implementation of the newly developed Grant Review Form.
9. Implement interim reviews and backup for reconciliations of accounts receivable and accounts payable aging activity.

Billing

1. Decrease Medical AR over 180 days (net of self-pay) from 28% to 11% to optimize revenue collection.
2. Update the Master Fee Schedule for Board approval after researching current fee benchmarks.
3. Update the Immunizations Superbill to align with current fees.
4. Review and update Payor Contracts and fee schedules as needed.
5. Continue to use eCW's functionality to accommodate efficiencies and reporting capabilities.
6. Finalize the PPS rate. (current rate is still an interim rate).

Health Cards

1. Maintained full Food Handler Safety Training Card testing services by appointment at all five locations and Body Art Card testing services by appointment at the three non-rural offices.
 - a. First-time food handler cards issued July 2023 – June 2024: 74,565
 - b. Renewals (In-person) of food handler cards July 2023 – June 2024: 8,228
 - c. New body art cards issued July 2023 – June 2024: 1,348
2. Introduced a hybrid system of advance and same-day appointments for all Food Handler Safety Training Card testing to accommodate both the clients who can wait a few days to obtain or renew their card and those clients who need one immediately to start a new job.
3. Continued a Food Handler Safety Training Card online renewal system that allows eligible cardholders to take the 10-question test at home and, after passing the test and paying all

fees, receive a certificate that can be carried in printed or electronic form in place of the plastic card.

- a. Renewals (Online) of food handler cards July 2023 – June 2024: 13,822
4. Offered a monthly Low-Risk Food Handler Card class for clients with special needs whose job responsibilities are limited and at a lower risk for causing foodborne illness. The class consists of basic food safety training and a handwashing demonstration. No written test is required.
 - a. New low-risk food handler cards issued: 4
5. Launched online card lookup portals on both the food handler and body art webpages. This allows holders to look up their own card numbers and expiration dates while also allowing employers and other entities to verify card statuses (active vs. expired) without having to file a public records request.
6. Expanded the requirements necessary to receive a Certified Food Safety Manager Card from simply presenting a food protection manager certificate to additionally being able to pass a 10-question basic food safety test at a Health Cards office. Since changes in the 2023 Food Regulations require more people in a food establishment to possess food protection manager certification, this additional test helps to confirm clients obtaining the Certified Food Safety Manager Card truly possess the minimum required knowledge.
7. Approved three additional entities to train their clients and students on food safety principles, test them on their knowledge, and issue a certificate of completion that can be submitted to the Health Cards office to obtain a Food Handler Safety Training Card. This brings the total to 11 agencies, organizations and high school culinary programs that have been approved to offer this service since Fall 2021.
8. Updated Food Handler Safety Training Card training materials and test questions to reflect changes introduced in the 2023 Food Regulations and to rephrase potentially confusing terms.
9. Continued participation in Environmental Health’s quarterly Food Safety Partnership meetings to relay information regarding Health Cards to industry professionals.

Human Resources Department

STAFFING/RECRUITMENT/CLASSIFICATION

1. Interviews Conducted: 606
2. Job offers: 177
3. Posted Positions: 87
4. Attended (4) job fairs: UNLV School of Public Health, Virtual Fair through National Environmental Public Health Internship Program, Roseman University, and the County Public Sector job fair.
5. Reconstructed our recruitment process: Incorporated C.A.R.E.S. Values
6. Recruitment Training: Created and provided interview training to incorporate (3) rating factors
7. Classification and job review of the following positions: Clinical Admins vs. Operations Admins
8. Create new classifications/job descriptions/updates job descriptions: Senior Administrative Specialist, Administrative Specialist, Senior Patient Service Representative, Communications Secretary, Behaviors Health Manager, FQHC Management Coordinator, Custodial

Supervisor, Academic Affairs Coordinator, Disease Surveillance, Health Educator, Communications and Legislative Affairs Administrator, and Public Health Preparedness.

9. Reviewed and adjusted BU status for Public Health Preparedness Analyst classification.
10. Compensation analysis for all Laboratory classifications.
11. Added new software (ERI) for compensation analysis.
12. Compensation analysis for all non-represented classifications.
13. Adjustment of all District compensation wage scales and salary ranges in NEOGOV operating system to align with approved COLA adjustments.

ACADEMIC AFFAIRS

1. Hosted 123 students, residents, and fellows for an approximate total of 4,640 applied public health practice hours.
2. Subject Matter Expert on eight new affiliation agreements. Six affiliation agreements were not executed due to changes in SNHD clinical capacity or failure of the academic institution to respond.
3. One Health District After Dark (HDAD) event was held on Health Equity in Sin City. There were 66 attendees between in-person and online participants. There is a second HDAD event on Gun Violence as a Public Health Issue scheduled for November 14, 2024.
4. Completed requirements for a \$1,500 grant from the National Network of the Libraries of Medicine (NNLM) to purchase HDAD-related resources and make them accessible to the community.
5. Served as a judge for a Career & Technical Education project in the Clark County School District.
6. Served on the QI Council and Internal Review Council for research requests.
7. Participated in internship and career fairs at Nevada State University, Roseman, and UNLV SPH.
8. Attended the UNLV SPH public health academic assessment summit.
9. Attended the UNLV SPH and SON accreditation site visits.
10. Attended the advisory board for Arizona College and Roseman University.
11. Spoke to one UNR public health class, one UNLV Honors college class, and one UNLV Sociology 101 class.
12. Participated as employer expert in public health problem-based learning for UNLV School of Public Health undergraduate capstone course.
13. Wrote Youth Advisory Council plan for executive leadership.
14. Used Academic Health Department (AHD) goals for inclusion on the State Health Improvement Plan (SHIP) implementation plan for workforce development.

HIRES EXTERNAL TO HR

1. Hired Chief Human Resources Officer.

EMPLOYEE/LABOR RELATIONS/RECOGNITION

1. Launched Employee of the Month Recognition
2. Launched Supervisor/Manager of the Quarter
3. Launched Employee Referral Program
4. Launched Volunteer Outreach Program: Safe Nest (8/7) and Three Square (10/2)

ORGANIZATIONAL PLANNING

1. Planning SNHD Managers Conference (10/17)
2. Planned FutureSync Training for Supervisors
3. Planned benefits fair

BENEFITS/HRIS/EMPLOYEE RECORDS

1. Added bereavement leave.
2. Increased company-paid life insurance to 1x annual salary.
3. Changed WC carriers for a savings of over 200k and moved workers compensation claims online.
4. ER/LR staff attended 145 staff meetings and held over 200 1:1/group management meetings to assist with reducing employee relations issues within departments.
5. Scanned 1,162 files to house electronically.
6. Added Pet Insurance.
7. Reduced probationary releases by 72% from 14 to 4.
8. Ratified new 2-year contracts for both general and supervisory units with S.E.I.U.

SAFETY

1. Began sending monthly safety messages.
2. Safety Officer began attending monthly management meetings with directed safety messages.
3. Updated and adopted General Safety Program.
4. Celebrated Safety Week with information and prizes.

EMPLOYEE TRAINING AND DEVELOPMENT

1. New Hire Orientation: Reformatted the process.
2. Buddy Program: Created New program to assist new hires with onboarding process.
3. Conduct Quarterly New Hire Check-in Process.
4. NeoGov Training Session: Timecards
5. DiSC Training: Psychometric Evaluations and Training provided to all leadership.
6. Organizational Vital Signs: 82% Participation, Conducted Feedback Sessions, communicated results and disseminated information with organization.
7. ABCs Of Career Development Employee Training: Applications Materials, boosting your professional skills, Crafting your Personal Brand, and Successful Interviewing.
8. Senior and Lead Training: Developing a Leaders Mindset, Overcoming Personal Biases, Communication and Influence, and Conflict Management.
9. Volunteer Orientation Training.
10. Heat Awareness Training.
11. Leadership Development Program.
12. Manager's Toolbox training: Managing Performance, Building Effective Teams, Understanding our Union, and Feedback Training.
13. PHIG Action Plans: Including Leadership feedback and development programs (LIFO, Peopletek, 6Seconds and Coaching) Leadership cohort Program.
14. Started sending out monthly HR newsletter.

Information Technology Department

STAFF NOTES

1. Jason Frame, Chief Information Officer, participated in several panel discussions, including the HIMSS Strategic Summit, the Nevada Digital Government Summit, the Info-Tech Live Conference, the Digital Healthcare Innovation Conference and the Channel Company XChange Conference.
2. So far we have had 3 staff members from IT win the Employee of the Month (Toby, Philip, and Joseph) and Jason Agudo win the Manager of the Quarter award.

APPLICATIONS TEAM

Staff Awards

1. Phillip Pilares – Employee of the Month June 2024

Applications

1. Upgraded our Electronic Health Record System, eClinicalWorks (eCW) to v12.0.2
2. Helped with Revenue Cycle Management Optimization project to ensure optimal workflows are set up for collection of funds from eCW.
3. Successfully responded to Cyberattack on our Website.
4. Set up new Servers for Forms, APIs to use Containerized technology (Docker) and Key Cloak for Authorization.
5. Moved COVID-19 related forms, Web, and Mobile applications to the new Docker platform.
6. MongoDB version upgrade version 5.0.25 (from 4.4.19).
7. Implemented Simpler Systems for Finance Reports using FE Data.
8. Implemented Healow Check-in for patients to check in ahead of their appointment time.
9. Moved Vital Records to Laserfiche Cloud solution.
10. Built new Restaurant inspections site to work with Accela Data.
11. ArcGIS upgrade to v 11.2 moving all users to ArcPro v 3.2 and up.
12. Moved existing forms from older FormsAdmin to Management Studio.
13. Integrated with Neogov for Approval workflow for various applications such as Travel, Grants, etc.
14. Stood up a new Time-off calendar now pulling data from Neogov and Travel Request.
15. Neogov integration with FE for Employee reimbursements.
16. EMS Events forms to track events and allow for online payments.
17. Implemented Flic (Panic) buttons integration with Teams application.
18. Changes to SharePoint site.

OPERATIONS TEAM

Staff Awards

1. Joseph Yumul – Employee of the Month August 2024
2. Toby Ashmore – Employee of the Month April 2024
3. Jason Agudo – Manager of the Quarter Q1 2024

Technology Modernization

1. Migrated legacy phone system to Microsoft Teams Voice Services.
2. Refreshed fleet of smartphones, migrated to T-Mobile from Verizon.
3. Upgraded Active Directory Domain and Forest functional level to 2012 R2.
4. Implemented new Exchange Management Server.
5. QS1 Pharmacy Server upgrade and virtualization.
6. ArcGIS server cluster upgrade to version 11.2.
7. Conference room AV refresh at Willow Springs, Lone Mountain, and Cactus Wren.
8. Panic Button system migration and deployment from InformaCast Fusion to Fliq.io.
9. Primary Firewall refresh at Decatur, deployment of new Palo Alto PA 1420 firewall cluster.
10. Public WiFi system refresh and expansion at Decatur.
11. Refurbish and repurpose of EMC Unity 300F SAN, Synology SYNRS1 and SYNRS2 NAS.
12. Rebuild and hardening of all Akamai hosts due to Cyber Incident in March 2024.
13. Decommissioned unsupported server, storage, and network hardware – Compellent, Clariion, Rolex, QS1, legacy Cisco VPN.
14. Decommissioned legacy VMs – Legacy on-prem ECW, Cubus, legacy STDNIS, Deroche, Ferragamo, Legacy Windows Network Load Balancers, Graf, Informisc2, Kolber, Lego, Nmedia, Morpheus, Ora, Tudor, Vancleef, Vedox, Victorinox.

Operations

1. Cybersecurity incident response for breached web server on March 2024.
2. Completed BCDR audit, implemented secondary datacenter using a colocation facility in Flexential Downtown to address recoverability gaps in BCDR capability.
3. Domain registrar migration from GoDaddy to Cloudflare for added domain security and lower ongoing costs for renewals.
4. Certify the Web deployment expansion for SSL certificate management, auto renewal, and leveraging of free certificates from LetsEncrypt.
5. Implemented URIports for DMARC management and certificate expiration monitoring
6. Implemented recording server for Horizon VDI for use with vendor access activity auditing.
7. Deployment of cloud firewall to protect Akamai network, implemented Wazuh server for centralized logging of Akamai hosts.

Departmental Systems Deployment

1. Infrastructure build for Orchard Outreach for SNPHL
2. Infrastructure build for Simpler Systems for Finance
3. Infrastructure build for OpenEMPI for Informatics
4. Infrastructure build for Fax OCR project for ODS/ACDC
5. Deployment of new Pharmacy IVR for Fremont Pharmacy

Buffalo site opening

1. Implemented new design for access network using Nile.
2. Build of three new conference rooms.
3. Office moves of Finance and OPHP from Decatur.

Office of Communications

1. Between July 1, 2023, and June 30, 2024, the Office of Communications handled 462 media inquiries from local and national newspapers, digital news services, radio stations, television stations, podcasts, and national broadcast and cable networks. These inquiries spanned a wide array of public health topics, including COVID-19, mpox, fentanyl overdoses, heat-associated deaths, pop-up produce stands, Fight the Bite, back-to-school immunizations, nutrition, and many more.
2. In May 2024, the Office of Communications, in partnership with Clark County and other community organizations, launched the Beat the Heat Awareness Initiative at the Clark County Government Center Amphitheater. The event featured remarks from representatives of the Southern Nevada Health District, Clark County, and the National Weather Service.
3. The Office of Communications issued 64 news releases and media advisories on topics such as COVID-19, back-to-school vaccinations, Legionnaires' disease, pop-up produce stands, flu vaccinations, mpox, diabetes, Public Health Heroes, Soda Free Summer Challenge, Slam Dunk Health Challenge, mosquito surveillance, xylazine, and the Move Your Way summer campaign. The office also covered health-related observances, including World AIDS Day, National Latinx AIDS Awareness Day, National Black HIV and AIDS Awareness Day, National Minority Health Month, National Health Center Week, Childhood Obesity Awareness Month, American Diabetes Month, National Infant Immunization Week, Men's Health Month, Hepatitis Awareness Month, World TB Day, International Overdose Awareness Day, American Heart Month, and National Coming Out Day.
4. During the same period, the Office of Communications tracked 8,741 public health-related stories, all of which were shared with staff.
5. The District Dish, the internal employee newsletter, published four quarterly editions, featuring topics such as self-care for employees and holiday getaways in Southern Nevada. Regular sections included employee profiles and staff recognitions.
6. The external newsletter, The Perspective, published six editions, covering topics like back-to-school vaccinations, heat safety, holiday travel tips, heart-healthy recipes, mosquito surveillance, and the Community Status Assessment. Each edition averaged a 35% open rate, significantly higher than the industry standard of 17-28%.
7. The Office of Communications also collaborated with the Office of Disease Surveillance to create and execute a Congenital Syphilis Awareness Campaign. The campaign provided targeted information and resources to women aged 18-35 at risk of syphilis infection and congenital syphilis transmission. The campaign utilized paid digital display ads, paid search ads, and organic social media videos, generating over 4.5 million impressions and achieving a click-through rate of nearly 15%.
8. Additionally, the Office of Communications worked with the Southern Nevada Community Health Center to promote its behavioral health program. A search ad campaign targeted Clark County residents aged 18-64, resulting in over 98,000 impressions and a click-through rate of nearly 10%. The Office also placed Facebook ads, generating around 225,000 impressions, 2,700 engagements, and 2,600 clicks.
9. In FY2024, the Office of Communications successfully completed 1,054 project requests, encompassing graphic design, website content development, advertising and marketing outreach materials, and translation services. The Office also updated content across several Health District websites, including SNHD.info, SNCHC.org, and GetHealthyClarkCounty.org.

10. In coordination with the Department of Welfare & Supportive Services (DWSS) and Three Square Food Bank, the Office supported outreach efforts at the Main Public Health Center and the Fremont Public Health Center, assisting clients with SNAP, Medicaid, and Low-Income Energy Assistance Program applications. In 2023, 1,842 clients were served by DWSS representatives, while 193 clients received assistance from Three Square.
11. During National Public Health Week in April 2024, the Office of Communications hosted Southern Nevada Health District’s State of Public Health and Legislative Advocacy Day, which included a Congenital Syphilis presentation and a panel discussion on the overdose burden in Clark County. The Office also organized the 2nd Annual Walk Around Nevada Challenge, in which 120 staff members participated, walking nearly 20,000 miles collectively.
12. The Office of Communications hosted a community volunteer event in March 2024 with Get Outdoors Nevada, where Health District staff and their families collected 280 pounds of micro-trash along the 215 Beltway Trail.
13. The Office of Communications expanded its volunteer workforce by four members, bringing the total volunteer hours to 7,328.
14. Additionally, the Office of Communications handled over 1,248 inquiries via the public information email address, addressing topics from Health District programs and services to vaccine clinic requests, health fair invitations, media requests, complaints, and more.
15. On social media, the Office of Communications covered a variety of public health topics, including the Fight the Bite mosquito surveillance campaign, Health District After Dark events, pop-up produce events, Max Your Vax Mpox campaign, World AIDS Day, COVID-19 and flu informational campaigns, The State of Public Health 2024, National Public Health Week, National Infant Immunization Week, and back-to-school immunizations. Across all platforms, the Office generated the following metrics:
 - SNHD.info website: 2,323,416 visits
 - Facebook: 1,470,953 reach
 - Instagram: 86,900 reach
 - Twitter: 103,000 impressions
 - Nextdoor: 667,899 members, 558,600 impressions
 - YouTube: 2,543,737 views

Legal Department

LEGAL DEPARTMENT PROGRAMS AND PROGRAM METRICS

a. Administrative Hearings

The Legal Department’s Associate General Counsel represents the Health District in the prosecution of administrative compliance cases. On a monthly basis, the Solid Waste and Compliance program of the Environmental Health Division holds hearings enforcing illegal dumping laws and violations of the Solid Waste regulations. On an as needed basis, the Associate General Counsel prosecutes other Environmental Health programs compliance issues, as well as the Office of Emergency Medical Services and Trauma System’s cases regarding violations of permit and licenses.

This past year, 59 Solid Waste cases were brought to hearings. Additionally, one aquatic facility variance revocation was appealed and is pending review in the district court. A second aquatic facility waiver revocation was successfully defended on appeal.

b. Public Record Requests

The Legal Department manages the Public Records Program and oversees Health District compliance with the Nevada’s public records law consistent with NRS Chapter 239.

Public Record Requests for 7/1/2023 – 6/30/2024: 1,399

This represents a slight increase for the same time period the prior year.

c. Medical Record Requests

In January 2023, the oversight of the medical records request program transferred from the Legal Department to clinical partners (FQHC & PPC). The transition started in November. In doing so, Legal staff trained more than 10 employees in HIPAA compliance for requests, updated policies, procedures and forms, worked with IT to create new points of contact, and continues to be an advisor to staff for processing requests. This transition did not include epidemiology requests, the Legal Department continues to process epidemiology medical records requests.

Epidemiology Medical Record Requests for 7/1/2023 – 6/30/2024: 26

d. Subpoenas

The Legal Department manages all subpoenas requesting Health District business records and coordinates responses with the applicable Health District Division and all demands for employee depositions in non-party litigated matters. There were 25 subpoenas for the time period of 7/1/23 to 6/30/24, which is an increase from last fiscal year.

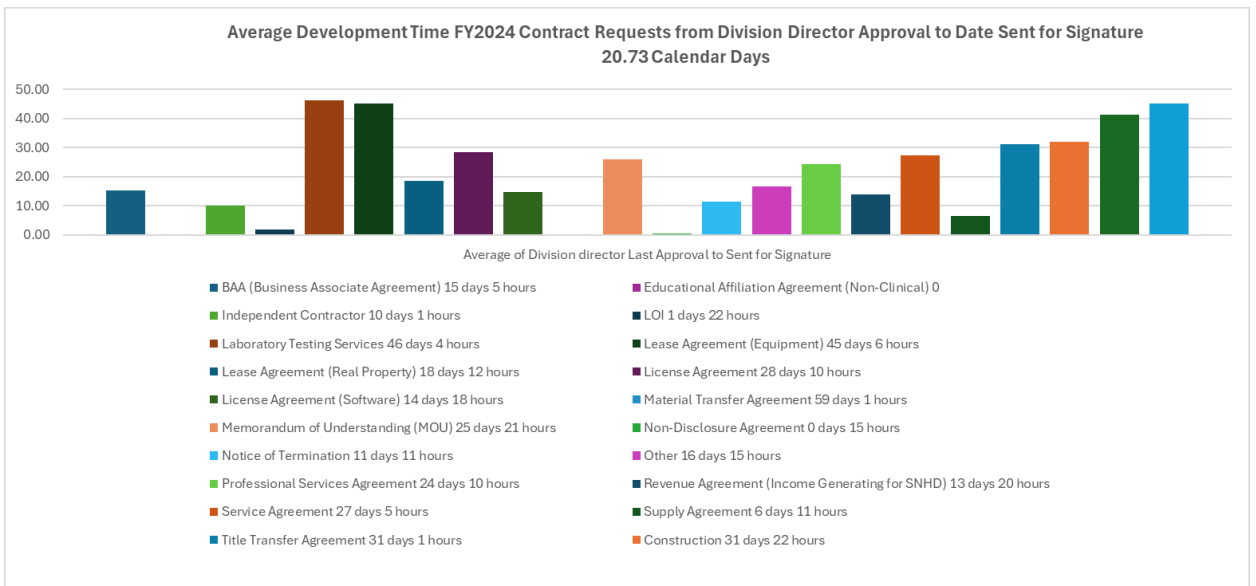
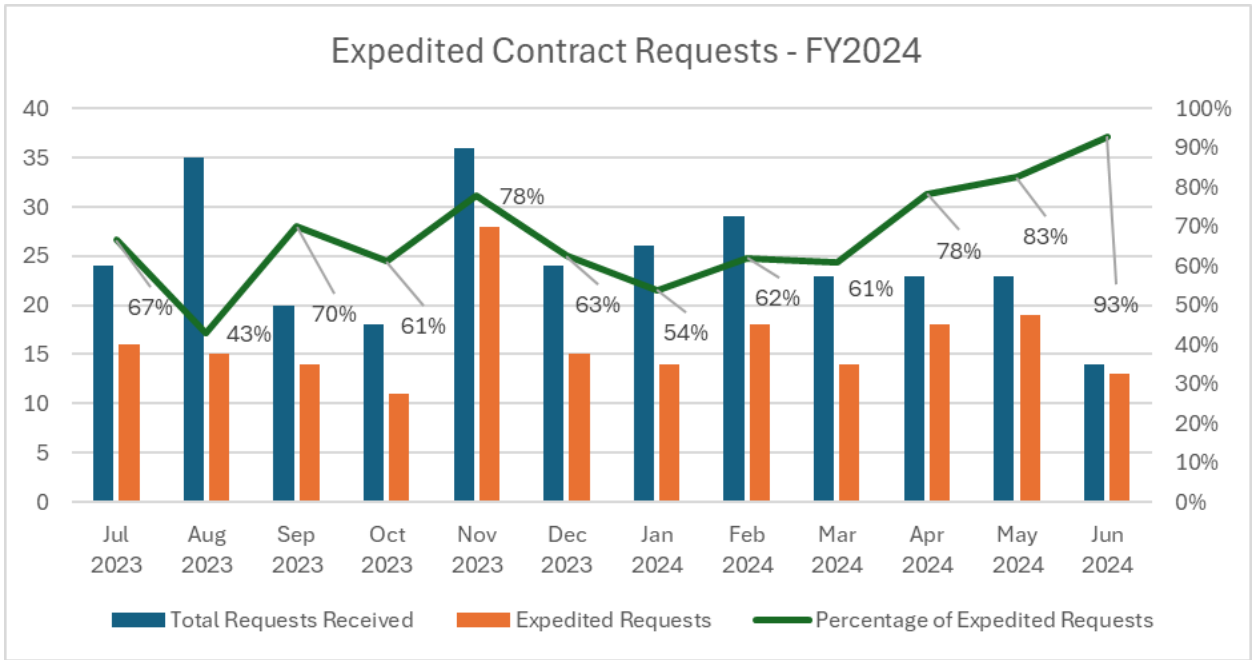
For matters wherein the Health District is not a party and one of the party’s seek District staff to attend depositions, the Associate General Counsel attends and ensures the Health District’s interests are represented. This past year, one deposition required attendance.

e. Records Information Management

The Legal Department is responsible for facilitating and maintaining the correct records management policies and procedures and integration of the records management program into the Health District’s operational systems. This year, the Legal Department conducted its annual Records Information Management training session for RIM Liaisons with 20+ in attendance via WebEx. For those who were unable to attend, the Legal Department created an independent, self-paced training process and ensured all Liaisons completed the annual training. The Legal Department are advisors to RIM Liaisons, providing guidance regarding the life cycle of their programs’ documents. The Legal Department also advises Liaisons regarding reviewing, updating and maintaining their programs’ retentions schedules.

f. Contracts

Contracts staff continued to work with programmatic staff to ensure the Health District’s contractual needs were met on a day-to-day basis. In FY2024, almost 300 contract requests were received, with approximately 66% of those requests being expedited by their sponsoring program(s) with the expectation that development of an expedited contract document would be completed within four weeks or sooner.



In FY2024, the Contracts program developed a minimum of 17 different types of contracts as shown above, with the time between Division Director approval to the time the finalized contract was sent for signature being an average of 20.73 calendar days regardless of expedite status.

Contracts staff continued to work one-on-one with Agiloft contract lifecycle management platform users to troubleshoot technical issues and identify fixes and/or reasonable workarounds, thereby keeping contract requests moving smoothly through the approval and development process. Furthermore, the Contracts program managed dozens of Finance Enterprise contract expiration notifications, in addition to assisting Financial Services to ensure Federal Funding Accountability and Transparency Act reporting concerning federal grant subrecipients was kept current.

Additionally, the Contracts program was integral in identifying issues with contract-related factors including funding sources and scopes of work as submitted and approved in Agiloft by various programs, thereby protecting the Health District from unintentional misappropriation of funding and cost overruns.

Finally, Contracts branched out to provide enhanced support services to its internal clients, including but not limited to establishing a semi-annual multi-divisional meeting to discuss issues and solutions for managed care organization/third-party payor arrangements.

g. Risk Management Program

In addition to managing the insurance products for the Health District, the RMP identifies, evaluates, and measures the different types of risks that can impact the Health District and the Community Health Center. Culminating in an annual risk management report.

The RMP provided significant support to the Southern Nevada Community Health Center in obtaining Federal Tort Claims Act (FTCA) deeming; thereby, lowering exposure for medical malpractice claims. General Counsel, as the Risk Manager, also provides claims management in compliance with HRSA guidelines.

With the approval of FTCA deeming and the costs of POOL/PACT increasing, a new insurance broker was obtained with experience in Health Centers. With his and his team's expertise, risk management was able to leverage the cost savings for fiscal year 2025. Initial accounts could be as much as \$140,000 in insurances premiums and over \$200,000 in worker compensation.

h. Compliance Program

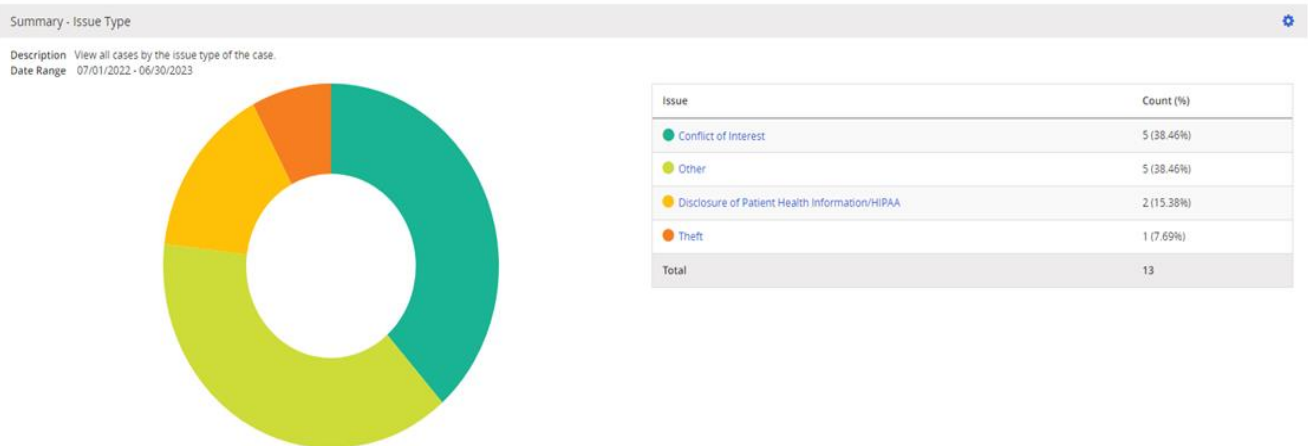
The Compliance Program works diligently with the covered entity to ensure HIPAA and privacy concerns are being addressed. The Compliance Officer is responsible for completing these tasks. The compliance program hosts a quarterly compliance committee. In the committee, the members are informed of areas of concern for the Health District and briefed on any ethical complaints that have been investigated.

Clinical inspections were completed this year for the Decatur, Fremont, Mesquite, and All Saints Church locations. During these inspections, the Compliance Officer searched the sites for any HIPAA or privacy violations. The Compliance Officer inspected the facilities while staff were not working with clients. The inspections identified items that were able to be addressed through work orders. The Compliance Officer addressed other deficiencies by speaking with supervisors and meeting with staff to educate them on the identified violations.

The Compliance Officer completed a risk assessment required by the U.S. Department of Health and Human Services. Compliance sent the risk assessment to all departments and divisions within the Health District. The assessment allows each department/division to look at its processes and make any changes that they identify to ensure compliance with Health

District policy. Each department/division is encouraged to review the assessment with their staff to identify any known issues.

The Legal Department utilizes incident management software, EthicsPoint, which allows staff to anonymously report real or perceived ethical and HIPAA violations. In the past fiscal year, 13 incidents have been reported.



i. Policy Committee

The Legal Department provides direction to the Policy Committee (with the General Counsel and Associate General Counsel as co-chairs). Prior to Committee review, one or both in-house counsel reviews each policy for content, accuracy, and compliance.

There are 59 effective district wide policies. During 2024, 10 district wide policies were either introduced or reviewed, published, and acknowledged by Workforce members.

As part of the Public Health Infrastructure grant, Human Resources purchased the full suite of NEOGOV, which includes PowerDMS to manage documentation review and eForms to manage Workforce member compliance. Both platforms were implemented September 1, 2023.

LEGAL DEPARTMENT TRAINING COMMITMENT

To ensure the best services to the Health District, the Legal Department staff attend a variety of trainings throughout the year.

General Counsel presented at the Network for Public Health Law regarding HIV data privacy and at the CDC/NACCHO Public Health Law Practitioners Convening regarding minors rights to consent to sexual healthcare. She also attended the ABA Labor & Employment Law Annual conference.

Associate General Counsel attended the Nevada Public Lawyer Conference and attended courses covering labor and employment law, poverty law, preventing religious discrimination, and HRSA requirements for health centers, as well as the State Bar Conference.

In January, both the Contract Administrator and General Counsel attended ContractsCon, a two day contracts focused training at UNLV.

The Contract Administrator and Contracts Paralegal both attended a Federal Funding Academy webinar presented by Feldsman Leifer LLC, lasting two and a half days in August 2023. In February 2024, they attended a one-hour Agiloft training session concerning the contract management platform's Summer 2024 release. The Contract Administrator attended approximately three hours of training in May and June 2024 provided by the State of Nevada Purchasing Division. Furthermore, she attended approximately eight hours of training presented by Feldsman Leifer LLC from January 2024 through June 2024, to include two sessions involving upcoming changes to Uniform Guidance; in addition to Subawards vs. Contracts, Internal Investigations, Federal Government Expected Enforcement Priorities, and Build America/Buy America.

The Compliance Officer completed a virtual Data Science Principles course February 2024. The training provided general concepts and use of data science including prediction, causality, data wrangling, privacy and ethics.

The Contracts Paralegal, Paralegal/RIM Coordinator, and Legal Secretary each attended multiple Toastmasters meetings from January through June of 2024.

Workforce Director (Public Health Infrastructure Grant)

1. Workforce Director and Program Evaluator for the Public Health Infrastructure Grant support all programs within the scope of the grant including:
 - NEOGOV contract continued
 - Environmental Health – Outbreak Response Program
 - Personnel Hires – PHIG
 - Chronic Disease and Health Promotions
 - Continuation of Contracts through Public Health Infrastructure Grant funding:
 - Together We Can – Successful execution of the program
 - CCSD – Safe Routes to Schools (SRTS) continuation of the program
 - Health Equity
 - Execution of two contracts expanding the impact of health equity program in underserved communities
2. Enhanced Public Health Week
 - Public Health Events planned in April 2024
 - Inclusive participation – All work sites; Breakfast provided through PHIG funding
 - Provide recognition for all employees
 - Focus is the State of Public Health
3. Quality Improvement
 - Conducted in-person and virtual workshops for QI 101
 - 135 contact hours
 - 36 person-hours spent in course design
 - 9 more hours spent in upgrades for subsequent workshops based on data collected from participants

- Instituted QI maturity survey to leaders to shape the plan of creating a stronger QI culture for Accreditation and better partnership in the community.
 - Adopted QI Charter and SharePoint repository from mentor contact empowered by NNPHI.
 - Began a project with Behavioral Health addressing access to care. Positive results have surfaced in less than two months of using the new Project Charter.
 - The waiting list was down to zero patients for the first time in months.
 - The backlog for new patient appointments with a Spanish-speaking provider was reduced from 3 months to 0.5 months.
4. Participated in the annual Region 9 HUB meeting. Presented by Public Health Infrastructure Center for Health Leadership and Impact
- Large Group Plenary Sessions
 - Workshops
 - Peer Learning Groups
5. Performance Measures and Progress Reports
- Targeted Evaluation Project report submission (August 2023 & February 2024)
 - SNHD Evaluation Logic Model
 - Open Forum Conference attendance
 - Reverse Site Visit attendance
 - Advanced Program Evaluation Certificate (CDC)
 - PHIG Evaluation Community of Practice member
6. Non-Competitive Continuation
- Notice received in June 2024.
 - Public Health Infrastructure Non-Competitive Continuation submitted on August 1, 2024.
 - Received confirmation on approval of Carryover PHIG A2 funds on August 21, 2024.
 - Expected Receipt PHIG A2 funding through NCC process is December 2024.
7. SNHD Strategic Plan Continuous Improvement
- Continued collaboration with the vendor and District Leadership to assemble data.
 - Assembled input from the Board, Community partners, and internal staff regarding Mission, Vision, and Values in addition to competitive analysis.
 - Agreed upon new SNHD Values under the CARES acronym.
 - Commitment
 - Accountability
 - Respect
 - Excellence
 - Service
 - On track with publishing the full plan no later than 1/15/2023.
 - 20 hours of training on virtual dashboard to allow DHO to track performance of strategic plan goals and initiatives.
 - Leadership on board for refreshing strategic plan for calendar 2024 with new priorities.
8. Quality Improvement
- Added two new members to QI Council.
 - Utilized PHIG grant funding and Technical Assistance to increase the scope of QI across the District with the Bounday Spanning Leadership workshop facilitated by ASTHO.

- Utilized QI Maturity survey to evaluate status of QI and determine best steps to drive more QI projects and sustain continuous improvement.
 - Larson Institute at UNR accepted grant funding for instructional design and content of A3 toolkit. All Managers and Supervisors are requested to attend before making the workshop encouraged and open to all staff.
 - Planning PHIG funded TA to deliver training that supports managers driving a quality mindset through the work of their teams in each program. Change management will be a key part of this initiative.
 - Performance Management/Quality Improvement Plan and Workforce Development Plan drafted for publishing in early 2024.
9. PHAB Reaccreditation
- Meeting with all contributing stakeholders to confirm ownership of each standard and measure – 90% stakeholders identified.
 - PHIG Funding set aside for consultant review before next PHAB submission.
 - Will schedule TA for assistance with Communications Plan, Document review, and potentially the Workforce Development Plan.
 - Implemented a cloud-based dashboard system for PHAB Accreditation documentation progress.
 - This has increased visibility and accountability in both areas.

Community Health Division

Vital Records

1. Registration, Issuance and Processing – July 1, 2023 to June 30, 2024.
 - Registered 23,745 births; issued 45,247 birth certificates.
 - Issued 480 free birth certificates to homeless adults and youth. (NRS 440.175).
 - Issued two (2) free birth certificates to inmates released within 90 days (NRS 440.175).
 - Issued thirteen (13) free birth certificates to assist OEDS Jail Project.
 - Witnessed 321 Declaration of Paternities, to add fathers to their child’s birth certificate.
 - Registered 21,158 deaths; issued 94,333 death certificates.
 - Registered 197 fetal deaths.
2. Non-COVID-19 Accomplishments
 - At this time, the Vital Records team is fully staffed. Within the last 6 months Vital Records backfilled three positions, which were all filled with internal SNHD candidates.
 - Collaboration with the Nevada Office of Vital Records to improve and revamp forms, policies, and procedures.
 - Parentage documents.
 - Paternity documents: at the request of SNHD, we now have English and Spanish versions.
 - Homeless applications.
 - Death Transit Permit- in state and accepting bodies being shipped into Nevada.
 - Coalesced with OEDS for incarcerated clients who lack documented identification.
 - Introduced and developed peer-to-peer recognition program.
 - Facilitated and maintained mechanisms for messaging in SNHD Vital Records
3. COVID-19 Accomplishments
 - Engaged with area physicians, medical examiners, and hospitals to correctly certify and report COVID-19 death.
 - Joined forces with VR Epidemiologist and OEDS to monitor, report, and register COVID-19 deaths.
4. High Level Goals for 2025
 - Working with Facilities to build a lockbox area designated for Funeral Homes to improve efficiency and workflow.
 - Began data imaging project in Laserfiche to bring local copies of records into compliance with NRS 440.
 - Avidly working to improve hospital birth timeliness and compliance with NRS 440.
 - Improved processes for facilitating back to school activity.
 - Amalgamation with CCSD in April 2025 when registration opens.
 - Collaboration with immunization messaging.
 - Back to School effort in offering Fridays and weekends to align with immunization clinics.

Passport Services (subsidiary of Vital Records)

1. Passport services processed 7,877 applications, a decrease of 17.5% from FY23.
2. Completed Acceptance Facility Annual Certification, November 2023.

3. Concluded a successful Passport Fair with Congressman Steven Horsford’s office, February 2024. Received a Certificate of Special Congressional Recognition from Congressman Horsford’s office.
4. Facilitated and maintained mechanisms for messaging regarding SNHD Passport services.
5. High Level Goals for 2025
 - Harmonized with SNHD’s Communications to develop additional advertising for Passport Services.
 - Increased Passport Service application intake by 10% (8,664 applications).

Office of Emergency Medical Services & Trauma System

1. Licenses Issued
 - Full Licenses 2,548
 - Provisional Licenses 88
2. Licensure Exams Provided
 - EMT 581
 - AEMT 474
 - Paramedic 298
3. Certification Exams Provided
 - Onsite 78
 - Offsite 27
4. Response Vehicle Inspections
 - Air Ambulance 8
 - Ground EMS Response Vehicle 503
5. Agency Audit
 - EMS 13
 - Training Center 4
6. Investigations
 - Complaints 4
 - Protocol Deviation 17
7. Meetings
 - Public 19
 - Closed 8
8. Hosted the Regional Trauma Advisory Board (RTAB) Meeting which has 22 board members that oversee, disseminate information to and govern over 300 trauma services within the Southern Nevada Region.
9. Partnering with the Medical Advisory Board (MAB) Meeting that has 25 board members that oversee, disseminate information to and govern over 13 different medical providers within the Southern Nevada Region.
10. Held numerous public meetings to amend clinical care guidelines to provide the best prehospital care possible.
11. Streamlined training to remove administrative barriers and empower training managers to concentrate on their mission.
12. Responsible for maintaining maps for trauma services provided by zip code.

13. Regional Trauma Coordinator was integral to extend communication with stakeholders as a member of ICS.

Office of Chronic Disease Prevention and Health Promotion

PHYSICAL ACTIVITY:

1. The 2024 Slam Dunk Health Program wrapped up in March. The NACCHO-designated model practice program encourages physical activity and healthy eating among elementary school students. This year, the program was in 667 classrooms in 101 Clark County School District (CCSD) elementary schools serving over 16,400 students. Prizes were awarded to top performing classrooms in each grade level. All participating classrooms received certificates, 5-2-1-0 Healthy Habits Everyday posters, and other materials.
2. Our CDPP team provides support to the CCSD Safe Routes to School Program (SRTS) to expand SRTS participation and increase the number of schools participating in the Achievement Level Program (ALP). This school year, with our support, the following outcomes were noted: The number of schools that received Achievement Level Recognition status increased by nearly 40% from 28 to 40. This includes 8 schools that reached Platinum Level (highest level), also an increase from last school year. In addition, eleven (11) walk audits at local schools and 32 school observations were conducted and SRTS staff worked with those schools to develop school action plans to increase safety.
3. The 2024 Move Your Way (MYW) Initiative kicked off in May. Move Your Way promotional and educational materials are distributed at community events and sponsored pool parties that provide free admission for families during the summer to promote physical activity. During this reporting period, the CDPP team and partners have participated in eleven (11) events including culturally specific events, reaching over 3,000 people.

NUTRITION:

1. CDPP worked with one (1) faith-based pantry to implement the Supporting Wellness at Pantries (SWAP) program and adopt a nutrition standards policy. The SWAP program ranks foods into green, yellow, or red categories to help pantry clients make informed food choices. Pantry staff and volunteers were trained in the SWAP program and the pantry was provided with supplies to implement the program and modify the nutrition environment to increase access to healthier foods. Pre and post assessments were completed, and the pantry improved their assessment score from pre to post. The pantry provides food assistance to over 800 people each month.
2. Collaboration with the Southern Nevada Breastfeeding Coalition and other partners to commemorate Breastfeeding Month in August. Activities included a paid and earned social marketing campaign featuring local women. Campaign ads directed people to the Nevada Breastfeeds website as well as the websites for the Southern Nevada Breastfeeding Coalition and the Kijiji Sisterhood for information on local resources. A breastfeeding communications toolkit was also shared with partners. To commemorate Black Breastfeeding Week, CDPP worked with coalition partners to support the annual Human Milk Donation Drive. The event occurred on Saturday August 26th at the WIC Office in West Las Vegas. Over 20 people participated in the event and over 600oz of milk was collected.
3. CDPP worked with the City of Henderson (COH) to increase access to healthy foods among low-income seniors by increasing utilization of their downtown farmer's market. In addition to

providing free transportation for seniors from two (2) downtown area Senior Centers to a farmers' market, COH with CDPP support, relocated the downtown farmers market to Army Street, adjacent to one of the downtown senior centers. COH provided \$5 vouchers to use at the market and the market also accepted SNAP and Senior Farmers Market Nutrition Program (SFMNP) coupons. As a result of the collaboration, the voucher redemption rate among seniors increased from 14% to 96%. COH agreed to permanently relocate the market to Army Street and has committed to continue providing vouchers throughout 2024. The project successfully enabled low-income seniors to access high-quality produce and better utilize their SNAP and SFMNP benefits.

4. Ten (10) Pop-Up Produce stands were held between September 2023 and June 2024 in partnership with the Regional Transportation Commission of Southern Nevada (RTC), Together We Can, and Prevail Marketplace. Pop-Up Stands are held at the RTC Bonneville Transit Center. Pop-Up Produce Stands provide low-cost, locally, or regionally grown produce with a goal of serving those who have transportation and/or financial barriers to accessing fresh produce. In addition to cash, credit, and debit, Pop-Up Stands also accept SNAP benefits, and some accept Double Up Food Buck and Senior Farmers Market Nutrition Program coupons. On average, approximately 30% of all sales were SNAP/EBT transactions.
5. The CDPP partnered with 100 Black Men of Las Vegas to sponsor three (3) virtual kids cooking classes in September (5-2-1-0), March (Diabetes), and May (Stroke). For each class, the recipe corresponded with the topic for that month. In addition to receiving ingredients to make the recipe, each participant also received educational and resource material on the topic for that month. A total of 180 families participated in the cooking classes.
6. Collaborative efforts were made with two (2) places of faith serving the Hispanic community to provide Faithful Families Classes in Spanish. Iglesia ECHO and Ven y Ve Church each hosted eight (8) classes. Faithful Families is an evidence-based curriculum that provides education on healthy nutrition and physical activity appropriate for faith-based settings. Classes were taught by CDPP staff and promotoras, with 32 people attending at least one class.
7. From the gracious support from SNHD, the Double Up Food Bucks (DUFB) nutrition incentive program for people with SNAP benefits was expanded to The After Market. SNHD support also ensured a full year of program operation at two (2) other locations that offer the DUFB program. In addition, SNHD worked with Together We Can, to offer a DUFB program training to help increase utilization of the DUFB program. Successfully 22 people from DUFB implementation sites attended the training.

HEART & STROKE:

1. Our CDPP's Barber/Beauty Shop Health Outreach Program (BSHOP/BeSHOP) received the Nevada Public Health Association's (NPHA) Public Health Program of the Year Award at the NPHA annual conference in Reno. CDPP staff were presented with the award at the SNHD Board of Health meeting in September.
2. Facilitated a With Every Heartbeat is Life (WEHIL) class at the Heinrich YMCA this quarter. Two (2) faith-based Community Health Workers (CHWs) shadowed the CDPP team and helped facilitate a WEHIL lesson. The CHWs were then provided access to our WEHIL lending library so they could teach the class at the places of faith they work with. The WEHIL class provides education on heart health and empowers participants to self-manage their blood

pressure. Sixteen people participated in the YMCA WEHIL class. CDPD staff also provided a With Every Heartbeat is Life (WEHIL) facilitator training to six (6) CHWs from the Nevada Faith and Health Coalition.

3. Organized Heart Month activities in February. Nearly 500 people were reached through various activities and screenings including a “Go Red for Women” screening event at the Beautiful Studio, participation in three (3) community blood pressure (BP) screenings, participating as a guest on the Healthier Tomorrow radio program, advertisements on women’s health for the Delta Sigma Theta Sorority’s annual Founder Day program, and ongoing BP screenings, education, and referrals at all Barber/Beauty Shop Health Outreach Project (BSHOP/BeSHOP) locations.
4. Sponsored a free, Self-Monitoring Blood Pressure Program (SMBPP) community class at the Durango YMCA. The class began in March with 25 participants and ended in June. The class was offered in English and Spanish. A total of 21 people completed the course (84%). Of those that completed the course, 62% were able to lower their BP from elevated, stage 2, or stage 1 to the normal range and 10% were able to lower their BP but not to the normal range yet.
5. The CDPD’s Barbershop Health Outreach Program (BSHOP) hosted “Shop Talk: Cut to the Chase” at Masterpiece Barber School on June 27 and ‘Salon Talk: A Healthy You is a Beautiful You’ at The Beauty Spot on June 1st. Both events are geared towards the African American community.
6. Hosted the annual Shop Talk event, an interactive event featuring experts addressing topics specific to men’s health including heart disease, mental health, and prostate health. Over 50 men attended Shop Talk. Twelve (12) men received a BP screening/referral, and 13 men received a referral for mental health services. The event was featured in a new story on Channel 3.
7. Initiated the inaugural Salon Talk, featuring expert panelists addressing topics such as heart disease, mental health, and stress management. Seventeen women received a BP screening/referral at Salon Talk. The salon owner is also planning a follow up activity addressing stress management and physical activity through yoga.

DIABETES:

1. This reporting period, SNHD staff expanded the number of free Diabetes Self-Management Education & Support (DSMES) provided to the community. Staff promote, recruit, and facilitate classes and also provide follow up support to class participants at 1- and 6-months post class.
 - 25 DSMES classes offered.
 - Three (3) Virtual Classes.
 - Twelve (12) In Person Classes at SNHD.
 - Ten (10) In Person Classes at community locations including YMCA, Access to Healthcare Network, Senior Housing Complexes, and CenterWell.
 - Twelve (12) of 25 classes were provided in Spanish.
 - DSMES classes supported 237 people with diabetes, prediabetes, or caregivers of people with diabetes.
2. To expand our diabetes self-management programming to the community, CDPD trained seven (7) new people to become Diabetes Maps (DSMES) class facilitators. This includes four

- (4) Health Educators, one (1) Registered Dietitian, one (1) CHW, and one (1) faith-based community partner. CDPP maintains a DSMES curriculum lending library to support trained facilitators and expand DSMES classes in the community.
3. CDPP submitted the American Diabetes Association (ADA) Annual Status Report. This report is required to maintain our ADA recognition status for our Diabetes Self-Management, Education, and Support (DSMES) classes. The report was approved by the ADA.
 4. Sponsored a free, Diabetes Prevention Program (DPP) class for the community. The DPP class was facilitated by our partner, AAA Healthcare Institute and held at Nevada Partners. The year-long class wrapped up in June. In total, fourteen (14) participants registered for the class and eleven (11) completed the course. Of those that completed the course, 73% reduced their weight and increased their physical activity. 36% of completers reduced their A1c to within goal range (5.1% - 6.7%) and significantly reduced their risk of developing type 2 diabetes.

OBESITY:

1. Facilitating the Partners for a Healthy Nevada obesity prevention coalition. Two (2) hybrid meetings were held in August and February. A total of 54 people attended the August meeting, and 46 attended the February meeting. In addition to member presentations and updates, a legislative wrap up was provided by The Health Equity Coalition for Chronic Disease, Three Square, and Children's Advocacy Alliance.
2. Our team partnered with fifteen (15) Partners for a Healthy Nevada (PHN) members and other community partners to promote the 5-2-1-0 Healthy Habits Everyday initiative during Childhood Obesity Awareness month in September. Sponsored activities included a pop-up produce stand, youth sports league scholarships, a community walk/run, a virtual cooking class, distribution of 5-2-1-0 materials at community events, and sponsorship of, and participation in, the Healthy Kids Festival. Other components of the month-long awareness campaign included a paid media campaign and several earned media opportunities. Communication toolkits in English and Spanish, free downloadable videos, flyers, and posters to promote 5-2-1-0 were also shared with partners and are available for download on our websites in English and Spanish.
3. Providing support to CCSD Health Services to support BMI data collection in all 4th and 7th grades in CCSD schools on a biannual basis, per NRS. CDPP provided funding to purchase laptops, stadiometers, scales, and privacy screens as well as wagons to transport equipment used by BMI collection teams. Having this equipment will facilitate the ease of collecting and reporting accurate data.
4. Designed a postcard with information about the 5-2-1-0 initiative and promoting the Nevada HEAL website for healthcare providers. The postcard was sent to 75 pediatricians in Southern Nevada and 750 members of the Clark County Medical Society. Additional materials were distributed at a CCMS event in June.

COMMUNITY OUTREACH/ENGAGEMENT:

1. In addition to regular field work to connect with community partners, this year, our Community Health Workers participated in nineteen (19) large-scale community outreach events to distribute chronic disease prevention and self-management education and resources to priority populations. These events reached over 5,100 people.

2. This year, CDPP worked to expand our reach by partnering with ten (10) faith-based organizations to implement chronic disease prevention and health promotion programming including blood pressure screenings, DSMES classes, SWAP program, and Faithful Families classes (referenced above). In total these efforts reached 900 people. CDPP also updated the Healthy Fellowship Guide. The Healthy Fellowship Guide is a guide for faith-based organizations to support implementation of healthy eating and physical activity policies, programs, and practices. The updated guide is on our Get Healthy and Viva Saludable websites.

TOBACCO:

1. The TCP's Breakdown (high school vaping prevention program) trained 4,518 student athlete and youth leaders and influencers to share information regarding the dangers of electronic vapor products with fellow teens. Key youth identified in local high schools throughout Southern Nevada continue to share vaping prevention messages on their social media accounts. Breakdown partnered with 70 local high school sports teams to promote vape-free lifestyles throughout the fall and winter sports season. Youth-led social branding initiatives were held in partnership with local football, cheer, soccer, and volleyball teams to promote messages about the dangers of tobacco products. Over 100 youth-focused branding counter marketing events occurred in schools and community venues to promote vape-free lifestyles.
2. Initiated several communication campaigns to increase awareness about the dangers of tobacco use, including e-cigarettes. Staff created a video that youth influencers shared on their social media pages resulting in over 15,000 impressions. TCP also worked with Communities in Schools to reach at-risk youth with vaping prevention through a mailer that was shared with all CCSD high school principals, assistant principals, student council advisors, and athletic directors. A new toolkit for parents to support vape-free lifestyles among teens in Southern Nevada, was created in Spanish. This toolkit was distributed to middle and high schools in the Clark County School District throughout the school year.
3. Hosted the first annual Because We Matter Tobacco-Free Living Summit. Because We Matter is the TCP's African American initiative that raises awareness of tobacco use's harm to the African American and Black community and encourages cessation. The summit addressed the harmful impact of tobacco within the African American community and covered topics including targeted marketing of menthol and flavored tobacco products to African Americans, the correlation between tobacco use and genetics, nicotine addiction, mental health, the intersection of tobacco and cannabis, and broader social justice implications. The goal of the summit was to increase awareness, prevent the initiation of tobacco use, promote the Because We Matter brand and Nevada Quitline cessation services. Over 50 community members and partner organizations participated. Resources including the Nevada Tobacco Quitline were promoted as a resource for those seeking assistance with quitting tobacco use.
4. TCP staff participated in several events to commemorate Black History Month and promote the Because We Matter brand. Events included the Springs Preserve Black History Month Festival, Rainbow Dreams Educational Foundation's Black History Month fundraiser and gala, Go Red for Women event and the Shades of Black experience. TCP staff distributed culturally competent educational materials aimed at increasing awareness, preventing the initiation of tobacco use, and promoting the Nevada Quitline cessation services.

5. Collaboration with twelve (12) local churches for No Menthol May. Approximately 85% of African American adults who smoke use menthol cigarettes. Staff provided educational materials, including social media ads, videos, handouts, branded promotional items, and the Nevada Tobacco Quitline cessation information to participating churches to raise community awareness about population-specific tobacco issues, flavoring in tobacco products, the risks of menthol tobacco products, tobacco marketing, and the harm to African Americans. Staff engaged the community, distributed educational and promotional materials, and presented on No Menthol May topics during outreach activities.
6. Our TCP team sponsored and partnered with Clark County Parks and Recreation for the 34th annual Jazz in the Park series, running from May 11th to June 8th. This smoke-free community event, primarily attended by African Americans in Clark County, consisted of five event dates. Staff provided Because We Matter branded educational materials on tobacco-related topics, including vaping, flavoring, and menthol, and promoted the Nevada Tobacco Quitline to attendees at all five events. The total attendance for all five events in the series was over 11,000.
7. TCP's Hispanic/Latinx initiative, Por Mi Por Ti Por Nosotros (PMPTPN), Viva Saludable partnered with the Mexican Patriotic Committee's annual Cinco de Mayo event; CCSD's Mariachi competition, and Latinas in Power (LIP) painting event to promote tobacco-free lifestyles and cessation resources. Nearly 4,000 individuals attended the events.
8. Aided in the annual Fiestas Patrias celebration to promote the TCP's PMPTPN, Viva Saludable program. This smoke-free event reached over 1,000 people. Culturally appropriate tobacco cessation resource flyers were distributed. 'No Smoking' and 'No Vaping' signage was posted throughout event grounds and announcements promoting the Nevada Tobacco Quitline in English and Spanish were also made.
9. Engaged in a Dia de Los Muertos event hosted by the City of Las Vega. The PMPTPN display won first place and honored grandparents that have passed away and included traditional and meaningful elements. Culturally and linguistically appropriate cessation resources were distributed to promote a smoke-free lifestyle at the smoke and vape-free event. The event reached over 3,000+ attendees.
10. Assisted in the 24th annual Christmas en el Barrio event hosted by the Mexican Patriotic Committee in December. TCP staff provided linguistically appropriate tobacco cessation resources and educational materials on the dangers of vape products. Branded banners were placed throughout the event premises, including on stage. Consistent live messages were done on stage promoting Spanish-language cessation services. The event reached over 2,000 attendees.
11. Developed new Spanish-language tobacco cessation materials designed for health care settings. Health care providers can now order free cessation materials to promote tobacco-free lifestyles to their Spanish-speaking patients at no cost via the TCP's online store.
12. The LGBTQIA+ Initiative, CRUSH, partnered with Las Vegas PRIDE to make the 2023 Las Vegas Pride Festival smoke and vape-free. This event was held in October at Craig Ranch Park. Tobacco-free signage was placed throughout the event.
13. The SNHD Tobacco Control Program's Native Hawaiian/Pacific Islander initiative, Island eNvy, partnered with the fourth Annual May Day event in Las Vegas on May 5th. This family friendly event was smoke and vape-free with over 450 in attendance.

14. As part of smoke-free multi-unit housing efforts, staff attended a Market Trends event hosted by the Nevada State Apartment Association. Strategic distribution of smoke-free housing resources included the direct placement of tailored resource packages on individual seats at the event site. Staff also tabled at the event to provide additional information and to connect with managers and owners to promote smoke-free policy during breaks. The event had over 350 attendees and over 22 property management companies were represented.
15. The TCP recently updated their English and Spanish-language online smoke-free housing directory to refine the search features. The over 60,000 properties included in the directory have self-reported that they have apartment or condominium buildings where all units are 100% smoke-free. The TCP provides technical assistance to local communities to help them adopt new or expand existing smoke-free policies. In March, a media campaign promoting the directory was launched and over 700 smoke-free units were added to the directory.
16. This year, over 50 businesses in Clark County including food establishments, medical and shopping facilities implemented and/or expanded their smoke and vape free policy. Staff provided technical assistance including model policy language, access to downloadable signage, and cessation resources.
17. The TCP is collaborating with statewide partners to conduct tobacco purchase assessments in tobacco retail settings. These assessments assess a retailer's adherence to Nevada's tobacco laws including ID verification. Additionally, tobacco retailers will be given a Tobacco Retailer toolkit to educate them on how to be a Responsible Retailer. Over 600 assessments were completed at stores in Southern Nevada.
18. Electronic referrals from University Medical Center (UMC) and Southern Nevada Health District are made to the Nevada Tobacco Quitline. Patients who use tobacco are electronically referred via the electronic health record system. UMC is the highest source of electronic referrals to the Quitline in the State of Nevada, averaging over 900 a month. Over 27,000 UMC patients have been electronically referred to the Quitline to date.
19. Recent findings from the CDC's BRFSS report show that Nevada smoking rates decreased by 38.9% from 2011 - 2018. This places Nevada in the top ten states nationwide with the greatest decline in smoking rates, despite being ranked 47th of 48 states in tobacco prevention funding. In fact, every state ranked above Nevada has comprehensive smoke-free laws for workplaces and outspends Nevada by millions in tobacco control funding.

Office of Public Health Preparedness

KEY ACCOMPLISHMENTS

1. Incident Command System (ICS) COVID19 Response Activities
 - ICS Activations: Events including F1, Superbowl, New Years Eve and UNLV Active Shooter incident (virtual).
 - Supports the coordination of community-based planning and response activities for targeted outreach and vulnerable population events. OPHP grants assistance and integration with Community response partners to address new challenges to slow the spread of COVID, Mpox (MPOX), RSV and maintaining alliance with both partner agencies and community in information sharing and resource coordination.
 - Contribute training to public health workforce to respond to public health emergencies.
 - Position Specific Training – 64 SNHD staff identified on Emergency Personnel List

- Annual ICS/Planning P/Forms – 24 SNHD staff identified on Emergency Personnel List
 - New Hire Orientation Public Health Preparedness – 111 newly hired SNHD staff
 - ICS 300 Training at SNHD – 29 SNHD staff newly added to the Emergency Personnel List.
 - Began full retool of Direction and Control and EOP Basic Plans. We began by eliminating the DOC positions and condensing those responsibilities within the Incident Command. Once that was done, we began combining the EOP Basic and Direction and Control into one document to condense information into one easy to find location.
2. Grant Support Activities
- Developed scopes of work for PHEP/CRI FY 2024-2028 including cross-cutting activities that intersect with HPP components.
 - Matured the scope of work for HPP FY 2024-2028.
 - Built HAC bags for distribution at upcoming Freestanding Emergency Departments/Fire Department unified command training.
 - Employed existing federal grants through developed scopes of works and budgets to minimize the impact to agency general fund expenditures, build community capacity and capabilities. Funding supports sustainment of responder safety and health capabilities for respirator fit testing and annual CPR recertification.
 - Redirected carryover and grant funding to support agency operational needs including off-site warehouse space and new office lease space.
 - Managed SNHD inventory from 280 S. Decatur, repositioning of purchased supplies and equipment in trailers and off-site warehouse.
 - Resupplied 6-week supply of N-95 Mask Inventory to ensure agency 24/7/365 response readiness including ensuring workforce will have necessary respiratory protection.
 - Conducted the Spores Bowl FSE benefiting southern Nevada by organizing a community level response operation for a large-scale anthrax release. This included multiple activations of jurisdictional Emergency Operations Center and the Multi-Agency Coordination Center. Federal and State level partners also participated in the response.
 - Facilitated the Continuity of Operations Plan TTX in preparation for the upcoming SNHD COOP revision. This assisted in identifying gaps related to cybersecurity and creating new priorities for all departments during the COOP reviewal process.
 - Hosted the IEM Recovery Workshop to support the development of the SNHD Recovery Plan.
 - Purchased and redistributed donated PPE equipment for Community Partners as required by federal grants and community need.
 - Use of grant funds to secure build out, upgrade of outdated, and repair existing communication equipment from previous Alternate Department Operations Center to new location at Fremont Clinic.
 - Maintained number of registered MRC volunteers following COVID pandemic, currently at 354.
 - Conducted Psychological First Aid and Cultural Competency training for MRC Volunteers and community partners.
 - Included volunteers in multiple training sessions and exercises.

- Concluded activities working with State and Federal Partners to ensure level or increased funding for Public Health, educating legislators and federal oversight governing bodies.
- Engaged with other CH and SNHD programs to fund staff on grants for grant supported activities, saving district general fund dollars.
- Used HPP funding sources to support Southern Nevada Healthcare Preparedness Coalition with the Hospital Area Command/Medical Surge Support Team Tabletop, Pediatric Surge Tabletop, and Medical Response and Surge Functional Exercise. This contribution benefits the entire southern Nevada Healthcare system including multiple activations of ICS and the Medical Surge Support Team to support Clark County MACC and potential medical surge preparedness.
- Supported technical assistance and information sharing to community partners and through liaison activities with Southern Nevada Counter-Terrorism Center.
- Continuance to provide multiple opportunities for SNHD staff and community partners including TEEEX branded courses and Hospital Decontamination Team training.
- Continue to support ICS 300/400 under City of Las Vegas OEM calendar.
- Increased, pro-active information sharing with local, state, tribal, and federal partners even though state and local disaster declarations ended.

NON-COVID-19 ACCOMPLISHMENTS

1. Morale building in Division/Offices
 - Leveraged grants to resupply POD supplies used during COVID to ensure readiness to respond to future emergencies.
 - Open door policy and one-on-one meetings allow staff to participate in activities related to job duties but that also build individual professional development skills. Professional growth has occurred in PH responses as staff take on leadership roles. These opportunities have led to continued professional development. Education is also attained through attendance at grant supported professional conferences.
 - Engaged all staff with resuming activities supporting grant deliverables to ensure team building and foster collective community engagement.
 - Hired staff into vacancies created through internal promotion of staff.
 - Constant service and active participation and multiple federal, state, and local working groups.
2. Secured New Funding Opportunities
 - Executed UASI and SNCTC Funding renewal for Public Health Analyst position.
 - Rendered renewal applications and budgets for federal cooperative agreements that started on July 1, 2023.
3. Partnership Building
 - Participated in planning for the upcoming EPA-Water Lab Association (WLA) FSE.
 - Streamlined coordination between OPHP and all programs supporting response to community threats.
 - Allied in Desert Research Institutes Heat Lab working group to coordinate response efforts to extreme heat events in community.
 - Interacted with community emergency management partners in supporting activities: Vegas Strong Resiliency Center, Information Sharing with other preparedness and healthcare system partners, continued development of impacted persons database.

- Cooperated with SNCTC and situational awareness to emerging public health threats and ongoing response activities.
- Strengthened affiliation and information sharing through quarterly state and local preparedness planning, CH meetings, work committee activities using new technologies that promote social distancing but helping to keep staff connected and informed. Daily communication across divisions for ongoing response activities and public.

HIGH LEVEL GOALS FOR 2025

1. Activities to support renewal of Public Health Accreditation Board Certification
2. Ongoing drills and exercises with community partners, agreements, and testing emergency operation plan components such as emergency fiscal procedures.
3. Continuance of medical countermeasure stockpile replacement of expired medications in coordination with SNHD Pharmacy, purchase of equipment that will reduce time necessary to repackage medical countermeasures.
4. Support County Hospital Area Command. Planning to test Mass Casualty Incident and Medical Surge plans with nineteen (19) free standing Emergency departments. These functional exercises are conducted with assistance from hospital and Fire Department support. Leveraged grants to purchase evacuation sled supplies needed by healthcare personnel for hospital evacuations and exercises.

Health Equity

KEY ACCOMPLISHMENTS

1. Maintained partnerships with two (2) programs at the Kirk Kerkorian School of Medicine at the University of Nevada, Las Vegas to address COVID health disparities among high-risk populations and underserved, including racial and ethnic minority populations and rural communities.
2. Established three (3) new partnerships with existing community partners to implement health equity strategies to provide and or expand services to individuals within specific racial, age, income, geographic or literacy level under the Centers for Disease Control and Prevention's finding to strengthen public health infrastructure in the U.S. Expanded areas of services include:
 - Providing culturally competent mobile primary care services to populations experiencing barriers to care.
 - Increasing access to care by providing transportation assistance to mental and/or physical healthcare services, in addition to hosting community health and well-being events to provide free health check-ups and primary care services in locations with high populations of low-income and immigrant households.
 - Enhancing knowledge of HIV prevention through education, testing and medication to at-risk populations to include Black and Latino gay men, bi and men tan have sex with men, as well as transgender and non-binary individuals. communities.
3. Established two (2) new partnerships with community partners to implement health equity strategies to provide and or expand services to individuals within specific racial, age, income, geographic or literacy level under the Centers for Disease Control and Prevention's finding to strengthen public health infrastructure in the U.S. Expanded areas of services include:

- Providing healthy groceries to persons living with HIV and facing food insecurities.
 - Piloting a diabetes management, food prescription and education program.
4. Perpetuated relationship with NV Hands that allowed for participation in outreach events such as their senior wellness events that take place in all their communities; in addition to providing NV Hands staff training in Health Equity advocacy.
 5. Developed and implemented health equity advocacy training for community partners.
 6. Consummated quality improvement project to increase staff participation in the health equity workshops provided to SNHD staff members.
 7. Partnered with SNHD's federally qualified community center to implement a quality improvement project in reference to scheduling process to optimize providers time and patients' accessibility to appointments.
 8. Corroborated with SNHD's federally qualified community center to increase access of care through the development of a language access plan and securing funding for two video/audio interpreting carts.
 9. Worked with Puentes in their cross-sector coalition health equity meetings.

Southern Nevada Public Health Laboratory

KEY ACCOMPLISHMENTS

1. The laboratory performed a total number of 10,705 COVID tests and detected 1,694 positive samples from July 1, 2023 to August 31, 2024. The major group submitters of the COVID samples are long-term care facilities.
2. Using Hologic Panther Fusion high throughput instrument, with the Quad Plex assay for SC2/FLUA/FLUB/RSV, SNPHL tested 4396 samples from July 1, 2023, to August 31, 2024.
3. Achieved 100% on the LRN-B challenge test and LPX proficiency for select agent testing.
4. Performed a total number of 1,328 SARS-CoV-2 whole genome sequencing from July 1, 2023, to August 31, 2024, and uploaded the sequencing data to the Terra state database. We retained a Bioinformatic Scientist to perform the data analysis and report the lineage information weekly.
5. The laboratory expansion plan received a total \$10.5 million in funding support from Clark County and local city governments. The new laboratory will include BSL-3 and molecular and microbiology laboratories to support bioterrorism counter response and disease surveillance testing. Planning for the new lab space with design firm Ewing-Cole is taking place in weekly meetings.
6. Supervisors and Senior Laboratory Technologists undergoing continuous leadership training and mentoring with the HR department.
7. Resumption of bimonthly SNPHL All Staff department meetings.
8. Meetings with laboratory leadership (director, manager, and supervisors) occur every two (2) weeks.
9. Monkeypox testing- provided continuous testing for MPOX in uninsured patients.
10. Continued to receive environmental samples for Legionella testing. Maintained Legionella ELITE testing status for environmental samples in 2023 with a 100% passing grade. SNPHL received 428 samples for Legionella testing between July 1, 2023, and Aug 31, 2024.
11. Trained and onboarded an additional BT Response staff and set an after-hours and on-call schedule for laboratory BT response staff.

12. Coordinated with Nevada state epidemiologists to grow the CDC NREVSS program in Southern Nevada. Discussion is ongoing to improve data collection and transmission for respiratory virus surveillance between Southern Nevada and state departments.
13. Received the NOA for the ELC Enhancing Detection Expansion grant, with a current end date of July 2027.
14. SNPHL Administrators continue to use the Agiloft contract software to upload our contract requests.
15. Tested over 5,210 pools of mosquitos for Arbovirus targets since July 1, 2023 to August 31, 2024. Reported over 412 West Nile Virus positive and 22 Saint Louis Encephalitis positive pools for the testing season. SNPHL also added Dengue virus test into the screening process of mosquito pool samples this year.
16. Validated and instituted an environmental colonization screening test for Candida auris. SNPHL is conducting a community outreach plan to increase local site submission of Candida auris to SNPHL.
17. Started to hold bi-monthly cross departments meeting between Disease Surveillance and Control and SNPHL to review current issues related to data communication, creating program and testing etc.

NON-COVID-19 ACCOMPLISHMENTS

1. Tested over three (3) suspected cases of Monkeypox (MPOX) and identified zero (0) positive cases July 1, 2023 to August 31, 2024.
2. Collaborated with local law enforcement for a tour of the SNPHL and update to contacts list.
3. Completed Laboratory Preparedness Exercise CAP Fall LPX-A 2024 with a 100% passing score.
4. Completed the LRN Challenge Panel LRN 2024 BP5-B and Poxvirus CP with a 100% passing score.
5. Packaged and shipped potential C. botulinum cases.
6. Performed the three (3) sentinel laboratory rule-outs.
7. Adapted and functioned with a broken pass-through autoclave to complete two (2) surveys and two (2) real event responses. Pass-through autoclave scheduled to be replaced by January of 2025.
8. Retained ELITE certification by passing two (2) WSLH challenge panels in 2024 with a 100% passing grade.
9. Tested 431 water samples for Legionella in collaboration with SNHD Environmental Health Department.
10. Training and Competencies completed successfully for all non- COVID tests.
11. Perpetuated successful CAP Surveys and Linearities for all non-COVID tests.
12. Extended partnership with area sentinel laboratories, such as Sunrise Hospital and Valley Health Systems.
13. Continued to work with HR to improve staff opportunities, including Senior Laboratory Tech promotional postings.
14. Improved Influenza Surveillance for 2024. Added RSV Subtyping to surveillance capabilities.
15. Completed BSL2 replacement project with Facilities department with ELC ED Expansion funding.

16. Responded to Public Health outbreaks investigations including COVID variant of concern, Botulism cases, and Norovirus, and participated in public Health Investigations including Bacillus, Brucella, Burkholderia rule-outs, Legionella, and Candida auris.
17. Replaced the aging LRN Messenger results system with a direct feed via HL7 and the Orchard LIMS system.
18. Implemented and validated the Biofire Global Fever panel for Malaria and Dengue.
19. Instituted and validated the dengue PCR screening test for local Aedes pools.
20. Vetted the Sensititre method for Candida auris susceptibility testing.
21. Concluded the GC WGS project with UCSD.
22. Initiating and verifying a broad Respiratory Pathogen Panel (RPIP) in the WGS department.
23. Confirmed and began implementation of the Orchard Outreach portal to clients for lab.
24. Test ordering and result delivery.
25. Conducted a significantly increased number of TB outbreak sample tests related to community events, with 3,505 QFT tests performed from January 1, 2024, to August 31 2024.
26. A total number of the reportable diseases’ tests from July 1, 2023, to August 31, 2024, listed as follows:

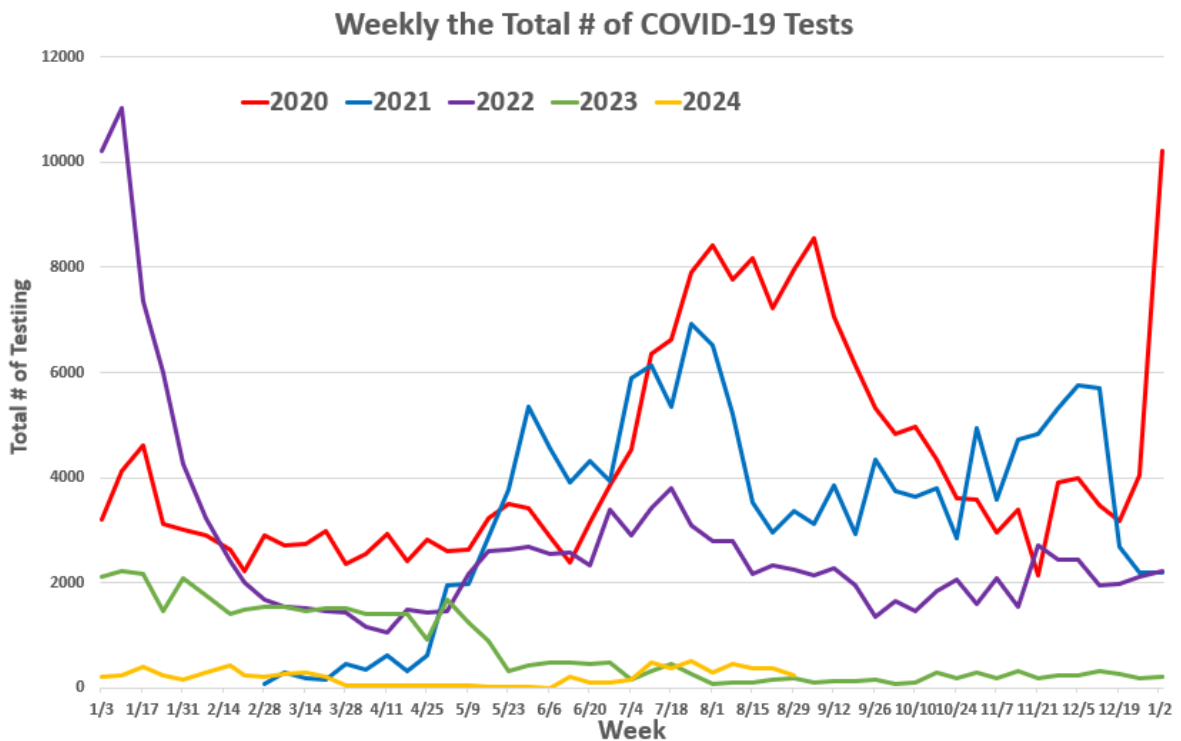
		Jul	Aug	Se p	Oc t	No v	De c	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
Campylobacter	Campy ID	9	2	7	11	11	0	5	5	2	6	4	2	2	1	67
	Campy Screen	13	5	10	23	18	9	11	17	3	15	5	3	4	1	137
Neisseria species	Gonorrhoea e Culture	61	101	72	80	88	44	48	85	47	41	24	36	39	28	794
	Gram Stain/WBC	0	5	0	0	0	0	0	5	0	0	5	0	0	0	15
	Neisseria ID	0	0	2	0	0	2	0	0	0	0	1	1	1	0	7
	Haemophilus ID	1	1	1	5	0	0	7	0	2	1	0	0	0	0	18
Unknown ID	Bacterial ID	0	0	3	0	4	2	0	0	0	0	0	1	12	0	22
	WGS (PulseNet)	34	29	27	36	39	16	29	23	17	30	20	20	18	28	366
Salmonella	Salmonella Screen	26	25	17	26	19	12	14	10	12	19	12	15	14	14	235
	Salmonella Serotype	21	24	16	20	15	11	13	10	12	16	14	12	11	14	209
Shigella	Shigella Screen	3	8	5	11	21	7	10	10	4	10	6	3	3	5	106
	Shigella Serotype	2	3	3	4	13	5	7	10	2	3	5	3	2	4	66
STEC	STEC Screen	7	3	1	6	8	3	10	2	2	4	1	4	3	7	61
	STEC Serotype	2	0	3	0	2	2	1	1	1	0	1	2	1	5	21
Unknown	Stool Culture	0	0	0	0	0	0	5	6	2	0	6	0	0	5	24
Vibrio	Vibrio ID	0	0	4	1	0	0	0	0	1	0	0	0	0	3	9
	Vibrio Screen	0	0	6	6	0	2	0	0	1	3	0	1	0	5	24
Yersinia	Yersinia Culture/ID	0	3	0	1	0	1	1	2	1	0	0	0	0	0	9

27. A total number of clinic samples tested from July 1, 2023, to August 31, 2024, listed as following table:

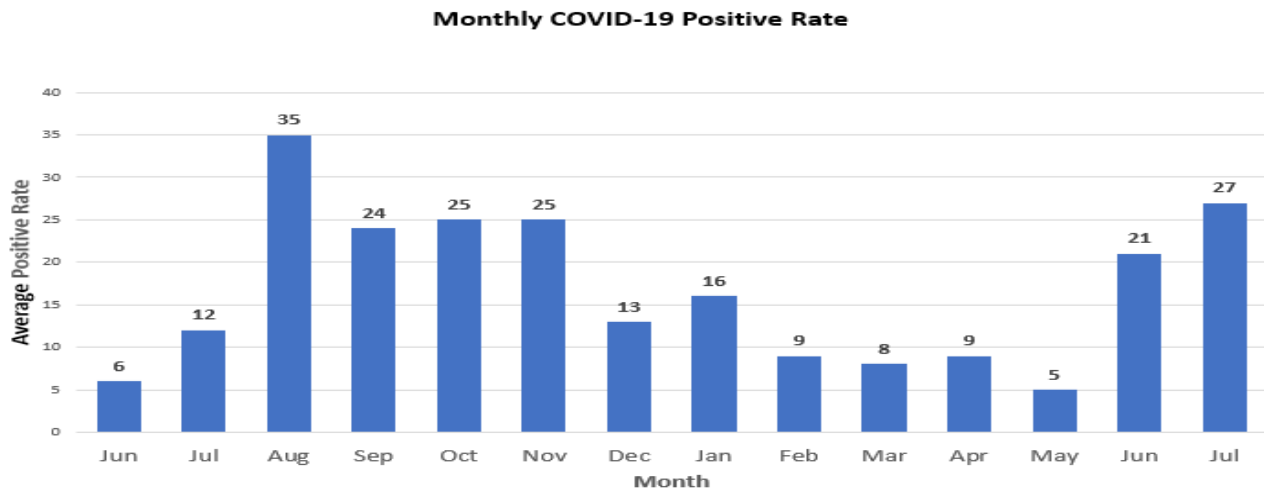
Test Name	Total # of test from July 1, 2023, to June 30, 2024
GC Cultures	794
NAAT NG/CT	16,755
Syphilis	12,439
RPR/RPR Titers	2,279/1,603
Hepatitis Total	17,814
HIV/differentiated	9,081/300
HIV RNA	647

COVID-19 ACCOMPLISHMENTS

1. Maintained Preventative Maintenance (PM) for over a dozen instruments designated for Molecular and COVID testing, with no lapses in service or testing schedules.
2. Performed verification on all instruments after PM and OQPQ with documentation and approval from QA staff.
3. Ensured all staff members’ competencies were current and reflected a flexible testing model since COVID volumes decreased.
4. Passed all external PT challenges (CAP) from all laboratories.
5. Observed a consistent decrease in COVID samples starting January 2023, see the figure below. There has been no spike or rapid increase of the test number as the pattern in the past three years.



- The monthly average of positive rate from the COVID-19 testing in SNPHL, see the figure below.



- Perpetuated participation in Influenza Surveillance 2024- with Sunrise lab – SNPHL is part of the Influenza surveillance team with CDC where we will collect flu specimens from the hospital and perform influenza-SC2 multiplex panel to ensure there is no co-infection before performing subtyping and genotyping of the influenza specimens and upon confirmation, the VTM is shipped to CDC surveillance team.
- Staff cross-training and scheduling in BSL3 and WGS departments to ensure efficiency of laboratory operations, teamwork, and resources remain available even if COVID testing numbers remain low.

HIGH-LEVEL GOALS FOR 2025

- Will continue to diversify our test menu in conjunction with projects and directives from the SNHD main office. This includes the possible addition of Legionella clinical samples, Candida auris clinical samples, a full-service Clinical laboratory with the addition of the Chemistry analyzer, additional arbovirus targets such as Dengue or tick-borne illness, improved WGS pathogen menu, and increased respiratory virus surveillance with the addition of the RPIP.
- Look for additional grant projects and funding opportunities in conjunction with the SNHD grants department.
- Improve client orders and report receipt with the Orchard Outreach LIMS project.
- Establish relationships with other FQHC and local clinics, to provide high-quality, reduced or no-cost testing with the best possible turn-around time.
- Pass-through autoclave replacement in 2025.
- Continue to plan and prepare for annex construction and possible disruption to normal laboratory operations and staff parking.
- Overhaul and make changes to staff grant funding structure in BP1 of all new grant cycles. Prepare for spending down and replacement of COVID funding in future years with other sources of funding.
- Continue to meet with other internal SNHD departments, especially ACDC and Epidemiology, to establish continuous communication and make any improvements to client

testing and reporting that will lead to faster provider notification and better outbreak investigations.

9. Annex a secondary Diasorin instrument to SNPHL Immunology Laboratory.
10. Preparation for implementation of a Wastewater testing program at SNPHL in conjunction with SNHD Epidemiology team.

Disease Surveillance and Control Division

The Disease Surveillance & Control Division collaborates in partnership with the community to promote health and quality of life for residents and visitors and to protect the public from the spread of acute and chronic communicable diseases. To accomplish these objectives the Division conducts routine disease surveillance, monitors health status, uses statistics to come to inferences about disease causation, manages system information, delivers indirect and direct services, provides training, educational materials, program planning and technical assistance. Further, the Division provides both stationary and mobile screening and prevention services that engages substance users and responds to public health emergencies. Offices and programs in the Division include but may not be limited to the Office of Disease Surveillance, the Acute Communicable Disease Control program, and the Office of Informatics and Epidemiology.

Office of Disease Surveillance

KEY ACCOMPLISHMENTS:

1. New Funding
 - Comprehensive Opioid, Stimulant, and Substance use Program (COSSUP), through the Bureau of Justice. This funding supports 1 FTE who works with law enforcement and first responders to address substance use overdose in more real time. This funding supports law enforcement diversion programs through training, and supplies lifesaving naloxone for distribution to those who need it.
 - FOCUS-Gilead
 - SUID/SDY Case Registry and Prevention Project (Sudden infant death surveillance and prevention)
 - SB118- STI Surveillance, Credible Minds, Contingency Management
 - Applications pending- State Opioid Response projects
2. Southern Nevada Post Overdose Response Team (SPORT)-Developed processes and procedures to respond to overdose through a 24/7 response model. DIIS II trained to support standby efforts and response grid developed. Coordination with HITDA and The Las Vegas Metropolitan Police department developed to receive referrals for follow up.
3. Evaluated the use of expedited partner therapy (EPT) in SNHD's clinics and identified key areas for improvement.
4. Launched CredibleMind Community Dashboard to support access to mental health and wellness resources across Clark County, NV.
5. Closed out collaborative project with SNHD Immunizations and The Cancer Society to implement processes to increase HPV vaccine rates among 9 years olds as well as increase completion rates for all those who initiate the vaccine. This included a review of updated flow processes, additional tracking indicators in eCW, and creating a marketing strategy around reminders for people to return for subsequent doses.
6. In collaboration with TBC-streamlined TB cohort to focus on specific cases of interest to address unique treatment challenges and lessons learned.
7. Previously collaborated with CCSD, in response to sudden rise in school exposures, to implement a voluntary TB screening tool for new faculty and staff. This FY they posted the links to this screening tool on the Employee Health Services page where all employees can access the link and take the screening.

8. Initiated 2025 Community Health Assessment completing the first assessment (Community Partner Assessment) and initiating the second assessment (Community Status Assessment). Full CHA report will be completed in March 2025.
9. Developed education material and elevated workflows for hospital providers on perinatal HIV Prevention that has been valuable in reporting and testing from clinicians.
10. Developed and launched Clark County Naloxone Saturation and Distribution Plan and distributed more naloxone in a single year (2023) than other years combined. To date distribution efforts have surpassed 2023 numbers.
11. Expanded capacity to address mental health with the first launch of Mental Health First Aid in Spanish.
12. Distributed 307,280 condoms to over 40 unique agencies in Clark County serving high risk populations.
13. Updated the online provider education training for TB Disease reporting to include the new requirements for LTBI reporting. Disseminated leave behind materials to providers with TB risk assessment link/QR code that providers can use to help determine need for additional screening.
14. Recruited for and selected experienced Health Educator for Sudden Infant Death prevention project (SUIDC). Recruited and selected subrecipient to support engagement with identified communities most affected by SUID and facilitate listening sessions, conduct reports, etc. Larson Institute was selected. Conducted 6, in-person and virtual, listening sessions in Southern Nevada in English and Spanish. This study helped SNHD to understand challenges to safe sleep, highlight key findings and develop recommendations on prevention strategies.
15. Harm Reduction Efforts
 - Launched xylazine test strip training and distribution program in Clark County to complement SNHD’s fentanyl test strip training in March 2024.
 - Planned and executed the 2023 Southern Nevada Substance Misuse and Overdose Summit with over 200 attendees in Clark County community.
 - The ODS team distributed 52,732 doses of naloxone throughout Clark County.
 - The ODS team distributed 40,700 Fentanyl Test Strips and 6,100 Xylazine Test Strips.
16. MOUs/interlocals to expand HIV/STI/HEP testing efforts in Clark County
 - High Intensity Drug Trafficking Agency (HIDTA) for data sharing and referrals
 - CAN Community Health-HIV and Hepatitis testing and data collection
 - Community Counseling Center-HIV testing and data collection
 - AID for AIDS of Nevada (AFAN)-HIV testing and data collection
 - Sagebrush Health-HIV testing and data collection
 - The Center-Hepatitis C testing and data collection
 - The HPV Center Las Vegas-HIV and Hepatitis C testing and data collection
 - Vegas Stronger for outreach collaboration and referrals

17. Disease Investigation Efforts

DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters¹	Reactors/ Symptomatic/ Xray	OOJ/ FUP
Chlamydia	197	3	395	3
Gonorrhea	112	0	241	0
Syphilis	377	46	2,048	6
HIV/AIDS (New to Care/Returning to Care)	431	35	1,220	4
Tuberculosis	1,640	0	59	1
TOTAL	2,757	84	3,963	0
1. Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)				

- Successfully conducted 5 large scale TB contact investigations involving schools, which required CCSD collaboration.
- DIIS conducted a total of 4,235 STI and HIV and 151 TB (including suspects which turned out not to be TB) investigations.

18. Outreach/Testing Efforts

Prevention - SNHD HIV Testing	FY 23-24
Outreach/Targeted Testing	12,299
Clinic Screening (SHC/FPC/TB)	4,491
Outreach Screening (Jails, SAPTA)	3,179
Collect2 Protect	107
TOTAL	20,076
Outreach/Targeted Testing POSITIVE	48
Clinic Screening (SHC/FPC/TB) POSITIVE	8
Outreach Screening (Jails, SAPTA) POSITIVE	12
Collect2 Protect POSITIVE	0
TOTAL POSITIVES	68

- UMC Quick Care- ODS worked closely with UMC to develop their capacity to offer POC HIV testing to their Quick Care clients. In this reporting period, 5,667 POC tests for HIV have been conducted and 15 individuals were newly diagnosed and referred to rapid care immediately.

19. Marketing Efforts

- Enhanced marketing efforts for ReThink HIV and ReThink STI content. to include co-branding of CDC’s ‘She’s Well’ campaign for PrEP. Out of home campaign included ads placed on public transit buses in targeted areas.
- Developed and implemented a client-focused syphilis awareness campaign with specific messages to increase access testing and treatment with direct input from populations impacted. This effort included a CDC-recognized social media campaign that innovatively met people’s gaps on sexual health education (TikTok).

20. Health Education Efforts

FY 24 (July 1, 2023 – June 30, 2024)	TOTAL
Total number of educational trainings facilitated:	165
Total number of trainees from educational trainings:	2,397
Total number of presentations to state or national agencies:	54
Total number of media interviews:	15
Total number of BOH/PHAB presentations:	9
Total number of coalition meetings attended:	262
Total number of memberships on state and community coalitions:	34

21. Jail Linkage Efforts in Clark County Detention Center

Jail Linkage Type	# referred	# achieved
Evidence Based SUD Treatment	52	48
Medically Assisted Therapy	18	15
Peer Support Services	198	165

UPCOMING ODS PROJECTS:

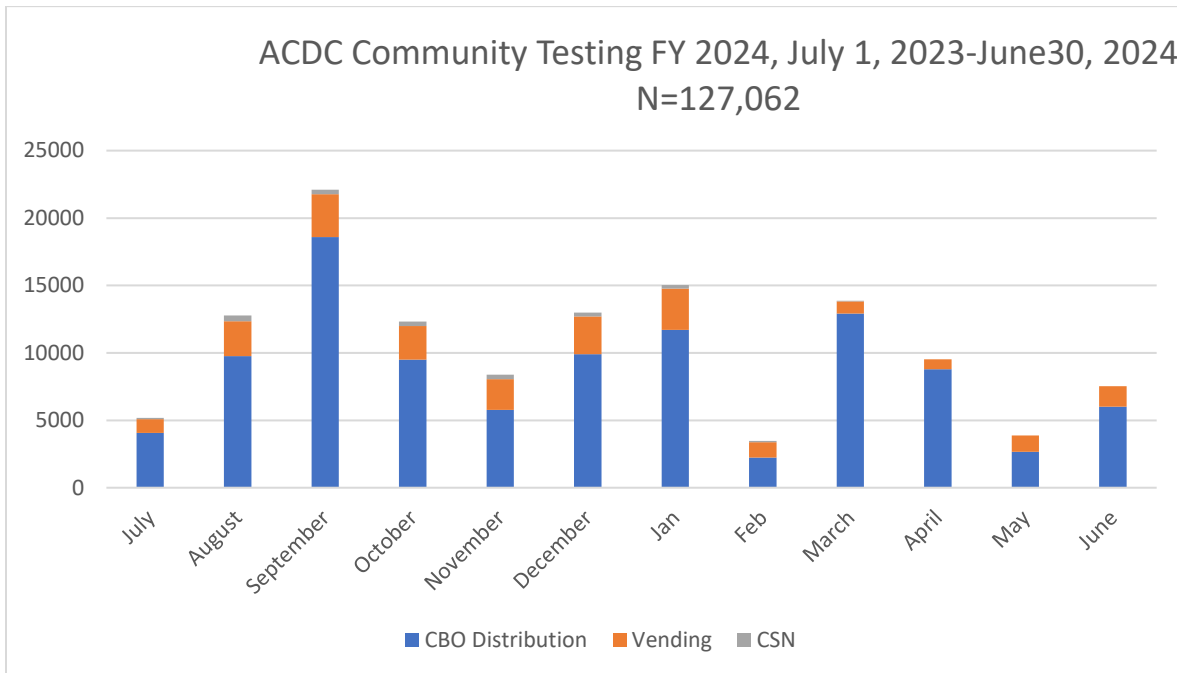
1. Conduct two HIV Cluster Detection and Response (CDR) tabletop exercises. These exercises will help to identify any gaps in our current CDR plan and staff can work to update to address those gaps to ensure we are prepared should we detect any HIV clusters or outbreaks in Clark County.
2. Scale up Data to Care activities for disease response using surveillance data to identify people not in HIV care and develop re-engagement strategies.
3. Pilot ChemBio rapid HIV/Syphilis test in the field, at outreaches and in Express Testing- will evaluate this test to see if it meets the needs for active surveillance process.
4. TB Death Review/Audit- review all cases where individuals with TB have died in the last year to identify any areas of intervention.
5. Restart Congenital Syphilis Review Board (on hold due to loss of STD funding).
6. Complete Community Health Assessment- report expected in March 2025.
7. Contingency Management- ODS will partner with a community partner to implement this intervention for those individuals with SUD or StUD.
8. Launch “Strip Club” project- program will begin mailing supplies including Fentanyl and Xylazine drug checking strips, to clients upon request.
9. Launch Mailing program for condom distribution.
10. Implement Infant Sleep MCH Coalition subcommittee (or taskforce). Develop communication campaign promoting safe infant sleep practices.

Acute Communicable Disease Control

KEY ACCOMPLISHMENTS:

1. COVID-19 Vending machine project distributed 22,980 kits have been for FY24.
2. Sustained two CSN community testing sites through March 21, 2024 staffed entirely by contact tracers performing 2,212 tests in FY 24.

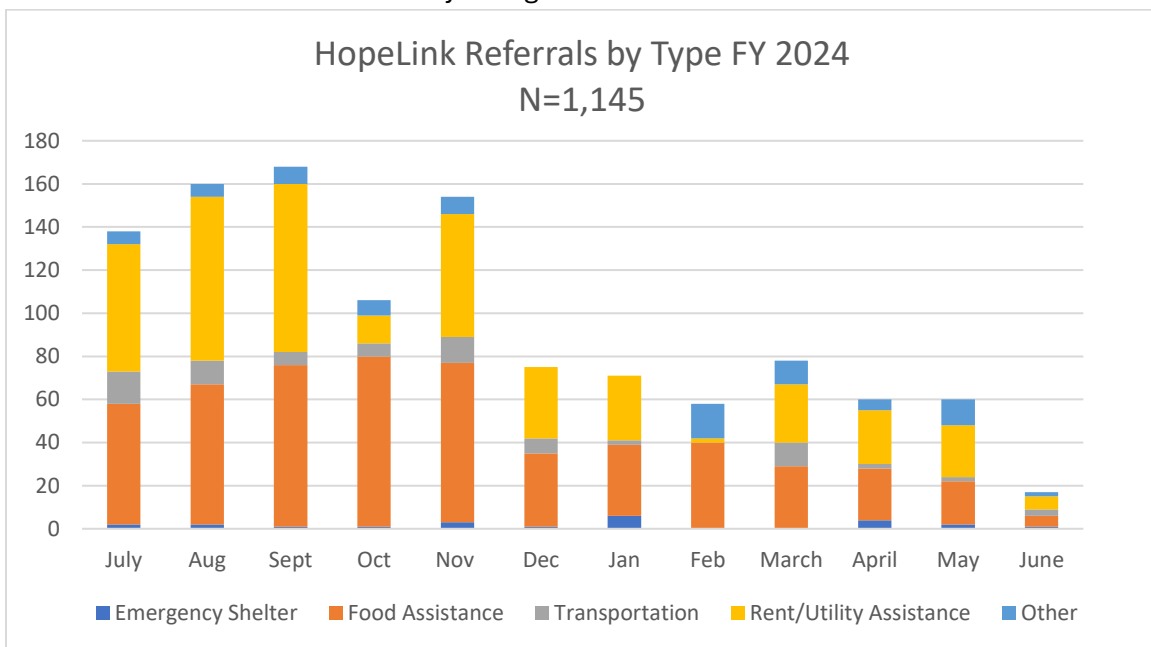
3. Partnered with 65 Community Based Organizations to distribute COVID-19 antigen home kits to underserved populations and populations with higher risk for COVID-19 distributing 101,870 kits for FY24.



4. ACDC staff processed and initiated surveillance entry and/or investigations on 41,391 faxed reports of communicable disease from medical providers and laboratories, over 73,000 electronic laboratory reports and more than 2,300 online morbidity reports.
5. Outbreak Investigations:
 - In the first quarter of FY 2024, four outbreak investigations were initiated. Three of these outbreak investigations were enteric illness outbreaks and one was a travel associated Legionnaires Disease Outbreak investigation.
 - In the second quarter of FY 2024, three outbreak investigations were initiated. Two of these outbreak investigations were enteric illness outbreaks and one was a possible MRSA outbreak in a local gym.
 - In Q3 of FY 2024, ACDC initiated seven outbreak investigations. All of these outbreak investigations were enteric illness outbreaks with four resulting in unspecified gastroenteritis.
 - In Q4 of FY 2024, ACDC initiated 8 outbreak investigations. Two investigations were local enteric illness outbreaks. One outbreak was a travel associated measles exposure where local contacts were monitored. One outbreak was a part of a multistate Listeria investigation. Four outbreaks were respiratory illnesses with one being Human metapneumovirus one being travel associated Legionella investigations and one local legionella investigation. The local Legionella cluster involved cases close in neighborhood proximity who were seen at the same facility around the same time frame.
6. Continued partnership with UNLV to implement wastewater surveillance for SARS-CoV-2.
7. Continue to partner with UNLV to create the infrastructure for a continuing medical education delivery system initially focused on COVID-19 but with long term implications of

growing past this into other disease educational resources. The educational programs are utilizing a clinical format known as Project ECHO (Extension for Community Healthcare Outcomes). UNLV has been approved as a CME provider, therefore SNHD will be able to partner more easily to creating presentations, conferences, and public health updates that offer CME to our medical providers in Clark County.

8. Continue to partner with multiple community-based organizations to assist in COVID-19 home antigen test distribution to minority/underserved populations and at-risk groups.
9. Worked with the state’s Resiliency Project to refer clients and contacts impacted by COVID-19 to the needed services such as crisis counseling or substance abuse counseling.
10. Launched a partnership with the family resource center Hopelink in January of 2023, to refer clients impacted by COVID –19 or other communicable diseases to needed services such as housing assistance, utility assistance, and food assistance. ACDC staff have referred 1145 clients for services with a monthly linkage success rate of 14%-76%.



11. Continued to work with SNPHL to incorporate WGS findings as an early cluster identification mechanism and potential early outbreak identification for several enteric illnesses.
12. Staff presentations, committees, and accomplishments
 - Communicable Disease Supervisor serves on NACCHO’s Infectious Disease Prevention and Control Subject Matter Expert Workgroup
 - Communicable Disease Supervisor co-presented the COVID-19 vending and Public Health vending programs at the Big Cities Health Coalition Director’s Meeting.
 - Communicable Disease Supervisor completed ASTHO’s Essential of Leadership and Management Series and NACCHO’s OT21-2103 Regional Summit.
 - Communicable Disease Supervisor attended the Infection Prevention and Control Essential Skills Training hosted by NACCHO.
 - Two Communicable Disease Supervisors attended the Epi Ready Training hosted by SNHD.
 - Two Communicable Disease Supervisors were Certified in Infection Control (CIC)

13. Hired 6 new DDCS II positions in April 2024. This team is for Surge, Outreach, and Acute Response (SOAR). They will perform low-level investigations, assist with fax processing, and undertake some enhanced surveillance projects.
14. Hired Senior DDCS position in April 2024. This position is a team lead for Surveillance DDCS processing incoming disease reports and will be responsible for many QA/QI projects.
15. Continued partnership with Chicanos Por La Causas on the Detection & Mitigation of COVID-19 in Homeless Service Sites and Other Congregate Living Facilities grant. This has brought together stakeholders in the homeless community for COVID-19 mitigation efforts as well as other communicable diseases.
16. ACDC continues to collaborate with informatics and IT to implement OCR technology that will scan and extract data from the standardized morbidity report form received from medical providers. Ongoing meetings occur weekly. ACDC staff has contributed examples and expertise to facilitate progress on this project.
17. Initiated a partnership with Three Square to combat food insecurity. This contract was executed beginning October 2023 through May 2024. With SNHD’s ACDC support and funding provided by this grant, With SNHD’s ACDC support and funding provided by this grant, 1,132,103 pounds of food were distributed at 857 events. 75% of the food was distributed in zip codes with a 2022 Health Equity Index (HEI) score of 4 or 5 (highest need). The Southern Nevada Health District staff attend select events and distribute COVID-19 antigen test kits. 6,896 kits were distributed.

Health Equity Index Score	Pounds of Food Distributed
1	11,909
2	187,405
3	49,944
4	233,821
5	616,341
Zip codes not included HIE	32,684
Grand Total	1,132,103

18. The ACDC DIIS team has conducted 1,567 Enteric disease investigations and 638 vaccine preventable disease investigations. ACDC teams received reports of more than 35,000 respiratory illness including COVID-19, RSV and influenza.

UPCOMING ACDC PROJECTS:

1. Enhanced foodborne illness complaint response, by adding 2 staff to the foodborne illness response team and increasing outbreak detection in Clark County.
2. Conducting full investigations on all coccidioidomycosis cases in Southern Nevada to build a robust data set to determine the extend of illness and associated sources, activities with our population in Clark County.
3. Enhancing Respiratory Illness Surveillance to collect, obtain and analyze hospitalization data for COVID-19, RSV, and Influenza consistently.
4. Expanding the COVID-19 Vending program to utilize machines for other public health products such as wound kits, smoking cessation kits, safer sex kits and sanitizer across all 6 vending machines throughout Clark County.
5. Collaborate with OIE and OT to implement OCR (Optical Character Recognition) to scan faxed document and import data directly into the disease surveillance system.

6. Collaborate with SNHD Primary and Preventative Care to further assist clients with exposure to rabies susceptible animals.

Office of Informatics and Epidemiology

EPIDEMIOLOGY:

1. Building partnerships, applied for new grants, and maintained existing grant deliverables.
2. Support the maintenance of SNHD's COVID-19 dashboard.
3. Led the efforts to establish SNHD's Institutional Review Committee (IRC).
4. Implemented enhanced gonorrhea surveillance.
5. Through the FR-CARA project, led by OEPHI, SNHD has distributed 54,042 doses of naloxone in FY 2024.
6. Identified and consolidated duplicate HCV events in EpiTrax.
7. Assisted with revamp of TB Cohort Review - procedures, indicators, and coding (ongoing).
8. Translated all relevant SAS codes from Trisano to EpiTrax coding language.
9. Completed and released weekly/monthly COVID-19 health disparity report for COVID-19 Health Disparity Grant.
10. Revamped FBI outbreak line list templates for interviews.
11. Assisted with various foodborne and school cluster and outbreak investigations.
12. Assisted with English to Spanish and English to Chinese translation checks for various surveys (e.g., COVID-19 surveys).
13. Met with EH division Food Operations staff and other jurisdictions to meet FDA FBI standards.
14. Collaborated with Clinical Services to develop and evaluate various reminder recall initiatives for COVID-19, MPOX and HPV vaccines.
15. Continue to collaborate with the American Cancer Society and SNHD clinical services on quality improvement initiatives to increase childhood vaccination rates for HPV and enhance staff education on age 9 recommendations for the vaccine.
16. Monitored heat related deaths and ED visits.
17. Monitored arbovirus activity.
18. Support drug overdose prevention efforts through the OD2A grant.
19. Support the EMS and traumatic injury surveillance and prevention.
20. Maintain childhood lead poisoning surveillance to support Nevada Childhood Lead Poisoning Prevention program.
21. Maintain and support PHEP grant activities.
22. Substance use dashboard launched consisting of drug overdose morbidity and mortality data, and drug checking data.
23. Offer educational opportunities in public health for graduate medical education residents and fellows.

OUTBREAK AND OTHER INVESTIGATIONS:

1. Multiple large scale TB investigations (2 end of 2023, 3 first half of 2024).
2. Multiple Legionella investigations (2 end of 2023, 2 first half of 2024).
3. Several norovirus outbreak investigations.
4. Several gastrointestinal diseases (GI) outbreak investigations with no pathogen identified.

DISEASE SURVEILLANCE SYSTEM (EPI TRAX/EMSA):

1. Provide support for Office of Disease Surveillance (ODS), Office of Acute Communicable Disease Control (ACDC), Office of EMS/Trauma System, Environmental Health (EH), and Clinical Services with various data requests, data exports, and report generation.
2. Maintenance and enhancement of the EpiTrax disease surveillance system.
3. Maintain and enhance data warehouse and BI tools to ensure timely data analysis and reporting.
4. Maintain and enhance COVID-19 lab results portal to include NSPHL test results.
5. Maintain COVID-19 interfaces between COVID-19 POD app and Orchard, to include COVID-19 testing and reporting as needed.
6. Provide support by automating COVID-19 hospitalization notifications, demographic extracts, lab tests and treatment information from HIE CCDs for public health surveillance.
7. Maintain and update COVID-19 dashboard to include COVID-19 reinfections, COVID-19 maps, lab testing, ED admission trend analysis and other urgent data requests.
8. Maintain and update Opioid and Child Lead Poisoning Presentation Program Dashboards.
9. Updated EMSA logic per new investigation guidelines.
10. Onboarded 19 new providers for Electronic Laboratory Reporting (ELR).
11. Processed electronic Case Reports (eCR) from UMC and Health Information Exchange (HIE) into EpiTrax
12. Collaborate with the state to onboard electronic Case Reports (eCR) providers.
13. 153 reportable conditions authored within CDC's Reportable Conditions Knowledge Management System (RCKMS).
14. 522,502 Electronic Lab Reports (ELR) were received and processed.
15. Continue to work with UNLV to apply GIS technology and produce spatial analysis reports via hot spot analysis, disease mapping, and their associations with socioeconomic and other area risk factors relating to populations experiencing a disproportionate burden of COVID-19 infection.
16. Continue to work with UNLV to develop a base model to evaluate and assess disparity of COVID-19 hospitalization and mortality among populations experiencing a disproportionate burden of COVID-19 infection.
17. Completed a project with the Health Information Exchange (HIE) to ingest Continuity of Care Documents (CCD) to increase and improve the electronic HIE data collection and quality relating to populations experiencing a disproportionate burden of COVID-19 infection.
18. Work with the state on Data Modernization Initiative (DMI) project including eCR onboarding and RCKMS reporting condition authorization.
19. Modifications made to capture street food vendors in the Foodborne Illness Complaint Form.
20. Implemented a data process to automate TB outbreak testing with the Southern Nevada Public Health Laboratory's Lab Information System.
21. Continue development of a generic Message Mapping Guide with the state of NV and CDC.
22. Design and plan for HIE data extraction for the PILLARS project/grant.
23. Reconciliation of data with the state of NV.
24. Initial setup and review of data for implementing an Enterprise Master Person Index (EMPI) system.

25. Continue working with HIE on the Trusted Exchange Framework and Common Agreement (TEFCA) project for eCR and Fast Healthcare Interoperability Resources (FHIR) data consumption.
26. Optical Character Recognition (OCR) vendor selection and planning to automate processing of faxes.

SYNDROMIC SURVEILLANCE:

1. Enhance Syndromic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE) for new providers and future support.
2. Maintenance and support of all the data feeds for the state of Nevada to send data to the National Syndromic Surveillance Platform (NSSP).
3. UHS, Dignity Health, Boulder City Hospital, and other Cerner facilities switched from HealthSentry to Public Health Surveillance platform.

SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL):

1. Continue to work on the Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems. Data exchange interface maintenance and support.
2. Implemented Orchard Outreach, a system designed for laboratories performing outreach for multiple customers. Five external partners (eg. Clark County Coroner's Office, Sunrise Hospital Infection Prevention, Southern NV Veterans Home, etc.) are live with the system and 3 are currently in process.
3. Informatics assists with the changes that need to be made to the LIMS and implements interfaces to accommodate new instruments and testing offered by the Public Health Laboratory.
4. Monitoring and Maintenance of the Public Health Laboratory Interoperability Project (PHLIP) feed.
5. Monitoring and Maintenance of the data exchange for National Respiratory and Enteric Virus Surveillance System (NREVSS).
6. Implementing an interface between SNPHL and Nevada State Public Health Laboratory (NSPHL) for send-out orders and results.
7. Apply SNOMED and LOINC codes to orders/results.
8. Expanding virology and Whole Genome Sequencing (WGS) configurations for the LIMS.
9. Continue working on Laboratory Response Network-Biological Agents (LRN-B) interface and automated delivery feed. Codes added, and tested order choice and split order rules. Creating test messages according to CDC guidelines. Validation of messages continues with the CDC.
10. New Ordering Capabilities (eg. BioFire Global Fever Panel, NGDS Warrior panel, Legionella Environmental Panel).
11. 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.
12. Continue to work on CDC Influenza SARS-CoV-2 multiplex assay, CDC Subtyping, and CDC Genotyping order mapping.

ELECTRONIC HEALTH RECORD (EHR):

1. Work with IT to maintain and support the Electronic Health Record (EHR) system, eclinicalworks (eCW).
2. Worked on configuration modifications to improve charting, reporting efficiency and to accommodate new locations and services.
3. Standardized data capture and documentation using structured data fields.
4. Worked with IT to migrate eCW to the cloud.
5. Worked with IT to upgrade eCW to the next version.
6. Modifications to eCW interfaces to accommodate lab orders/results from various laboratories.
7. Submitted Family Planning Annual Report (FPAR) report for Family Planning.
8. Submitted Uniform Data System (UDS) reports to Health Resources & Services Administration (HRSA).
9. Completed Azara implementation, a quality improvement system.
10. Configuration changes to support SHC (Sexual Health Clinic) merger into the FQHC.
11. Modified data upload processes to Careware for the Ryan White Program.
12. Assisted with various data reports/requests and extracts (eg. Ryan White Services Report, Clinical Quality Management, Tobacco Screening, Immunizations, TB/LTBI, etc.)
13. Explored bulk data exchange using Fast Healthcare Interoperability Resources (FHIR).

CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER (CCOCME):

1. Completed migration to new Coroner and Medical Examiner system (CME). Provided staff training across departments as well as creating walkthrough guides for future staff members.
2. Data extraction to support National Violent Death Registry System/State Unintentional Drug Overdose Reporting System (NVDRS/SUDORS).
3. Automated solution to fetch US Census block/tract data based on death address resulting in a roughly 10% decrease in abstraction time needed per case enabling meeting deadlines easier.
4. Completed additional Accreditation tracking for Medical Examiners.
5. Enhanced rapid overdose tracking criteria for regular data delivery to SNHD Epidemiologists.
6. Provided regular data to other local and Federal government partners including CCSD, DEA, and HHS. Data topics include suicide data (Both youth-specific and total population) and extensive drug-related death data.

PARTICIPATE IN COMMITTEES AND PROVIDE EPIDEMIOLOGY TECHNICAL SUPPORT:

1. CSTE Injury Epidemiology and Surveillance Subcommittee.
2. CSTE Substance Use and Mental Health Subcommittee.
3. CSTE HIV Subcommittee.
4. CSTE STD Subcommittee.
5. CSTE Surveillance Practice and Implementation Subcommittee.
6. CSTE eCR workgroup.
7. CSTE Data Modernization Initiative (DMI) Learning Community.
8. Biosurveillance Advisory Committee (BioWatch).
9. NACCHO Academy of Science Board.
10. National Cluster Detection and Response Implementation Learning Collaborative.

11. NV Congenital Syphilis Steering Committee.
12. NV Pathogen Science Team.
13. NV Child Death Review Team.
14. NV Advanced Child Death Review.
15. NV State Antimicrobial Stewardship Board.
16. NV Statewide CRE Surveillance Workgroup.
17. Statewide Epidemiology Organization Workgroup (SEOW) Committee.
18. Southern Nevada Opioid Advisory Council (SNOAC).
19. Clark County Opioid Task Force.
20. Southern Nevada Infectious Disease Society.
21. SNHD Health Equity Workgroup.
22. CSTE Forecasting & Modeling Peer-to-Peer Program.

EPIDEMIOLOGICAL AND PROGRAM REPORTS:

1. COVID-19 trend reports (discontinued as of spring 2024).
2. 2020 Clark County Antibiogram.
3. Data quality reports to support the Office of Disease Surveillance’s activities and STD/HIV grant deliverables.
4. Monthly - Drug Overdose Report – External.
5. Weekly/Monthly Arbovirus Report (May-Oct).
6. Monthly - BOH report.
7. Annual - Trauma Needs Assessment Review.
8. Annual Health Equity Report.
9. Submitted quarterly reports to ODS for HCV state grant.
10. Weekly MPOX case and vaccination report.
11. Ongoing monthly and quarterly reports for FOCUS HIV grant project.
12. Quarterly CDC lead testing data submission.
13. Quarterly CLPPP lead testing data submission.
14. Monthly & Quarterly SUDORS reports.
15. Monthly & Quarterly NVDRS reports.
16. Annual pediatric drowning/submersion report.
17. Annual leading causes of death report.
18. Weekly COVID-19 health disparity report.
19. Weekly Hepatitis CQA report.
20. Weekly Perinatal Hepatitis B report.
21. Weekly influenza surveillance report (Oct-May).
22. Daily CLPPP referral line list report.
23. Ryan White Reports (9).
24. OCDPHP Reports (7).
25. OPHP Reports (2).
26. MPOX reports.
27. FQHC reports (33).
28. Finance Reports (3).
29. PPC reports (24).
30. Immunization Reports (7).

31. HRSA COVID-19 vaccination reports.
32. Semi-Annual EHE report for CDC submission.
33. EHE Report for University of Washington.
34. eCW lab uploads from SNHD.
35. Galleria mall for COVID-19 Outreach report.
36. Trichomonas reports in eCW.
37. UCSD study Global Alert report.
38. UW Learning Collaborative – Metric reports.
39. Clark County Coroners office reports (24).
40. Monthly (External) and Weekly Internal) Heat Related Death and ED Visit report (April – Oct).

CONFERENCES ATTENDED:

1. 2024 eClinicalworks Conference.
2. CSTE DMI Summit.
3. Public Health Informatics and Technology Conference.
4. Overdose Response Strategy HIDTA conference.
5. 2024 Healthcare Information and Management Systems Society (HIMSS).
6. 2023 NACCHO 360 Annual Conference.
7. 2024 NACCHO ICP Summit.
8. 2024 NACCHO Preparedness Summit.
9. Winter CME Meeting of Nevada Academy of Family Physicians.
10. 2024 CSTE Annual Conference.
11. 2024 American Hospital Association Accelerating Health Equity Conference.
12. 2024 Nevada Health Conference.
13. SAS Innovate 2024.
14. SAS Explore 2023.
15. 2024 Rural Nevada Public Health Summit.
16. Global Health Corps Fellowship- Leadership Accelerator Conference.
17. In-Depth Listening Session University of Minnesota, Health Policy and Management and NACCHO, February 2024.
18. Nevada Primary Care Association 2023 Annual Healthcare Conference.
19. 2024 NVDRS Reverse Site Visit.
20. 2023 CDC CLPPP Annual Recipient Meeting.
21. 2023 EpiTrax Consortium Meeting hosted by SNHD.
22. Pacific AIDS Education and Training Center STI Update Fall 2023.
23. Pacific AIDS Education and Training Center STI Update Spring 2024.

WORKFORCE RECRUITMENT AND DEVELOPMENT:

1. Hired two Epidemiology Surveillance Specialists.
2. Participated as a mentee in NACCHO Waste Water Mentorship Program and visited San Mateo County Public Health Program.
3. Successfully participated as host site for graduate student epidemiology internship with AMCHP to work on maternal and child health dashboard.
4. Two staff passed the Certification in Infection Control exam.
5. Staff attended the following training opportunities:

- John’s Hopkins University Summer Epidemiology Institute
- Southern Nevada Foodborne Outbreak Training
- Geospatial Analysis Workshop hosted by UNLV
- CSTE Mentorship Program, 2023-2024
- UNLV School of Public Health Geospatial Analysis Training Webinar, February 2024
- SNHD Human Resources ABC's of Career Development: Boosting your Professional Skills-2 - Session 1, July
- Building Authentic Engagement in SDOH Partnerships Through Community-driven Storytelling, Mathematica, May 2024
- Engaging Communities in Budget Decisions to Build Power, University of Wisconsin-Madison, February 2024
- SNHD Media Training, April 2024
- Designing and Managing Public Health Information Systems: 8 Steps to Success course, April 2024
- DiSC Assessment Training
- Two Informatics staff members completed HL7 FHIR Fundamentals course training; One staff member completed HL7 FHIR Intermediate course Training.

ABSTRACTS, POSTERS OR PRESENTATIONS AT CONFERENCES:

1. Posters at the 2024 CSTE Annual Conference.
 - Enhanced surveillance during a large-scale event: A pilot study during the Formula 1 Races in Las Vegas, Nevada, November 2023.
 - Factors Contributing to Congenital Syphilis and Missed Opportunities for Prevention – Clark County, Nevada, 2017-2022.
 - Beneath the Surface: Norfentanyl Wastewater Surveillance in Clark County, Nevada.
 - Advancing COVID-19 surveillance through wastewater monitoring in Clark County, Nevada
 - Advancing Health Equity through Health Information Exchange: Augmenting Socio-Demographic Surveillance Data Completeness
 - Linking Vital Records and Disease Surveillance Data for Accurate Identification of Reportable Deaths
 - Enhancing Illicit Drug Supply Surveillance through Rapid Drug Analysis in Las Vegas, Nevada
 - Sociodemographic Determinants of Utilization Patterns in Harm Reduction Public Health Vending Machines in Clark County, NV, 2021-2023
2. Oral presentation at the 2024 CSTE Annual Conference
 - Advancing Mosquito Surveillance in Southern Nevada, Leveraging Open-Source Solutions for Enhanced Situational Awareness
3. Poster at the National Immunization Conference
 - COVID-19 vaccine barriers, motivational factors, and informational sources among populations with low uptake rates within Clark County, NV
4. Oral presentation at the Nevada Primary Care Association 2023 Annual Healthcare Conferences
 - Implementation of Universal HIV Screening in Primary Care in response to SB211

5. Poster at the Conference on Retroviruses and Opportunistic Infection
 - Individual- and Community-Level Predictors of HIV Care Continuum: Clark County, NV
6. Oral presentation at the OT21-2103 Quarterly Meeting with the CDC
 - “Highlights from the COVID-19 Health Disparities Project”
7. Oral presentations at 2024 Southern Nevada Substance Misuse and Overdose Prevention Summit:
 - Surveillance of the local illicit drug supply
 - Syndemic approach to substance use
8. Oral Presentation at the Philippine Nurses Association of Nevada Seminar
 - Perinatal HIV and congenital syphilis: the role of nurses in response to increasing rates
9. Oral Presentation at the Nevada Public Health Association annual conference
 - An Evaluation of a COVID-19 Vaccination Reminder Magnet Program in Southern Nevada
10. Oral presentation at the fall STI Update of the Pacific AIDS Education and Training Center, NV
 - Doxycycline for postexposure prophylaxis
11. Oral presentation at the Winter CME Meeting of the Nevada Academy of Family Physicians
 - HIV Stigma – (to assist with new state licensure requirement for 2 hours of HIV Stigma continuing education for certain healthcare providers)
12. Oral presentations at the spring STI Update of the Pacific AIDS Education and Training Center, NV
 - Epidemiologic profile of sexually transmitted infections and HIV in Clark County, NV .
 - Syndemic approach to STI/HIV treatment

OTHER PRESENTATIONS:

1. Co-Facilitated 2024 Community Forum: COVID-19 Impact on Disparities, April 2024, Las Vegas, NV.
2. Staff were Featured on Healthier Tomorrow radio show for the Community Status Assessment.
3. Syphilis Burden in Nevada at the Quarterly Congenital Syphilis Review Board meetings.
4. Presented on Epidemiology to REHS candidates.
5. Presented Epi 101 to Valley Health System professionals.
6. Advancing Health Equity Quarterly Collaboration.
7. Health District After Dark: Health Equity in Sin City.
8. Monthly Public Community Status Assessment update meetings.
9. 2025 Community Health Assessment Steering Committee.
10. Presentation on Community Status Assessment to SNHD FQHC.
11. Presented at the Center for Forensic Science Research and Education, with support from the CDC and the National Network of Public Health Institutes webinar series - *Webinar 9 – SUDORS: Using Data from the Medicolegal Death Investigation Community to Inform Drug Overdose Prevention and Response.*

JOURNAL PUBLICATIONS:

1. Bryant, R., Delise, B., Zhang, Y., Beckford, N., & Lockett, C. (2024). Assessment of risk factors for Neonatal Abstinence Syndrome (NAS) using a Standardized Surveillance Case Definition in Clark County, NV. *Journal of Maternal and Child Health*, 9(1), 78–88.
<https://doi.org/10.26911/thejmch.2024.09.01.07>

GRANT APPLICATIONS:

1. Applied for \$58,000 of supplemental funds that's part of SNHD's FR-CARA grant.
2. Received two subawards from UNR/CASAT to purchase naloxone, totaling \$1,296,120

AWARDS:

1. CSTE Poster Award in Health Equity and Tribal Epidemiology, June 2024, Pittsburgh, PA

Environmental Health Division

Consumer Health

AQUATIC HEALTH OPERATIONS (AHOPS)

1. AHOPS staff successfully trained and released five new inspectors with both offices achieving full staffing levels in the second half of FY24. The additional staff enabled the program to meet its goal of conducting at least one routine inspection for all permitted pools.
2. AHOPS staff developed an administrative process for noncompliant facilities, as well as a risk-based inspection program which increases inspection frequency for high-risk/high-use facilities.

AQUATIC HEALTH PLAN REVIEW (AHPR):

1. The AHPR section had a 13% increase in the overall number of projects submitted. New construction submissions increased by 4% and the total number of remodel applications increased by 24%, accounting for 81% of the new project submissions. The increase was due to changes in national standards requiring the replacement of older suction outlet fitting assemblies. The total number of projects released increased by 14% over FY23.
2. AHPR staff continue to spearhead review and revision of the 2018 Aquatic Facilities Regulations. This project is ongoing.
3. The AHPR supervisor continues to serve as the Public Health State Designee for Nevada on the Council for the Model Aquatic Health Code.

PLAN REVIEW:

1. The Plan Review team had an overall 9% increase in the number of projects submitted. New construction submissions increased by 13% and change of permit holder submissions increased by 6% from FY23. Remodel submissions increased by 35%.

SPECIAL PROGRAMS:

1. Special Programs staff completed revisions to the Regulations Governing the Safety and Sanitation of Child Care Facilities. The revised regulations have been submitted to SNHD Legal for review.
2. The number of active permits assigned to the Special Programs office increased by 5%, largely driven by a 17% increase in the number of active child care permits.
3. One Special Programs staff member is an active participant on the National Environmental Health Association's Body Art Model Code Committee, which provides training and updates for body art inspectors at the national level.

Food Operations - Inspections

1. Staff hosted quarterly Food Safety Partnership (FSP) meetings remotely to maintain Industry outreach, communication, and education.
2. Staff successfully coordinated, organized, and inspected the F1 Grand Prix event on the Las Vegas Strip.
3. Staff successfully coordinated, organized, and inspected permits for Super Bowl LVIII at Allegiant Stadium and throughout the community.

4. Staff have continued to identify gaps in invoicing processes and have improved workflows and procedures to reduce future billing issues.
5. A new Food Operations office (Paradise) was created and has grown to a total of 10 staff members.

Food Operations – Regulatory Support

OUTBREAK RESPONSE OFFICE:

1. A new Outbreak Response Office was created in the Environmental Health Division to respond to illnesses associated with exposures to a contaminated environment: foodborne illness, Legionella illness, lead poisoning, and recalls.
2. Staff completed a survey of 267 food industry members to better understand their experience of food safety culture and how it can be improved.
3. Staff published a research article in the Food and Humanity scientific journal entitled, “Focus Groups Among Retail Food Establishment Staff and Management Reveal Obstacles and Promoters of Good Food Safety Culture.”
4. Staff gave an outbreak investigation presentation at the National Environmental Health Association (NEHA) and Integrated Foodborne Outbreak Response Management conferences.
5. Staff conducted 39 travel associated investigations at public accommodation facilities and 20 residential investigations for Clark County residents who tested positive for Legionnaires’ disease or Pontiac fever. Nevada is one of only three states performing residential Legionella testing.
6. Staff co-presented with representatives from the Centers of Disease Control and Prevention (CDC) on food safety culture research findings to the CDC Food System Interest Group.
7. Staff presented food safety culture research findings at the NEHA and Nevada Environmental Health Association (NVEHA) annual conferences and at a Food Safety Partnership meeting.
8. Staff participated on a CDC panel on foodborne illness investigation practices at the NEHA conference.
9. Staff organized a public notice about the danger of consuming raw milk in partnership with Nevada Department of Agriculture representatives after investigating salmonella illness related to raw milk exposure.

SPECIALIZED FOODS OFFICE:

1. Staff attended and/or presented at 17 townhall meetings, ordinance meetings, Vegas Metro Chamber meetings, Las Vegas Metropolitan Police Department First Tuesday meetings, etc., regarding Senate Bill 92 (Sidewalk Vending).
2. Staff attended and/or presented at 10 Task Force on Safe Sidewalk Vending meetings for SB92 and provided input regarding recommendations for the Task Force’s report to the legislature.
3. Staff conducted three trainings/workshops for sidewalk vendors and farmer’s markets.
4. Staff presented at the NEHA and NVEHA conferences.
5. Staff presented information about unpermitted food vending to the SNHD Advisory Board.
6. Staff represented SNHD on the Southern Nevada Food Council and Southern Nevada Human Trafficking Task Force.

7. Staff gave a presentation to the City of Tulsa regarding water store and water bottling manufacturing inspections.
8. Staff participated as subject matter experts on retail water vending machines with the NEHA and Food and Drug Administration (FDA).

REGULATORY SUPPORT OFFICE:

1. Staff completed a training digitization project converting 17 new hire classroom trainings into self-paced modules on NeoGov. This included a SharePoint site for new hire training with digital records accessible to all core trainers and the EH managers.
2. Staff successfully completed a self-assessment and verification audit for Retail Program Standard 1 (Regulatory Foundation).
3. Staff presented two sessions at the NVEHA conference.

Solid Waste & Compliance

ILLEGAL DUMPING / RESTRICTED WASTE MANAGEMENT (RWM) PROGRAMS:

1. Staff have been reallocated into the Northern and Southern RWM Offices.
2. Staff continue to work with Business License agencies (Clark County, City of Las Vegas, City of Henderson, and City of North Las Vegas) regarding the referral process for noncompliant Restricted Waste facilities.
3. Staff completed over 3,500 annual Restricted Waste inspections and conducted approximately 1,000 Illegal Dumping responses.
4. Staff are participating in multi-agency responses with Clark County, City of Las Vegas, Henderson, and North Las Vegas.

MOSQUITO DISEASE:

1. Staff set 2,537 mosquito traps and submitted over 42,000 mosquitoes to the Southern Nevada Public Health Laboratory for disease analysis. West Nile Virus (WNV) was identified in over 14% of all mosquito submissions, across 46 zip codes, and 25 human cases were reported. Additionally, St. Louis Encephalitis was identified in mosquitoes for the first time since 2019, in eight zip codes across the Las Vegas Valley. Arboviral activity in 2024 was one of the most active seasons across the 20-year program history, second only to the declared WNV outbreak in 2019.

PERMITTED DISPOSAL FACILITIES (PDF) PROGRAM:

1. Staff continued to coordinate/host the Southern Nevada Environmental Task Force meetings as an avenue to increase communication with partner agencies.
2. Staff collaborated to update information on the Clark County Recycles website.
3. Biannual meetings have been scheduled with Solid Waste Plan Review staff to coordinate smoother program interactions.

UNDERGROUND STORAGE TANK (UST) PROGRAM:

1. Staff completed 871 routine inspections.
2. Staff oversaw 241 new UST sites coming into service, assisted in the closure of six sites, performed eight spill report investigations, and continued to perform construction, repair, and/or upgrade inspections in addition to routine compliance inspections.

Engineering

INDIVIDUAL SEWAGE DISPOSAL SYSTEM (ISDS) PROGRAM:

1. Staff are working with the University of Nevada Las Vegas (UNLV) to develop Environmental Health Informatics capability.
2. Staff are conducting outreach and water testing events in the Las Vegas Valley as part of grant activities that include groundwater and Legionella sampling for residential properties. Staff have begun surveying participants to evaluate the effectiveness of the program.
3. Staff are working with the Southern Nevada Water Authority (SNWA) to begin implementing a septic-to-sewer conversion program.
4. The Individual Sewage Disposal System Regulations are being updated and have cleared SNHD's internal legal review portion of the process.

PUBLIC ACCOMMODATIONS PLAN REVIEW:

1. Staff are working with jurisdictional building/permitting agencies so that new public accommodation construction applicants are instructed to contact SNHD prior to starting construction. This has included ongoing discussions with SNHD, the Nevada Division of Environmental Protection (NDEP), and local jurisdictions to determine if SNHD should be involved with the new construction design review of other commercial developments down meter of Public Water Systems.

SAFE DRINKING WATER (SDW) PROGRAM:

1. Staff continue working to address SDW compliance issues in Trout Canyon.
2. Staff coordinated technical assistance from the State for at-risk public water systems in Clark County.
3. Staff initiated and completed outreach to an unpermitted public water system in the Elkhorn/Monte Cristo area. Outreach was also initiated at another unpermitted public water system in the Desert Sunrise area.
4. Staff provided guidance to Spirit Mountain Youth Camp about phasing from hauled water to their spring source. Due to inadequate spring discharge, hauled water is continuing.

SUBDIVISION PLAN REVIEW:

1. Staff continue to collaborate with local water and sewer agencies to resolve required review comments that are acceptable by the jurisdictions.
2. Staff revised the process of submittal and review to better serve customers.

SOLID WASTE PLAN REVIEW:

1. Plan Review staff worked with Operations staff to revise the permit template to include information utilized for Solid Waste Plan Review inspections.
2. Staff began holding joint meetings to increase cooperation between the programs.

Public Health and Preventive Care Division

Immunization Clinic

1. The Immunization Clinics administered a total of 86,727 vaccines to 35,432 clients within the four Southern Nevada Public Health Centers from July 1, 2023 to June 30, 2024.
2. The Immunization Clinics have continued to work on improvements with the success of training to the new electronic health records (eClinicalWorks) as its documentation platform.
3. The immunization Clinics are in year 2 with the collaboration with the American Cancer Society to increase the uptake and completion rate of the HPV vaccine in children aged 9 and above.

Immunization Outreach Program

1. The Immunization Outreach team provided walk-in immunization clinics at the Clark County Family Support Center and select elementary, middle, and high schools in Clark County. The Team administered 10,712 vaccines to 4,002 clients from July 2023 to June 2024.
2. The Immunization Outreach team has ongoing collaboration with community partners including Nevada Homeless Alliance, Health of Southern Nevada, Mexican Consulate, Boulder City Library, and the Office of Disease Surveillance to administer vaccines in underserved areas. A total of 735 vaccines were administered to 373 clients.
3. Back-to-school clinics were held in partnership with the Culinary Health Fund in July 2023. A total of 215 vaccines were administered to 102 clients.
4. In June 2024, the Immunization Outreach team initiated the first back-to-school resources to administer school required immunizations among students 19 years old and younger. A total of 1,090 vaccines were administered to 416 clients.

Sexual Health Outreach and Prevention Program (SHOPP)

1. The Sexual Health Outreach and Prevention Program (SHOPP) started in 2024 with Express Testing (ET) and Congenital Syphilis Case Management Programs (CSCMP). It has since expanded to also include three new programs namely Serving Unhoused persons through Resources and Engagement (SURE), Comagine Integrated Maternal Health, and Ending the HIV Epidemic (EHE) Rapid Prevent Program. The Express Testing clinics completed 2,096 screenings of asymptomatic clients who were found to have almost a 10% overall positivity rate. ET partnered with SNHD Harm Reduction team and SURE to expand testing services to homeless outreaches.
2. SHOPP nurses and Community Health Workers (CHWs) linked 161 clients to care. The CSCMP enrolled 95 clients and provided 15 community trainings, including an innovative video of the day in the life of a Congenital Syphilis nurse case manager CSCMP provided Neurosyphilis Onsite Navigation (NEON) services to 19 clients in collaboration with FQHC-SHC and the University Medical Center. FY24 was a design year for both Comagine and EHE Rapid Prevent programs, with FY25 as implementation of CHW non-medical case management services.

Community Health Nursing Program

1. The Embracing Healthy Baby program has not received new referrals since December 2023. The Embracing Healthy Baby program has transitioned to a new Healthy Start program that is a five-year grant that was awarded in September 2023. Any new Embracing Healthy Baby referrals received starting January 2024 were referred to the Healthy Start program. The first family for the Healthy Start program was enrolled in February 2024 and there have been a total of 25 families enrolled. The Healthy Start program held their first Community Consortium meeting in May 2024.
2. The Thrive by 0-3 program is a collaboration with the Department of Family Services. Community Health Workers provided home visiting services to 137 families. The program completed 92 one-time home visits and enrolled 35 new families into the program.
3. The Maternal Child Health program consists of two nurse home visitors. One nurse works directly with Child Protective Services and the other oversees the case management of children with elevated blood lead levels and follows up on newborn screening referrals received from the State. Both nurses enrolled 23 new families and completed 128 home visits.
4. The Nurse Family Partnership provided services to 302 families. The specially trained nurses enrolled 145 new pregnant mothers and graduated 39 families.

COVID-19 Vaccination Program

1. During July 2023 and June 2024 with the combination of three static sites and multiple pop-up clients the COVID-19 team administered 5,267 COVID-19 vaccines, 3,168 Flu vaccines, 374 mpox vaccines, and 2,985 back-to-school vaccines for a total of 11,794 vaccines given.
2. With this fiscal year four provider compliance visits were completed, 16 provider education sessions were done, 48 healthcare provider recruitment sessions took place, and a total of 913 providers were contacted.
3. While working with long-term care facilities (LTCF) in Clark County, the COVID-19 team called 327 facilities as well as mailed out 327 postcards to long-term care / residential care homes to educate on the importance of COVID-19 vaccinations for residents and staff. Of those, 48 LTCF and 48 residential homes were visited and educated, 14 vaccines clinics took place and nine LTCF were referred to Albertsons for clinics.
4. Through the In-Home COVID-19 Vaccination Program, vaccines were 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. This clinic took place every Tuesday and some select Mondays where the team went to individuals' homes and vaccinated with COVID-19, Flu as well as RSV, with a total of 40 RSV doses given.
5. During this time, the COVID-19 team had ongoing community partnerships with the Shannon West, Delta Academy, Nevada Homeless Alliance, Nathan Adelson, Puentes, REACH, Recuperative Care, The Center, Las Vegas PRIDE, Immunize Nevada, Henderson Equality Center, Department of Behavioral Health and Human Services, Help of Southern Nevada, CCSD Family Support Center, Clark County Detention Centers as well as All Saints Episcopal Church.

Tuberculosis Control and Prevention

1. The Tuberculosis (TB) Program treated 72 individuals with active TB.
2. The TB clinic saw a total of 834 clients referred for latent TB consultations, treating 606 clients for latent TB treatment during FY24.
3. There were 67 cases referred from community partners to rule out tuberculosis infection.
4. The TB program acquired two Community Health Workers (CHWs) to assist with communication, advocacy, treatment support, prevention, education, and adherence with the goal of improving tuberculosis treatment completion and patient health outcomes.
5. The TB clinic collaborated with multiple providers in Southern Nevada to provide education and guidance about active and latent tuberculosis treatment.
6. The TB clinic team provided training for FQHC providers about latent tuberculosis treatment.
7. The TB clinic continues to provide services for all individuals in Southern Nevada to encourage testing and treatment of tuberculosis, the second deadliest infection in the world.

Employee Health Program

1. Assisted with the onboarding of 105 new hires.
2. Administered 419 vaccinations.
3. Completed 145 OSHA Medical Clearance forms.
4. Completed 374 employee TB assessments.
5. Assisted 93 employees with COVID-19 related issues. Includes administering testing to some and monitoring others on home isolation.
6. Assisted the Immunization Clinic, as needed.
7. Worked with the Safety Officer on the development of several protocols and on specific employee safety concerns. Joined the Safety Officer on site visits to SNHD locations to review workflows and safety issues and to check-in with employees regarding any concerns or requests.

Southern Nevada Community Health Center (FQHC)

Access to Care: Medical (Family Planning, Primary Care, Ryan White, Sexual Health, & Refugee Health), Behavioral Health, Pharmacy, & Nutritional Health

1. As of June 30, 2024, 10,335 unique patients were served in the Health Center.
 - 95% year-over-year increase
2. As of June 30, 2024, 12,309 encounters were provided.
 - 95% year-over-year increase
 - Medical: 21,639
 - Behavioral Health: 1,864
 - Pharmacist: 253
 - Dietician: 276
3. As of June 30, 2024, 15,977 unique patients were served in the pharmacy.
4. As of June 30, 2024, 23,479 prescriptions were filled.

Administration, Operations, and Finances

1. Awarded a new three-year Health Center program grant by HRSA through the Service Area Competition process.
2. Created and filled a new FQHC CEO/Project Director position.
3. The FQHC CEO joined the Board of Directors for the Nevada Primary Care Association.
4. Established a new health center organizational structure.
5. Created and implemented new Site-Specific Operations Managers at each location to oversee and manage day-to-day operations.
6. Created and filled a new FQHC Administrative Manager position.
7. Established a FQHC Business Office to manage strategic planning, budget creation and monitoring, financial forecasting, grant spend downs, grant applications, grant deliverables, risk management, Medicaid empanelment and compliance, HRSA compliance, FTCA compliance, contracts, and FTE timecard allocations.
8. Three Community Health Center Quality Recognition Badges awarded by HRSA for CY23.
 - Access Enhancer, Health Disparities Reducer, and Advancing HIT Quality.
9. Successfully completed Ryan White A and B program audits with no findings.
10. Added pharmacy services and a new pharmacist to the Fremont Public Health Center.
11. Hired and onboarded a new Behavioral Health Manager.
12. New integrated behavioral health workflows created and implemented.
13. Improved performance for depression and anxiety screenings.
14. New medical doctors, mid-level providers, and behavioral health professionals hired and onboarded.
15. Added substance use disorder professionals and services.
16. Incorporated the Sexual Health Clinic into the FQHC Division.
17. Added All Saints Episcopal Church as an approved service site location for the FQHC.
18. Transitioned the Refugee Health Clinic to the Fremont Public Health Center and assumed day-to-day operations of the program.
19. Expanded access to care with the addition of early morning appointments.

20. Implemented new no-show software program to help SNCHC maximize appointment availability.
21. Successfully transitioned the health center’s electronic health record to a newer version and migrated data hosting to a cloud server.
22. Received FTCA initial deeming and redeeming for medical malpractice insurance coverage.
23. Established a new health center wide training program and tracking process.
24. Added a new obstetric clinical training for all clinical team members.
25. Updated credentialing and privileging processes for clinical staff.
26. Assigned a new Risk Manager for the health center.
27. New risk incident reporting processes and documentation created.
28. New risk incident tracking and communication processes implemented.
29. Key performance indicator reporting process for monthly leadership meetings established.
30. Preferred empanelment status with HPN Medicaid achieved.
31. Increased the number of empaneled Medicaid patients from 286 to 1146.
32. Designed and refined a new calculation model for forecasting revenue.
33. Improved financial stability by increasing revenue and reducing expenditures, resulting in beating exceeding financial performance compared to the original FQHC fiscal 2023-2024 budget.
 - Total revenue for FY24 is \$33.3 million, representing a 30% year-over-year increase.
34. Implemented a new Sliding Fee Discount schedule.
 - Total sliding fee adjustments for 2023 equal \$2.8 million, an increase of 12% year-over-year.
35. Standardized workflows for receiving Medicaid Wrap reimbursement.
36. Began the construction of the new behavioral health clinic at the Decatur Public Health Center.
37. Initiated planning work with vendors and contractors for a dental clinic at the Fremont Public Health Center.
38. Collaborated with HPN and Hope Christian Health Center to ensure the HPN Community Catalyst program was set for project success.

Grants Received

1.	Health Center Program and Primary Care HIV Prevention	\$1,453,063
2.	COVID-19 Vaccine ARPA	\$138,600
3.	COVID-19 Capacity and Construction	\$600,474
4.	Health Center Incubator	\$150,000
5.	Ryan White Part A	\$1,161,932
6.	Ryan White Part B	\$905,933
7.	Ryan White Part C Capacity Building	\$150,000
8.	HIV Epidemic – Rapid start	\$260,540
9.	Title X Family Planning	\$1,400,000
10.	Title X Family Planning Telehealth	\$700,000
11.	Family Planning of Nevada	\$400,500
12.	UCSD Sexual Health	\$119,569
13.	Health Plan of Nevada Community Catalyst	\$225,000
14.	Health Center Bridge	\$49,542
15.	Health Center Quality Improvement	\$34,932

Community Partnerships

1. All Saints Episcopal Church
2. University of Las Vegas, Nevada (UNLV)
3. Mexican Consulate
4. El Salvador Consulate
5. Racial and Ethnic Approaches to Community Health (REACH)
6. Health Center Controlled Networks (HCCN)
7. Arizona Association of Community Health Centers (AACHC)
8. Nevada Primary Care Association (NVPCA)
9. Catholic Charities
10. Las Vegas Promotoras
11. Three Square
12. Dept of Welfare and Social Services. (DWSS)
13. Local Federally Qualified Health Centers

MEMORANDUM



Date: January 23, 2025

To: Southern Nevada District Board of Health

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

Subject: Administration Division Monthly Report – November 2024

Executive Summary 1

Office of Communications 2

Contracts Administration 3

Facilities 3

Finance 4

Health Cards 5

Human Resources (HR) 6

Information Technology (IT) 7

Workforce Team – Public Health Infrastructure Grant (PHIG) 8

Appendix A – Office of Communications 10

Appendix B – Finance – Payroll Earnings Summary – October 26, 2024 to November 8, 2024 12

Appendix C – Finance – Payroll Earnings Summary – November 9, 2024 to November 22, 2024 15

Executive Summary

The Office of Communications issued six New Releases and worked on advertising materials and media placements for the Your Shot campaign. Staff was active on social media promoting the Strip Club (fentanyl and xylazine test strips), walk audits, Mpox vaccines, CredibleMind, World AIDS Day, Diabetes Month, Pop-Up Produce Stands, and many more. Staff coordinated program participation with the Opportunity Village sponsorship in support of the Your Shot Campaign. Facilities completed the remodel of the entrance counter at the Decatur Location. Finance staff worked diligently with the auditors to ensure timely completion of the audit report and single audit report. Health Cards served 9,330 total clients, including 1,988 online renewals. As of December 4, 2024, the Health District had 824 active employees. Human Resources arranged 11 interviews, extended two job offers and onboarded four new staff. There were six terminations, two promotions, five flex-reclasses, no transfers and no demotions. Eight employment opportunities were posted.

Office of Communications

News Releases Disseminated:

- Reminder: Next Pop-Up Produce Stand set for November 5 in Las Vegas
- November is American Diabetes Month
- Norovirus — It's not the flu!
- The Great American Smokeout is Thursday, November 21
- First flu death of the season reported
- Southern Nevada Health District observes World AIDS Day

Press:

- Norovirus
- Heat-associated deaths
- American Diabetes Month
- Pop-Up Produce Stands
- Staying healthy during the holidays

Five hundred and forty-nine news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in November. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at <https://media.southernnevadahealthdistrict.org/download/oc/202411-PI-Report.pdf>.

Advertisements, Projects Completed and Social Media Summary:

In November, staff worked on advertising materials and media placements for the Your Shot campaign. Staff provided product support for Health Equity, Environmental Health and Administration. Throughout the month, the Office of Communications responded to 140 public information email inquiries and addressed 74 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, Thanksgiving Holiday, Holiday Closures, World AIDS Day, Safe Cooking, norovirus prevention, Your Shot Campaign, Public Health Thank You Day, COVID-19 Self-Test Vending Machines, Board of Health recognitions, American Smokeout, American Diabetes Month, Free COVID-19 Tests, Public Service Career Fair, HPV Vaccine Survey, Pop-Up Produce Stands and Nevada Health Coverage Day.

Community Outreach and Other:

Staff coordinated program participation with the Opportunity Village sponsorship in support of the Your Shot Campaign and organized radio interviews as part of campaign community outreach sponsorships.

- Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 265
- Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families program: 16

Meetings and Events of Note:

- November 01: Nevada Health Link News Conference
- November 14: Emergency Management JIC-Las Vegas Grand Prix Meeting
- November 20: National Public Health Information Coalition/CDC Monthly Communication call
- November 21: Nevada Public Health Association Advocacy and Policy Committee meeting

Please see Appendix A for the following:

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

Contracts Administration

Period of Performance	Requests Received	Requests w/Expectations of Expedited Completion	% of Expedited Requests Received	Requests Processed
November 1-30, 2024	17	8	47%	31

Facilities

Monthly Work Orders	Nov 2023	Nov 2024		YTD FY24	YTD FY25	
Maintenance Responses	176	446	↑	972	1838	↑
Electrical Work Orders	9	39	↑	44	162	↑
HVAC Work Orders	19	125	↑	129	247	↑
Plumbing Work Orders	10	9	↓	40	93	↑
Preventive Maintenance	30	29	↓	117	167	↑
Security Responses	2,197	2,368	↑	12223	12822	↑

Current Projects

Decatur Location

- Completed remodel of main entrance counter
- Installed new sign holders throughout the building for clear holiday closure notices
- Completed strip and repainting of curbs around the building

Buffalo Location

- Converted Payroll Office to house two employees

Fremont Location

- Installed bike rack for clients

Finance

Total Monthly Work Orders by Department	Nov 2023	Nov 2024		YTD FY24	YTD FY25	
Purchase Orders Issued	389	526	↑	2,408	2,885	↑
Grants Pending – Pre-Award	1	13	↑	17	24	↓
Grants in Progress – Post-Award	21	10	↓	63	53	↑

* Grant applications and NCCs created and submitted to agency

** Subgrants routed for signature and grant amendments submitted

No-Cost Extensions and Carryover requests are not quantified in this report.

Grants Expired – November 2024						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
NE110E000081-02-00, Public Health Infrastructure year 2 of 5 (phia2_24)	F-CDC	11/30/2024	\$2,342,496	End of project period	7.15	FY2025 renewed

Grants Awarded – November 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, Public Health Preparedness Program, Hospital Preparedness Program, Year 1 of 5 (hpp_25)	P-ASPR	10/8/2024	7/1/2024	6/30/2025	\$1,349,420	FY2025 renewal award	0.00
State of Nevada, Office of Analytics National Violent Death Reporting System (nvdrs_25)	P-CDC	11/5/2024	9/1/2024	8/31/2025	\$147,315.00	FY2025 renewal award	0.88
UNLV, BioWatch Environmental Air Sample Testing (envspl24)	UNLV	11/5/2024	6/1/2024	4/30/2025	\$17,790	FY2024 renewal award	1.00
State of Nevada, HIV Prevention and Surveillance Program, Year 1 of 5 (hivprv25)	P-CDC	11/18/2024	8/1/2024	5/31/2025	\$1,611,588.00	FY2025 renewal award	13.10

Grants Awarded – November 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, Epidemiology and Laboratory Capacity Program, Year 1 of 5 (elcont25)	P-CDC	11/18/2024	8/1/2024	7/31/2025	\$377,055	FY2025 renewal award	2.25
NE11OE000081-03-00 Public Health Infrastructure, Year 2 of 5 (phia2_25)	P-CDC	11/19/2024	12/1/2024	11/30/2025	\$1,840,035	FY2025 renewal award	7.60
State of Nevada, Public Health Emergency Preparedness Program (crico_25)	P-CDC	11/22/2024	7/1/2023	6/30/2025	\$32,627	FY2025 renewal award	0.00

Health Cards

- Appointments continue to be required for food handler card testing and open as follows:
 - Advance appointments for our Decatur, Fremont, and Henderson offices open each weekday morning at 6 a.m. for that day in the following week.
 - Additional same-day appointments at our Decatur and Fremont offices open for booking each working day by 7:30 a.m. as staffing allows.
 - Same-day appointments for our Laughlin and Mesquite offices open for booking each working day at 5:00 a.m.
- For the month of November, we averaged 66 “passing and paying” online renewal clients per day, with a total of 1,988 clients renewing online.

CLIENTS SERVED	Nov 2024	Oct 2024	Sept 2024	Aug 2024	July 2024	June 2024
FH Cards – New	4,826	6,946	5,933	6,340	6,740	6,836
FH Cards – Renewals	747	963	829	930	986	970
FH Cards – Online Renewals	1,988	2,475	2,671	2,826	2,507	2,312
Duplicates	478	569	487	583	538	503
CFSM (Manager) Cards	169	247	225	251	252	279
Re-Tests	1,037	1,519	1,271	1,450	1,649	1,568
Body Art Cards	85	125	42	115	127	97
TOTALS	9,330	12,844	11,458	12,495	12,799	12,565

Human Resources (HR)

Employment/Recruitment:

- 0 New job title for November
- 824 active employees as of December 4, 2024
- 4 New Hires, including 0 rehires and 0 reinstatements
- 6 Terminations, including 1 retirement
- 2 Promotions, 5 Flex-reclasses
- 0 Transfers, 0 Lateral Transfers
- 0 Demotions
- 37 Annual Increases
- 11 Interviews
- 2 Offers extended (0 offers declined)
- 8 Recruitments posted
- Turn Over Rates
 - Administration: 0.61%
 - Community Health: 0.97%
 - Disease Surveillance & Control: 0.00%
 - Environmental Health: 0.02%
 - Public Health & Preventive Care: 0.00%
 - FQHC: 0.01%

Temporary Employees

- 26 Temporary Staff
- 0 New Agency Temporary Staff Members (Express)
- 0 Agency Temporary Staff Members assignment ended

Employee/Labor Relations

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

Interns

There were a total of 22 interns and 438 applied public health practice hours in November 2024.

Interns and Clinical Rotations	Nov 2024	YTD
Total Number of Interns ¹	22	97
Internship Hours ²	438	3,252

¹Total number of students, residents, and fellows

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

Safety

- Inquiries – 38
- Investigations – 2
- Safety Publications – 4

Training (In-Person and Online)

- DiSC Training – 25
- Pulse Survey – 243
- Successfully transformed our OVS surveys into a new format that provides better indicators of strengths and opportunities for SNHD to work on.

New Hire Orientation

- November – 4 New Hires

Information Technology (IT)

Service Requests	Nov 2023	Nov 2024		YTD FY24	YTD FY25	
Service Requests Completed	1,062	1,159	↑	5,564	5,529	↓
Service Requests Opened	1,172	1,292	↑	6,209	6,232	↑

Information Services System Availability 24/7	Nov 2023	Nov 2024		YTD FY24	YTD FY25	
Total System	98.94	93.45	↓	98.55	95.20	↓

*Total Monthly Work Orders by Department	Nov 2023	Nov 2024		YTD FY24	YTD FY25	
Administration	338	260	↓	1432	1,438	↑
Community Health	137	99	↓	604	546	↓
Environmental Health	178	149	↓	1013	926	↓
**Primary & Preventive Care	205	270	↑	1259	1,262	↑
**Disease Surveillance & Control	159	161	↑	734	702	↓
**FQHC	132	272	↑	845	1,095	↑
Other	18	18	-	80	81	↑

First Call Resolution & Lock-Out Calls	Nov 2023	Nov 2024		YTD FY24	YTD FY25	
Total number of calls received	1,172	1,292	↓	5420	6,232	↑

Workforce Team – Public Health Infrastructure Grant (PHIG)

Workforce Team

- Workforce engagements:
 - Participated in the Monthly CDC Project Officer meeting.
 - Participated in the PHIG Strategic Scholars Skills Application Showcase.
 - Met with AI (Workforce) Accountant to balance the PHIG budget.
 - Participated in the webinar titled: The More Likely Disaster: Key Differences Between Cyber Recovery and Traditional Disaster Recovery.
 - Participated in Region 9 HUB webinar titled Mobilizing Strong Partnerships: Discussed Double Up Food Bucks and Safe Routes to Schools during the webinar.
 - Applied for and was accepted as an Abstract Reviewer for 2025 NACCHO360 Conference in Anaheim, CA in 2025.

CDC Requirements

- Responded to Request for Information from CDC Grants Management Specialist regards A2 (Foundational Capabilities) budget and application. Justification provided and accepted by CDC.

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).
- Received and Answered CDC question regarding NCC A2/BP3 about travel – awaiting response to the answer.

Performance Management

- Spent 34 hours entering Strategic Priorities into the VMSG dashboard for division contributors.
 - Expended 13 hours of coaching contributors on creating effective and SMARTIES goals and trackable activities and reviewing their submissions
- 2 hours on PHF webinar highlighting new tools and playbooks for workforce development

Quality Improvement

- Utilized 10 human-hours in Behavioral Health QI project meetings and design of final Story Board and copy for digital reader-boards to display in the Decatur office. This project is complete.
 - This project resulted in a 15% increase in Behavioral Health patient appointments
 - Another benefit was making better use of the one provider (out of three) that is fluent in Spanish.
 - The work of this group eliminated the wait list for new Spanish speaking patients seeking services. Prior to this project, the wait time stretched to 90+ days for a first appointment for some.
 - This project was the first one to utilize the newly adopted Project Charter that walks a project team through the Plan-Do-Study-Act cycle with elements proven to drive project success.
 - This is also the first project uploaded to the QI Project library designed with 3 purposes in mind:
 1. Recognize staff documenting this work to inspire others.
 2. Sharing knowledge across divisions and even smaller distances (e.g., across two sections of a clinic)

3. Build a library of QI projects to demonstrate an increase in QI maturity to the PHAB Accreditation board.

- Provided training to over 100 PPC staff in Quality Improvement “Just Did It “forms.
 - Net Promoter Score across 3 cohorts was 46. A score of 20 is considered good with 50 being Excellent and 70+ as World Class.
 - This feedback will drive iterations of content for the next 4 Divisions receiving training.
- Participated in Health Equity class to set a baseline to drive any improvements in new e-Learning expected to launch in the 1st quarter of 2025.
- Met with DSC leadership to plan initial training to 100+ staff on Quality Improvement.
 - 4 classes are scheduled with over 40 participants signed up as of this writing.

PHAB Reaccreditation

- Provided 12 contact hours of documentation training to Office of Communications staff.
- Participated in a national webinar around sharing services with other agencies and the state. Learned new examples from other states. Local experience with NVDPBH has been positive this year in Accreditation and access to care projects.

PHIG

- Learned that a workshop on Proactive Technical Assistance from Region 6 was not open to PHIG recipients. Following up with representatives in our Region 9 and the CDC Project Officer.
- 3 hours spent preparing progress, wins, and planning documentation for PHIG-funded projects in this section.

Appendix A – Office of Communications

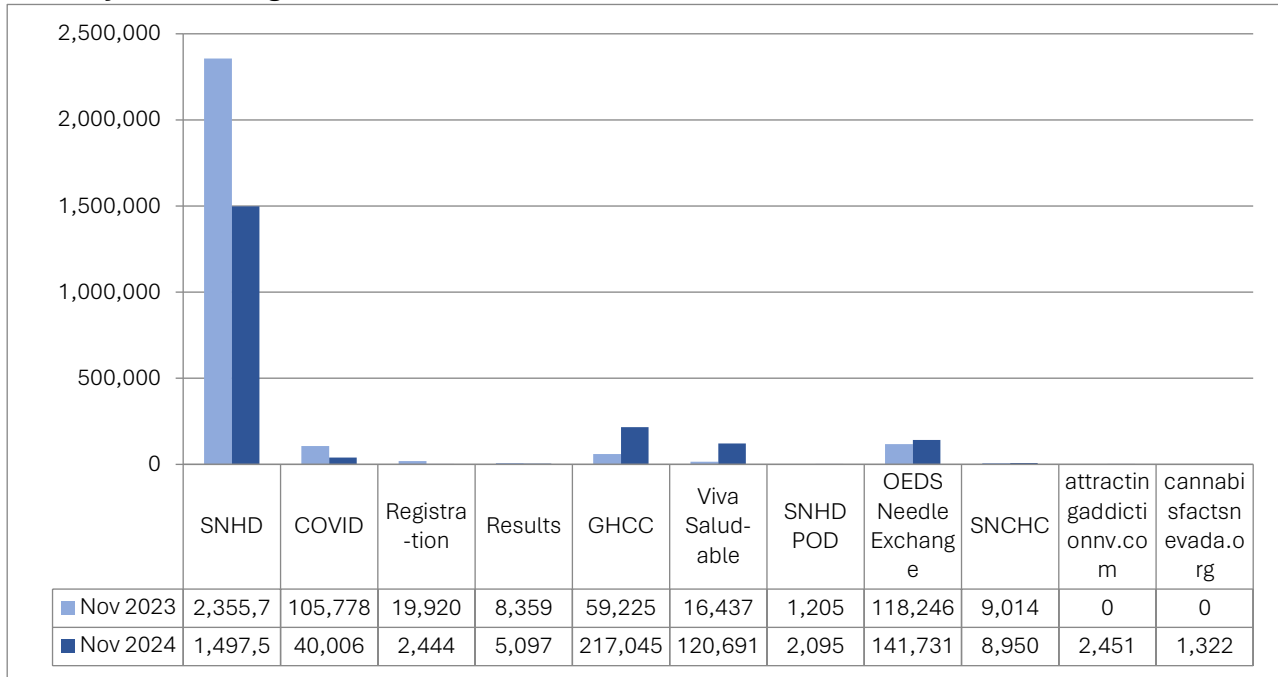
Media, Collateral and Community Outreach Services:

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

	Nov 2023	Nov 2024		YTD FY24	YTD FY25	
Media – Digital/Print Articles	22	17	↓	205	215	↑
Media - Broadcast stories	119	51	↓	590	616	↑
Collateral - Advertising/Marketing Products	22	16	↑	115	200	↑
Community Outreach - Total Volunteers ¹	10	11				
Community Outreach - Volunteer Hours	580	688	↑	1,327	3,454	↓

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		Nov 2023	Nov 2024		YTD FY24	YTD FY25
Facebook SNHD	Followers	13,322	13,489	↑	N/A	N/A
Facebook GHCC	Followers	6,139	6,114	↓	N/A	N/A
Facebook SHC	Followers	1,651	1,637	↓	N/A	N/A
Facebook THNK/UseCondomSense	Followers	5,371	5,252	↓	N/A	N/A
Facebook Food Safety	Followers	148	170	↑	N/A	N/A
Instagram SNHD	Followers	4,382	4,971	↑	N/A	N/A
Instagram Food Safety	Followers	527	527	↓	N/A	N/A
Instagram GetHealthyCC	Followers	121	235	↑	N/A	N/A
*Instagram @Ez2stop	Followers	0	152	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	430	152	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,850	1,785	↓	N/A	N/A
X (Twitter) Food Safety	Followers	100	98	↑	N/A	N/A
X (Twitter) SNHDinfo	Followers	10,371	10,107	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	341	343	↑	N/A	N/A

Social Media Services		Nov 2023	Nov 2024		YTD FY24	YTD FY25
X (Twitter) THINK/ UseCondomSense	Followers	693	670	↓	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	128	123	↓	N/A	N/A
Threads SNHD	Followers	567	936	↑	N/A	N/A
*TikTok @Ez2stop	Views	0	29	↑	N/A	N/A
**TikTok SNHD	Views	0	112	↑	N/A	N/A
YouTube SNHD	Views	179,002	164,369	↑	969,847	1,005,263
YouTube THINK / UseCondomSense	Views	315	784	↑	1,327	1,827
<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 – October 26, 2024 to November 8, 2024

PAYROLL EARNINGS SUMMARY
October 26, 2024 to November 8, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 324,807.56	\$ 7,296,641.37	\$ 3,348,188.68	\$ 8,752,968.00	38%	
ENVIRONMENTAL HEALTH	\$ 637,324.08	\$ 14,344,723.16	\$ 6,478,620.23	\$ 16,165,526.00	40%	
COMMUNITY HEALTH	\$ 300,395.70	\$ 7,229,553.03	\$ 3,050,679.24	\$ 8,845,899.00	34%	
DISEASE SURVEILLANCE & CONTROL	\$ 383,945.12	\$ 8,865,722.11	\$ 3,792,236.14	\$ 9,652,903.00	39%	
FQHC	\$ 360,556.18	\$ 7,669,027.51	\$ 3,471,290.05	\$ 9,532,374.00	36%	
ADMINISTRATION W/O ICS-COVID	\$ 578,294.57	\$ 12,881,572.39	\$ 6,063,911.75	\$ 14,907,050.00	41%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,585,323.21	\$ 58,287,239.57	\$ 26,204,926.09	\$ 67,856,720.00	39%	38%
FTE	824					
Regular Pay	\$ 2,269,116.07	\$ 47,654,518.78	\$ 21,731,482.89			
Training	\$ 199.57	\$ 148,817.82	\$ 62,460.64			
Final Payouts	\$ -	\$ 497,842.39	\$ 147,092.88			
OT Pay	\$ 23,634.41	\$ 448,764.64	\$ 238,083.30			
Leave Pay	\$ 264,660.32	\$ 7,981,740.88	\$ 3,119,387.25			
Other Earnings	\$ 27,712.84	\$ 1,555,555.06	\$ 906,419.13			
TOTAL	\$ 2,585,323.21	\$ 58,287,239.57	\$ 26,204,926.09			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
October 26, 2024 to November 8, 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>
Ubando, Marjorie		4.00	206.17	Cunnington-Morrison, Corey	30.00	979.30
Thede, Stacy		3.50	113.78			
Kuahiwinui-McGuire, Brandon		0.25	7.91			
Veron, Michelle		7.50	417.02			
Wright, Michael		4.00	216.88			
Murphy, Melissa		14.00	530.84			
Total Administration		33.25	1492.60		30.00	979.30

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	0.75	25.77
Total Community Health Services		0.00	0.00		0.75	25.77

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
				Avalos, Mayra	0.38	16.63
Total FQHC-Community Health Clinic		0.00	0.00		0.38	16.63

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	13.50	695.83	Arquette, Jocelyn	0.75	36.84
Enzenauer, Lizette		9.00	500.42			
Enzenauer, Lizette	IMMEQ_22	19.50	1084.26			
Robles, Cynthia		10.75	526.37			
Robles, Cynthia	IMMEQ_22	27.25	1334.29			
McTier, Chika		11.00	769.92			
Wong, Michelle	IMMEQ_22	2.25	142.26			
Zarret, Mariam		5.50	365.87			
Zavala, Isaac	IMMEQ_22	0.25	15.81			
Fisher-Armstrong, Gimmeko		11.00	462.09			
Landini, Karleena		0.75	55.60			
Total Public Health & Preventative Care		110.75	5952.72		0.75	36.84

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Navarrete, George (Larry)		1.25	92.09	Cavin, Erin	3.75	166.31
Edwards, Tara		1.25	87.49	Sharif, Rabea	6.75	277.29
Sheffer, Thanh		9.00	583.09	Ramakrishnan, Veena	5.25	210.32
Woods, Heather		2.50	158.07	Thompson, William B	3.75	150.23
Hall, Latonia (Tonja)		0.50	31.61	Wills, Jerry	4.50	158.45
Lett, Kendra		22.25	1406.81	Valadez, Alexis	5.25	175.67
Lucas, Brianna		8.00	480.74	Diaz-Ontiveros, Luz	3.00	100.38
Walton, Shaunte		3.00	162.65	Jones, Mallory	9.38	306.03
Kaplan, Kristopher		7.50	420.57	Sabandith, Vetahya	2.25	73.45
Cummins, Veronica		2.75	152.91	Sripramong, Jacqueline	4.50	146.89
Martens, Gary		2.00	108.44	Galvez, Alexis	2.25	71.56
Reyes, Abegail		3.50	180.40	Vinh, Jonathan	3.00	88.41
Choi, Jessica		1.50	77.32	Weber, Lauren	15.00	442.05
Rakita, Daniel		5.75	281.54	Erickson, Sarah	3.00	88.41
Jones, Alexandria		3.50	171.38	Hernandez, Lilian	3.75	110.51
McCann, Alexandra		1.75	85.69	Herrera, Carlos	2.25	64.59
Calzado, Neil		4.00	195.86	Jones, Jalen	3.00	86.12
Jones, Mallory		11.50	563.09	Nwaonumah, Nosa	4.13	118.41
Brown, Tevin		10.00	489.65	Hernandez, Abel	2.25	64.59
Najera, Luisa		3.75	183.61			
Craig, Jill		6.00	293.79			
Charfauros, Adair		5.00	244.83			
Jufar, Lydia		1.50	73.45			
Galvez, Alexis		6.5	310.1			
Vinh, Jonathan		3.00	132.62			
Roberts, Jamie		2.00	86.12			
Hernandez, Abel		3	129.18			
Total Environmental Health		132.25	7183.10		87.00	2899.67

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>
Johnson, Monique	HIVPRV25	7.50	450.69			
Johnson, Monique		12.00	721.10			
Rossi Boudreaux-Thibodeaux, Dustin (Tux)		5.25	349.24			
O'Connor, Kelli		12.00	758.73			
Ewing, Tabitha	HIVPRV25	15.75	995.83			
Ewing, Tabitha		13.00	821.96			
King, Micah		10.50	716.71			
Montgomery, Joshua	HIVPRV25	7.75	490.01			
Montgomery, Joshua		13.00	821.96			
Castro, Janet		14.00	702.66			
Herrera, Reyna		5.00	292.50			
De Los Santos, Sherilyn		5.00	232.57			
Polintan, Michael	IMMCD_22	1.25	58.14			
Polintan, Michael	IMMEQ_22	4.25	197.68			
Mills, Tiffany		7.50	270.17			
McNee, Nicol	HIVPRV25	7.50	284.38			
McNee, Nicol		7.50	284.38			
Washburn, Kacie		7.00	265.42			
Rangel de Oliveira, Audrey		2.00	81.82			
Griffin, Roberto		5.00	210.04			
Total Disease Surveillance & Control		162.75	9005.99		0.00	0.00
Combined Total		439.00	23634.41		118.88	3958.20

Appendix C – Finance – Payroll Earnings Summary – November 9, 2024 to November 22, 2024

PAYROLL EARNINGS SUMMARY
November 9, 2024 to November 22, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 323,927.09	\$ 7,647,578.08	\$ 3,699,125.39	\$ 8,752,968.00	42%	
ENVIRONMENTAL HEALTH	\$ 633,090.57	\$ 15,063,352.38	\$ 7,197,249.45	\$ 16,165,526.00	45%	
COMMUNITY HEALTH	\$ 307,930.42	\$ 7,566,986.36	\$ 3,388,112.57	\$ 8,845,899.00	38%	
DISEASE SURVEILLANCE & CONTROL	\$ 376,779.39	\$ 9,272,169.40	\$ 4,198,683.43	\$ 9,652,903.00	43%	
FQHC	\$ 362,791.54	\$ 8,042,521.14	\$ 3,844,783.68	\$ 9,532,374.00	40%	
ADMINISTRATION W/O ICS-COVID	\$ 585,597.07	\$ 13,512,182.33	\$ 6,694,521.69	\$ 14,907,050.00	45%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,590,116.08	\$ 61,104,789.69	\$ 29,022,476.21	\$ 67,856,720.00	43%	42%

FTE	827					
Regular Pay	\$ 2,042,209.66	\$ 49,696,728.44	\$ 23,773,692.55			
Training	\$ 7,042.68	\$ 155,860.50	\$ 69,503.32			
Final Payouts	\$ 6,602.78	\$ 504,445.17	\$ 153,695.66			
OT Pay	\$ 17,359.09	\$ 466,123.73	\$ 255,442.39			
Leave Pay	\$ 493,965.19	\$ 8,475,706.07	\$ 3,613,352.44			
Other Earnings	\$ 22,936.68	\$ 1,805,925.78	\$ 1,156,789.85			
TOTAL	\$ 2,590,116.08	\$ 61,104,789.69	\$ 29,022,476.21			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
November 9, 2024 to November 22, 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		0.50	25.77			
Galaviz, Monica		5.25	349.25			
Thede, Stacy		0.25	8.13			
Arzate, Mario		3.00	94.89			
Kuahiwinui-McGuire, Brandon		3.00	94.89			
Wright, Michael		3.00	162.65			
Murphy, Melissa		10.00	379.17			
Total Administration		25.00	1114.75		0.00	0.00

COMMUNITY HEALTH SERVICES						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Butac, Yvette		6.50	352.42			
Huyo A, Jocelyn		6.50	380.25			
Englis, Terence		6.50	273.05			
Fejeran, Renee		6.50	390.60			
Total Community Health Services		26.00	1396.32		0.00	0.00

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Orea-Valencia, Mirelly		1.00	40.91			
Total FQHC-Community Health Clinic		1.00	40.91		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>
Hamilton, Isabel		0.25	14.25			
Maciel, Marisol	IMMEQ_22	6.00	309.26			
Enzenauer, Lizette	IMMEQ_22	21.00	1167.65			
Robles, Cynthia		2.00	97.93			
Robles, Cynthia	IMMEQ_22	14.50	709.99			
Sprance-Grogan, Carolyn		0.25	14.25			
McTier, Chika		7.25	507.45			
Hodge, Victoria		11.00	566.98			
Gomez, Karen		3.00	102.77			
Wong, Michelle	IMMEQ_22	10.50	663.89			
Zarret, Mariam		5.75	382.51			
Zavala, Isaac	IMMEQ_22	0.25	15.81			
Total Public Health & Preventative Care		81.75	4552.74		0.00	0.00

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>
Hall, Nancy		4.00	294.68	Cavin, Erin	8.25	365.87
Cole, Robert		2.50	184.20	Santiago, Anthony	4.50	199.57
Sheffer, Thanh		5.00	323.94	Whiting-Green, Willandra	3.75	154.05
Whiting-Green, Willandra	ANCLPE23	3.75	231.05	Sharif, Rabea	4.50	184.86
Whiting-Green, Willandra		-3.75	-231.05	Hemberger, Adriana	2.25	73.45
Lett, Kendra		21.25	1343.58	Wills, Jerry	0.63	22.18
Ortiz-Rivera, Vanessa		8.75	566.89	Southam, Jaclyn	6.00	211.27
Pontius, Kevin		3.00	189.68	Kuehn, Jennifer	5.25	180.40
Pontius, Kevin	FDILL_25	0.50	31.61	Valadez, Alexis	6.00	200.76
Walton, Shaunte		2.00	108.44	Diaz-Ontiveros, Luz	4.88	163.12
Wills, Jerry		4.58	241.90	Sripamong, Jacqueline	1.50	48.96
Southam, Jaclyn		-2.25	-118.84	Hall, Alyssa	10.50	309.44
Southam, Jaclyn	ANCLPE23	3.75	198.05	Nwaonumah, Nosa	2.63	75.35
Southam, Jaclyn	FDILL_25	2.25	118.84			
Southam, Jaclyn		-3.75	-198.05			
Blackard, Brittanie		0.25	13.20			
Choi, Jessica	FDILL_25	2.00	103.09			
Darang, Chase		2.00	100.38			
Valadez, Alexis		-3.00	-150.57			
Valadez, Alexis	FDILL_25	3	150.57			
Jones, Alexandria		3.50	171.38			
Calzado, Neil		7.00	342.75			
Jones, Mallory		8.25	403.96			
Sripamong, Jacqueline		3.00	146.89			
Craig, Jill		1.50	73.44			
Wade, Cynthia		5.00	244.82			
Ahmed, Maryam		4.75	215.57			
Bidinger, Joy		1.00	48.96			
Galvez, Alexis		5.00	238.54			
Hall, Alyssa		1.50	66.31			
Gonzalez, Kimberly		1.75	77.36			
Vinh, Jonathan		0.75	33.15			
Decicco, Natalya		9.25	408.90			
Total Environmental Health		108.08	5973.62		60.63	2189.29

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>
Rossi Boudreaux-Thibodeaux, Dustin		6.50	432.40	Bravo Rosas, Jazmin	5.25	139.73
O'Connor, Kelli	HIVPRV25	4.50	284.52			
Ewing, Tabitha		8.00	505.82			
King, Micah		8.00	546.06			
Montgomery, Joshua		7.50	474.21			
McIntyre, Eric		0.25	15.02			
De Los Santos, Sherilyn		7.50	348.85			
Rivas, David		1.00	57.02			
Flournoy, Tiffany		0.25	15.02			
Polintan, Michael	IMMCD_22	1.75	81.40			
Polintan, Michael	IMMEQ_22	5.75	267.45			
Bravo Rosas, Jazmin		-5.25	-209.60			
Bravo Rosas, Jazmin	HIVPRV25	5.25	209.60			
Mills, Tiffany		8.00	288.19			
McNee, Nicol	HIVPRV25	5.00	189.59			
Alvarez, Jeffrey		7.00	265.42			
Holloway, Aurora		7.00	265.42			
Rangel de Oliveira, Audrey		7.00	286.37			
Griffin, Roberto		-1.00	-42.01			
Total Disease Surveillance & Control		84.00	4280.75		5.25	139.73
Combined Total		325.83	17359.09		65.88	2329.02

MEMORANDUM



Date: January 23, 2025

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 – December 2024**

Executive Summary 1

Office of Communications 2

Contracts Administration 3

Facilities 3

Finance 4

Health Cards 8

Human Resources (HR) 8

Information Technology (IT) 10

Workforce Team – Public Health Infrastructure Grant (PHIG) 10

Appendix A – Office of Communications 13

Executive Summary

The Office of Communications worked on the layout and data visualization for the 2025 Community Health Assessment report and was active on social media promoting the Strip Club (fentanyl and xylazine test strips), World AIDS Day, COVID-19 Self-Test Vending Machines, CredibleMind, and many more. Staff responded to ten community outreach requests. Legislative Affairs staff met with the various Health District programs to discuss legislative issues and priorities. Facilities staff installed conference room equipment and monitors in Annex B. Further, staff installed monitors at Decatur and Fremont to display Health District information. Health Cards served 8,577 total clients, including 1,709,475 online renewals. As of January 6, 2025, the Health District had 827 active employees. Human Resources arranged 94 interviews, extended 16 job offers (one declined) and onboarded three new staff. There were three terminations, one retirement, three promotions, four flex-reclasses, one transfer and no demotions. Ten employment opportunities were posted.

Office of Communications

Press:

- Norovirus cases
- Flu cases
- Food safety
- Illegal dumping
- Dr. Leguen's career

Five hundred and thirty-five news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in December. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at <https://media.southernnevadahealthdistrict.org/download/oc/202412-PI-Report.pdf>.

Advertisements, Projects Completed and Social Media Summary:

In December, staff worked on advertising materials and media placements for the Your Shot campaign, and provided product support for the Office of Chronic Disease Prevention and Health Promotion, Environmental Health and Administration. Staff began working with the Disease Surveillance team on the layout and data visualization for the 2025 Community Health Assessment report. Throughout the month, the Office of Communications replied to 80 public information email inquiries and addressed 60 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), World AIDS Day, norovirus prevention, Your Shot campaign, COVID-19 Self-Test Vending Machines, Max Your Vax, Credible Mind, HPV Vaccine Survey, City Council meeting honoring Dr. Leguen, Holiday Food Safety, Holiday Clinic Closures, Healthy Holidays and Perspective recipes.

Community Outreach and Other:

Staff responded to ten community outreach requests and coordinated program participation in events. Additionally, the team organized radio interviews as part of the Your Shot campaign outreach sponsorships.

Legislative Affairs Update:

- Reviewed legislation and bill draft requests introduced through the Nevada Electronic Legislative Information System (NELIS) to identify items that require close tracking and further discussion due to their relevance to the Health District.
- Communication and meetings with Health District staff to discuss legislative issues and priorities.
- Developed and updated a spreadsheet to track all relevant legislation.
- Drafted a policy to establish guidelines for managing legislative affairs.

Meetings and Events of Note:

- December 3: CDC COVID Disparity Grant Quarterly call
- December 5: Meet-n-Greet w/Intermountain Health PIOs
- December 9: Washoe County Health Officer meeting
- December 10: Nevada Tobacco Control and Smoke-free Coalition Policy Committee Meeting

- December 10: Behavioral Health Open House meeting
- December 11: Volunteer orientation
- December 11: EXA and La Mejor Interviews
- December 12: Northern Nevada Public Health meeting
- December 13: REACH meeting
- December 17: Legislative update meeting
- December 18: Meeting with permitted vendors to discuss unpermitted food vendor enforcement actions
- December 19: Nevada Public Health Association Advocacy and Policy Committee Meeting
- December 19: Volunteer luncheon

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
December 1-31, 2024	24	17	71%	30

Facilities

Monthly Work Orders	Dec 2023	Dec 2024		YTD FY24	YTD FY25	
Maintenance Responses	162	510	↑	1,134	2,348	↑
Electrical Work Orders	18	36	↑	62	198	↑
HVAC Work Orders	13	149	↑	142	396	↑
Plumbing Work Orders	7	21	↑	47	114	↑
Preventive Maintenance	30	29	↓	146	187	↑
Security Responses	3,778	2,273	↓	13,804	15,095	↑

Current Projects

Decatur Location

- Installed mailboxes in Vital Records to streamline record requests for other local government agencies
- Installed conference room equipment and monitors in the waiting areas of the Behavioral Health Clinic
- Installed new monitor behind the reception desk to display SNHD information and clinic locations
- Installed patient check-in tablets in FQHC lobby
- Broke down COVID outreach booth at Boulevard Mall

Fremont Location

- Installed monitors in waiting area to display health education and SNHD information
- Rerouted and installed new duct work in conference room for noise reduction and temperature balance
- Installed networking access in EH for a “Pool Card” desk to be installed in front lobby

Finance

Total Monthly Work Orders by Department	Dec 2023	Dec 2024		YTD FY24	YTD FY25	
Purchase Orders Issued	431	481	↑	2,839	3,366	↑
Grants Pending – Pre-Award	3	1	↓	20	25	↑
Grants in Progress – Post-Award	15	13	↓	78	66	↓

* Grant applications and NCCs created and submitted to agency
 ** Subgrants routed for signature and grant amendments submitted
 No-Cost Extensions and Carryover requests are not quantified in this report.

Grants Expired – December 2024						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
Gilead Sciences, Inc. Master FOCUS Agreement Exhibit C.6 C1900067, HIV, HCV, and/or HBV Screening and Linkage to Care, Amendment #1 (focus_24)	CONTRACT	12/31/2024	\$301,734	End of project	3.00	Project not expected to renew
H8L51851-01 COVID Response Funding Bridge Access Program (hcbtdg24)	F-HRSA	12/31/2024	\$49,542	End of project	0.10	Project not expected to renew
Nevada State Immunization Program COVID-19 Round 4, Amendment #1 (immcv_22)	P-CDC	12/31/2024	\$9,101,781	End of project	10.15	Project not expected to renew
The NEHA-FDA Retail Flex Fund (rfbase24)	P-FDA	12/31/2024	\$50,627	End of project	0.16	FY2025 project application is pending approval
The NEHA-FDA Retail Flex Fund Mentor (rfment24)	P-FDA	12/31/2024	\$26,694	End of project	0.05	FY2025 project application is pending approval

Grants Expired – December 2024						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
The NEHA-FDA Retail Flex Fund Training (rftrn_24)	P-FDA	12/31/2024	\$5,625	End of project	0.00	FY2025 project application is pending approval
State of Nevada, DPBH Tuberculosis Program, Year 4 of 4 (tb_24)	P-CDC	12/31/2024	\$356,979	End of performance period	2.76	FY2025 project application is pending approval

Grants Awarded – December 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 Department of Energy Management, Homeland Security Grant Program, SNHD Fusion Center Analyst (snctc_25)	P-DHS	12/3/2024	10/1/2024	9/30/2026	\$94,540	FY2025 renewal award	1.00
State of Nevada, Office of State Epidemiology, ELC Enhancing Detection Expansion (elcvd_25)	P-CDC	12/3/2024	8/1/2024	7/31/2026	\$21,067,205	FY2025 renewal award	23.25
State of Nevada, Public Health Preparedness, Office of Bureau of Health Protection and Prevention (hp2co_25)	P-ASPR	12/3/2024	7/1/2024	6/30/2025	\$32,892	FY2025 renewal award	0.00
State of Nevada, Public Health Preparedness, Office of Bureau of Health Protection and Prevention (hppco_25)	P-ASPR	12/3/2024	7/1/2024	6/30/2025	\$273,939	FY2025 renewal award	0.00

Grants Awarded – December 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, Nevada Home Visiting, Maternal, Infant and Early Childhood Home Visiting Grant Program, Year 1 of 2 (nfp_25)	P-HRSA	12/4/2024	9/30/2024	9/29/2025	\$539,710	FY2025 renewal award	3.20
Comagine Health, Integrated Maternal Health Services, Year 2 of 5 (comag_25)	O-Comagine Health	12/11/2024	9/30/2023	9/29/2025	\$210,170	FY2025 renewal award	2.25
5 H80CS33641-06, Health Center Service Area Competition, Year 2 of 3 (hcsac_25)	F-HRSA	12/12/2024	2/1/2025	1/31/2026	\$511,557	FY2025 renewal award	4.57
State of Nevada, ARPA State and Fiscal Recovery Fund, Nevada Healthy Eating Active Living 5-2-1-0 Program, Amendment #2 (obpre_24)	P-U.S. Treasury	12/13/2024	7/1/2023	6/30/2025	\$134,030	Extended end date and modified scope of work	0.00
State of Nevada, Immunization Office of Child, Family and Community Wellness, Bridge funding, Amendment #1 (bridge24)	P-CDC	12/16/2024	4/11/2024	6/30/2025	\$3,447	Extended end date, modified scope of work, budget, and funding source	1.59
State of Nevada, National Cardiovascular Health Program, Year 2 of 4 (hds04_24)	P-CDC	12/20/2024	6/30/2024	6/26/2025	\$98,397	FY2024 renewal award	0.50

Grants Awarded – December 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, Preventative Health and Health Services (phhsbg25)	P-CDC	12/20/2024	10/1/2024	9/30/2025	\$62,804	FY2025 renewal award	0.25
State of Nevada, Epidemiology, Infectious Disease Surveillance and Monitoring for the ELC Program (el2nir25)	P-CDC	12/30/2024	8/1/2024	7/31/2025	\$124,564	New effort	0.25

Contracts Awarded – December 2024							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Clark County, Community Resources Management, Thrive by Zero to Three Prevention Services (oagth_25)	CONTRACT	12/5/2024	7/1/2024	6/30/2025	\$77,076	New effort	1.00
Catholic Charities of Southern Nevada, Refugee Health Program (hcrhp_25)	CONTRACT	12/12/2024	10/1/2024	9/30/2025	\$223,797	FY2025 Renewal Award	1.84
Gilead Sciences, Inc. Master FOCUS Agreement Exhibit C.11 C1900067, Sexual Health Outreach Prevention Program,	CONTRACT	12/26/2024	10/1/2024	9/30/2025	\$58,136	Addition of funds	TBD

Contracts Awarded – December 2024							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Amendment #1 (gsshc_25)							

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 55 “passing and paying” online renewal clients per day, with a total of 1,709 clients renewing online.

CLIENTS SERVED	Dec 2024	Nov 2024	Oct 2024	Sept 2024	Aug 2024	July 2024
FH Cards – New	4,368	4,826	6,946	5,933	6,340	6,740
FH Cards – Renewals	757	747	963	829	930	986
FH Cards – Online Renewals	1,709	1,988	2,475	2,671	2,826	2,507
Duplicates	447	478	569	487	583	538
CFSM (Manager) Cards	183	169	247	225	251	252
Re-Tests	1,030	1,037	1,519	1,271	1,450	1,649
Body Art Cards	83	85	125	42	115	127
TOTALS	8,577	9,330	12,844	11,458	12,495	12,799

Human Resources (HR)

Employment/Recruitment:

- 0 New job title for December
- 827 active employees as of January 6, 2025
- 3 New Hires, including 0 rehires and 0 reinstatements
- 3 Terminations, including 1 retirement
- 3 Promotions, 4 Flex-reclasses
- 1 Transfers, 0 Lateral Transfers
- 0 Demotions

- 46 Annual Increases
- 94 Interviews
- 16 Offers extended (1 offer declined)
- 2 Recruitments posted
- Turn Over Rates
 - Administration: 1.84%
 - Community Health: 0.00%
 - Disease Surveillance & Control: 0.00%
 - Environmental Health: 0.00%
 - Public Health & Preventive Care: 1.09%
 - FQHC: 0.00%

Temporary Employees

- 26 Temporary Staff
- 0 New Agency Temporary Staff Members (Express)
- 0 Agency Temporary Staff Members assignment ended

Employee/Labor Relations

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

Interns

There were a total of 15 interns and 368 applied public health practice hours in December 2024.

Interns and Clinical Rotations	Dec 2024	YTD
Total Number of Interns ¹	15	99
Internship Hours ²	368	3,620

¹Total number of students, residents, and fellows

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

Safety

- Inquiries – 14
- Investigations – 1
- Safety Publications – 2

Training (In-Person and Online)

- Leadership Development Program Cohort Meeting – 4 participants
- Training Needs Assessment – 203 participants

New Hire Orientation

- December – 3 New Hires

Information Technology (IT)

Service Requests	Dec 2023	Dec 2024		YTD FY24	YTD FY25	
Service Requests Completed	998	869	↓	6,307	6,398	↑
Service Requests Opened	980	995	↑	7,079	7,227	↑

Information Services System Availability 24/7	Dec 2023	Dec 2024		YTD FY24	YTD FY25	
Total System	99.78	99.89	↓	98.93	97.55	↓

*Total Monthly Work Orders by Department	Dec 2023	Dec 2024		YTD FY24	YTD FY25	
Administration	199	219	↑	1,631	1,657	↑
Community Health	86	76	↓	690	622	↓
Environmental Health	99	123	↑	1,112	1,049	↓
**Primary & Preventive Care	129	179	↑	1,388	1,441	↑
**Disease Surveillance & Control	125	134	↑	859	836	↓
**FQHC	54	218	↑	999	1,313	↑
Other	10	14	↑	90	95	↑

First Call Resolution & Lock-Out Calls	Dec 2023	Dec 2024		YTD FY24	YTD FY25	
Total number of calls received	870	995	↑	6,400	7,227	↑

Workforce Team – Public Health Infrastructure Grant (PHIG)

Workforce Team

- Workforce engagements:
 - Worked with Finance to make sure project codes for A2 (Foundational Capabilities) funding for Budget Period 3 was added to NEOGOV timecards and other systems.
 - Completed review of ten (10) abstracts as an Abstract Reviewer for 2025 NACCHO360 Conference in Anaheim, CA in 2025.
 - Conducted Transition briefing with incoming and outgoing District Health Officer professionals.
 - Participated in the Local Health Official Monthly Engagement Meeting in the month of December.

CDC Requirements

- Received notification of the location for the CDC PHIG recipients to convene in St. Louis, MO, August 18-21, 2025 – agenda, call for abstracts to follow.

- Hiring Plan submitted identifying each position funding with the Public Health Infrastructure Grant within the organization.
- Received request for information from CDC Project Officer regarding the Congenital Syphilis Nurse Case Manager to feature the program by the PHIG Communication Team.

Performance Management

- Spent 16 human hours of coaching contributors on creating effective and SMARTIES goals, trackable activities and review of submissions.
- Attended virtual Red Team Coaching Boot Camp to learn best practices in strategic thinking and driving the right planning and strategy behaviors in our workforce.
 - Templates provided in the session will drive training opportunities as SNHD improves its processes in PM including strategic planning.

Quality Improvement

- Attended the DSC Monthly OIE meeting to communicate the value of QI training. The objective was to drive sign-ups for upcoming training for the 100+ members of this division.
- Provided training to over 17 DSC “Strike Team” members as subject matter experts for their division in Quality Improvement “Just Did It “forms.
 - 2 contact hours + 6 hours of curriculum development = 44 human hour expended
- Served on a panel at the local 2-day Employee Experience & Communication Strategies Conference. As an individual contributor, over 80% of the work this role is responsible for is accomplished through communication and influence.
 - Learned best practices for internal communication to drive performance and morale applicable to all the work this role is responsible for. Measurement of effectiveness of internal communications was a key part of all presentations.
 - Secured contacts at Nevada Rural Housing, Southwest Airlines, and University of Vermont Health Network (UVHN) operating 6 hospitals and 14,000+ employees.
 - UVHN shared their communications and plan to re-launch their intranet could net SNHD thousands in saved labor cost and increase utility in a tool that has much room for improvement through updating and deleting old information.
- Met with NVDPBH and other local Districts/Agencies to discuss tools and practices to drive QI in our agencies with discussion and a presentation. This new group sponsored at the State level plans to meet 4-8 times per year.

PHAB Reaccreditation

- Secured Technical Assistance through the PHIG grant to plan a virtual site visit contributing to successful Reaccreditation in 2027.
 - Site visit will take place in late 2026 allowing time to correct any deficiencies found by the Accreditation Board.
- Spent 6 human hours gathering information on the history of Express Testing to satisfy the PHAB Annual Report showing reflection on a defined Public Health Foundational Capability.
 - This program relates to the capability of Assessment & Surveillance through new processes, policies, plus dedicated staff and funding.
 - The reflection will continue with participants from across DSC and Sexual Health Clinic to identify areas to grow the program and drive higher levels of, already impressive, impact.
 - QI is likely to surface as the mechanism to drive the value of the program through evidence-based decision making.

PHIG

- Spent 4 human hours discussing measurement with PHIG Evaluator and HR Analyst responsible for publishing the whitepaper summing up the positive effect of coaching, training, and behavioral analysis tools made possible with PHIG funding.
- Invested 5 human hours exploring potential PHIG evaluation of the Health District After Dark program.

Appendix A – Office of Communications

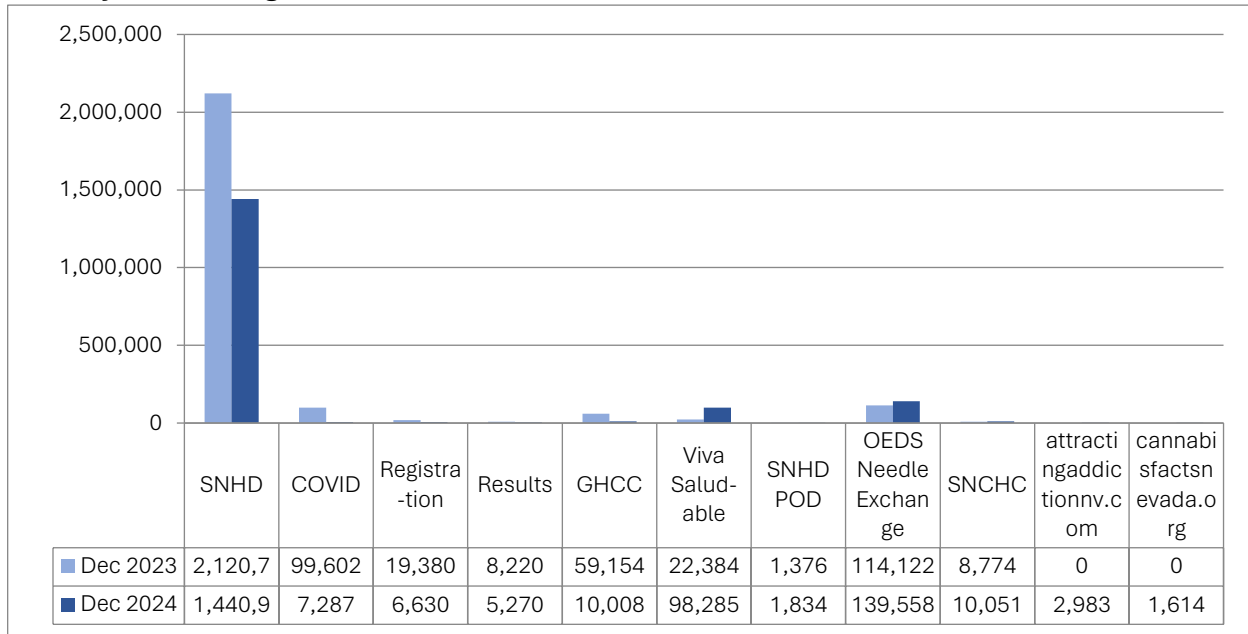
Media, Collateral and Community Outreach Services:

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

	Dec 2023	Dec 2024		YTD FY24	YTD FY25	
Media – Digital/Print Articles	23	13	↓	228	228	=
Media - Broadcast stories	124	41	↓	714	657	↓
Collateral - Advertising/Marketing Products	16	13	↓	131	213	↑
Community Outreach - Total Volunteers ¹	10	10				
Community Outreach - Volunteer Hours	560	630	↑	3,794	4,084	↓

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		Dec 2023	Dec 2024		YTD FY24	YTD FY25
Facebook SNHD	Followers	13,173	13,507	↑	N/A	N/A
Facebook GHCC	Followers	6,111	6,108	↓	N/A	N/A
Facebook SHC	Followers	1,637	1,639	↓	N/A	N/A
Facebook THNK/UseCondomSense	Followers	5,450	5,254	↓	N/A	N/A
Facebook Food Safety	Followers	121	170	↑	N/A	N/A
Instagram SNHD	Followers	4,033	4,993	↑	N/A	N/A
Instagram Food Safety	Followers	524	529	↓	N/A	N/A
Instagram GetHealthyCC	Followers	0	243	↑	N/A	N/A
*Instagram @Ez2stop	Followers	0	152	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	433	422	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,885	1,787	↓	N/A	N/A
X (Twitter) Food Safety	Followers	97	98	↑	N/A	N/A
X (Twitter) SNHDinfo	Followers	10,410	10,111	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	342	347	↑	N/A	N/A

Social Media Services		Dec 2023	Dec 2024		YTD FY24	YTD FY25
X (Twitter) THINK/ UseCondomSense	Followers	707	668	↓	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	130	122	↓	N/A	N/A
Threads SNHD	Followers	658	937	↑	N/A	N/A
*TikTok @Ez2stop	Views	0	33	↑	N/A	N/A
**TikTok SNHD	Views	0	124	↑	N/A	N/A
YouTube SNHD	Views	139,037	137,438	↑	1,134,330	1,144,300
YouTube THINK / UseCondomSense	Views	434	332	↑	1,642	2,261
<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>						



Memorandum

Date: January 23, 2025

To: Southern Nevada District Board of Health

From: **Maria Azzarelli**, Acting Community Health Director *MA*
Cassius Lockett, PhD, Deputy District Health Officer-Operations *CL*
Fermin Leguen, MD, MPH, District Health Officer *FL*

Subject: Community Health Division Monthly Activity Report – November 2024

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

A. Chronic Disease Prevention Program (CDPP)

To support expanded access to free Diabetes Self-Management, Education & Support (DSEMS) classes, CDPP facilitated DSMES training for two (2) YMCA of Southern Nevada staff. CDPP also provided the YMCA with a DSMES curriculum kit. Additionally, CDPP staff helped YMCA staff facilitate reintegration of the Healthy Kids Maps program at YMCA.

The CDPP provided two (2) free DSMES classes in Spanish during October. Nine (9) people participated in the classes.

CDPP is working with the YMCA to sponsor a Healthy Hearts Ambassador Blood Pressure Self-Management Class. The class will begin in November and will be offered in English and Spanish.

Our CDPP team provides ongoing support to the Clark County School District Safe Routes to Schools Program. During October, two (2) schools held Walk to School Days, five (5) schools received bike repair workshops, and 47 schools registered for International Walk to School Day activities.

CDPP staff updated the Healthy Fellowship Guide, a free resource for places of faith that provides tips and guidance for implementing health promotion activities into places of faith. In October, a direct mailing promoting the Healthy Fellowship Guide and other resources available on the Get Healthy website was sent to over 100 local places of faith.

B. Tobacco Control Program (TCP) Update

The TCP participated in five (5) outreach activities to promote tobacco cessation, clean indoor air policy expansion, and flavoring restrictions at various Latino, African American, and Native-Hawaiian Pacific Islander focused community events.

In October, 14 local worksites voluntarily expanded their smoke-free policy. The majority of the policy expansion consisted of implementing minimum distance policies which restrict smoking/vaping near entrances, windows, and exits of businesses. Staff provided model policy language, signage, and tobacco cessation materials.

This month, staff began recruiting high school coaches and students to promote vape-free lifestyles during the 2024 winter athletic season. Fifty-five coaches have confirmed their teams’ participation for winter to date. There are 126 coaches that have been recruited this school year to date. Staff participated in the Las Vegas Sun’s Media Day Basketball event to promote vape-free lifestyles for local high school students.

A previously aired media campaign focused on promoting the English and Spanish-language smoke-free housing directories was modified and began re-airing in October 2024.

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

A. 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, including the addition of a Buprenorphine and Restraints protocol.

B. OEMSTS – November 2023 / 2024 Data

EMS Statistics	Nov 2023	Nov 2024	
Total certificates issued:	88	80	↓
New licenses issued:	82	67	↓
Renewal licenses issued (recert only):	0	7	↑
Driver Only:	36	51	↑
Active Certifications: EMT:	942	872	↓
Active Certifications: Advanced EMT:	1860	1869	↑
Active Certifications: Paramedic:	2028	2101	↑
Active Certifications: RN:	62	67	↑

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. Staff continued collaborating with Clark County and a software developer on an Impacted Persons Database. They are currently working through the legal implications of providing patient data to Resiliency Center for extension of services 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.
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. Twenty-nine SNHD employees were fit tested for personal protective equipment during the month of November.
8. Planners are currently serving as a national level reviewer for Project Public Health Ready 2024 review cycle. Initial reviews were completed, but due to the applicants deciding not to move forward with the process due to a competing emergency, Planner was assigned a new applicant for review.
9. OPHP Planners continue the process of 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.
12. Senior Planner met with representatives from the Closed POD Working group to discuss the direction of the working group and a revamp of the working group materials.
13. Planners and Senior Administrative Assistant met to review 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.
14. Our Planners began work on theme and development of the 2026 Preparedness calendars.
15. SNHD Planner coordinated F1 events.
16. Planner reviewed Project Public Health Ready NAACHO accreditation guidelines.

B. Training, Exercises and Public Health Workforce Development:

1. New Hire Orientation for Emergency Preparedness and Security was provided to 25 staff on November 20, 2024.
2. CPR Training was not provided to four (4) SNHD staff on November 13, 2025.
3. The Senior Planner and Clinical Advisor attended the Whole Community Emergency Planning course.
4. Planners completed the COOP After Action Report and held After Action Report Meeting.
5. OPHP Planners attended DSLR PHEP NOFO & Exercise Supplemental Guidance Seminar.
6. Planners held the initial Planning Meeting for the Extreme Health Seminar planned for March 12, 2025.
7. Senior Planner and Clinical Advisor attended City of Henderson Winterfest Tabletop.
8. OPHP members staffed MACC in support of F1/LVGP.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. The trainer consistently promotes the TEEC Medical Preparedness & Response to Bombing Incidents at North Las Vegas OEM February 26th - 27th. TEEC Medical Management of CBRNE Events and Radiological Training for Hospital Personnel tentatively planned for September or October 2025, location TBD.
2. OPHP Planners and Clinical Advisor worked to finalize the Patient Movement Annex.
3. Our Planners and Clinical Advisor are finalizing Information Sharing Annex (SNHPC).
4. Trainer, Clinical Advisor and Senior Planner continue to support NDMS/FCC TTX on November 6th at Nellis Air Force Base.
5. OPHP Planners attended healthcare system partner's Emergency Management Committee Meetings.
6. The Planners and Clinical Advisor completed the ProCare Hospice Exercise.
7. The Southern Nevada Healthcare Preparedness Coalition Meeting was held November 7, 2024.
8. The Planners attended UMC Emergency Preparedness Meetings.

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 and New Year's celebration.
3. Reviewed special events for public health concerns such as the 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 major recalls and criminal activity involving weight loss drugs.
8. Providing SNHD IT management team with relevant threat data from Fusion Center sources.

E. Grants and Administration:

1. OPHP received several notices of grant award renewals and no cost extensions from FY 2024.
2. Both the Manager and Supervisor continue to support special event planning in advance of New Year’s Eve.
3. Our Manager continues to participate in leadership training with SNHD contractors.
4. The OPHP 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 the Southwest Gas Safety Fair to distribute preparedness and health information.

MRC Volunteer Hours FY2025 Q2

(Economic impact rates updated April 2024):

Activity	October	November	December
Training			
Community Event	5	3	
SNHD Clinic			
Total Hours	5		
Economic impact	\$167.45	\$100.47	

IV. VITAL RECORDS

A. November is currently showing a 13% decrease in birth certificate sales in comparison to November 2023. Death certificate sales currently showing a 15% decrease in comparison to November 2023. SNHD received revenues of \$27,456 for birth registrations, \$19,305 for death registrations; and an additional \$6,568 in miscellaneous fees.

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

Vital Statistics Services	November 2023	November 2024		FY 23-24 (November)	FY 24-25 (November)	
Births Registered	2,556	2,173	↑	9,467	10,814	↑
Deaths Registered	1,625	1,462	↑	7,539	8,766	↑
Fetal Deaths Registered	16	10	↓	81	71	↓

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

Vital Statistics Services	Nov 2023	Nov 2024		FY 23-24 (Nov)	FY 24-25 (Nov)	
Birth Certificates Sold (walk-in)	91	4	↓	281	36	↓
Birth Certificates Mail	115	86	↓	666	595	↓
Birth Certificates Online Orders	3,243	2,944	↑	18,324	17,653	↓
Birth Certificates Billed	141	85	↓	561	600	↑
Birth Certificates Number of Total Sales	3,590	3,119	↑	19,832	18,884	↓
Death Certificates Sold (walk-in)	61	20	↓	141	113	↑
Death Certificates Mail	131	76	↓	814	776	↑
Death Certificates Online Orders	7,602	6,460	↑	35,870	37,772	↑
Death Certificates Billed	27	50	↑	169	221	↑
Death Certificates Number of Total Sales	7,821	6,606	↑	36,994	38,882	↑

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

Vital Statistics Sales by Source	Nov 2023	Nov 2024		FY 23-24 (Nov)	FY 24-25 (Nov)	
Birth Certificates Sold Valley View (walk-in)	2.5%	.1%	↓	1.4%	.2%	↓
Birth Certificates Mail	3.2%	2.8%	↓	3.4%	3.2%	↓
Birth Certificates Online Orders	90.3%	94.4%	↑	92.4%	93.5%	↑
Birth Certificates Billed	3.9%	2.7%	↑	2.8%	3.2%	↑
Death Certificates Sold Valley View (walk-in)	.8%	.3%	↓	.4%	.3%	
Death Certificates Mail	1.7%	1.2%	↓	2.2%	2%	↓
Death Certificates Online Orders	97.2%	97.8%	↑	97%	97.1%	↑
Death Certificates Billed	.3%	.8%		.5%	.6%	

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

Revenue	November 2023	November 2024		FY 23-24 (Nov)	FY 24-25 (Nov)	
Birth Certificates (\$25)	\$89,750	\$77,975	↑	\$495,800	\$472,100	↓
Death Certificates (\$25)	\$195,525	\$165,150	↑	\$924,850	\$972,050	↑
Births Registrations (\$13)	\$32,136	\$27,456	↑	\$171,613	\$160,472	↓
Deaths Registrations (\$13)	\$22,139	\$19,305	↑	\$106,275	\$112,983	↑
Convenience Fee (\$2)	\$6,708	\$6,036	↑	\$37,498	\$36,478	↓
Miscellaneous Admin	\$826	\$532	↑	\$3,030	\$3,273	↑
Total Vital Records Revenue	\$347,084	\$296,454	↑	\$1,739,066	\$1,757,356	↑

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	November 2023	November 2024		FY 23-24 (Nov)	FY 24-25 (Nov)	
Passport Applications	506	637	↑	3,152	3,073	↓
Revenue	November 2023	November 2024		FY 23-24 (Nov)	FY24-25 (Nov)	
Passport Execution/Acceptance fee (\$35)	\$17,710	\$22,295	↑	\$110,320	\$107,555	↓

V. HEALTH EQUITY

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

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing:

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

Test Name	Monthly Count	Avg Year to Date
GC Cultures	22	40
NAAT NG/CT	1018	1277
Syphilis	684	856

RPR/RPR Titers	126/48	157/68
Hepatitis Total	1343	1327
HIV/differentiated	568/12	673/19
HIV RNA	107	103

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 November, the average daily testing was 21 and the average turnaround time was 57 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	451/57
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	0		33
	Campy Screen	11	17	3	15	5	3	4	1	3	3	1		66
Neisseria species	Gonorrhoeae Culture	48	85	47	41	24	36	39	28	29	42	22		441
	Gram Stain/WBC	0	5	0	0	5	0	0	0	5	0	0		15
	Neisseria ID	0	0	0	0	1	1	1	0	0	0	0		3
	Haemophilus ID	7	0	2	1	0	0	0	0	0	0	0		10
Unknown ID	Bacterial ID	0	0	0	0	0	1	12	0	1	0	5		19
	WGS (PulseNet)	29	23	17	30	20	20	18	28	17	18	19		239
Salmonella	Salmonella Screen	14	10	12	19	12	15	14	14	11	10	14		145
	Salmonella Serotype	13	10	12	16	14	12	11	14	10	10	14		136
Shigella	Shigella Screen	10	10	4	10	6	3	3	5	4	5	5		65
	Shigella Serotype	7	10	2	3	5	3	2	4	1	4	4		45
STEC	STEC Screen	10	2	2	4	1	4	3	7	2	2	1		38
	STEC Serotype	1	1	1	0	1	2	1	5	1	1	1		15
Unknown	Stool Culture	5	6	2	0	6	0	0	5	5	7	14		50
Vibrio	Vibrio ID	0	0	1	0	0	0	0	3	0	0	0		4
	Vibrio Screen	0	0	1	3	0	1	0	5	0	0	0		10
Yersinia	Yersinia Culture/ID	1	2	1	0	0	0	0	0	1	0	0		5

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were fourteen cases of GI outbreak investigation in November.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In November, SNPHL performed 24 respiratory panels on the BioFire.

C. Emergency response and reportable disease isolate testing report:

1. SNPHL performs reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped and/or confirmed by Whole Genome Sequencing; stored on-site; and results reported and/or samples submitted to CDC through various national programs; Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance.
2. SNPHL’s additional mission is as a member of the CDC Laboratory Response Network (LRN) testing for the identification of potential biological weapons/agents on environmental daily samples within its unique BSL3 environment.

2024	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	0	1	1	2	0	0	0	1	1	0	

3. SNPHL is clinically validated for using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
4. SNPHL performed 19 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in November 2024.
5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 146 bacterial organisms have been identified in November.
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 96 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of November 2024, SNPHL has sequenced 40 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	27	

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 November, we tested a total of 113 mosquito pool samples. There were zero (0) positive WNV mosquito pool samples identified in November. 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 November, a total of 15 clinical isolates, Neisseria gonorrhoeae seven (7) isolates and Neisseria meningitidis one (1) isolate, were collected and will be sent to either the regional laboratory for antimicrobial susceptibility testing (AST) or the CDC, respectively. Remnant NAATs or N. gonorrhoeae samples will be sent to the CDC for molecular-based AST testing as part of eGISP Part B.
12. SNPHL performs C. auris PCR screening using Real-Time PCR platform. We performed a total of 1872 samples in November.

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. November 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 of WSLH 5080 Enteric Pathogens (Bacti_Viral3); WSLH 5090 Gram Stain (Bacti_Viral); CAP LN39-B 2024 HIV Viral Load CVL; WSLH 5240 Shiga Toxin (Micro QA2); CAP HCV2-C 2024 Hepatitis C Viral Load; CDC LRN Challenge Panel -B; CAP ID1-B 2024 Nucleic Acid Amplification, VZV; CAP ID2-B 2024 NAA, Respiratory Influenza; CAP QF-B 2024 M. Tuberculosis-Stimulated Infection; are 100 % grade. WSLH 5055 Bordatella by molecular method and WSLH 5180 GC Culture (Bacti_Viral) are 80% 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. SNPHL received the Abbot Alinity clinical chemistry instrument on October 22, 2024, and started to prepare the clinical samples for the validation test.
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 November, from the samples received in the laboratory. The new hybrid lineage XEC also detected in the late of August till present. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up on the investigation.
6. New influenza surveillance season showed that 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 November.

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.

F. COMMUNITY HEALTH – SNP HL – Calendar Year Data

November SNP HL Services	2023	2024	
Clinical Testing Services ¹	4,965	4,820	↓
Epidemiology Services ²	1,229	433	↓
State Branch Public Health Laboratory Services ³	0	0	↓
All-Hazards Preparedness Services ⁴	7	4	↓
Environmental Health Services ⁵	56	140	↑

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: January 23, 2025

To: Southern Nevada District Board of Health

From: **Maria Azzarelli**, *Acting Community Health Director* *MA*
Cassius Lockett, PhD, *Deputy District Health Officer-Operations* *CL*
Fermin Leguen, MD, MPH, *District Health Officer* *FL*

Subject: Community Health Division Monthly Activity Report – December 2024

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

A. Chronic Disease Prevention Program (CDPP)

The CDPP team commemorated Diabetes Month with a press release that generated at least two (2) earned media opportunities including an interview on Channel 3. Additionally, CDPP sponsored or led the following activities to raise awareness and connect people to resources:

- Sponsored the Virtual Kids Cooking Class hosted by 100 Black Men of Las Vegas. Sixty youth and their families participated in the class and learned how to cook a diabetes-friendly recipe. Diabetes prevention & self-management educational materials were provided.
- Hosted two (2) Diabetes Self-Management & Education (DSMES) classes online and in person reaching 14 people.
- Trained YMCA staff as facilitators of the DSMES curriculum to help expand DSMES class offerings in the valley.
- Helped YMCA relaunch the Healthy Kids Maps program for holiday break youth camps. Healthy Kids Maps is a diabetes prevention program for youth.
- Participated in outreach events and distributed over 780 diabetes educational materials.

The 2024 Pop-Up Produce Stand season concluded in November with 2 Pop-Ups at the Bonneville Transit Center. During the year, CDPP worked with RTC, Together We Can, and Prevail Market Place to host thirteen (13) Pop-Up Produce Stands. The stands offered low cost, regionally grown fresh produce. The stands accepted SNAP, Double Up Food Bucks (DUFB), credit/debit, and cash and were marketed to individuals who experience barriers accessing fresh

produce including transportation and affordability barriers. In November, the RTC received the 2024 Outstanding Implementation Award from the Nevada Chapter of the American Planning Association. The recognition highlighted how public services and community partnerships can transform lives and highlighted the Pop-Up Produce Stands at the BTC and other pop-ups as examples. 2025 Pop-Ups will begin in March 2025.

2024 Pop-Up Produce Stand Data

- Total sales: \$3,275
- % SNAP Sales: 25%
- DUFBI Coupons Issued: 7
- DUFBI Coupons Redeemed: 31
- Total lbs. of produce sold: 2,471

CDPP sponsored the Southern Nevada Breastfeeding Coalition's Educational Breastfeeding Symposium in November featuring keynote speaker Nichelle Clark. The symposium was held on November 2nd. The symposium provided lactation professionals with opportunities for CEUs and networking opportunities. Approximately 30 people attended the symposium.

CDPP worked with AAA Healthcare to provide a free Diabetes Prevention Program class for the community. The class is held at Nevada Partners. The DPP class is a 1-year long program with intensive sessions for the first 6 months and maintenance sessions for the next 6 months. At the 6-month point, approximately 40% of participants have lost 5%-7% of their body weight (DPP goal). When participants meet that goal, they can reduce their chance of developing type 2 diabetes by over 60%.

B. Tobacco Control Program (TCP) Update

This month, 16 African American, Native Hawaiian, and Latino-focused businesses are distributing culturally relevant, educational materials to their patrons, advocating for no-smoking policies. Additionally, these businesses have voluntarily adopted smoke-free minimum distance policies to minimize exposure to secondhand smoke.

SNHD continues to collaborate with NNPH and CCHHS to maintain the statewide flavoring initiative that uses Nevada specific data to provide information on flavored tobacco products, mentholated products, e-cigarettes, and cessation and prevention resources in hopes to raise awareness and reduce sales of tobacco-related products. This collaboration also maintains and updates the flavoring website, Attractingaddiction.com, printed educational material, and social media ads used to educate the public.

Staff participated in a Dia de Los Muertos event hosted by the City of Las Vegas on November 2nd at the Sammy Davis Jr. Festival Plaza. The event promoted the Latino culture through dance, music, art and ofrendas. The Ofrenda exhibition won second place and chosen based on key traditional features. The correlation between the theme of smoking related deaths was a key focal highlight that was represented through the ofrenda exposition. Culturally and linguistically appropriate cessation resources were distributed to promote a smoke-free lifestyle. The outdoor event was smoke and vape-free. The event reached over 2,500 attendees.

This month staff kicked off a partnership with the Nevada State Apartment Association (NVSAA). Staff created four tailored email blasts with information to encourage multi-unit housing managers to adopt smoke-free policies. Staff also created four unique social media graphics along with messaging to be distributed to the NVSAA membership throughout the course of one year.

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 reviewed the Pediatric Allergic Reaction Protocol, SNHD Paramedic Mentorship/Internship Program, and Critical Care Paramedic 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 approved the addition of a Restraints Protocol and the use of Acetaminophen at the EMT level.

C. Medical Advisory Board (MAB)

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

The Board heard a report on community health issues given by Dr. Cassius Lockett, current Deputy Health Officer. The Board also heard reports from the Education and DDP committees.

D. OEMSTS – December 2023 / 2024 Data

EMS Statistics	Dec 2023	Dec 2024	
Total certificates issued:	74	103	↑
New licenses issued:	68	100	↑
Renewal licenses issued (recert only):	0	3	↑
Driver Only:	37	51	↑
Active Certifications: EMT:	947	890	↓
Active Certifications: Advanced EMT:	1853	1860	↑
Active Certifications: Paramedic:	2043	2126	↑
Active Certifications: RN:	71	68	↓

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.
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. Twenty-eight SNHD employees were fit tested for personal protective equipment during the month of December.
8. Planners are currently serving as a national level reviewer for Project Public Health Ready 2024 review cycle. Initial reviews were completed, but due to the applicants deciding not to move forward with the process due to a competing emergency, Planner was assigned a new applicant for review.
9. OPHP Planners continue the process of 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 met with representatives from the Closed POD Working group to discuss the direction of the working group and a revamp of the working group materials.
12. Planners continued work on the development of the 2026 preparedness calendars.
13. Our Planners presented at Safety Committee to provide an overview of the capabilities of the Code Red Notification system for redundant notifications.
14. Staff partnered with ODS staff on the completion and submission of NACCHO's Virtual Learning Collaborative for the Inclusion of MCH Populations in Emergency Preparedness and Response. Staff are expected to hear back in January in their application was accepted.
15. Senior Planner participated in State Strategic Plan – Supply Chain Workgroup.

B. Training, Exercises and Public Health Workforce Development:

1. Trainers continue to develop Position Specific Task Books and related training curricula. Trainers conducted PST ICS training for ten (10) SNHD staff pre-assigned to the Emergency Personnel List on December 11, 2024, at SNHD Main Decatur building.
2. Planners attending Train Derailment TTX Exercise for City of Henderson in January 2025.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. OPHP and Clinical Advisor provided First Receiver Decontamination Training on December 4th at Mountain View Tenaya Hospital. Currently coordinating training with UMC for February 11, 2025.
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. Our Planners and Clinical Advisor are finalizing Information Sharing Annex (SNHPC).
4. OPHP staff prepared updated 2025 SNHPC HVA Profile and Summary documents for review and approval at upcoming January 2, 2025, Coalition meeting.
5. Planners and Clinical Advisor began planning efforts for the Medical Response Surge Exercise 2025.
6. The Planners attended healthcare system partner's Emergency Management Committee Meetings.
7. Planners and Clinical Advisor and Healthcare Coalition Members attended the NHPC 2024 Conference in Orlando, Florida.
8. The Planners attended UMC Emergency Preparedness Meetings.
9. Senior Planner attended HPP r8/9 RISC 2.0 training.

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 and New Year’s celebration.
3. Reviewed special events for public health concerns such as the 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 major recalls and criminal activity involving weight loss drugs.
8. Providing SNHD IT management team with relevant threat data from Fusion Center sources.

E. Grants and Administration:

1. OPHP received several notices of grant award renewals and no cost extensions from FY 2024.
2. Both the Manager and Supervisor continue to support special event planning in advance of New Year’s Eve.
3. Our Manager continues to participate in leadership training with SNHD contractors.
4. The OPHP 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.

MRC Volunteer Hours FY2025 Q2
 (Economic impact rates updated April 2024):

Activity	October	November	December
Training			
Community Event	5	3	
SNHD Clinic			
Total Hours	5		
Economic impact	\$167.45	\$100.47	

IV. VITAL RECORDS

A. December is currently showing a 13% increase in birth certificate sales in comparison to December 2023. Death certificate sales currently showing a 0.1% decrease in comparison to December 2023. SNHD received revenues of \$28,028 for birth registrations, \$20,982 for death registrations; and an additional \$6,925 in miscellaneous fees.

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

Vital Statistics Services	December 2023	December 2024		FY 23-24 (December)	FY 24-25 (December)	
Births Registered	1,769	1,773	↑	11,236	12,587	↑
Deaths Registered	1,686	1,808	↑	9,982	10,574	↑
Fetal Deaths Registered	21	8	↓	102	79	↓

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

Vital Statistics Services	Dec 2023	Dec 2024		FY 23-24 (Dec)	FY 24-25 (Dec)	
Birth Certificates Sold (walk-in)	92	7	↓	373	43	↓
Birth Certificates Mail	77	92	↑	743	687	↓
Birth Certificates Online Orders	2,600	2,992	↑	20,924	20,645	↓
Birth Certificates Billed	98	150	↑	659	750	↑
Birth Certificates Number of Total Sales	2,867	3,241	↑	22,699	22,125	↓
Death Certificates Sold (walk-in)	46	7	↓	187	120	↓
Death Certificates Mail	100	122	↑	914	898	↓
Death Certificates Online Orders	7,280	7,302	↑	43,150	45,074	↑
Death Certificates Billed	37	24	↓	206	245	↑
Death Certificates Number of Total Sales	7,463	7,455	↓	44,457	46,337	↑

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

Vital Statistics Sales by Source	Dec 2023	Dec 2024		FY 23-24 (Dec)	FY 24-25 (Dec)	
Birth Certificates Sold Valley View (walk-in)	3.3%	.2%	↓	1.6%	.2%	↓
Birth Certificates Mail	2.7%	2.8%	↑	3.3%	3.1%	↓
Birth Certificates Online Orders	90.5%	92.3%	↑	92.2%	93.3%	↑
Birth Certificates Billed	3.5%	4.6%	↑	2.9%	3.4%	↑
Death Certificates Sold Valley View (walk-in)	.6%	.1%	↓	.4%	.3%	↓
Death Certificates Mail	1.3%	1.6%	↑	2.1%	1.9%	↓
Death Certificates Online Orders	97.5%	97.9%	↑	97.1%	97.3%	↑
Death Certificates Billed	.5%	.3%	↓	.5%	.5%	

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

Revenue	December 2023	December 2024		FY 23-24 (Dec)	FY 24-25 (Dec)	
Birth Certificates (\$25)	\$71,675	\$81,025	↑	\$567,475	\$553,125	↓
Death Certificates (\$25)	\$186,575	\$186,375	↓	\$1,111,425	\$1,158,425	↑
Births Registrations (\$13)	\$25,246	\$28,028	↑	\$196,859	\$188,50	↓
Deaths Registrations (\$13)	\$20,735	\$20,982	↑	\$127,010	\$133,965	↑
Convenience Fee (\$2)	\$5,460	\$6,130	↑	\$42,958	\$42,608	↓
Miscellaneous Admin	\$740	\$795	↑	\$3,770	\$4,068	↑
Total Vital Records Revenue	\$310,431	\$323,335	↑	\$2,049,497	\$1,892,191	↓

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	December 2023	December 2024		FY 23-24 (Dec)	FY 24-25 (Dec)	
Passport Applications	497	633	↑	3,649	3,706	↑
Revenue	December 2023	December 2024		FY 23-24 (Dec)	FY24-25 (Dec)	
Passport Execution/Acceptance fee (\$35)	\$17,395	\$22,155	↑	\$127,715	\$129,710	↑

V. HEALTH EQUITY

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

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing:

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

Test Name	Monthly Count	Avg Year to Date
GC Cultures	4	37
NAAT NG/CT	1214	1271
Syphilis	790	850

RPR/RPR Titers	138/47	155/66
Hepatitis Total	1542	1345
HIV/differentiated	693/17	675/19
HIV RNA	106	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 December, the average daily testing was 52 and the average turnaround time was 58 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	451/57
June	365/77	December	1035/109

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	0	3	36
	Campy Screen	11	17	3	15	5	3	4	1	3	3	1	5	71
Neisseria species	Gonorrhoeae Culture	48	85	47	41	24	36	39	28	29	42	22	4	445
	Gram Stain/WBC	0	5	0	0	5	0	0	0	5	0	0	0	15
	Neisseria ID	0	0	0	0	1	1	1	0	0	0	0	4	7
	Haemophilus ID	7	0	2	1	0	0	0	0	0	0	0	5	15
Unknown ID	Bacterial ID	0	0	0	0	0	1	12	0	1	0	5	7	26
	WGS (PulseNet)	29	23	17	30	20	20	18	28	17	18	19	13	252
Salmonella	Salmonella Screen	14	10	12	19	12	15	14	14	11	10	14	6	151
	Salmonella Serotype	13	10	12	16	14	12	11	14	10	10	14	7	143
Shigella	Shigella Screen	10	10	4	10	6	3	3	5	4	5	5	2	67
	Shigella Serotype	7	10	2	3	5	3	2	4	1	4	4	4	49
STEC	STEC Screen	10	2	2	4	1	4	3	7	2	2	1	2	40
	STEC Serotype	1	1	1	0	1	2	1	5	1	1	1	2	17
Unknown	Stool Culture	5	6	2	0	6	0	0	5	5	7	14	4	54
Vibrio	Vibrio ID	0	0	1	0	0	0	0	3	0	0	0	3	7
	Vibrio Screen	0	0	1	3	0	1	0	5	0	0	0	1	11
Yersinia	Yersinia Culture/ID	1	2	1	0	0	0	0	0	1	0	0	0	5

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were fourteen cases of GI outbreak investigation in December.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In December, SNPHL performed 24 respiratory panels on the BioFire.

C. Emergency response and reportable disease isolate testing report:

1. SNPHL performs reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped and/or confirmed by Whole Genome Sequencing; stored on-site; and results reported and/or samples submitted to CDC through various national programs; Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance.
2. SNPHL’s additional mission is as a member of the CDC Laboratory Response Network (LRN) testing for the identification of potential biological weapons/agents on environmental daily samples within its unique BSL3 environment.

2024	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	0	1	1	2	0	0	0	1	1	0	0

3. SNPHL is clinically validated for using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
4. SNPHL performed 13 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in December 2024.
5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 110 bacterial organisms have been identified in December.
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 96 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of December 2024, SNPHL has sequenced 41 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	27	17

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 December, we tested a total of zero (0) mosquito pool samples. There were zero (0) positive WNV mosquito pool samples identified in December. 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 December, a total of four (4) clinical isolates, Neisseria gonorrhoeae zero (0) isolates and Neisseria meningitidis zero (0) 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 2317 samples in December.

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 COVD online ordering applications for long-term care facilities.
6. Supplied Biosafety Guidance to Sentinel Sites regarding Monkeypox.
7. Furnished Monkeypox and Bivalent COVD Booster vaccination to laboratory staff.
8. Perpetual Biosafety Training and guidance to SNPHL personnel.

E. December 2024 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVD collection kits.
2. Passed the proficiency test of CAP SP-B 2024 Norovirus with 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. SNPHL clinical lab is still working on the validation of the Abbot Alinity clinical chemistry instrument.
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 December, from the samples received in the laboratory. The new hybrid lineage XEC also detected in the late of August till present. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up on the investigation.
6. New influenza surveillance season showed that 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 December.
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.

F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

December SNPHL Services	2023	2024	
Clinical Testing Services ¹	4,445	5,090	↑
Epidemiology Services ²	1,108	351	↓
State Branch Public Health Laboratory Services ³	0	0	
All-Hazards Preparedness Services ⁴	4	4	
Environmental Health Services ⁵	10	17	↑

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: January 21, 2025

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 – November 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.

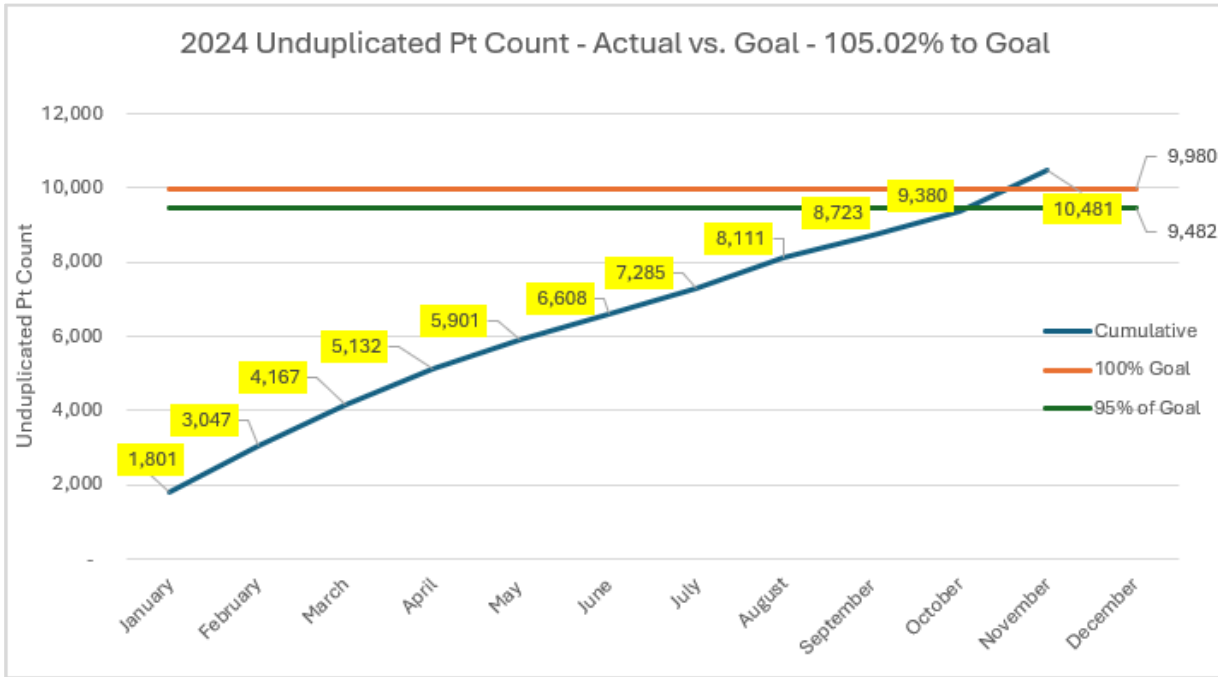
November Highlights

Administrative

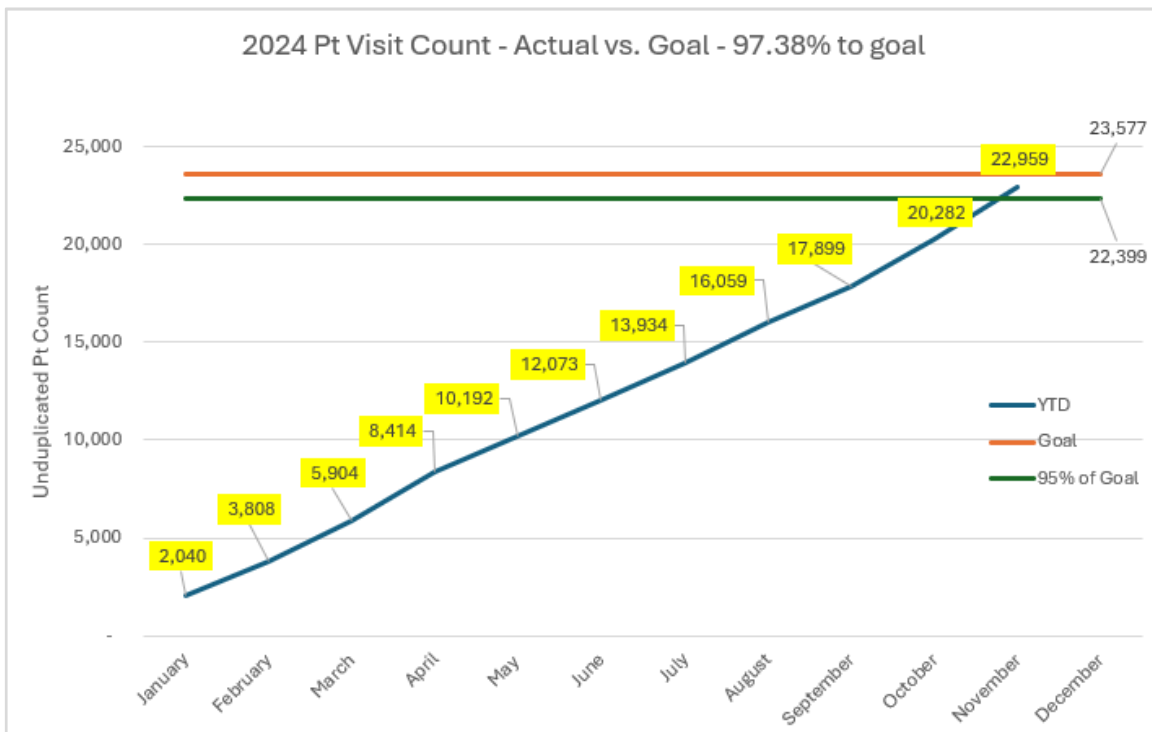
- HRSA Operational Site Visit (OSV): 2/25/25 – 2/27
- HRSA Title X site visit: 9/2025
- Ryan White site visit successfully completed on 11/6/24 with no findings.
- New Medical Director hired. Start date: 2/3/25
- Behavioral Health Clinic at Decatur buildout complete. Soft opening on 11/24.
 - Open House: 1/14/25

Access

Unduplicated Patients through November 2024



Patient Visits through November of 2024



Provider Visits by Program and Site – November 2024

Facility	Program	NOV '25	NOV '24	NOV YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	485	421	13%	2,873	1,909	34%
Fremont	Family Health	317	91	71%	1,728	665	62%
Total	Family Health	802	512	36%	4,601	2,574	44%
Decatur	Family Planning	132	148	-12%	798	685	14%
Fremont	Family Planning	55	46	16%	578	389	33%
Total	Family Planning	187	194	-4%	1,376	1,074	22%
Decatur	Sexual Health	384	592	-54%	2,602	2,839	-9%
Fremont	Sexual Health	133			640		
ASEC	Sexual Health		133		113	644	
Total	Sexual Health	517	725	-40%	3,355	3,483	-4%
Decatur	Behavioral Health	108	126	-17%	604	629	-4%
Fremont	Behavioral Health	113	0		593	1	
Total	Behavioral Health	221	126	43%	1,197	630	47%
Decatur	Ryan White	133	199	-50%	1,107	1,107	0%
Fremont	Ryan White	32			110		
Total	Ryan White	165	199	-21%	1,217	1,107	9%
FQHC Total		1,892	1,756	7%	11,746	8,868	25%

Pharmacy Services

	Nov-23	Nov-24		FY24	FY25		% Change YOY
Client Encounters (Pharmacy)	1,396	1,265	↓	5,355	5,449	↑	1.8%
Prescriptions Filled	1,934	2,058	↑	7,478	8,847	↑	18.3%
Client Clinic Encounters (Pharmacist)	31	61	↑	136	212	↑	55.9%
Financial Assistance Provided	16	24	↑	70	120	↑	71.4%
Insurance Assistance Provided	8	9	↑	18	44	↑	144.4%

- A. Dispensed 2,058 prescriptions for 1,265 clients.
- B. Pharmacist completed 61 client clinic encounters.
- C. Assisted 24 clients to obtain medication financial assistance.
- D. Assisted nine (9) clients with insurance approvals.

Family Planning Services

- A. Family Planning program access is up 22% year-over-year. The program team administrators and clinical staff are engaged in a quality improvement project to increase access to care 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 67 referrals between November 1st and November 30th. There were three (3) pediatric clients referred to the Medical Case Management program in November and the program received three (3) referrals for pregnant women living with HIV during this time.
- B. There were 450 total service encounters in the month of November provided by the Ryan White program Linkage Coordinators, Eligibility Workers, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 258 unduplicated clients under these programs in November.
- C. The Ryan White ambulatory clinic provided a total of 341 visits in the month of November: 22 initial provider visits and 119 established provider visits including 11 tele-health visits (established clients). There were 24 nurse visits, and 176 lab visits provided. There were 51 Ryan White services provided under Behavioral Health by licensed mental health therapists and the Psychiatric APRN during the month of November and 37 unduplicated clients served. There were 14 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in November.
- D. The Ryan White clinic continues to follow the Rapid StART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were nine (9) patients seen under the Rapid StART program in November.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 951 unique services to 655 unduplicated patients for the month of November.
- 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 Programs (SHOPP) with the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services.
- D. The FQHC-SHC staff continues to offer Mpox evaluation and referral for vaccine.
- E. The FQHC-SHC staff attended "Cultural Intelligence for Advanced Practice Providers: Moving a Contextually Based Model Forward for Workforce Training."
- F. One Medical Assistant is continuing orientation in FQHC-SHC.

Refugee Health Program (RHP)

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

Client required medical follow- up for Communicable Diseases	-
Referrals for TB issues	2
Referrals for Chronic Hep B	0
Referrals for STD	4
Pediatric Refugee Exams	32
Clients encounter by program (adults)	40
Refugee Health screening for November 2024	72
Total for FY24-25	305

Eligibility and Insurance Enrollment Assistance

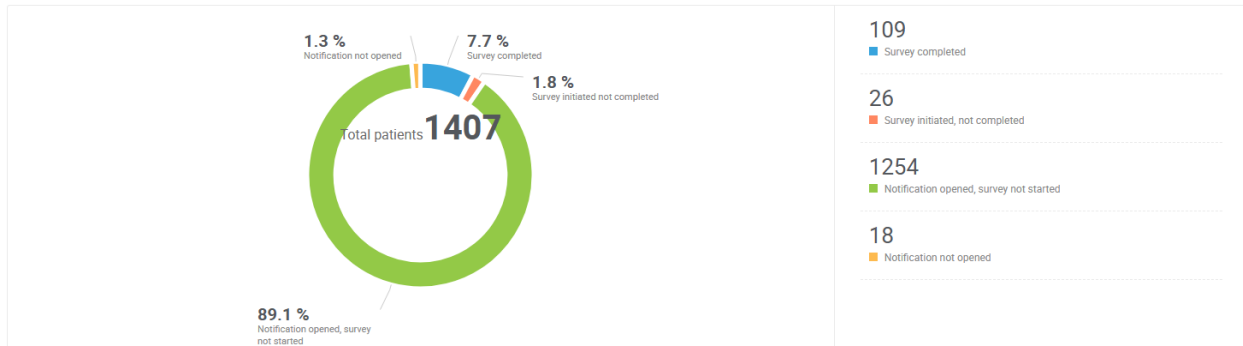
Patients in need of eligibility assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications.

Patient Satisfaction: See attached survey results.

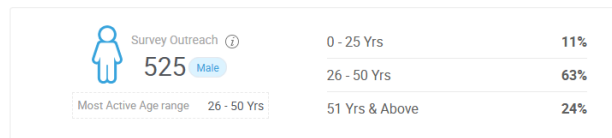
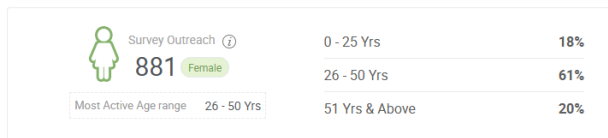
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

Southern Nevada Health Center Patient Satisfaction Survey – November 2024

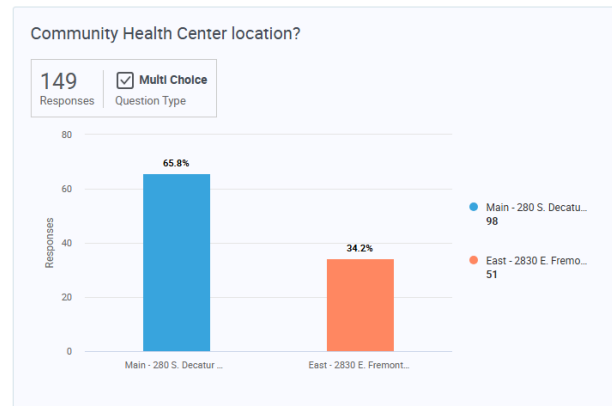
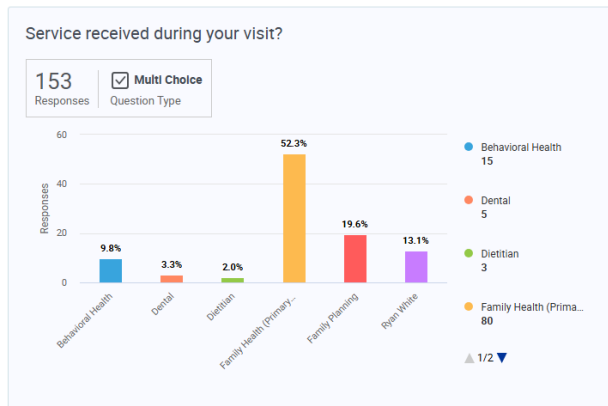
Overview



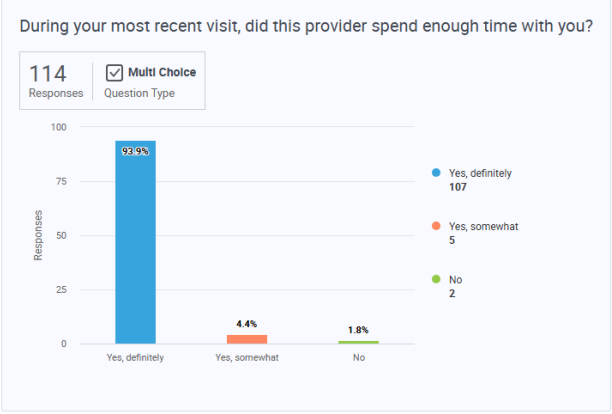
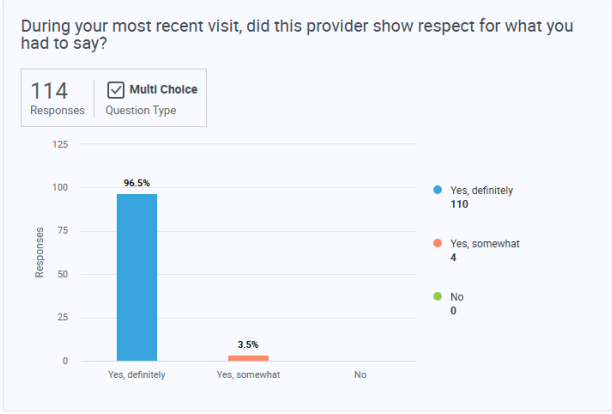
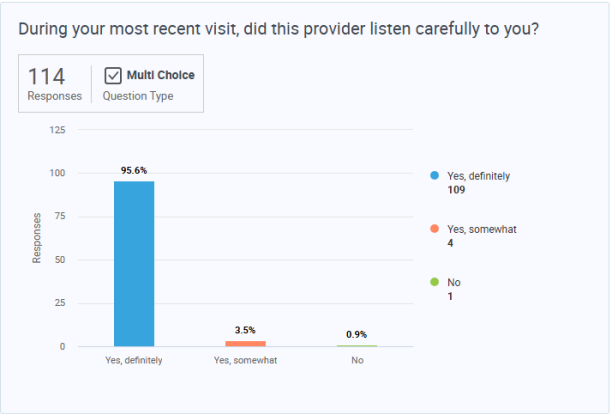
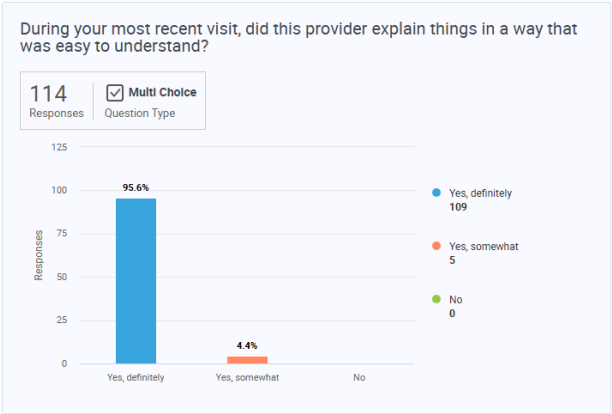
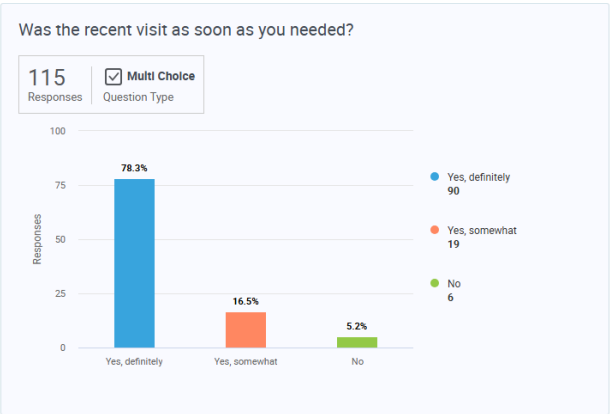
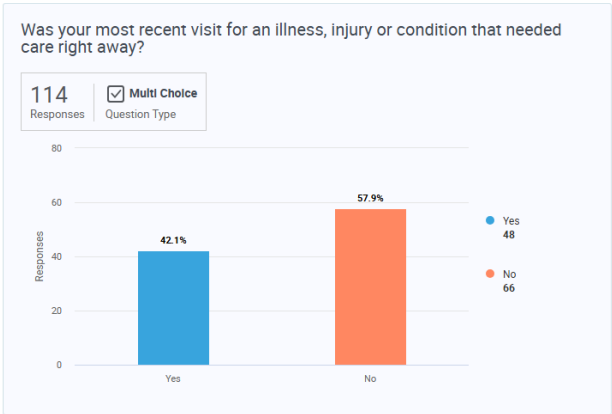
Gender



Service and Location



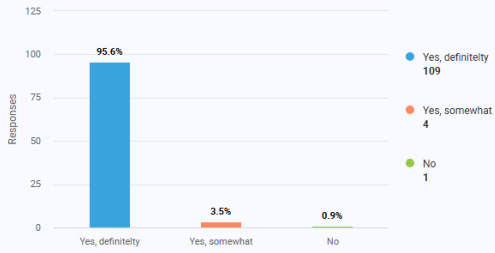
Provider, Staff, and Facility



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

114
Responses

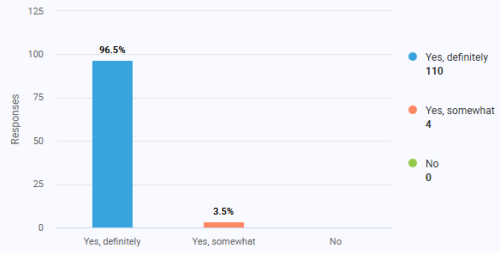
Multi Choice
Question Type



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

114
Responses

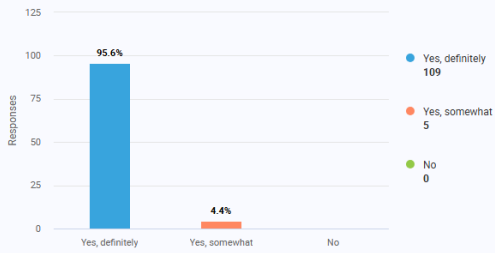
Multi Choice
Question Type



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

114
Responses

Multi Choice
Question Type



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

114
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?

114

Responses

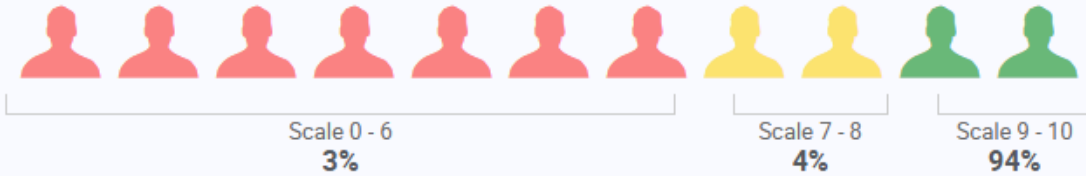
123

Numbers

Question Type

91

Net Promoter Score (NPS)



3

Scale 0 - 6

4

Scale 7 - 8

107

Scale 9 - 10

General Information

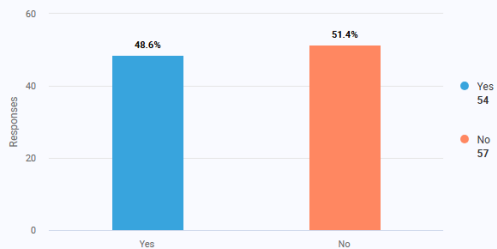
Do you have health insurance?

111

Responses

Multi Choice

Question Type



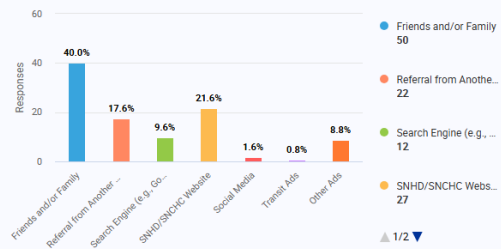
How did you hear about us?

125

Responses

Multi Choice

Question Type



MEMORANDUM

Date: January 21, 2025

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 – December 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.

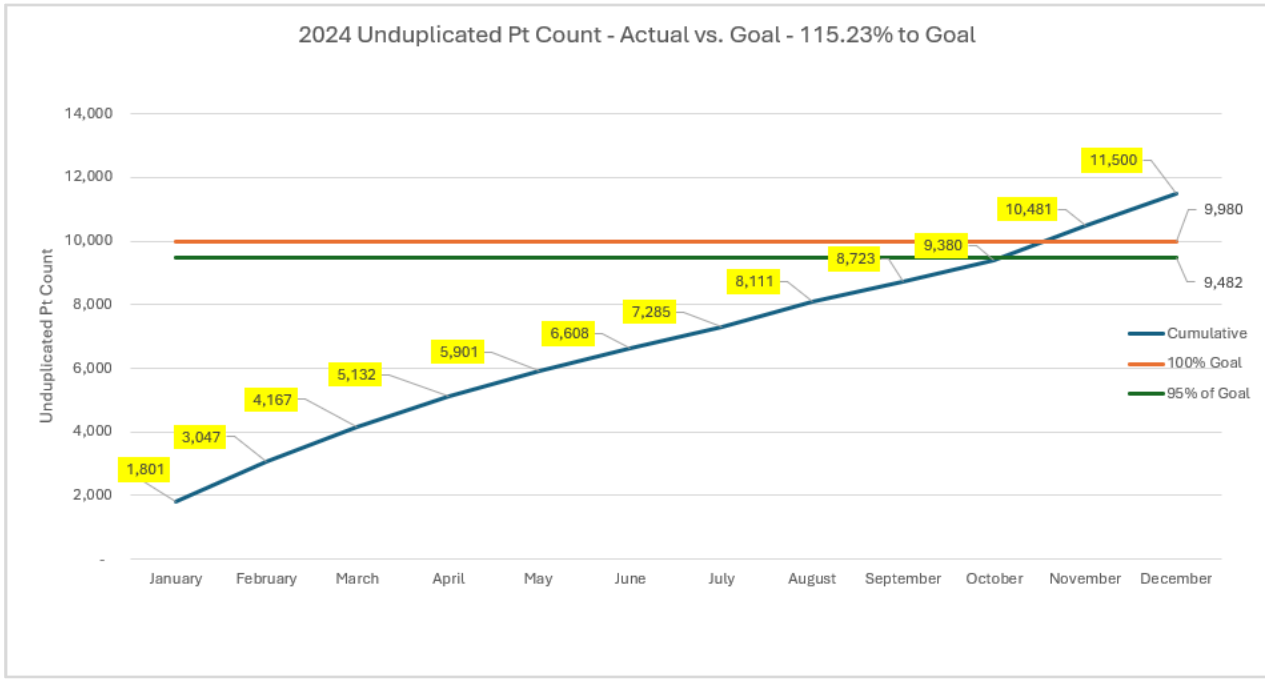
December Highlights

Administrative

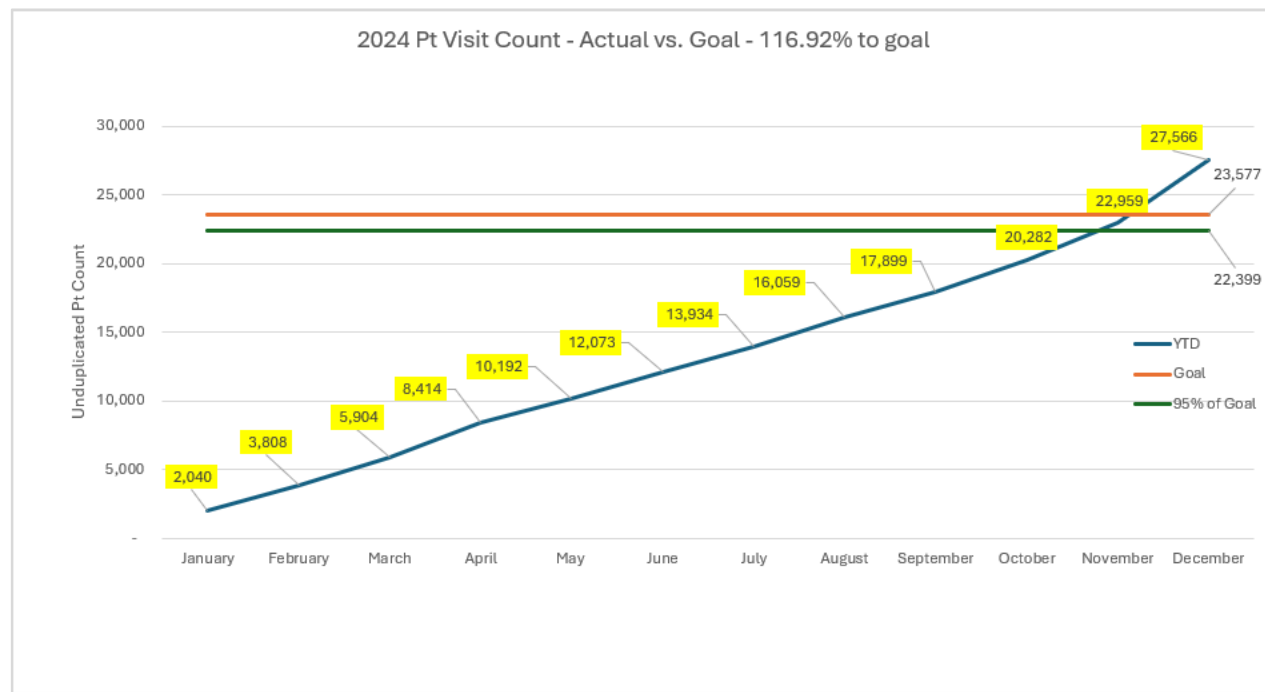
- HRSA Operational Site Visit (OSV): 2/25/25 – 2/27/25
- HRSA UDS annual report due 2/15/24
- HRSA FPAR 2.0 annual report due 2/28/25
- HRSA Family Planning Title X site visit: September 2025
- New Medical Director hired. Start date: 2/3/25
- Behavioral Health Clinic at Decatur Open House: 1/14/25
- HRSA Behavioral Health Technical Assistance engagement in March 2025
- Desiree Petersen, Community Health Worker awarded SNHD's employee of the year
- Annual unduplicated patient and visit goals exceeded in CY24

Access

Unduplicated Patients CY24



Patient Visits CY24



Provider Visits by Program and Site – December 2024

Facility	Program	DEC			FY25 YTD	FY24 YTD	FY YTD YoY%
		DEC '24	DEC '23	YoY %			
Decatur	Family Health	640	306	52%	3,028	2,215	27%
Fremont	Family Health	257	115	55%	1,668	780	53%
Total	Family Health	897	421	53%	4,696	2,995	36%
Decatur	Family Planning	139	119	14%	805	804	0%
Fremont	Family Planning	159	60	62%	682	449	34%
Total	Family Planning	298	179	40%	1,487	1,253	16%
Decatur	Sexual Health	389	536	-38%	2,607	3,375	-29%
Fremont	Sexual Health	82			589		
ASEC	Sexual Health		99		113	743	
Total	Sexual Health	471	635	-35%	3,309	4,118	-24%
Decatur	Behavioral Health	99	94	5%	595	723	-22%
Fremont	Behavioral Health	100	0		580	1	
Total	Behavioral Health	199	94	53%	1,175	724	38%
Decatur	Ryan White	215	162	25%	1,189	1,269	-7%
Fremont	Ryan White	33			111		
Total	Ryan White	248	162	35%	1,300	1,269	2%
FQHC Total		2,113	1,491	29%	11,967	10,359	13%

Pharmacy Services

	Dec-23	Dec-24		FY24	FY25		% Change YOY
Client Encounters (Pharmacy)	1,198	1,413	↑	7,949	8,417	↑	5.9%
Prescriptions Filled	1,629	2,448	↑	11,041	13,866	↑	25.6%
Client Clinic Encounters (Pharmacist)	23	61	↑	190	344	↑	81.1%
Financial Assistance Provided	16	38	↑	102	200	↑	96.1%
Insurance Assistance Provided	1	12	↑	27	58	↑	114.8%

- A. Dispensed 2,448 prescriptions for 1,413 clients.
- B. Pharmacist completed 61 client clinic encounters.
- C. Assisted 38 clients to obtain medication financial assistance.
- D. Assisted 12 clients with insurance approvals.

Family Planning Services

- A. Family Planning program access was up 40% in December and is up 16% year-over-year. The program team administrators and clinical staff are engaged in a quality improvement project to increase access to care 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 is under way and will commence in full following the health center's OSV in February 2025.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 63 referrals between December 1st and December 31st. There were five (5) pediatric clients referred to the Medical Case Management program in December and the program received four (4) referrals for pregnant women living with HIV during this time.
- B. There were 464 total service encounters in the month of December provided by the Ryan White program Linkage Coordinators, Eligibility Workers, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 269 unduplicated clients served under these programs in December.
- C. The Ryan White ambulatory clinic had a total of 478 visits in the month of December: 24 initial provider visits and 198 established provider visits including 14 tele-visits (established clients). There were 30 nurse visits and 226 lab visits. There were 50 Ryan White services provided under Behavioral Health by the licensed mental health therapists and the Psychiatric APRN during the month of December with 44 unduplicated clients served. There were 10 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in December.
- D. The Ryan White clinic continues to utilize the Rapid StART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were seven (7) patients seen under the Rapid StART program in December.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic conducted 471 provider encounters in the month of December.
- B. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP). Patients scheduled for PrEP appointments are no-showing at a high rate. The Decatur CHN Manager is working with the SHC team to pilot new approaches to increase utilization of this service and reduce waste in the appointment schedules.
- C. The FQHC-SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the PPC- Sexual Health and Outreach Prevention Programs

(SHOPP) with the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services.

D. The FQHC-SHC staff continues to offer Mpox evaluation and referral for vaccine.

Refugee Health Program (RHP)

Services provided in the Refugee Health Program for the month of December 2024.

Client required medical follow- up for Communicable Diseases	-
Referrals for TB issues	5
Referrals for Chronic Hep B	1
Referrals for STD	1
Pediatric Refugee Exams	21
Clients encounter by program (adults)	33
Refugee Health screening for December 2024	54
Total for FY24-25	359

Eligibility and Insurance Enrollment Assistance

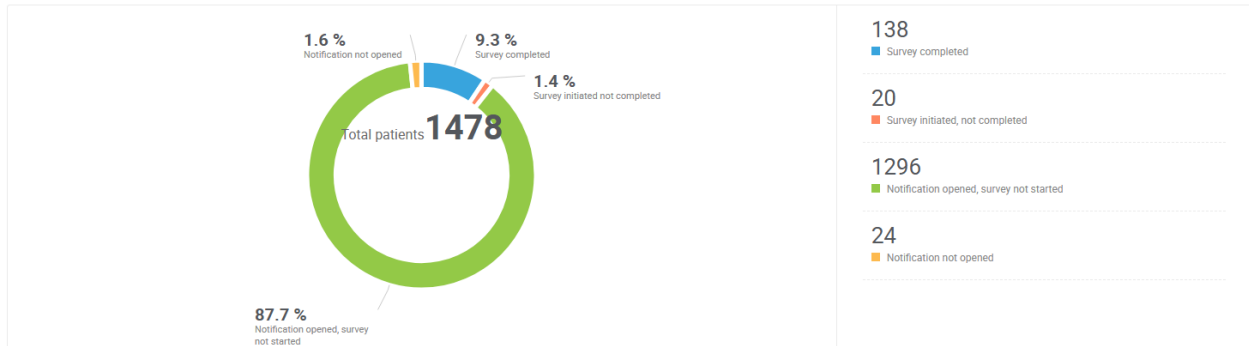
Patients in need of eligibility assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications.

Patient Satisfaction: See attached survey results.

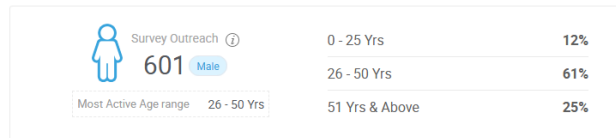
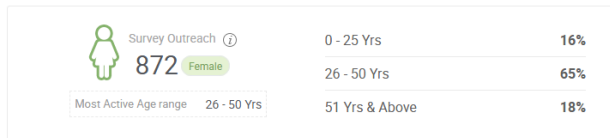
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

Southern Nevada Health Center Patient Satisfaction Survey – December 2024

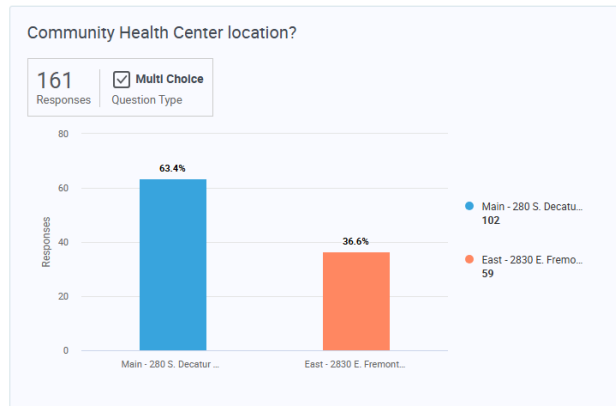
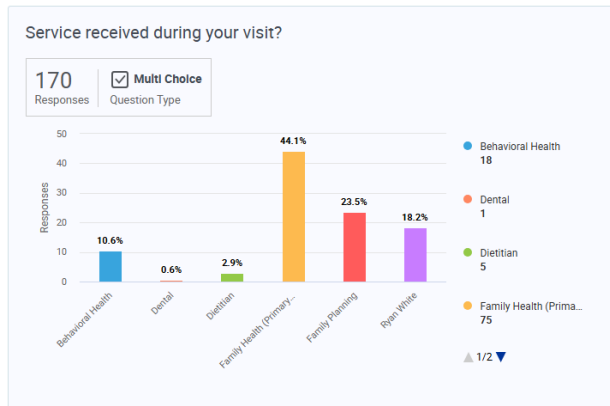
Overview



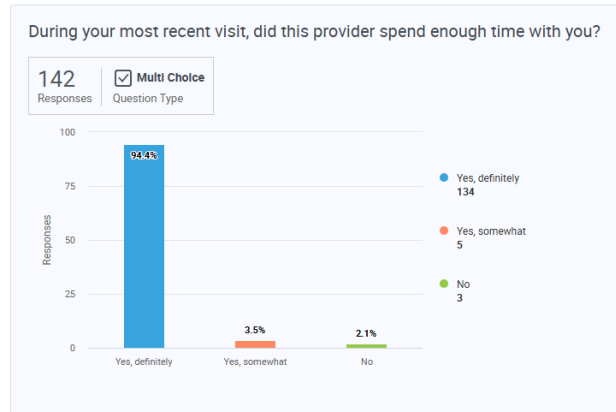
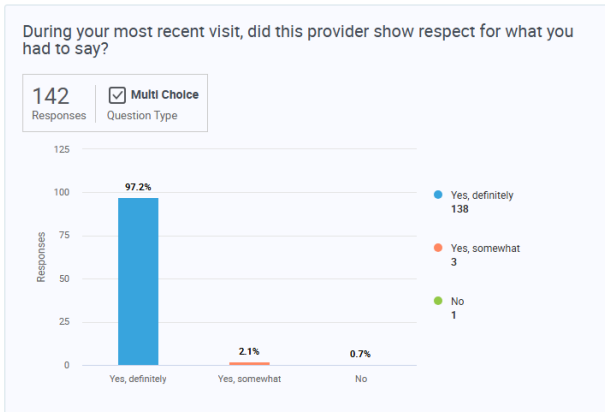
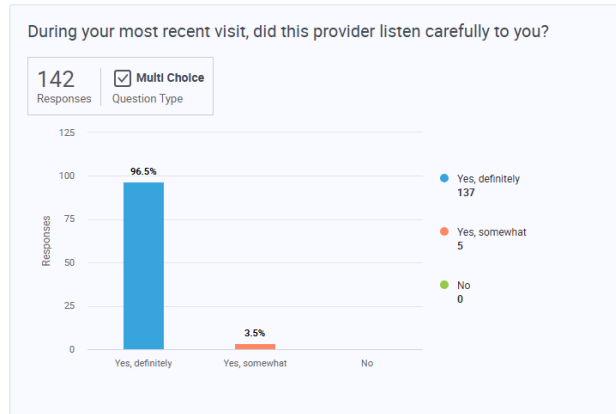
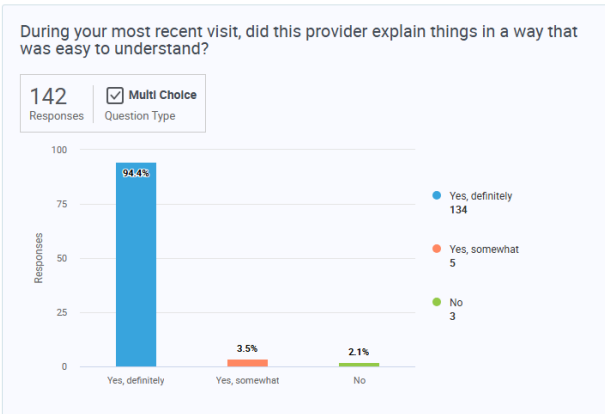
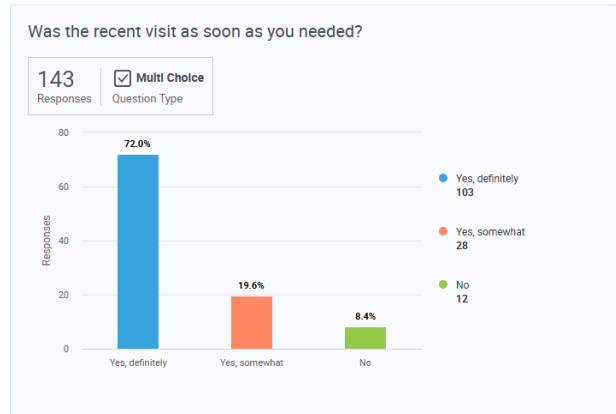
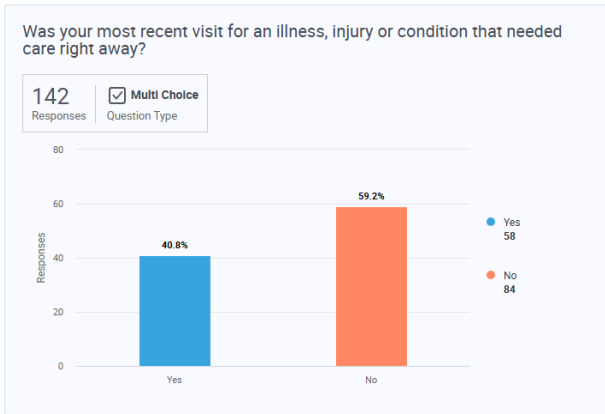
Gender



Service and Location

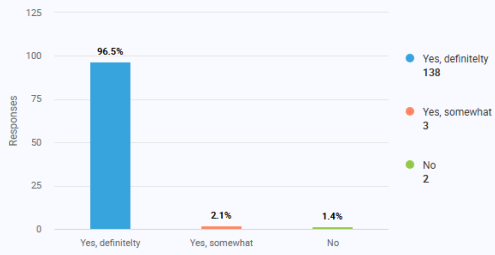


Provider, Staff, and Facility



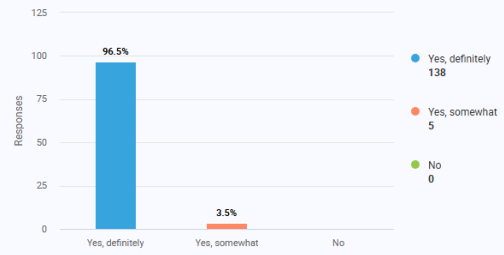
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

143 Responses Multi Choice Question Type



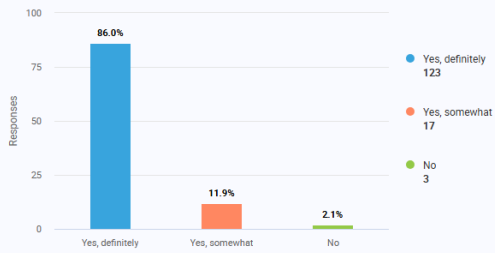
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

143 Responses Multi Choice Question Type



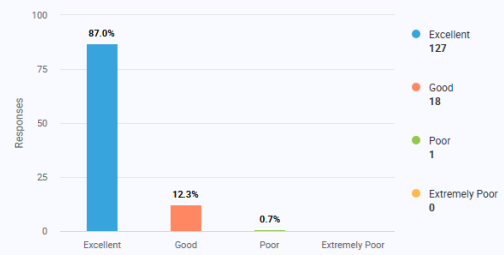
Thinking about your recent visit, was it easy to schedule an appointment?

143 Responses Multi Choice Question Type



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

146 Responses Multi Choice Question Type

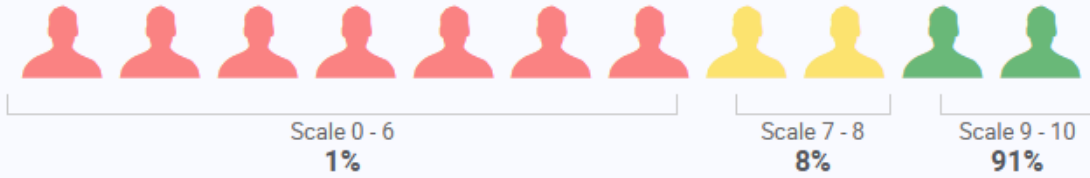


How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?

143
Responses

123 Numbers
Question Type

90 | Net Promoter Score (NPS)



1
Scale 0 - 6

12
Scale 7 - 8

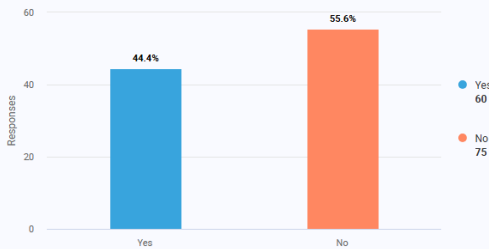
130
Scale 9 - 10

General Information

Do you have health insurance?

135
Responses

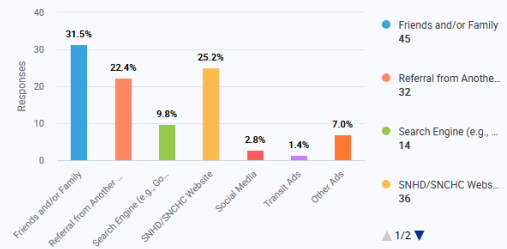
Multi Choice
Question Type



How did you hear about us?

143
Responses

Multi Choice
Question Type





Memorandum

Date: January 23, 2025

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 – November 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.

	November 2023	November 2024		YTD 23	YTD 24	
Sexually Transmitted						
Chlamydia	958	776	↓	11,519	10,974	↓
Gonorrhea	483	328	↓	5,285	4,694	↓
Primary Syphilis	12	0	↓	217	130	↓
Secondary Syphilis	16	11	↓	299	214	↓
Early Non-Primary, Non-Secondary¹	49	16	↓	573	500	↓
Syphilis Unknown Duration or Late²	131	49	↓	1,389	1,301	↓
Congenital Syphilis (presumptive)	2	1	↓	48	29	↓
Moms and Babies Surveillance³						
Pregnant Persons Living with HIV⁴	6	5	↓	35	56	↑
Pregnant Syphilis Cases	18	1	↓	177	103	↓
Perinatally Exposed to HIV	1	2	↑	22	33	↑
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	November 2023	November 2024		YTD 23	YTD 24	

	November 2023	November 2024		YTD 23	YTD 24	
Haemophilus influenzae, invasive disease	1	3	↑	27	42	↑
Hepatitis A	0	0	→	6	9	↑
Hepatitis B, acute	2	3	↑	28	36	↑
Influenza	179	102	↓	433	865	↑
Pertussis	11	1	↓	45	48	↑
RSV	706	340	↓	1628	2354	↑
Enteric Illness						
Amebiasis	0	0	→	4	4	→
Campylobacteriosis	20	4	↓	184	184	→
Cryptosporidiosis	0	2	↑	12	30	↑
Giardiasis	4	4	→	69	54	↓
Rotavirus	5	5	→	107	122	↑
Salmonellosis	17	3	↓	200	145	↓
Shiga toxin-producing Escherichia coli (STEC)	7	1	↓	56	79	↑
Shigellosis	14	5	↓	83	129	↑
Yersiniosis	1	2	↑	16	35	↑
Other						
Coccidioidomycosis	31	17	↓	254	222	↓
Hepatitis C, acute	0	0	→	5	10	↑
Invasive Pneumococcal Disease	21	21	→	186	205	↑
Lead Poisoning	8	5	↓	162	147	↓
Legionellosis	0	1	↑	29	29	→
Meningitis, aseptic	1	2	↑	32	28	↓
Meningitis, Bacterial Other	2	0	↓	12	4	↓
Streptococcal Toxic Shock Syndrome (STSS)	5	3	↓	34	31	↓
New Active TB Cases Counted (<15 yo)	0	0	→	2	3	↑
New Active TB Cases Counted (>= 15 yo)	7	4	↓	69	63	↓

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	11	0	31	0
Gonorrhea	5	0	8	0
Syphilis	14	3	158	0
HIV/AIDS (New to Care/Returning to Care)	16	1	81	0
Tuberculosis	27	0	4	1
TOTAL	73	4	282	1

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

3. ACDC COVID-19 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 November 30, 2024, Clark County had 321 cases of mpox, an additional 2 cases during the month of November.
- b. **Norovirus outbreak at a private event:** On 11/19/24, ACDC received a complaint from a community member that 20 out of 27 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. By the end of the investigation, 1 individual was confirmed and there were 14 probable cases identified. The outbreak is over, final data and reports are being compiled.
- c. **Norovirus at an elementary school:** On 11/14/24, ACDC received a call from CCSD health office notifying us that 6 out of 10 kids were sick with vomiting and diarrhea from 1 PreK class at a CCSD school. ACDC continued to receive updated line lists of ill kids from the school throughout the following weeks. By the end of the investigation ACDC had interviewed or attempted to interview 97 people. There were 3 confirmed cases and 40 probable cases. This outbreak is over, final reports are pending.
- d. **Norovirus at an elementary school:** On 11/18/24, ACDC received a call from CCSD health office notifying us that approximately 16 students and 3 staff have reported vomiting and fever since the 11/13/24. By the end of the investigation, ACDC had interviewed or attempted to interview 40 people. There were 2 confirmed cases and 40 probable cases. This outbreak is over, final reports are pending.
- e. **Norovirus outbreak at a private event:** On 11/19/24, ACDC received a complaint from a community member that many guests became ill after their event. ACDC and OIE quickly mobilized to obtain a line list of guests and create a tailored survey to administer for detailed analysis. Contact attempts were made to all guests and staff who attended or worked at the event. By the end of the investigation, 2 individuals were confirmed and there were 7 probable cases identified. The outbreak is over, final data and reports are being compiled.
- f. **Gastrointestinal and respiratory illness at an elementary school:** On 11/19/24, ACDC received a call from CCSD health office notifying us that many students and staff have been out ill with both gastrointestinal illness and respiratory illness. It was reported that 7 staff members tested positive for flu. By the end of the investigation,

ACDC had interviewed or attempted to interview 31 people. Only 2 cases were completed as probable. This outbreak is over, final reports are pending.

- g. **Norovirus at an elementary school:** On 11/20/24, ACDC received a call from CCSD health office notifying us that approximately 15-20 students were out sick with vomiting and diarrhea with 1 student hospitalized. By the end of the investigation, ACDC had interviewed or attempted to interview 61 people. There were 3 confirmed cases and 35 probable cases. This outbreak is over, final reports are pending.
- h. **Gastrointestinal illness at an elementary school:** On 11/21/24, ACDC received a call from CCSD health office notifying us that 11 students had been sent home with vomiting and diarrhea. By the end of the investigation, ACDC had interviewed or attempted to interview 14 people. There were 14 cases completed as probable. This outbreak is over, final reports are pending.
- i. **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 continuing to increase but remains low. Statewide, the outpatient respiratory illness activity in Nevada is moderate. Locally, as of 11/30/2024, for the 2024 - 2025 influenza season, 150 influenza-associated hospitalizations and 3 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 training and distributions have taken place in the month of November:

Naloxone Distribution//	Agency	# Trained	# of Naloxone doses distributed
9/3/2024	Clients		40
9/4/2024	Outreach		110
9/9/2024	Clients		60
9/11/2024	Outreach		122
11/7/2024	Special Education Support Staff		24
11/7/2024	Substance		48
11/7/2024	LVMPD		312
11/14/2024	UNICares Project		1200

11/14/2024	HELP of Southern Nevada		504
11/14/2024	Royal Moving and Storage		48
11/20/2024	CARE Coalition		48
11/21/2024	Epiphany Episcopal Church		24
Total		0	2540

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 November:

FTS Distribution		
11/20/2024	The Center	800 Strips
11/20/2024	The Care Coalition	300 Strips
11/26/2024	SNHD	200 Strips
Total FTS:		1,300 Strips

XTS Distribution		
11/20/2024	The Center	800 Strips
11/20/2024	The Care Coalition	300 Strips
11/26/2024	SNHD	200 Strips
Total XTS:		1,300 Strips

6. Prevention - Community Outreach/Provider Outreach/Education

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

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

b. ODS continues to collaborate with community partners to participate at various outreach events. This month we were proud to participate in The Moapa Valley Community Resource Fair hosted by Brooke’s Good Deeds at the Clark County Fairgrounds in Logandale, NV on November 2, 2024. In addition to testing for HIV and syphilis, we were able to distribute Narcan, Fentanyl and Xylazine test strips, condoms, STD/HIV educational materials, and provide PrEP/PEP education. Often times we are not able to access the rural community to educate and provide resources. It was good to meet many organizations and offer our support and

collaboration opportunities for the important work they do. This will go a long way in stigma reduction by normalizing availability and visibility of sexual health and harm reduction services. We additionally partnered again with the Just Seen/Safe Neighborhoods project on November 13, 2024. This outreach is focused on providing resources to persons who have been sex trafficked. We also held outreaches with our regular partners, Fantastic Indoor Swap Meet and Oddfellows. 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. Due to congregate settings being a risk factor for acquiring TB infection and the homeless population being especially vulnerable to developing active TB, SNHD TB Surveillance conducted a targeted TB testing event that took place November 7-9, 2024, at Las Vegas Courtyard Homeless Resource Center. The total number tested was 272. For anyone that tested positive, SNHD worked with Nevada Health Centers and Hope Christian Health to navigate clients for follow-up and care at their respective on-site medical facilities at the Courtyard.
- 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	Nov-23	Nov-24		YTD 23	YTD 24	
Outreach/Targeted Testing	965	319	↓	11402	11886	↑
Clinic Screening (SHC/FPC/TB)	794	83	↓	7882	7333	↓
Outreach Screening (Jails)	259	260	↑	3147	2821	↓
Collect2 Protect	9	6	↓	145	98	↓
TOTAL	2027	668	↓	22576	22138	↓
Outreach/Targeted Testing POSITIVE	6	1	↓	67	47	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	2	1	↓	12	13	↑
Outreach Screening (Jails, SAPTA) POSITIVE	2	0	↓	15	7	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	10	2	↓	94	67	↓

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, auto-assigned staff who created a contact event as an investigator, list contact events under index STD and TB events in the event view, STD field record data and field type updated for case detection, RVCT PDF generation features updated, re-enabled Viral Hemorrhagic Fever condition and assign related forms. Updated STD forms.
- b. Continue to update and enhance data warehouse: add audit schema, tags for cluster linkage, repeating field staff first entered, and occupation fields.
- c. Pentaho report updates: add note clarification and modification to Influenza reports, no activity report, review duplicate 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, 451 tasks have been completed, with 72 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. Investigate multiple syphilis duplicate events, addressed eCR logic issue when processing COVID-19 result should not add a queue to a case, review invalid LOINC mapping for Candida species.
- b. Conduct regular sessions to review message exceptions.
- c. Continues processing eCRs from HCA 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.
- 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 (Alinity) and interface it with the Laboratory Information System (LIS)
- g. C. auris testing results automation for processing into the LIS
- h. Rule set modifications for order/result processing
- i. Microbiology changes for Legionella testing

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. Extract data from eCW for iCircle risk factors.
- f. Implement the Care Plan feature.
- g. Evaluate the No-Show Prediction feature.
- h. Generate and review monthly reports for FQHC and Primary Care Center.
- i. Preparations for Uniform Data Set (UDS+) and Family Planning Annual Report (FPAR) submissions
- j. Implement Healthy Start Reporting/Benchmarks, submitted initial report
- k. Behavioral Health Module Build/Implementation

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). Initiated flat file testing.
- f. Implement Outreach project for orders/results to/from SNPHL.
- g. Working with vendor to implement end user requests/enhancements.
- h. Dataset for UNLV Pathologist 2004-2023, searching for 'Doe' cases identified longer than one year after death.
- i. Explore Smarty geocoding/address validation interface for integration into Census API code to increase success rate

6. 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.

7. 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. Continue MMG TB/LTBI mapping variables, lab, occupation, and PHIN VADS in NMI for phase 1.

8. 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.

9. Grant Updates

- a. ELC DMI and ELC ED grant November monthly progress reports were completed.
- b. Received 2025-2026 ELC EDX grant award from the state to support epi and lab activities in Clark County, Nevada.
- c. Discussed with PACT Coalition for Partnership for Success (PFS) grant award.

10. Contracts

- a. Interlocal agreement with Clark County Coroner's Office for SUIDS_25, SUIDB_25, and SUIDA_25 was submitted.

D. Staff Facilitated/Attended the following Trainings/Presentations

1. 11/01/2024: Attended the Clark County Children's Mental Health Consortium Meeting as Chair and SNHD representative; 41 people in attendance; 2 SNHD ODS staff attendees.
2. 11/01/2024: Meeting with Assemblywoman Brown-May to discuss educational initiatives related to opioids and overdose prevention; 3 attendees, 1 ODS Staff attendee.
3. 11/05/2024: Co-facilitated Congenital Syphilis prevention training webinar by Count the Kicks; 74 people in attendance; 4 SNHD staff attendees.
4. 11/05/2024: Completed "Syphilis: The Basics" on demand training; 1 ODS Health Educator attendee.
5. 11/06/2024 – 11/07/2024: Facilitated Empower Change Rapid HIV Testing Training; 9 people in attendance; 2 ODS staff in attendance.
6. 11/06/2024: Attended American Indian/Alaska Native Focus Group Discussion facilitated by NICRP First Discussion Session for the Community Context Assessment; 5 people in attendance; 1 ODS Health Educator attendee.
7. 11/06/2024: Facilitated "Mental Health in Corrections"; 2 people in attendance; 2 SNHD ODS staff attendees.
8. 11/07/2024: Attended American Indian/Alaska Native Focus Group facilitated by NICRP Second Discussion Session for the Community Context Assessment; 15 people in attendance; 1 ODS Health Educator attendee.
9. 11/08/2024: Presented SUID Community Participatory Sessions to Larson Institute's Health Equity Webinar Series; ~80 people in attendance; 2 ODS staff attendees.
10. 11/12/2024: Attended Child Mental Health Action Coalition meeting as public health representative; ~40 people in attendance; 2 SNHD ODS staff attendees.
11. 11/12/2024: Presented on Credible Mind at the Southern Nevada Maternal Child Health Coalition Meeting; 28 people in attendance; 2 SNHD ODS staff attendees.
12. 11/13/2024: Facilitated and attended Southern Nevada HIV Prevention Planning Group Meeting; 31 people in attendance; 8 ODS staff attendees.
13. 11/13/2024: Invited to discuss NACCHO "Measuring the Success of your MAPP Process: Continuous Quality Improvement through MAPP" with other local health departments; 30 people in attendance; 1 ODS Health Educator attendee.
14. 11/13/2024: Provided CredibleMind interview to "A Healthier Tomorrow" podcast; 4 people in attendance; 1 SNHD ODS staff attendee.
15. 11/13/2024: Facilitated "SafeTALK Suicide Prevention" training; 12 people in attendance; SNHD ODS staff attendees.
16. 11/14/2024: Facilitated, attended, and tabled at Health District after Dark: Gun Violence as a Public Health Issue event; ~50 people in attendance; 20 SNHD DSC Staff Attendees.
17. 11/16/2024 – 11/17/2024: Attended 25th Annual Autumn Update Conference facilitated by Pacific AETC; 150 people in attendance; 4 ODS staff attendees.
18. 11/19/2024: Attended Child Death Review team meeting as SNHD representative; ~20 people in attendance; 1 ODS Health Educator attendee.
19. 11/19/2024: Attended Final Bay Area Regional Health Inequities Initiative (BARHII) Transforming Community Coalitions Training session; 25 people in attendance; 1 ODS Health Educator attendee.
20. 11/19/2024: Facilitated Harm Reduction 101 training; 4 people in attendance; 3 ODS staff attendees.

21. 11/20/2024: Attended Las Vegas TGA Part A (Ryan White Part A) Planning Council as SNHD representative; 20 people in attendance; 2 ODS Health Educator attendees.
22. 11/20/2024: Attended Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting as SNHD representative; 16 people in attendance from multiple agencies; 2 SNHD ODS staff attendee.
23. 11/21/2024: Facilitated "Beyond Stock Images Training;" 5 people in attendance; 1 ODS staff attendee.
24. 11/21/2024: Facilitated lecture at UNLV for Dr. Michelle Turk on local government work to address opioids and overdose prevention; 30 attendees, 1 SNHD staff attendee.
25. 11/26/2024: Presented on CredibleMind at the Southern Nevada Community Health Center FQHC Decatur staff meeting; ~60 people in attendance; 2 SNHD ODS staff attendees

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. Maintain the NHA Data Webservice Script.
6. Continue working on the Healthy Start Project.
7. Collaborate on the Community Status Assessment and Community Context Assessment (CHA) project with NICRP.
8. Conduct the November Child Death Review.

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 Quarterly 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

3. Other Project Updates - OIE

- a. Daily, weekly, and monthly SNPDL 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 4 manuscripts for possible publication from these analyses.
- g. The professional service contract has been successfully completed, along with the associated knowledge transfer.
- h. Lead dashboard fully developed in Power BI platform, pending integration with existing website.
- i. Start working on migrating dashboard, Poison Control Center Data, from QlikView to Power BI platform
- j. Review RCKMS authoring updates

G. Disease Statistics

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

Table 1



October 2024: Clark County Disease Statistics*

Data as of 12/05/2024

Disease	2022		2023		2024	
	October	YTD	October	YTD	October	YTD
VACCINE PREVENTABLE						
COVID-19	5,890	246,634	2,500	26,132	1,110	16,598
Haemophilus influenzae, Invasive	3	18	1	26	2	39
Hepatitis A	0	6	0	6	1	9
Hepatitis B, acute	0	17	2	26	3	33
Hepatitis B, chronic	57	668	128	1,185	92	925
Influenza	20	497	37	254	43	763
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	2	0	2
Monkeypox	20	283	8	12	2	10
Mumps	0	1	0	0	0	3
Pertussis	7	70	7	34	4	47
RSV	1,232	2,383	160	922	50	2,014
SEXUALLY TRANSMITTED						
Chlamydia	808	8,523	1,066	9,925	1,074	10,199
Gonorrhea	342	3,243	550	4,168	444	4,366
HIV	46	406	36	415	27	456
Stage 3 HIV (AIDS)	15	156	17	136	11	121
Syphilis (Early non-primary, non-secondary)	44	309	50	442	44	486
Syphilis (Primary & Secondary)	40	403	43	433	22	333
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	1	0	3
Congenital Syphilis	3	39	4	46	1	28
ENTERICS						
Amebiasis	0	1	0	4	1	4
Campylobacteriosis	18	113	19	164	13	180
Cryptosporidiosis	1	13	2	12	6	28
Giardiasis	2	38	9	65	2	50
Rotavirus	2	128	1	102	1	117
Salmonellosis	13	135	23	183	12	142
Shiga toxin-producing <i>E. coli</i> (STEC)	4	58	7	49	5	78
Shigellosis	10	64	8	69	8	124
Vibriosis (Non-cholera <i>Vibrio</i> species Infection)	2	7	1	5	0	14
Yersiniosis	0	7	3	15	5	33
OTHER						
Brucellosis	0	1	0	0	0	0
Coccidioidomycosis	14	124	21	223	20	205
Exposure, Chemical or Biological	0	9	0	1	0	4
Hepatitis C, acute	1	3	2	5	0	10
Hepatitis C, chronic	251	2,552	135	2,094	149	1,389
Invasive Pneumococcal Disease	13	139	15	165	10	184
Lead Poisoning	17	114	30	154	26	142
Legionellosis	1	23	1	29	2	28
Listeriosis	1	4	0	0	0	5
Lyme Disease	1	7	1	8	0	8
Malaria	0	7	0	7	1	5
Meningitis, Aseptic	5	30	6	31	2	26
Meningitis, Bacterial Other	2	8	2	10	0	4
Meningitis, Fungal	0	5	0	0	0	3
Q Fever, acute	0	0	0	1	0	0
Rabies, exposure to a rabies susceptible animal	23	275	41	305	36	301
Streptococcal Toxic Shock Syndrome (STSS)	1	6	3	29	0	28
Tuberculosis (Active)	3	47	7	62	8	61
West Nile virus neuroinvasive disease	0	0	1	2	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.

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



Memorandum

Date: January 23, 2025

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 – December 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.

	December 2023	December 2024		YTD 23	YTD 24	
Sexually Transmitted						
Chlamydia	1044	836	↓	12562	11857	↓
Gonorrhea	478	373	↓	5763	5088	↓
Primary Syphilis	17	5	↓	234	139	↓
Secondary Syphilis	21	6	↓	320	220	↓
Early Non-Primary, Non-Secondary ¹	55	13	↓	628	536	↓
Syphilis Unknown Duration or Late ²	130	50	↓	1519	1404	↓
Congenital Syphilis (presumptive)	4	2	↓	52	31	↓
Moms and Babies Surveillance³						
Pregnant Persons Living with HIV ⁴	2	8	↑	37	66	↑
Pregnant Syphilis Cases	8	10	↑	185	115	↓
Perinatally Exposed to HIV	2	2	→	24	35	↑
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	December 2023	December 2024		YTD 23	YTD 24	
Haemophilus influenzae, invasive disease	4	2	↓	31	44	↑

	December 2023	December 2024		YTD 23	YTD 24	
Hepatitis A	2	0	↓	8	9	↑
Hepatitis B, acute	5	1	↓	33	38	↑
Influenza	607	333	↓	1040	1233	↑
Pertussis	14	2	↓	59	55	↓
RSV	1596	1138	↓	3224	3534	↑
Enteric Illness						
Amebiasis	0	0	→	4	6	↑
Campylobacteriosis	9	8	↓	193	194	↑
Cryptosporidiosis	0	1	↑	12	33	↑
Giardiasis	5	2	↓	74	57	↓
Rotavirus	2	4	↑	109	127	↑
Salmonellosis	11	10	↓	211	164	↓
Shiga toxin-producing Escherichia coli (STEC)	3	4	↑	59	86	↑
Shigellosis	5	2	↓	88	134	↑
Yersiniosis	0	2	↑	16	39	↑
Other						
Coccidioidomycosis	29	9	↓	283	246	↓
Hepatitis C, acute	0	0	→	5	10	↑
Invasive Pneumococcal Disease	39	35	↓	225	240	↑
Lead Poisoning	3	7	↑	165	173	↑
Legionellosis	3	0	↓	32	31	↓
Meningitis, aseptic	0	0	→	32	29	↓
Meningitis, Bacterial Other	2	0	↓	14	4	↓
Streptococcal Toxic Shock Syndrome (STSS)	3	0	↓	37	31	↓
New Active TB Cases Counted (<15 yo)	0	0	→	2	3	↑
New Active TB Cases Counted (>= 15 yo)	7	2	↓	76	65	↓

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	14	1	23	0
Gonorrhea	4	0	9	0
Syphilis	12	0	156	0
HIV/AIDS (New to Care/Returning to Care)	14	2	73	0
Tuberculosis	7	0	3	0
TOTAL	51	3	264	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 January 6, 2025, Clark County had 321 cases of mpox with the last case identified in November 2024.
- b. **Gastrointestinal illness at a middle school:** On 12/11/24, ACDC was notified by CCSD of a suspected illness outbreak at a middle school. ACDC received an initial line list of 43 cases. By the end of the investigation, ACDC had interviewed or attempted to interview 62 people. There were 12 probable gastrointestinal cases. This outbreak is over, final reports are pending.
- c. **Influenza at an elementary school:** On 12/13/24, ACDC was notified by CCSD of a suspected respiratory outbreak at an elementary. ACDC received an initial list of 18 students. By the end of the investigation, ACDC had interviewed or attempted to interview 37 people. There were 2 confirmed cases and 30 probable cases. This outbreak is over, final reports are pending.
- d. **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 continuing to increase and is elevated across most of the country. Statewide, outpatient respiratory illness activity in Nevada is very high. Locally, as of 12/28/2024, for the 2024 - 2025 influenza season, 438 influenza-associated hospitalizations and 7 deaths associated with influenza were reported and processed. The total number of cases presented in this report is subject to changes due to possible delays in reporting and processing. Influenza A has been the dominant type circulating. As of December 31, 2024, there have been 66 confirmed and 7 probable cases of H5 influenza in the United States. Although H5 influenza was detected in the wastewater surveillance in Clark County, there have not been any confirmed H5 influenza cases locally. The public health risk of H5 influenza is currently considered low. 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 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 training and distributions took place in the month of December:

Naloxone Distribution//	Agency	# Trained	# of Naloxone doses distributed
12/5/2024	The Center		408
12/5/2024	SNHD SHOP		408
12/5/2024	Inner Healing	8	
12/5/2024	SNHD FQHC		124
12/12/2024	Victory Wholesale Group		24
12/19/2024	Community Counseling Center		48
12/19/2024	Clark County Library District	20	48
12/19/2024	Boulder City Police Dept Volunteers	18	48
Total		46	1108

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 December:

FTS Distribution		
12/04/2024	The Promise	300 Strips
12/18/2024	SNHD Linkage to Action Team	1000 Strips
12/10/2024	SNHD Clinics	400 Strips
Total FTS:		1,700 Strips

XTS Distribution		
12/04/2024	The Promise	300 Strips
Total XTS:		300 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, Sagebrush Health, 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. Sunday, December 1st marked the 37th annual observance of World AIDS Day. The theme this year was “Collective Action: Sustain and Accelerate HIV Progress.” SNHD continues to be wholly committed to doing our part to end the HIV epidemic in Clark County. ODS stationed our MTU at our community partner location, Fantastic Indoor Swap Meet, on Saturday, November 30th in observance. 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. 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	Dec-23	Dec-24		YTD 23	YTD 24	
Outreach/Targeted Testing	915	385	↓	11837	13062	↑
Clinic Screening (SHC/FPC/TB)	606	113	↓	8488	7583	↓
Outreach Screening (Jails)	145	210	↑	2392	3031	↑
Collect2 Protect	6	5	↓	151	107	↓
TOTAL	1672	713	↓	22868	23783	↑
Outreach/Targeted Testing POSITIVE	4	2	↓	71	49	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	1	0	↓	13	13	→
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	15	7	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	5	2	↓	99	69	↓

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, continue updating OOJ and RVCT PDF generation, update EpiTrax event view style, STD field record data cleanup, added a new race for Middle Eastern or North African, updated Isolation study contacts and Meningococcal fields, allow condition to automatically updated for all associate events under outbreak to match, setting up a process to import Alchemer’s survey for Gastroenteritis, Unspecified to existing events, implement a NORS outbreak form for enteric diseases as well a food or waterborne diseases.

- b. Continue to update and enhance data warehouse: lab variables export data for NV State
- c. Pentaho report updates: Workload report updated CSV export issue and filters modification, Influenza report updated MMWR Report formatting, counts update, and inpatient visit history flag, disease count chart report
- 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, 457 tasks have been completed, with 71 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. addressed NSPHL ELR lab test date value error, these ELR reported as 0000, this process will use date/time of receipt to replace lab test date
- b. Conduct regular sessions to review message exceptions.
- c. Continue onboarding new eCRs reporter from Intermountain Healthcare Inc. 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.
- 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 (Alinity) and interface it with the Laboratory Information System (LIS).
- g. Rule set modifications for order/result processing.

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. Extract data from eCW for iCircle risk factors.
- f. Implement the Care Plan feature.
- g. Generate and review monthly reports for FQHC and Primary Care Center.
- h. Preparations for Uniform Data Set (UDS+) and Family Planning Annual Report (FPAR) submissions.
- i. Implement Healthy Start Reporting/Benchmarks, submitted initial report
- j. Behavioral Health Module Build/Implementation.
- k. Sexual Health Outreach and Prevention Programs (SHOPP) Ending the HIV Epidemic (EHE) questions added to eCW.

- I. Healthy Start Program Benchmarks submitted.

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). Initiated flat file testing.
- f. Implement Outreach project for orders/results to/from SNPHL.
- g. Working with vendor to implement end user requests/enhancements.
- h. Dataset for UNLV Pathologist 2004-2023, searching for 'Doe' cases identified longer than one year after death.
- i. Explore Smarty geocoding/address validation interface for integration into Census API code to increase success rate.

6. API Server

- a. Continue to review extraction of necessary data process from HIE API response for PILLARS project.

7. 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/Intermountain Healthcare Inc error except handling and mapping new codes.

8. 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.
- b. A new syndromic surveillance feed was set up for a new hospital (West Henderson Hospital).

9. Grant Updates

- a. Discussed with PACT Coalition for a new Partnership for Success (PFS) grant award.

10. Contracts

- a. Interlocal contract with NV DBPH (NVDRS_25) in development
- b. Interlocal contract with Clark County Coroner's Office for SUDORS25 in development
- c. Contract with Naviant Inc for ABBYY FlexiCapture implementation in development
- d. Interlocal SUIDB_24 contract in development
- e. Contract of Master Patient Index application under renewal

D. Staff Facilitated/Attended the following Trainings/Presentations

1. 12/02/2024 – 12/04/2024: Attended the Nevada Narcotics Officers Association Conference as a public health liaison; ~300 people in attendance; 1 SNHD ODS staff attendee.
2. 12/02/2024: Chaired Attorney General's Substance Use Response Group (SURG) Prevention Subcommittee Meeting on behalf of Nevada's AG; 20 attendees, 1 ODS Staff attendee.

3. 12/05/2024: Attended Nevada Strategic Highway Safety Plan Vulnerable Road Users Task Force Meeting as SNHD representative; 40 people in attendance; 1 ODS Health Educator attendee.
4. 12/06/2024: Facilitated the Clark County Children's Mental Health Consortium (CCCMHC) monthly meeting as the current Chair; ~48 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
5. 12/10/2024: Facilitated Harm Reduction 201 Training; 7 people in attendance; 5 ODS staff attendees.
6. 12/10/2024: NV Digital Government Summit attended by Informatics staff.
7. 12/17/2024: Facilitated National Public Health Vending Machine (PHVM) Round Table; ~44 people in attendance; 1 ODS Staff attendee.
8. 12/20/2024: Facilitated PHVM technical assistance session follow up with Oklahoma; 3 attendees, 1 SNHD attendee.
9. 12/20/2024: Facilitated PHVM technical assistance session with Fulton Co, Georgia; 2 attendees, 1 SNHD attendee.

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. Maintain the NHA Data Webservice Script.
6. Continue working on the Healthy Start Project.
7. Collaborate on the Community Status Assessment and Community Context Assessment (CHA) project with NICRP.
8. Developed HHS emPOWER Emergency Planning in Power BI platform
9. Prepared 12 abstracts for the 2025 CSTE conference

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 Quarterly 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

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 4 manuscripts for possible publication from these analyses.
- g. The professional service contract has been successfully completed, along with the associated knowledge transfer.
- h. Lead dashboard fully developed in Power BI platform, pending integration with existing website.
- i. Continue working on Poison Control Center Data dashboard in Power BI platform
- j. Review RCKMS authoring updates

G. Disease Statistics

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

Table 1



November 2024: Clark County Disease Statistics*

Data as of 12/31/2024

Disease	2022		2023		2024	
	November	YTD	November	YTD	November	YTD
VACCINE PREVENTABLE						
COVID-19	10,107	256,734	2,648	28,780	887	17,504
Haemophilus influenzae, invasive	2	20	1	27	3	42
Hepatitis A	1	7	0	6	0	9
Hepatitis B, acute	3	20	2	28	3	37
Hepatitis B, chronic	55	722	124	1,308	59	982
Influenza	280	777	179	433	137	900
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	2	0	2
Monkeypox	5	288	4	18	1	11
Mumps	0	1	0	0	0	3
Pertussis	10	80	11	45	4	52
RSV	2,694	5,077	706	1,628	382	2,396
SEXUALLY TRANSMITTED						
Chlamydia	730	9,253	958	10,882	823	11,023
Gonorrhea	293	3,538	483	4,651	348	4,715
HIV	37	443	42	457	12	479
Stage 3 HIV (AIDS)	11	187	22	158	3	138
Syphilis (Early non-primary, non-secondary)	44	353	49	491	31	523
Syphilis (Primary & Secondary)	27	430	28	461	12	347
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	1	0	3
Congenital Syphilis	4	43	2	48	1	29
ENTERICS						
Amebiasis	0	1	0	4	1	6
Campylobacteriosis	12	125	20	184	6	186
Cryptosporidiosis	0	13	0	12	4	32
Giardiasis	5	43	4	69	5	55
Rotavirus	2	130	5	107	6	123
Salmonellosis	11	146	17	200	12	154
Shiga toxin-producing <i>E. coli</i> (STEC)	7	65	7	56	3	83
Shigellosis	5	69	14	83	7	132
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	7	1	6	0	14
Yersiniosis	1	8	1	16	4	37
OTHER						
Brucellosis	0	1	0	0	0	0
Coccidioidomycosis	19	143	31	254	28	237
Exposure, Chemical or Biological	0	9	0	1	0	4
Hepatitis C, acute	0	3	0	5	0	10
Hepatitis C, chronic	174	2,722	121	2,212	88	1,473
Invasive Pneumococcal Disease	36	175	21	186	21	205
Lead Poisoning	10	124	8	162	10	166
Legionellosis	2	25	0	29	3	31
Listeriosis	0	4	1	1	0	5
Lyme Disease	2	9	1	9	0	8
Malaria	0	7	0	7	2	7
Meningitis, Aseptic	3	33	1	32	3	29
Meningitis, Bacterial Other	2	10	2	12	0	4
Meningitis, Fungal	0	5	0	0	0	3
Q Fever, acute	0	0	0	1	0	0
Rabies, exposure to a rabies susceptible animal	23	298	21	326	21	322
Spotted Fever Rickettsiosis	1	1	0	0	1	2
Streptococcal Toxic Shock Syndrome (STSS)	2	8	5	34	3	31
Tuberculosis (Active)	4	51	8	70	4	65
Varicella	1	2	1	6	1	19
West Nile virus neuroinvasive disease	0	0	0	2	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.




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



Memorandum

Date: January 23, 2025

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 - November

I. FOOD OPERATIONS PROGRAM

ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Routine Inspections	1,731	1,505	↓	9,673	10,387	↑
Reinspections	109	130	↑	751	853	↑
Downgrades	116	108	↓	698	771	↑
Closures	9	6	↓	63	54	↓
Special Events	73	89	↑	362	409	↑
Temporary Food Establishments & Tasting Event Booths	1,144	1,169	↑	3,381	3,688	↑
TOTALS	3,182	3,007	↓	14,928	16,162	↑

1. Enforcement Actions and Investigations:

- A. **Elotes Y Tacos "El Chino", 1935 Fremont St.:** On November 1, the unit was closed for an Imminent Health Hazard (IHH), sewage or liquid waste not disposed of in an approved manner. The inspector documented 22 demerits. The unit was reinspected and reopened with zero demerits on November 13.
- B. **Asada Mexican Restaurant, 6412 Losee Rd.:** On November 7, the facility was closed for a failed reinspection. The inspector documented 14 demerits. The facility was reinspected and reopened with zero demerits on November 8.
- C. **Romano's Macaroni Grill, 2001 N. Rainbow Blvd.:** On November 18, the facility was closed for exceeding the allowable demerits on an inspection. The inspector

documented 44 demerits. The facility was reinspected and reopened with zero demerits on November 20.

- D. **U Ni Express, 2263 N. Green Valley Pkwy.:** On November 20, the facility was closed for an IHH, pest infestation. The inspector documented 33 demerits. The operator deep cleaned, made necessary structural repairs, and hired a certified pest control operator. The facility was reinspected and reopened with zero demerits on November 25.
 - E. Multi-agency responses for unpermitted vendor complaints were conducted in conjunction with Clark County Business Licensing and Las Vegas Metropolitan Police Department representatives.
 - F. Staff closed eight unpermitted food vending complaint investigations.
2. **Onsite Intervention Training:**
A. Onsite Intervention Training was held with the following facilities: Baguette Café, 8359 W. Sunset Rd. and Sicily's Pizza, 3585 S. Durango Dr.
3. **Supervisory/Managerial Conferences:**
A. A conference was held with the following facility: Elotes Y Tacos "El Chino", 1935 Fremont St.

ENVIRONMENTAL HEALTH Outbreak Response – Fiscal Year Data

Outbreak Response	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Legionella Travel Associated Investigations	1	1	→	11	13	↑
Legionella Residential Investigations	0	2	↑	5	8	↑

4. **Outbreak Response:**
- A. **McDonald's, 3452 St. Rose Pkwy.:** On November 4, staff responded to a lab-confirmed case of Salmonella. Staff did not observe any risk factors that could lead to foodborne illness. The investigation resulted in an A grade.
 - B. **Burger King, 5536 Boulder Hwy.:** On November 5, staff responded to multiple cases of foodborne illness. Staff did not observe any risk factors that could lead to foodborne illness. The investigation resulted in an A grade.
 - C. **Boiling Crab, 4025 S. Decatur Blvd.:** On November 7, staff responded to multiple cases of foodborne illness. Staff observed risk factors that could lead to illness including improper handwashing practices. The investigation resulted in an A grade.
 - D. **Bacchanal Buffet, 3570 S. Las Vegas Blvd.:** On November 12, staff responded to multiple cases of foodborne illness. Staff did not observe any risk factors that could lead to foodborne illness. The investigation resulted in an A grade.
 - E. **Bellagio Buffet, 3600 S. Las Vegas Blvd.:** On November 13, 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 C downgrade. The facility passed its reinspection with an A grade.
 - F. **Beauty and Essex, 3708 S. Las Vegas Blvd.:** On November 14, staff responded to multiple cases of foodborne illness. Staff did not observe any risk factors that could lead to foodborne illness. The investigation resulted in an A grade.
 - G. **McDonald's, 5111 Boulder Hwy.:** On November 19, staff responded to a lab-confirmed case of Shigella. Staff did not observe any risk factors that could lead to foodborne illness. The investigation resulted in an A grade.
 - H. **Anna Marie Italian Cuisine, 10170 W. Tropicana Ave.:** On November 19, staff responded to multiple cases of foodborne illness. Staff did not observe any risk

factors that could lead to foodborne illness. The investigation resulted in an A grade. Following the investigation, laboratory stool analysis confirmed Norovirus.

- I. **Taqueria Canonita, 3377 S. Las Vegas Blvd.:** On November 20, staff responded to multiple cases of foodborne illness. Staff did not observe any risk factors that could lead to foodborne illness. The investigation resulted in an A grade. Following the investigation, laboratory stool analysis confirmed Norovirus.
 - J. **Panda Express, 7470 S. Las Vegas Blvd.:** On November 20, staff responded to multiple cases of foodborne illness. Staff observed risk factors that could lead to illness including improper handwashing practices and improper cleaning and sanitizing of food contact surfaces. The investigation resulted in a B downgrade. Following the investigation, laboratory stool analysis confirmed Norovirus. A reinspection is still pending.
 - K. **Cajun Crackin, 5960 N. Losee Rd.:** On November 21, staff responded to a lab-confirmed case of Cryptosporidium. Staff observed risk factors that could lead to illness including contamination of food contact surfaces. The investigation resulted in a B downgrade. The facility passed their reinspection with an A grade.
 - L. **Tropical Smoothie, 601 N. Stephanie St.:** On November 21, staff responded to a lab-confirmed case of Cryptosporidium. Staff did not observe any risk factors that could lead to foodborne illness. The investigation resulted in an A grade.
5. **Community Outreach:**
- A. **Freedom of Praise Ministry, 500 N. 14 St.:** On November 25, staff responded to multiple cases of foodborne illness. The non-profit facility participates in the Harvest Program to provide free meals to people in need. Staff provided guidance and education on food safety including proper handwashing, safe food temperatures, cleaning and disinfection, employee health, pest prevention and treatment, and Norovirus prevention strategies.

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	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Notices of Violations (New & Remails)	13	4	↓	27	23	↓
Adjudicated Hearing Cases	0	7	↑	22	22	→
Total Cases Received	75	45	↓	358	363	↑
Total Cases Referred to Other Agencies	31	8	↓	117	85	↓
Hearing Penalties Assessed	\$0	\$14,000	↑	\$25,750	\$32,500	↑

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Inspections	206	112	↓	1,164	1,210	↑

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

Underground Storage Tanks	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Compliance Inspections	54	63	↑	232	308	↑
Final Installation/Upgrade/Repair Inspections	5	4	↓	16	14	↓
Closure Inspections	2	2	→	5	7	↑
Spill Report Investigations	1	2	↑	7	9	↑

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

Permitted Disposal Facilities	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Inspections	29	17	↓	86	117	↑
Reinspections	1	2	↑	7	5	↓

III. VECTOR SURVEILLANCE

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

Vector Surveillance and Other EH Services	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
West Nile Virus Surveillance Traps Set	3	17	↑	1,735	1,965	↑
West Nile Virus Surveillance Mosquitoes Tested	6	8	↑	2,803	1,669	↓
West Nile Virus Surveillance Submission Pools Tested	3	33	↑	57,214	20,539	↓
West Nile Virus Surveillance Positive Mosquitoes	0	0	→	24	42	↑
West Nile Virus Surveillance Positive Submission Pools	0	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	9	2	↓	687	139	↓
Public Accommodations Inspections	90	44	↓	162	81	↓
Public Accommodations Complaints	17	10	↓	133	97	↓
Mobile Home/Recreational Vehicle Park Inspections	9	18	↑	24	26	↑
Mobile Home/Recreational Vehicle Park Complaints	1	1	→	7	10	↑

IV. EH ENGINEERING

1. Solid Waste Plan Review Program (SWPR):

- A. Permits Issued – Las Vegas Polymer (Material Recovery).**
- B. Landfills – Apex Regional Landfill; Boulder City Landfill; Laughlin Landfill; Nellis Air Force Base (Post Closure Monitoring); Timet; Sunrise Mountain (Post Closure Monitoring); and Wells Cargo**
- C. Facility Applications Being Processed – Recycling Centers (2); Waste Grease (3); Waste Tire Management (1); and Storage Bin (1)**
- D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in December – None**

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Asbestos Permits Issued	84	55	↓	419	345	↓
Revised Asbestos Permits Issued	11	3	↓	34	34	→

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Tentative Maps-Received	8	11	↑	68	63	↓
Tentative Maps-Lot Count	556	719	↑	2,366	3,755	↑
Final Maps-Received	14	10	↓	109	79	↓
Final Maps-Lot Count	504	524	↑	4,144	3,308	↓
Final Maps-Signed	18	14	↓	101	74	↓
Final Maps (Signed)-Lot Count	759	654	↓	5,181	3,557	↓
Improvement Plans-Received	10	10	→	88	70	↓
Improvement Plans-Lot Count	452	460	↑	3,392	3,244	↓
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	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Residential ISDS Permits	11	3	↓	33	27	↓
Commercial ISDS Permits	0	0	→	1	2	↑
Commercial Holding Tank Permits	0	1	↑	18	15	↓
Residential Tenant Improvements	31	17	↓	115	90	↓
Residential Certifications	1	0	↓	3	0	↓
Compliance Issues	7	8	↑	41	43	↑

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Public Water System Sanitary Surveys	16	17	↑	36	44	↑
Public Water System Violations Issued	7	0	↓	33	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.
- **Las Vegas Valley Water District:** Four routine samples were *coliform* positive. The repeat samples were *coliform* negative.
 - **Sky Ranch Estates:** One routine sample from a backup water well was *coliform* positive. Additional samples were not required.
 - **City of Henderson:** Two routine samples were *coliform* positive. The repeat samples were *coliform* negative.
 - **Virgin Valley Water District:** 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 problem at the Blue Diamond and Rainbow NW Plaza public water system. On November 15, contractors connected buildings in the plaza to Las Vegas Valley Water District. The contaminated well and water storage tank are no longer connected to buildings on the property. On November 21, staff from Food Operations and the Safe Drinking Water Program conducted a joint inspection of the AM/PM on the property. The inspection resulted in a thirty-one month Cease and Desist Order being lifted. The AM/PM was allowed to return to normal operations.

V. SPECIAL PROGRAMS

ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

Special Programs	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
School Facility Kitchen Inspections	115	105	↓	371	348	↓
School Facility Kitchen Complaints	1	0	↓	3	3	→
School Facility Inspections	134	131	↓	460	407	↓
School Facility Complaints	9	4	↓	22	19	↓
Summer Food Service Surveys	2	6	↑	6	39	↑
Child Care Facility Inspections	16	12	↓	107	157	↑
Child Care Facility Complaints	0	1	↑	12	12	→
Body Art Facility Inspections	46	21	↓	271	254	↓
Body Art Facility Complaints	3	6	↑	22	29	↑
Body Art Artist Special Event Inspections	4	251	↑	30	262	↑
Total Program Services Completed	330	537	↑	1,306	1,530	↑

1. Schools:

- A. Neal Elementary School, 6651 W. Azure Dr.:** During a routine inspection, staff were informed by the school administration of an infestation of feral rabbits under a portable classroom and in the grass field. Staff observed fecal droppings, several burrows underneath the portable, and urine stains on the playground surfacing. School administration reported that Clark County School District (CCSD) Pest Control staff had provided several traps over the summer, and a significant number of the feral rabbits were caught; however, sightings of multiple generations of feral rabbits had increased in recent months. CCSD Pest Control was contacted again by the school administration and SNHD staff advised CCSD Risk Management of the infestation. Staff will conduct a survey of the facility in January to ensure that appropriate action has been taken.
- B. SLA Food Service at Nevada Prep Charter School, 1780 Betty Ln.:** During a routine inspection, staff observed uncontrolled risk factors that could lead to foodborne illness. Violations included improper handwashing, improper cooling of time/temperature control for safety (TCS) foods, cross contamination, and improper ware washing. The inspection resulted in a C downgrade. The SLA operator also demonstrated ongoing noncompliance with the Food Regulations at other charter schools, so the permit holder was required to attend a supervisory conference. Two weeks later, the facility was reinspected and returned to an A grade.
- C. Guinn Jr. High School, 4150 S. Torrey Pines Dr.:** Staff investigated a complaint alleging that a urinal pipe had burst and flooded a classroom. A urinal pipe had cracked behind the wall and flooded the carpet. At the time of the investigation, students and staff were removed from the affected classroom and relocated while the school was repairing the pipe and remediating the damage. The complaint was substantiated, but the school administration was in the process of mitigating the issue.
- D. Various Clark County School District Elementary Schools:** Staff from the Special Programs office assisted staff from the Office of Acute Communicable Disease Control in investigating outbreaks of gastrointestinal illness at five CCSD elementary

schools. Staff found that school administration was taking the correct steps to control the spread of Norovirus, including using appropriate disinfectants, following the label directions to cleanup emetic events, and hiring a third party to deep clean and disinfect the schools when students were not present.

2. Body Art:

A. Tattoo Temptations LV, 5006 S. Maryland Pkwy.: Staff investigated a complaint alleging that a patron developed an infection after receiving a tattoo. Staff found that the general sanitation of the facility met the requirements of the SNHD Regulations, all artists were using single-use disposable equipment, and all artists had valid SNHD body art cards. The owner of the facility said that no patrons had reported infections following the application of tattoos at their facility. The complaint was not substantiated at the time of the investigation.

B. Las Vegas Tattoo Festival at World Market, 475 S. Grand Central Pkwy.: Staff conducted 250 inspections of artists who attended this event. All artists were operating in compliance with the SNHD Regulations at the time of the inspection.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Food Pre-Permitting Services						
Food Safety Assessment Meetings	0	0	→	1	2	↑
Total Pre-Permitting Services	958	1,033	↑	6,867	6,229	↓
New Project Submissions	218	166	↓	1,503	1,160	↓
Released Projects	280	259	↓	1,781	1,217	↓
Total Service Requests Currently in Pre-Permitting	1,445	1,293	↓			

1. Enforcement Actions and Investigations:

A. BlaQaT Ultra Hookah Lounge, 6250 W. Charleston Blvd.: A final permitting inspection resulted in failure due to insufficient hot water and inadequate water pressure. The hot water throughout the facility did not reach more than 93°F. SNHD Regulations require a minimum of 100°F for handwashing and 110°F for ware washing. The hot water had been turned off and disconnected from the three-compartment sink due to a leak. A reinspection is still pending.

B. Lucky Pig at New York New York Food Court, 3790 S. Las Vegas Blvd.: A final permitting inspection resulted in failure because the facility was still under construction and in the process of installing the vertical sneeze guard at the front service counter. Also, the person-in-charge (PIC) did not have the required thermometer or sanitizer needed to operate the area. SNHD Regulations require a food establishment to be in substantial compliance with the regulations prior to permit issuance. The contractor installed the food shield and completed construction, and the PIC obtained a thermometer and sanitizer. A second permitting inspection was conducted, and the permit was approved in time for the F1 event.

C. Sam's Club, 2650 E. Craig Rd.: A Change of Permit Holder (CPH) inspection at the snack bar resulted in failure due to several uncontrolled risk factors for foodborne illness. The inspector documented 30 demerits. SNHD Regulations require that CPH

inspections result in 15 demerits or less for permit approval. Violations included a pizza warmer that was unable to hot hold at 135°F, improper handwashing, TCS food not reheated to the required temperature, inadequate sanitizer solution, and PIC unable to demonstrate adequate food safety knowledge. A reinspection is still pending.

- D. Taco Bell, 333 W. St. Louis Ave.:** Plans were reviewed and approved for a new Taco Bell operating out of Cloud Kitchens that will be serving food for pickup and third-party delivery services only. This is the first Taco Bell location in Southern Nevada with no storefront. The final permitting inspection is still pending.
- E. China Mama 2 Bar, 4266 W. Spring Mountain Rd.:** Nine months after this bar was permitted, the owner made changes to the layout of the equipment without prior approval. SNHD staff required the owner to apply for an after-the-fact remodel. The plans were submitted and approved, but when staff arrived for the final inspection, the layout of the bar did not match the approved plans. The remodel was approved with a stipulation to submit revised plans within five business days.
- F. Simply Divine Botanicals, 7235 Bermuda Rd.:** This facility has been operating for 23 years without a health permit. When a new owner took over, business licensing staff referred the owner to SNHD to obtain a health permit. Following review of plans, the new owner was required to change finishes, add a hand sink and mop sink, provide indirect plumbing for the three-compartment sink, and increase lighting in the processing room. The owner was also required to comply with the sewer agency and install an interceptor to prevent chemicals from entering the sewer system. The owner met all the requirements, and the health permit was approved.
- G. Couve Coffee, 9275 W. Russell Rd.:** During a pre-permitting inspection, staff found that sinks had been installed into wooden countertops and cabinets. SNHD Regulations prohibit the use of wood in areas that are subject to moisture and/or have plumbing penetrations. The owner is making the necessary changes. The final permitting inspection is still pending.

VII. AQUATIC HEALTH PROGRAM

ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

Aquatic Health Operations	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Total Operation Inspections	715	456	↓	3,699	3,238	↓
Complaint Investigations	8	5	↓	176	114	↓
Inactive Body of Water Surveys	5	7	↑	46	32	↓
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	1	1	→	15	15	→
Total Program Services Completed	729	469	↓	3,936	3,399	↓

1. Aquatic Health Operations

- A. Chalet Vegas Homeowner's Association (HOA), 4600 Paradise Rd.:** A routine inspection of the pool resulted in an IHH closure for high chlorine. High chlorine can cause skin, eye, and lung irritation. A reinspection is still pending.
- B. Hawthorn Suites, 910 S. Boulder Hwy.:** A routine inspection of a seasonally closed spa resulted in a compliance schedule for corrections before reopening. The spa had

high pH and low chlorine. High pH reduces the effectiveness of chlorine, and inadequate disinfection exposes bathers to pathogens that can make them sick. The qualified operator was instructed to confirm proper water chemistry before reopening the spa for bather use.

- C. The Well Apartments, 1050 Wellness Pl.:** A routine inspection at the spa resulted in an IHH closure due to multiple violations. The spa had no detectable chlorine, high pH, and a water temperature over 104°F. Water temperatures greater than 104°F can result in heat stress, dehydration, burns, and rashes. Following corrections, a reinspection was conducted, and the spa was approved to reopen.
- D. Level 25 at Cactus by Picerne Apartments, 3663 W. Cactus Ave.:** A routine inspection at the spa resulted in an IHH closure due to a broken drain cover. A broken drain cover poses an entrapment hazard and increases the risk of drowning. The drain cover was replaced, and the pool was reinspected and approved to reopen.
- E. Ceasar's Palace, 3570 S. Las Vegas Blvd.:** A lifeguard survey resulted in an IHH closure due to inadequate lifeguard coverage. Two lifeguard stands were not occupied as required in the approved lifeguard plan. Inadequate lifeguard surveillance presents an increased drowning risk to bathers. A reinspection was conducted the following day, and the pool was approved to reopen.
- F. Elysian at Post Apartments, 9280 W. Post Rd.:** A routine inspection at the pool resulted in an IHH closure due to entrance gates that were not self-closing or self-latching. Improperly working entrance gates pose an increased risk of drowning by allowing unattended children to enter the pool area. Following repairs, a reinspection was conducted the same day, and the pool was approved to reopen.
- G. Renaissance Villas Apartments, 5418 W. Tropicana Ave.:** A routine inspection at the pool resulted in an IHH closure due to the entry gate being propped open and unattended. Following corrections, a reinspection was conducted the same day, and the pool was approved to reopen.
- H. Silverado Mobile Home Community, 3401 N. Walnut Rd.:** A routine inspection of a seasonally closed pool resulted in a compliance schedule for corrections before reopening. An entry gate was not self-closing or self-latching. The qualified operator was instructed to confirm that the gate was repaired before reopening the pool for bather use.
- I. Santa Margarita HOA, 1601 Santa Margarita St.:** A routine inspection of a seasonally closed pool resulted in a compliance schedule for corrections before reopening. The pool had a damaged drain cover. The qualified operator was instructed to replace the drain cover before reopening the pool for bather use.
- J. Monterey at LVCC HOA, 723 Oakmont Ave.:** A routine inspection at the spa resulted in an IHH closure due to low chlorine. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.
- K. Courtyard Sunscape HOA, 1515 E. Reno Ave.:** Routine inspections of a seasonally closed pool and spa resulted in a compliance schedule for corrections before reopening. The spa had low chlorine. The qualified operator was instructed to confirm proper water chemistry before reopening the pool and spa for bather use.

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

Aquatic Health Plan Review	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Total Pre-Permitting Services	391	411	↑	1,846	1,885	↑
New Project Submissions	104	119	↑	331	409	↑
Released Projects	55	78	↑	431	249	↓
Total Projects Currently in Plan Review	411	543	↑			

2. Aquatic Health Plan Review:

- A. Devonshire, 4640 Vegas Valley Dr.:** A suction outlet fitting assembly (SOFA) plumbing inspection resulted in failure because the measured distance between the two SOFAs for the water feature was insufficient. This could lead to bather suction entrapment. The contractor was instructed to move the SOFAs so the appropriate separation could be achieved. A reinspection is still pending.
- B. Spring Oaks II, 4110 Gannet Cir.:** A SOFA plumbing inspection for the pool resulted in a violation requiring correction. The suction pipe outlet had plaster blocking the opening of the pipe, which could potentially modify the flow of water through the SOFA. The contractor was able to correct the issue onsite and the inspection was approved.
- C. Shade Apartments, 10340 S. Decatur Blvd.:** Lighting and pre-plaster inspections were conducted for the pool and spa. The aquatic facility lighting survey was approved, but the equipment room lighting was inadequate. The pre-plaster inspection was not approved due to violations related to the depth markings, emergency telephone, safety signage, and the aquatic facility enclosure. Following corrective actions, a reinspection was conducted, and the aquatic facility was approved to proceed with construction.
- D. Noble Park, 5353 W. Desert Inn Rd.:** A plumbing inspection was attempted on the spa for installation of a SOFA for both the main filtration system and the hydrotherapy jet system. The spa was full of water so the inspection could not be completed. A reinspection has since been conducted and approved.
- E. Green Valley Ranch, 2300 Paseo Verde Pkwy.:** A plumbing inspection for SOFA installation resulted in failure. The flow rating of the proposed SOFA was insufficient for the flow range of the system and the existing plumbing configuration did not match the approved plans. Receipt of a revised application is still pending.

VIII. REGULATORY SUPPORT

- 1. Staff participated in or performed the following activities and participated in the following external meetings: Council for Food Protection (CFP) leadership meetings; 2024 Retail Flexible Funding Model (RFFM) Mentorship Team meetings; National Environmental Health Association (NEHA) Food Safety Program committee meeting; Integrated Food Safety System meetings; Regulatory Laboratory Training System Steering Committee meetings; National Curriculum Standards Basic Core Competency Review; developed draft beer line cleaning safety survey; developed and submitted RFFM grant application for the next 3-year grant period; developed and submitted Mentorship grant application for next cohort; developed Voluntary National Retail Food Regulatory Program Standards Program Implementation Plan for each standard; and 2024 intervention strategy data collection.
- 2. Regulatory Support Office staff released Environmental Health Specialist (EHS) trainees

Carlos Herrera to the Specialized Foods Office on November 15 and Jamie Roberts to the Downtown Office on November 22.

3. Staff facilitated and presented a Registered EHS study course on November 19.
4. 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	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Facility Label Review Submissions	16	12	↓	96	79	↓
Facility Label Review Releases	11	12	↑	94	89	↓
Number of Labels Approved	255	146	↓	1,398	1,068	↓

ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data

Special Processes Review	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Cook Chill/Sous Vide Submissions	0	1	↑	2	4	↑
Cook Chill/Sous Vide Releases	0	1	↑	7	2	↓
2-Barrier ROP Submissions	0	0	→	2	2	→
2-Barrier ROP Releases	1	0	↓	4	2	↓
Other HAACP Special Processes Submissions (Including ROP of fish, unpasteurized durably packaged juice, preservation, curing, etc.)	0	1	↑	4	1	↓
Other Special Processes Releases	0	0	→	0	4	↑

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

Waivers & Operational Plans Review	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Waiver Review Submissions	1	0	↓	4	4	→
Waiver Review Releases	4	0	↓	9	4	↓
Operational Plan Submissions	2	0	↓	2	1	↓
Operational Plan Releases	0	0	→	2	1	↓

ENVIRONMENTAL HEALTH Cottage Food Operations Registrations - Fiscal Year Data

Cottage Food Operations Registrations	Nov. 2023	Nov. 2024		FY 23-24	FY 24-25	
Registrations Approved	14	21	↑	74	78	↑

CDS/hh



Memorandum

Date: January 23, 2025

To: Southern Nevada District Board of Health

From: Christopher D. Saxton, MPH-EH, REHS, *Director of Environmental Health* *CS*
 Cassius Lockett, PhD, *Deputy District Health Officer-Operations* *CL*
 Fermin Leguen, MD, MPH, *District Health Officer* *FL*

Subject: Environmental Health Division Monthly Report - December

I. FOOD OPERATIONS PROGRAM

ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Routine Inspections	1,745	1,440	↓	11,418	11,827	↑
Reinspections	109	118	↑	860	971	↑
Downgrades	86	93	↑	784	864	↑
Closures	8	8	→	71	62	↓
Special Events	63	64	↑	425	473	↑
Temporary Food Establishments & Tasting Event Booths	424	384	↓	3,805	4,072	↑
TOTALS	2,435	2,107	↓	17,363	18,269	↑

1. Enforcement Actions and Investigations:

- A. **The Rolling Kitchen, 2121 E. Sahara Ave.:** On December 3, the unit was closed for an Imminent Health Hazard (IHH), no potable water or hot water. The inspector documented 14 demerits. The unit was reinspected and reopened with zero demerits on December 4.
- B. **Circus Circus Buffet Dishroom, 2880 S. Las Vegas Blvd.:** On December 11, the permitted area was closed for an IHH, pest infestation. The area had multigenerational cockroaches, excessive amounts of small flies, and conditions that allowed pest harborage including standing water, old food debris, and holes in the walls. The permitted area was reinspected and reopened with zero demerits on December 12.

- C. **Sumo Restaurant, 8795 W. Warm Springs Rd.:** On December 12, the facility was closed for operating without a valid health permit. The facility was under new ownership and the new owner had not applied for a health permit. The facility was referred to Plan Review for proper permitting.
- D. **Noodle Exchange, 4000 W. Flamingo Rd.:** On December 17, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 16 demerits. The facility was reinspected and reopened with zero demerits on December 20.
- E. **Elara Starbucks, 80 E. Harmon Ave.:** On December 18, 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 December 19.
- F. **7-Eleven Store #29407, 815 E. Twain Ave.:** On December 27, the facility was closed during a scheduled change of ownership inspection for an IHH, pest infestation. The inspector documented nine demerits. The facility remains closed at this time.
- G. Staff closed 10 unpermitted food vending complaint investigations.
- 2. **Food Safety Assessment Meetings (FSAMs):**
 - A. An FSAM was held with the following facility: The Rolling Kitchen, 2121 E. Sahara Ave.
- 3. **Onsite Intervention Training:**
 - A. Onsite Intervention Training was held with the following facilities: Basil 'n Lime Authentic Thai Cuisine, 3665 S. Fort Apache Rd.; and Lamai - Henderson, 2645 Saint Rose Pkwy.
- 4. **Supervisory/Managerial Conferences:**
 - A. Conferences were held with the following facilities: Ramen Aku - East, 4031 S. Maryland Pkwy.; and Romano's Macaroni Grill, 2001 N. Rainbow Blvd.

ENVIRONMENTAL HEALTH Outbreak Response – Fiscal Year Data

Outbreak Response	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Legionella Travel Associated Investigations	1	0	↓	12	13	↑
Legionella Residential Investigations	0	3	↑	5	11	↑

- 5. **Outbreak Response:**
 - A. **McDonald's, 4804 W. Lone Mountain Rd.:** On December 4, staff responded to multiple cases of foodborne illness. The investigation resulted in an A grade.
 - B. **Caesar's Bacchanal Buffet, 3570 S. Las Vegas Blvd.:** On December 18, staff responded to multiple cases of foodborne illness. The investigation resulted in an A grade.
 - C. **Grand Lux Cafe, 3355 S. Las Vegas Blvd.:** On December 18, staff responded to multiple cases of foodborne illness. The investigation resulted in an A grade.
 - D. **Hachi, 3410 S. Jones Blvd.:** On December 20, staff responded to multiple cases of foodborne illness. Staff observed risk factors that could lead to illness including improper handwashing practices, foods held at improper temperatures, and potential contamination of foods. The investigation resulted in a C downgrade. A reinspection is still pending.
 - E. **Denny's, 7341 W. Lake Mead Blvd.:** On December 26, staff responded to multiple cases of foodborne illness. Staff observed risk factors that could lead to illness

including improper handwashing practices. The investigation resulted in a C downgrade. The facility passed its reinspection with an A grade.

- F. **Emerald Island Casino Restaurant, 120 Market St.:** On December 30, staff responded to multiple cases of foodborne illness. Staff observed risk factors that could lead to illness including contamination, improper handwashing practices, and temperature violations. The investigation resulted in a C downgrade. A reinspection is still pending.
- G. **Pizza Guys, 3950 N. Tenaya Way:** On December 30, staff responded to multiple cases of foodborne illness. The investigation resulted in an A grade.
- H. **El Tamalucas, 2987 N. Las Vegas Blvd.:** On December 30, staff responded to multiple cases of foodborne illness. The investigation resulted in an A grade.
- I. **Wynn Buffet, 3131 S. Las Vegas Blvd.:** On December 30, staff responded to multiple cases of 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	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Notices of Violations (New & Remails)	11	0	↓	38	23	↓
Adjudicated Hearing Cases	6	0	↓	28	22	↓
Total Cases Received	55	142	↑	413	505	↑
Total Cases Referred to Other Agencies	29	11	↓	146	96	↓
Hearing Penalties Assessed	\$29,000	\$0	↓	\$54,750	\$32,500	↓

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Inspections	72	46	↓	1,236	1,256	↑

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

Underground Storage Tanks	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Compliance Inspections	23	72	↑	255	380	↑
Final Installation/Upgrade/Repair Inspections	1	0	↓	17	14	↓
Closure Inspections	1	0	↓	6	7	↑
Spill Report Investigations	2	3	↑	9	12	↑

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

Permitted Disposal Facilities	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Inspections	27	7	↓	113	124	↑
Reinspections	4	0	↓	11	5	↓

III. VECTOR SURVEILLANCE

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

Vector Surveillance and Other EH Services	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
West Nile Virus Surveillance Traps Set	0	0	→	1,735	1,967	↑
West Nile Virus Surveillance Mosquitoes Tested	0	0	→	2,803	1,669	↓
West Nile Virus Surveillance Submission Pools Tested	0	0	→	57,214	20,539	↓
West Nile Virus Surveillance Positive Mosquitoes	0	0	→	24	42	↑
West Nile Virus Surveillance Positive Submission Pools	0	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	0	0	→	687	139	↓
Public Accommodations Inspections	48	34	↓	210	115	↓
Public Accommodations Complaints	24	18	↓	157	115	↓
Mobile Home/Recreational Vehicle Park Inspections	6	17	↑	30	43	↑
Mobile Home/Recreational Vehicle Park Complaints	2	3	↑	9	13	↑

IV. EH ENGINEERING

1. Solid Waste Plan Review Program (SWPR):

- A. **Permits Issued** – Restaurant Technologies (Waste Grease); and PGM of Texas (Recycling Center)
- B. **Landfills** – Apex Regional Landfill; Boulder City Landfill; Laughlin Landfill; Nellis Air Force Base (Post Closure Monitoring); Timet; Sunrise Mountain (Post Closure Monitoring); and Wells Cargo
- C. **Facility Applications Being Processed** – Recycling Centers (2); Waste Grease (2); and Storage Bin (1)
- D. **Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in January:** Nevada Department of Transportation – 123 E. Washington Ave.

(Storage Bin); and Kismet Enterprises/Filta Environmental Kitchen Solutions
(Waste Grease)

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Asbestos Permits Issued	75	68	↓	494	413	↓
Revised Asbestos Permits Issued	11	11	→	45	45	→

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Tentative Maps-Received	9	13	↑	77	76	↓
Tentative Maps-Lot Count	131	1,037	↑	2,497	4,792	↑
Final Maps-Received	18	15	↓	127	94	↓
Final Maps-Lot Count	591	458	↓	4,735	3,766	↓
Final Maps-Signed	23	25	↑	124	99	↓
Final Maps (Signed)-Lot Count	591	1,121	↑	5,772	4,678	↓
Improvement Plans-Received	22	17	↓	110	87	↓
Improvement Plans-Lot Count	647	373	↓	4,039	3,617	↓
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	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Residential ISDS Permits	5	6	↑	38	33	↓
Commercial ISDS Permits	0	0	→	1	2	↑
Commercial Holding Tank Permits	1	1	→	19	16	↓
Residential Tenant Improvements	23	17	↓	138	107	↓
Residential Certifications	0	0	→	3	0	↓
Compliance Issues	6	7	↑	47	50	↑

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Public Water System Sanitary Surveys	11	8	↓	47	52	↑
Public Water System Violations Issued	0	0	→	33	36	↑

2. Safe Drinking Water Activity:

- A.** One *coliform* positive result was reported from routine monitoring events. Other than where noted, those samples were *E. coli* negative.
- **Shetland Water District:** One routine sample was coliform positive. No repeat samples were triggered (originating sample was from a well and *E. coli* negative).
- B.** Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon; Laker Plaza; Red Rock Campground; Cowboy Trail Rides; Spring Mountain Youth Camp; and Coyote Springs Golf Course.

V. SPECIAL PROGRAMS

ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

Special Programs	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
School Facility Kitchen Inspections	61	86	↑	432	435	↑
School Facility Kitchen Complaints	0	0	→	3	3	→
School Facility Inspections	60	108	↑	520	515	↓
School Facility Complaints	2	2	→	24	21	↓
Summer Food Service Surveys	0	0	→	6	39	↑
Child Care Facility Inspections	23	27	↑	115	184	↑
Child Care Facility Complaints	2	4	↑	29	16	↓
Body Art Facility Inspections	70	66	↓	341	320	↓
Body Art Facility Complaints	1	4	↑	23	33	↑
Body Art Artist Special Event Inspections	2	1	↓	32	259	↑
Total Program Services Completed	221	298	↑	1,525	1,825	↑

1. Child Care:

A. Imagination Station, 4185 Vegas Valley Dr.: Staff investigated a complaint alleging a cockroach infestation in the kitchen. Staff found no evidence of an infestation in the kitchen or the childcare facility. Facility staff provided pest control receipts showing that a contracted pest control service company was performing routine services at the facility. The complaint was not substantiated at the time of the investigation.

2. Body Art:

A. Crown Electric Tattoo, 4632 S. Maryland Pkwy.: Staff investigated a complaint alleging that a piercing became infected, and the facility was dirty. The operator had received no reports or complaints of infections. Staff found the piercing and sterilization rooms fully stocked. There was an accessible handwashing sink, smooth and easily cleanable work surfaces, and available disinfectant. The autoclave had a current spore test, and the operator was using an ultrasonic cleaner in compliance with the SNHD Regulations. The packages containing equipment and jewelry were labeled, had current dates on them, and each had a Class 5 sterilization indicator as required. The complaint was not substantiated at the time of the investigation.

B. Vegas Ink at Harmon Center, 3717 S. Las Vegas Blvd.: During a routine inspection, several health hazards were observed. The operator lacked sterilization logs for the autoclave, Class 5 sterilization indicators were not placed into each

instrument package, and there was no ultrasonic cleaner. Additionally, several sterilized packages were missing the date of sterilization and the initials of the person who performed the sterilization, as required by SNHD Regulations. Staff also found evidence that artists were performing prohibited dermal piercings. A Cease-and-Desist Order was issued for dermal piercings, and a reinspection is still pending.

- C. Painted Lady Tattoo, 5645 S. Eastern Ave.:** Staff investigated a complaint alleging that an apprentice was tattooing without a mentor, food was sitting on surfaces in the workstation, and no paper towels or soap were available in the restrooms. There was an apprentice working while their mentor was on vacation. Other artists who have SNHD Body Art cards were supervising and working with the apprentice. The restroom was stocked with soap and paper towels and no food was observed at the body art workstations. The complaint was not substantiated at the time of the investigation.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data						
	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Food Pre-Permitting Services						
Food Safety Assessment Meetings	0	0	→	1	2	↑
Total Pre-Permitting Services	1,317	990	↓	8,478	7,310	↓
New Project Submissions	176	203	↑	1,709	1,369	↓
Released Projects	299	207	↓	2,141	1,448	↓
Total Service Requests Currently in Pre-Permitting	1,294	1,278	↓			

1. Enforcement Actions and Investigations:

- A. Peking Express Chinese Food, 3278 N. Las Vegas Blvd.:** During a change of permit holder (CPH) inspection, staff observed a household-use-only blender and countertop ice maker, a leaking drain line under the three-compartment sink, and a bucket of chlorine sanitizer solution in the kitchen with a concentration of over 200 parts per million (ppm). The acceptable chlorine concentration range for food contact surfaces is 50-100 ppm. SNHD Regulations require that all food contact items are American National Standards Institute (ANSI) sanitation certified, plumbing is maintained, and sanitizer test strips are available for any sanitizer that is used in the restaurant. The permit was approved with stipulations to remove the household equipment and correct the other violations within 10 days.
- B. Dickey’s Barbecue Pit, 5597 S. Rainbow Blvd.:** A CPH inspection failed due to inadequate refrigeration. Staff found unplugged reach-in refrigerators in a back storage room and the walk-in refrigerator was unable to maintain temperature. SNHD Regulations require adequate refrigeration to ensure that food is maintained at the proper temperatures. A reinspection was conducted after repairs were completed and the health permit was approved.
- C. Circle K Store #3369, 6490 S. Boulder Hwy.:** During a remodel inspection, staff found that the originally approved plans had been revised but not submitted to SNHD for approval. The original plans indicated a beverage station on a center island, but beverage counters were built along the walls. SNHD Regulations require that revised

plans be submitted to SNHD for approval prior to the final permitting inspection. The updated plans were approved, a reinspection was completed, and the remodel was approved.

- D. BulkSupplements.com, 640 W. Lake Mead Pkwy.:** During a final permitting inspection for a warehouse permit, the operator wanted to begin processing supplements at the new location; however, this location did not have a permitted processing area. A temporary processing area was fabricated with its own walls, ceiling, and air handling units, and was approved for an 8-month seasonal permit. Plans for a permanent processing area have already been submitted and are under review.
- E. Ice Cream Patio, 8480 S. Las Vegas Blvd.:** Plans were reviewed for a new facility selling scooped ice cream. The facility is not equipped with warewashing equipment, which is required for food establishments that serve open food using multi-use utensils. The owner proposed a plan to utilize disposable scoops only for ice cream and no multi-use equipment that requires warewashing. The menu is limited to scooped ice cream and pre-packaged snacks only. Staff reviewed all food safety processes to ensure that the owners understood the requirements and the limitations of the proposed plan, and the frequency of required replacement for disposable scoops. The owner understood that any future expansion or changes to approved operations will require a remodel application and Plan Review approval. A final inspection was conducted, and the health permit was approved.
- F. Fogo De Chao Bar, 360 E. Flamingo Rd.:** A final remodel inspection of upgrades that included a new bar top, back bar with new shelving, and new reach-in wine coolers was conducted. Staff found the underside of the bar to be improperly finished with unsealed gaps and exposed raw wood. The underside of the bar is a wet/splash zone and is subject to water damage, deterioration, and pest harborage if not encapsulated and sealed with impervious materials. The contractor made all necessary improvements, and the bar remodel was approved.
- G. Mayas Crazy Fruits, 3712 E. Owens Ave.:** A final permitting inspection failed due to an IHH, no hot water. SNHD Regulations require adequate hot water to be provided for warewashing and handwashing. Staff also determined that the owners made unapproved equipment and layout changes, requiring submission of as-built plans. The operator is repairing the hot water supply and providing the requested plans. A reinspection is still pending.
- H. Palms Market, 4321 W. Flamingo Rd.:** An after-the-fact plan submission was reviewed for a new market that was already in operation. SNHD Regulations require that properly prepared plans and specifications be submitted to the Health Authority for review and approval prior to starting construction and at least thirty days before the planned opening date. Once the plans were approved, a final inspection was conducted, and the health permit was approved.

VII. AQUATIC HEALTH PROGRAM

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

Aquatic Health Operations	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Total Operation Inspections	725	424	↓	4,424	3,973	↓
Complaint Investigations	5	10	↑	182	161	↓
Inactive Body of Water Surveys	6	5	↓	52	45	↓
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	0	0	→	15	32	↑
Total Program Services Completed	736	439	↓	4,673	4,211	↓

1. Aquatic Health Operations

- A. Trilogy Spa, 4201 Sunrise Flats St.:** A routine inspection conducted at the spa resulted in a compliance schedule to repair broken main drains. Broken drain covers pose entrapment and/or entanglement risks which could result in drowning. The spa was management closed at the time of the inspection and remains closed pending verification of the replaced main drain covers.
- B. Album Union Village, 1100 Wellness Pl.:** A routine inspection conducted at the pool resulted in an IHH closure due to the gate not self-closing. A gate that does not close and self-latch poses a drowning risk by allowing unattended children access to the pool area. A reinspection was conducted the same day, and the pool was approved to reopen.
- C. Royal Crest Condos, 3720 Royal Crest St.:** A routine inspection conducted at the pool resulted in a compliance schedule to correct elevated chlorine levels. High chlorine concentrations can cause skin, eye, and lung irritation. The qualified operator was instructed to confirm proper water chemistry before reopening the spa for bather use.
- D. Elysian at Centennial Hills, 8360 Montecito Pointe Dr.:** A survey conducted at the pool resulted in closure due to an outstanding compliance schedule. The backflow prevention device used to protect the potable water supply from cross contamination had not been recertified. Certification of backflow prevention devices is required annually. Following certification and reinspection, the pool was approved to reopen.
- E. Fairway Hills, 11280 Granite Ridge Dr.:** During a routine inspection conducted at the North Satellite Spa, a gas leak was detected in the pump room. A gas leak will expose the public to unknown health and safety risks. The gas meter was shut off, and the spa was permitted to continue operating.
- F. Garden Terrace Condos, 10809 Garden Mist Dr.:** A routine inspection conducted at the pool resulted in an IHH closure due to broken main drain covers. A reinspection is still pending.
- G. Opulence Condos, 5415 W. Harmon Ave.:** A routine inspection conducted at the North Spa resulted in an IHH closure due to multiple violations. The spa had high chlorine, pH, and cyanuric acid, and a broken main drain cover. A reinspection is still pending.
- H. Park Ave Condos, 85 E. Agate Ave.:** A routine inspection conducted at the spa resulted in an IHH closure due to high chlorine. A reinspection was conducted the same day, and the spa was approved to reopen.

- I. **Marriott Courtyard Las Vegas Convention Center (LVCC), 3275 S. Paradise Rd.:**
A routine inspection conducted at the pool resulted in an IHH closure due to a gate not properly self-latching. A reinspection was conducted the same day, and the pool was approved to reopen.

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

Aquatic Health Plan Review	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Total Pre-Permitting Services	434	425	↓	2,280	2,310	↑
New Project Submissions	106	102	↓	437	511	↑
Released Projects	50	64	↑	481	313	↓
Total Projects Currently in Plan Review	463	590	↑			

2. Aquatic Health Plan Review:

- A. **Vita Bella at Lake Las Vegas, 13 Via Vita Bella:** A final remodel inspection for a heater replacement resulted in closure. The entrance gate to the aquatic venue enclosure was propped open and left unattended. The issue was corrected, a reinspection for the gate was conducted and approved, and the final remodel inspection was approved.
- B. **YMCA Centennial, 6601 N. Buffalo Dr.:** A non-substantial alteration plan review was conducted for the lap pool. The proposed suction outlet fitting assemblies (SOFAs) for the pool did not meet flow requirements for the system. This could lead to bather entrapment which could result in serious injury or death. The contractor resubmitted the application with a SOFA that exceeded the flow rate of the installed equipment, and the application was approved.
- C. **Los Prados, 5150 Los Prados Cir.:** A final inspection on the spa for the installation of a heater resulted in failure. The system flow was not within the acceptable range, which could result in insufficient disinfection, insufficient filtration, or exceeding the SOFA maximum flow ratings. New gauge readings were provided with the flow within the acceptable range and the remodel was approved.
- D. **Element Hotel Las Vegas, 6675 S. Las Vegas Blvd.:** Excavation of the aquatic venues was approved but plumbing configurations for the pool and spa did not match the approved plans. In lieu of a reinspection, SNHD accepted as-built plumbing drawings from the design professional and the project was able to proceed without any setbacks.
- E. **Verraso Apartments, 3055 S. Nellis Blvd.:** A final remodel plumbing inspection for a SOFA replacement resulted in failure. The plumbing configuration on the approved application submission differed from the actual measured pipe sizes onsite, and the sump depth did not meet the installation requirements for the SOFA. A reinspection is still pending.

VIII. REGULATORY SUPPORT

1. Staff participated in or performed the following activities and participated in the following external meetings: Council for Food Protection (CFP) leadership meetings; CFP Issue Committee meetings; National Environmental Health Association (NEHA) Food Safety Program committee meeting; face-to-face Integrated Food Safety System, Regulatory Laboratory Training System Steering Committee meeting; National Curriculum

Standards Basic Core Competency Review; Healthy People 2030 Norovirus Advisory Group meeting; designed training for beer line cleaning safety survey; developed Kratom variance response; met with Northern Nevada Public Health (NNPH) regarding reciprocal Retail Program Standard 9 verification audits and completed the audit for NNPH which was successfully approved; and submitted documentation to the FDA that SNHD's Retail Program Standard 9 verification audit was successfully approved by NNPH.

2. Abel Hernandez and Nosa Nwaonumah were released from the Food Inspection Training Program to the Special Foods Office on December 6.
3. Special Processes staff met with various operators in a virtual setting, via phone calls and virtual meetings, regarding submission of labels for review, waivers, operational plans, and Hazard and Critical Control Point (HACCP) plans. There are currently eight cook chill/sous vide plans, seven 2-barrier plans, 20 other HACCP plans, nine waivers, and five operational plans in review.

IX. SPECIAL PROCESSES

ENVIRONMENTAL HEALTH Label Review – Fiscal Year Data

Label Review	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Facility Label Review Submissions	7	4	↓	103	83	↓
Facility Label Review Releases	7	4	↓	101	93	↓
Number of Labels Approved	94	79	↓	1,492	1,147	↓

ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data

Special Processes Review	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Cook Chill/Sous Vide Submissions	0	0	→	2	4	↑
Cook Chill/Sous Vide Releases	0	1	↑	7	3	↓
2-Barrier ROP Submissions	1	0	↓	3	2	↓
2-Barrier ROP Releases	2	0	↓	6	2	↓
Other HAACP Special Processes Submissions (Including ROP of fish, unpasteurized durably packaged juice, preservation, curing, etc.)	1	0	↓	5	1	↓
Other Special Processes Releases	9	0	↓	9	4	↓

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

Waivers & Operational Plans Review	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Waiver Review Submissions	0	3	↑	4	7	↑
Waiver Review Releases	0	0	→	9	4	↓
Operational Plan Submissions	0	0	→	2	1	↓
Operational Plan Releases	1	0	↓	3	1	↓

ENVIRONMENTAL HEALTH Cottage Food Operations Registrations - Fiscal Year Data

Cottage Food Operations Registrations	Dec. 2023	Dec. 2024		FY 23-24	FY 24-25	
Registrations Approved	6	13	↑	80	91	↑

CDS/hh

Memorandum



Date: January 23, 2025

To: Southern Nevada District Board of Health

From: Lourdes Yapjoco, MSN-PH, RN, CCM, Director of Public Health & Preventive Care *LY*
Cassius Lockett, PhD, Deputy District Health Officer-Operations *CL*
Fermin Leguen, MD, MPH, District Health Officer *FL*

RE: PUBLIC HEALTH & PREVENTIVE CARE BOARD OF HEALTH REPORT – November 2024

I. Immunization Program

A. Immunization Program Activities

1. The COVID-19 vaccination continues in all four Public Health Centers. A total of 525 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 908 flu vaccines were administered between all four Immunization Public Health Centers.
3. For the month of November, there were 1,908 clients seen with 6,478 vaccines administered in all four Immunization PHCs.
4. There were 200 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 ACS has notified all participating agencies will not continue into Year 3 due to lack of funding. Opportunities will still be provided for SNHD to continue with educational in-services.

B. Immunization Outreach Activities

1. There were 2 outreach clinics conducted at the CCSD Family Support Center. 602 vaccines were administered to 204 clients.
2. There were 2 school-based outreach clinics held at Kid City and Acelero Learning facility. 118 vaccines were administered to 57 clients.
3. There were 4 outreach events in partnership with the Mexican Consulate, Harm Reduction, Nevada Homeless Alliance, and Boulder City Library. 45 vaccines were administered to 34 clients.
4. Total clinics in November – 8 clinics, 765 vaccines were administered to 295 clients.
5. With the addition of School Located Vaccinations and Immunization Education subgrants, Outreach staff can conduct school-based clinics to increase immunization compliance and provide resources on the importance of immunizations to the community.

II. COVID-19 Vaccine Campaign

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

1. There were 370 COVID-19, 302 Flu, and 3 RSV vaccines administered through 50 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.

Community partnerships and collaborations included UNLV Fall Festival, UNLV Pre-school, Somerset Commons Senior Apartment, CCSD Family Support Center, Lake Tonopah Senior Apartments, Puentes Freedom House, Clark County Law Foundation, Sunrise Senior Apartments, REACH and The Center.

3. 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.
4. 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 and is no longer available to order through the National Stockpile.
2. A total of 4 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
4. Ongoing community partner calls are conducted regularly for updates and activity coordination.

III. Community Health Nursing

A. Nursing Education

SNHD secured funding for nurse training and retention to provide an annual membership to free CEU's for nurses. The membership includes a required cultural competency course approved by the NV State Board of Nursing.

B. Maternal Child Health

The Maternal Child Health (MCH) nurse is providing education, community resources, and support to 13 enrolled families with elevated blood lead levels. There were no elevated blood lead and newborn screening referrals for the month of November.

C. Nurse Family Partnership (NFP)

The Southern Nevada Health District-Nurse-Family Partnership (NFP) has 166 active families. Forty-five are participating in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Fifty-eight families are participating through the Temporary Assistance for Needy Families (TANF) funding. Both grants are from the Nevada Division of Public and Behavioral Health. Nurse home visitors continue to provide education, essential resources, and support at no cost to pregnant first-time mothers until their children reach the age of two. NFP provides valuable and needed services to improve pregnancy outcomes, enhance the children's growth and development, and help them develop a better vision for their future.

D. Healthy Start Initiative- Enhanced

The Southern Nevada Health District's Healthy Start Initiative Program is supported by the Health Resource and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). There was a total of thirty-nine active families served for the month of November 2024. Outreach performed in November included First Choice Pregnancy Services, Basic High School: Family Connect Event, Resource Fair at Stupak Community Center, Anthem Wellness Center, UNR Cooperative Extension: (SNECAC) Meeting, Collaboration Meeting at the Children's Cabinet, Noble November Homeless Services Pop-Up Event: City of NLV, and a Community Event at Southwest Gas. Our program is fully staffed, and we continue to conduct quarterly consortium meetings to ensure we are present within the community.

IV. Sexual Health Outreach and Prevention Program (SHOPP)

- A. Express Testing provided 168 screening encounters, including 18 Clients who were tested at Homeless Outreach events, 2 clients at Aid For Aides of Nevada, and 9 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 1 Academic detailing event and attended UNLV Roundtable Talk.
- C. Three members of SHOPP team attended HIV Autumn Update to increase knowledge and community networking.
- 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 work collaboratively with Express Testing to assess and provide linkage services.

V. Tuberculosis (TB) Clinic

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

VI. Employee Health Nursing

- A. There were two (2) SNHD employees who were tested for COVID-19 in November 2024. Zero (0) PCR tests conducted. Two (2) tests from outside entities. Two (2) employees tested positive for COVID in November 2024.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continued for the month of November 2024. Annual catch-up TB testing is ongoing. Eleven (11) Tuberculosis tests were completed in November 2024.
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continued for the month of November 2024. Eight (8) medical clearances were conducted.
- D. There is one (1) employee Blood Borne Pathogens exposure case for the month of November 2024.
- E. There are no new employee TB exposure cases for the month of November 2024.
- F. Vaccine Clinics
 - November 1 – November 30, 2024
Employees Total: 11 employees
 - 1 COVID-19 Updated booster
 - 8 Influenza Vaccines.
 - 0 Monkeypox Vaccines
 - 5 other vaccinesTotal vaccines given: 14
- G. New Hire/ Onboarding: 4 new hires were onboarded in November 2024.
- H. Policies and procedures continue to be reviewed and updated. The Exposure Control Plan is in the process of being updated.

PUBLIC HEALTH AND PREVENTIVE CARE

MONTHLY REPORT

November 2024

Client Encounters by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	Mobile Clinic	Homeless Outreach	Targeted Populations	*Other BTS Clinic	TOTAL
Immunization	986	639	219	64	0	0	5	81	235	2,229
Immunization Records Issued	139	36	25	0						200
Newborn Metabolic Screening	0	0	0	0						0
SHOPP	150						18			168
TB Treatment & Control	1,393									1,393
TOTAL	2,668	675	244	64	0	0	23	81	235	3,990

Client Encounters by Program

Program	Nov 2023	Nov 2024		FY 23-24	FY 24-25	
Immunizations**	2,713	2,229	↓	19,418	16,731	↓
Immunizations Records Issued	184	200	↑	1,723	2,371	↑
COVID-19 Vaccine Given*	755	370	↓	2,523	1,317	↓
Newborn Met. Screening	0	0	→	2	0	↓
SHOPP	154	184	↑	^^ 902	1,284	↑
TB Treatment & Control	1,728	1,393	↓	6,613	7,554	↑
TOTAL	5,534	4,376	↓	30,279	29,257	↓

^^ 129 ET plus 25 CSCM visits

Total Client Immunizations Administered by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	Mobile Clinic	Homeless Outreach	Targeted Populations	*Other BTS Clinic	TOTAL
Total Immunizations Administered ***	3,539	2,209	593	137	0	0	10	121	818	7,427

*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	Nov 2023	Nov 2024		FY 23-24	FY 24-25	
Total Immunizations Administered ***	6,882	6,478	↓	42,775	38,121	↓

Immunization Program						
	Nov 2023	Nov 2024		FY 23-24	FY 24-25	
Immunizations						
Flu Vaccine Given	1,049	908	↓	3,067	4,480	↑
Gratis	319	78	↓	899	654	↓
COVID Vaccine*	455	525	↑	1,843	1,579	↓
*Given by Immunization Clinics						
	Nov 2023	Nov 2024		FY 23-24	FY 24-25	
Vaccines for Children (VFC)						
Number of VFC Compliance Visits	4	3	↓	25	27	↑
Number of IQIP Visits	10	0	↓	18	0	↓
Number of Follow Up Contacts	31	17	↓	132	124	↓
Number of Annual Provider Training	5	7	↑	22	32	↑
Number of State Requested Visits	61	18	↓	251	91	↓
	Nov 2023	Nov 2024		FY 23-24	FY 24-25	
Perinatal Hepatitis B						
# of Expectant Women	14	10	↓	15	13	↓
# of Infants	71	67	↓	71	65	↓
Total # of Infants Delivered	6	2	↓	18	20	↑
New Cases	2	6	↑	22	18	↓
Closed Cases	12	2	↓	21	40	↑
				Averages		
	Nov 2023	Nov 2024		FY 23-24	FY 24-25	
Childcare Program						
Childcare Audits	13	9	↓	37	25	↓
Baseline Immunization Rate	87%	73%	↓	83%	82%	↓
# of Final Audits	13	9	↓	37	25	↓
Final Immunization Rate	98%	96%	↓	95%	94%	↓
# of Records Reviewed	1287	717	↓	3593	2101	↓
	Nov 2023	Nov 2024		FY 23-24	FY 24-25	
COVID-19 Vaccine Campaign						
# of COVID-19 Vaccines administered	755	370	↓	2,523	1,317	↓
# of Monkeypox Vaccine administered	73	4	↓	195	147	↓
# of Influenza Vaccine administered	619	302	↓	1544	924	↓
# of Healthcare Provider Compliance Visits	0	0	→	4	7	↑
# of Newly Enrolled Healthcare Provider Education Sessions	1	2	↑	16	17	↑
# of Potential Healthcare Provider Recruitment Sessions	25	62	↑	48	64	↑
# of Healthcare Provider Contacts	60	3	↓	726	123	↓

Community Health Program						
	Nov 2023	Nov 2024		FY 23-24	FY 24-25	
Nursing Field Services						
MCH Team Home Visit Encounters	10	10	→	54	73	↑
Nurse Family Partnership NFP (Team 1)						
Referrals	2	11	↑	74	72	↓
Enrolled	10	6	↓	45	31	↓
Active	117	108	↓			
NFP (Expansion Team)						
Referrals	7	7	→	21	22	↑
Enrolled	1	5	↑	19	12	↓
Active	60	59	↓			
Maternal Child Health (MCH)						
# of Referrals Received	4	1	↓	21	21	→
# from CPS	3	1	↓	15	14	↓
# of Lead Referrals	0	0	→	4	6	↑
# of Total Admissions	4	1	↓	9	20	↑
Embracing Healthy Baby (EHB)*						
Referrals	2	0	↓	14	n/a	↑
Enrolled	3	0	↓	16	n/a	↑
Active	36	4	↓			
*Phasing to Healthy Start						
Thrive by 0 - 3						
Referrals	33	49	↑	252	173	↓
One-Time Home Visits	6	8	↓	39	17	↓
Enrolled	1	5	↑	9	15	↑
Active	12	24	↑			
Healty Start**						
Referrals	N/A	16	^	N/A	79	^
Enrolled	N/A	3	^	N/A	29	^
Active	N/A	39	^			
**New program as of 01/01/2024						
^No data available						

Tuberculosis Program

Tuberculosis	Nov 2023	Nov 2024		FY 23-24	FY 24-25	
Number of Case Management Activities*	207	213	↑	917	1,225	↑
Number of Monthly Pulmonary Specialist Clinic Clients Seen	15	24	↑	115	137	↑
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	40	75	↑	115	357	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits,	4	5	↑	25	29	↑
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,508	1,180	↓	5,968	6,589	↑

*New EMR system- Counting only successful act

Sexual Health Outreach and Prevention Program (SHOPP)

SHOPP - Express Testing	Nov 2023	Nov 2024		FY 23-24	FY 24-25	
# of Screening encounters	129	168	↑	877	1,138	↑
# of Clients Screened	129	168	↑	871	1,136	↑
# of Clients with positive STI identified	22	21	↓	95	110	↑
SHOPP- Linkage	Nov 2023	Nov 2024		FY 23-24	FY 24-25	
# of clients referred to Linkage	21	36	↑	64	105	↑
# of clients linked to care	14	36	↑	46	101	↑
SHOPP- Congenital Syphilis Case Management Program (Nurse)	Nov 2023	Nov 2024		FY 23-24	FY 24-25	
# of Referrals (pregnant, post-partum, infants)	9	8	↓	62	45	↓
# of Clients enrolled in CM	13	7	↓	42	31	↓
# of Active pregnant/ postpartum clients	21	47	↑			
# of Infants being followed	16	19	↑			
# of Provider/ Community trainings	2	2	→	2	16	↑
SHOPP -Services for Unhoused Patients with Resources and Engagement in core (SURE)	Nov 2023	Nov 2024		FY 23-24	FY 24-25	
# of Outreach events	n/a	4	^	n/a	24	^
SHOPP- Complex STI Navigation	Nov 2023	Nov 2024		FY 23-24	FY 24-25	
# of Clients referred	n/a	3	^^	n/a	24	^^
# of Clients navigated	n/a	3	^^	n/a	23	^^
# of Field Treatment Visits (HATS)	n/a	2	^^	n/a	12	^^

*Outreach started 03/01/2024

^ No data available

^^ No data available - data collecting began 12/01/2

Non- cumulative

Memorandum



Date: January 23, 2025

To: Southern Nevada District Board of Health

From: Lourdes Yapjoco, MSN-PH, RN, CCM, Director of Public Health & Preventive Care *LY*
Cassius Lockett, PhD, Deputy District Health Officer-Operations *CL*
Fermin Leguen, MD, MPH, District Health Officer *FL*

RE: PUBLIC HEALTH & PREVENTIVE CARE BOARD OF HEALTH REPORT – December 2024

I. Immunization Program

A. Immunization Program Activities

1. The COVID-19 vaccination has been integrated into routine vaccinations and is available at all four public health centers.
2. The clinics began to administer the new trivalent Flu 2024-2025 formulation. A total of 885 flu vaccines were administered between all four Immunization Public Health Centers.
3. For the month of December, there were 2,173 clients seen with 7,011 vaccines administered in all four Immunization PHCs.
4. There were 221 immunization records reviewed.
5. The collaboration with the American Cancer Association and the HPV Learning Collaborative is wrapping up with final reports available by February 2025. The goal of this effort was to increase the initiation and completion rates of HPV vaccine series among eligible age groups. Opportunities will still be provided for SNHD to continue with educational in-services.
6. The first day of back-to-school 2025 is August 11, 2025. The Immunization team has started preparations for this year by offering year-round immunizations at priority outreach locations and planning for surge capacity in July/ August.
7. National Infant Immunization Week is on April 21-28, 2025, and the Immunization Team has begun planning for this annual event. The purpose of this event is to highlight the importance of protecting children from vaccine-preventable diseases.

B. Immunization Outreach Activities

1. There were 2 outreach clinics conducted at the CCSD Family Support Center. 536 vaccines were administered to 193 clients.
2. There were 3 outreach events in partnership with the Mexican Consulate, Harm Reduction, and Nevada Homeless Alliance. 58 vaccines were administered to 44 clients.
3. Total clinics in December – 5 clinics, 594 vaccines were administered to 237 clients.
4. With the addition of School Located Vaccinations and Immunization Education subgrants, staff conduct school-based clinics to increase immunization compliance. For community education, SNHD and CDC vaccine resources are provided during outreach events. Hospitals and OBGYN providers are educated on importance on timely completion of Hepatitis B vaccines.

II. COVID-19 Vaccine Campaign

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

1. There were 67 COVID-19, 64 Flu, and 2 RSV vaccines administered through 14 static sites and the In-Home vaccination services. These activities include clinics focused on

the following population groups: seniors, high-risk population groups, historically underserved communities and adolescents.

2. With the end of funding, the COVID-19 Vaccination program continued to operate the following static vaccine sites through 12/07/2024:
 - El Mercado in the Boulevard Mall
 - Fremont Public Health Clinic
 - Main Express-Decatur location
3. The In-Home Vaccine program continued to offer people who needed medical equipment to leave home, have an increased health risk if they leave their home, have cognitive special needs, or are bedridden vaccinations through 12/31/2024.

B. MPOX vaccinations

1. Mpox vaccine has been commercialized and is no longer available to order through the National Stockpile.
2. A total of 4 vaccines were administered through static clinic.
3. Mpox vaccinations were administered at 2 static sites through 12/07/2024:

- C. The COVID-19 department has fully demobilized as of 12/31/24. COVID-19 vaccines are available at all four public health centers and selected Immunization outreach events. The Office of Communications at SNHD will continue with the bridge grant for campaigning.

III. Community Health Nursing

A. Nursing Education

There were no Nursing CEU's offered for the month of December 2024, but one course was approved that will be completed in the new year.

B. Maternal Child Health

There were no lead referrals for the month of December. The CHN follows 13 active lead cases. There was one referral for the Newborn Screening Program in December. The CHN has been helping to grow the Healthy Start and Thrive programs by providing educational classes to the community health workers and aiding in the community consortium.

C. Nurse Family Partnership (NFP)

The Southern Nevada Health District-Nurse-Family Partnership (NFP) has 161 active families. Forty-five are participating in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Fifty-four families are participating through the Temporary Assistance for Needy Families (TANF) funding. Both grants are from the Nevada Division of Public and Behavioral Health. In December 2024, NFP Teams 1 and 2 served a total of 107 families and completed 119 home visits. Families received gifts donated by a long-time community partner Lullaby Connection and SNHD's Human Resources team.

D. Healthy Start Initiative- Enhanced

The Southern Nevada Health District's Healthy Start Initiative Program is supported by the Health Resource and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). There was a total of Forty-three active families who were served through December 2024. Three educational classes were provided to the community by our nurses, two in English, and one in Spanish. Other outreach performed in December included Doolittle Community Center, Pearson Community Center, The Just One Project, and Spring Valley Library. The program is fully staffed, and all community health workers (CHWs) are actively enrolling families into to program and becoming familiar with community outreach.

IV. Sexual Health Outreach and Prevention Program (SHOPP)

- A. Express Testing provided 190 screening encounters, including 12 Clients who were tested at Homeless Outreach events, and 17 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 educational community events.
- C. Members of SHOPP team attended Motivational Interviewing training presented by PAETC. Team members supported and provided education at a Candlelight Vigil for those lost to homelessness.
- D. SHOPP houses a Neurosyphilis Emergent Onsite Navigation (NEON) program which aims to provide critical linkage services to patients suspected of neurosyphilis. Two 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 work collaboratively with Express Testing to assess and provide linkage services.

V. Tuberculosis (TB) Clinic

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

VI. Employee Health Nursing

- A. There were four (4) SNHD employees who were tested for COVID-19 in December 2024. Zero (0) PCR tests conducted. Four (4) tests from outside entities. Four (4) employees tested positive for COVID in December 2024.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continued for the month of December 2024. Annual catch-up TB testing is ongoing. Five (5) Tuberculosis tests were completed in December 2024.
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continued for the month of December 2024. Seven (7) medical clearances were conducted.
- D. There were zero (0) employee Blood Borne Pathogens exposure cases for the month of December 2024.
- E. There are no new employee TB exposure cases for the month of December 2024.

F. Vaccine Clinics

- December 1 – December 31, 2024
Employees Total: 11 employees
 - 4 COVID-19 Updated booster
 - 4 Influenza Vaccines.
 - 0 Monkeypox Vaccines
 - 1 other vaccinesTotal vaccines given: 9

G. New Hire/ Onboarding: Three (3) new hires were onboarded in December 2024.

H. Policies and procedures continue to be reviewed and updated.

MONTHLY REPORT

December 2024

Client Encounters by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	Mobile Clinic	Homeless Outreach	Targeted Populations	*Other BTS Clinc	TOTAL
Immunization	1,058	576	251	51	0	0	18	26	193	2,173
Immunization Records Issued	170	41	9	1						221
Newborn Metabolic Screening	0	0	0	0						0
SHOPP	193						12			205
TB Treatment & Control	1,453									1,453
SAPTA Services								17		17
TOTAL	2,874	617	260	52	0	0	30	43	193	4,069

Client Encounters by Program

Program	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
Immunizations**	1,833	2,173	↑	21,251	18,878	↓
Immunizations Records Issued	188	221	↑	1,911	2,592	↑
COVID-19 Vaccine Given*	621	67	↓	3,144	1,384	↓
Newborn Met. Screening	0	0	→	2		↓
SHOPP	199	205	↑	1,101	1,489	↑
TB Treatment & Control	1386	1,453	↑	7,999	9,007	↑
SAPTA Services	17	^^		149	^^	
TOTAL	4,244	4,119	↓	35,557	33,350	↓

^^ SAPTA grant ended 09/30/2024

Total Client Immunizations Administered by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	Mobile Clinic	Homeless Outreach	Targeted Populations	*Other BTS Clinic	TOTAL
Total Immunizations Administered ***	3,568	1916	699	115	0	0	33	57	623	7,011

*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	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
Total Immunizations Administered *	4,755	7,011	↑	47,530	44,419	↓

Immunization Program						
	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
Immunizations						
Flu Vaccine Given	669	885	↑	3,736	5,365	↑
Gratis	58	55	↓	957	700	↓
COVID Vaccine*	270	529	↑	2,113	2,107	↓
*Given by Immunization Clinics						
Vaccines for Children (VFC)						
Number of VFC Compliance Visits	8	7	↓	33	34	↑
Number of IQIP Visits	0	0	→	18	0	↓
Number of Follow Up Contacts	31	37	↑	168	161	↓
Number of Annual Provider Training	9	7	↓	31	39	↑
Number of State Requested Visits	11	14	↑	262	105	↓
Perinatal Hepatitis B						
# of Expectant Women	14	11	↓	15	13	↓
# of Infants	72	69	↓	71	65	↓
Total # of Infants Delivered	1	0	↓	19	20	↑
New Cases	3	5	↑	25	23	↓
Closed Cases	1	1	→	22		↓
Childcare Program						
Childcare Audits	16	6	↓	53	31	↓
Baseline Immunization Rate	78%	75%	↓	82%	81%	↓
# of Final Audits	16	6	↓	53	31	↓
Final Immunization Rate	97%	89%	↓	95%	93%	↓
# of Records Reviewed	1322	890	↓	4915	2991	↓
Covid-19 Vaccine Campaign						
COVID-19 Vaccine Campaign						
# of COVID-19 Vaccines administered	621	67	↓	3,144	1,384	↓
# of Monkeypox Vaccine administered	48	4	↓	243	151	↓
# of Influenza Vaccine administered	420	64	↓	1964	988	↓
# of Healthcare Provider Compliance Visits	0	1	↑	4	8	↑
# of Newly Enrolled Healthcare Provider Education Sessions	0	7	↑	16	24	↑
# of Potential Healthcare Provider Recruitment Sessions	0	75	↑	48	139	↑
# of Healthcare Provider Contacts	15	58	↑	741	181	↓

Community Health Program						
	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
Nursing Field Services						
MCH Team Home Visit Encounters	10	9	↓	64	82	↑
	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
NFP (Team 1)						
Referrals	9	15	↑	83	87	↑
Enrolled	1	7	↑	46	38	↓
Active	113	107	↓			
	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
NFP (Expansion Team)						
Referrals	5	0	↓	26	22	↓
Enrolled	1	1	→	20	13	↓
Active	61	54	↓			
	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
MCH						
# of Referrals Received	2	6	↑	23	27	↑
# from CPS	1	5	↑	16	19	↑
# of Lead Referrals	1	0	↓	5	6	↑
# of Total Admissions	1	4	↑	10	24	↑
	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
EHB *						
Referrals	1	0	↓	15	n/a	↑
Enrolled	0	0	→	16	n/a	↑
Active	31	3	↓			
*Phasing to Healthy Start						
	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
Thrive by 0 - 3						
Referrals	42	43	↑	294	216	↓
One-Time Home Visits	10	7	→	49	24	↓
Enrolled	0	3	↑	9	18	↑
Active	12	26	↑			
	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
Healthy Start**						
Referrals	N/A	9	^	N/A	88	^
Enrolled	N/A	6	^	N/A	35	^
Active	N/A	43	^			
**New program as of 01/01/2024						
^No data available						

Tuberculosis Program						
Tuberculosis	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
Number of Case Management Activities*	202	224	↑	1,119	1,449	↑
Number of Monthly Pulmonary Specialist Clinic Clients Seen	24	23	↓	139	160	↑
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	49	51	↑	164	408	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	5	5	→	93	34	↓
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,184	1,229	↑	7,152	7,818	↑
*New EMR system- Counting only successful activities						
Substance Abuse Prevention & Treatment Agency (SAPTA) **	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
# of Site Visits	1	n/a	↑	8	n/a	↑
# of Clients Screened	17	n/a	↑	149	n/a	↑
# of TB Tests	15	n/a	↑	124	n/a	↑
# of Assessments only	2	n/a	↑	25	n/a	↑
**SAPTA grant ended 09/30/2024						
Sexual Health Outreach and Prevention Program (SHOPP)						
SHOPP - Express Testing	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
# of Screening encounters	158	190	↑	1,035	1,328	↑
# of Clients Screened	156	189	↑	1,027	1,325	↑
# of Clients with positive STI identified	17	19	↑	112	120	↑
SHOPP- Linkage	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
# of clients referred to Linkage	12	16	↑	76	121	↑
# of clients linked to care	6	16	↑	52	117	↑
SHOPP- Congenital Syphilis Case Management Program (Nurse)	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
# of Referrals (pregnant, post-partum, infants)	12	6	↓	74	51	↓
# of Clients enrolled in CM	9	3	↓	51	34	↓
# of Active pregnant/ postpartum clients	23	42	↑			
# of Infants being followed	18	24	↑			
# of Provider/ Community trainings	2	3	↑	4	19	↑
SHOPP -Services for Unhoused Patients with Resources and Engagement in care (SURE)	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
# of Outreach events	n/a	6	^	n/a	30	^
SHOPP- Complex STI Navigation	Dec 2023	Dec 2024		FY 23-24	FY 24-25	
# of Clients referred	n/a	3	**	n/a	27	**
# of Clients navigated	n/a	3	**	n/a	26	**
# of Home administered treatment of STI (HATS)	n/a	1	^	n/a	13	^
*Outreach started 03/01/2024						
^ No data available						
** No data available - data collecting began 12/01/2023						
Non-cumulative						