



## MINUTES

### SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

March 27, 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*)  
April Becker – Commissioner, Clark County (*in-person*)  
Scott Black – Mayor Pro Tem, City of North Las Vegas (*via Teams*)  
Pattie Gallo – Mayor Pro Tem, City of Mesquite (*via Teams*)  
Joseph Hardy – Mayor, City of Boulder City (*in-person*)  
Monica Larson – Council Member, City of Henderson (*in-person*)  
Frank Nemec – At-Large Member, Physician (*in-person*)  
Shondra Summers-Armstrong – Council Member, City of Las Vegas (*in-person*)
- ABSENT:** Bobbette Bond – At-Large Member, Regulated Business/Industry
- ALSO PRESENT:** Judd Abrams, Linda Anderson, Christopher Boyd, Jason Klumb, Deborah  
(In Audience) Kuhls, Jason La, Sandra Liberty, Alex Malcolm, Bradley Mayer, Jose Melendrez,  
Gina Stiscak, Tod Story
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Cassius Lockett, PhD, District Health Officer
- STAFF:** Adriana Alvarez, Kristen Anderson, Emily Anelli, Larry Armstrong, Benjamin Ashraf, Jacqueline Ayala, Maria Azzarelli, Tawana Bellamy, Haley Blake, Murphy Boudreaux, Lori Bryan, Cory Burgess, Daniel Burns, Victoria Burris, Donna Buss, Joe Cabanban, Nancy Cadena, Monica Carcamo, Alondra Contreras-Araiza, Andria Cordovez Mulet, Shea Crippen, Rebecca Cruz-Nañez, Corey Cunningham, Cherie Custodio, Gerard Custodio, Jeffrey Dawson, Brandon Delise, Liliana Dominguez, Kaylina Fleuridas, Jason Frame, Kimberly Franich, Nicholas Gabler, Joe Ginty, Xavier Gonzales, Cheri Gould, Jacques Graham, Amineh Harvey, Richard Hazeltine, Corinne Henri, Raychel Holbert, Carmen Hua, Dan Isler, Danielle Jamerson, Jessica Johnson, Horng-Yuan Kan, Mikki Knowles, Theresa Ladd, Heidi Laird, Kendra Lett, Dann Limuel Lat, Josie Llorico, Erick Lopez, Hetal Luhar, Anil Mangla, Jonas Maratita, Azalia Martinez, Blanca Martinez, Geoff Melly, Kimberly Monahan, Samantha Morales, Deborah Moran, Christian Murua, Chika McTier, Semilla Neal, Todd Nicolson, Brian Northam, Veralynn Orewyler, Neleida Pelaez, Jose Perez, Shannon Pickering, Luann Province, Katarina Pulver, Grace Purugganan, Zuwen Qiu-Shultz, Vivek Raman, Emma Rodriguez, Alexis Romero, Lester Rossi-Boudreaux-Thibodeaux, Kim Saner, Aivelhyn Santos, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer, Sizemore, Cameron Smelcer, Randy Smith,

Rosanne Sugay, Ronique Tatum-Penegar, Candyce Taylor, Sibyl Tharayani, Will Thompson, Rebecca Topol, Greg Tordjman, Tamera Travis, Renee Trujillo, Shylo Urzi, Jorge Viote, Anna Voeva, Donnie Whitaker, Lourdes Yapjoco, Merylyn Yegon, Lei Zhang, Ying Zhang

**I. CALL TO ORDER and ROLL CALL**

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:03 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

**II. PLEDGE OF ALLEGIANCE**

**III. OATH OF OFFICE**

Ms. Cordovez Mulet administered the Oath of Office to Member Becker.

**IV. RECOGNITIONS**

**1. Dr. Erick López, Dr. Anil Mangla, Zuwen Qiu-Shultz, Rebecca Topol, Tamera Travis, and Lei Zhang**

- Co-authored the published article “*Identifying Factors Associated with Vaccination Status and Mortality Among Older Adults in Nevada During the COVID-19 Pandemic*” in the Nevada Journal of Public Health

**2. Dr. Cassius Lockett, Dr. Erick López, Dr. Anil Mangla, Zuwen Qiu-Shultz, Rebecca Topol, Tamera Travis and, and Lei Zhang**

- Co-authored the published article “*Factors Associated with Hospital Length of Stay and Intensive Care Utilization Among Pediatric COVID-19 Patients in Southern Nevada: A Multivariate Analysis*” in the MDPI (formerly the Multidisciplinary Digital Publishing Institute)

The Chair recognized Dr. Erick Lopez, Dr. Anil Mangla, Zuwen Qiu-Shultz, Rebecca Topol, Tamera Travis and Lei Zhang for co-authoring the article, “*Identifying Factors Associated with Vaccination Status and Mortality Among Older Adults in Nevada During the COVID-19 Pandemic,*” in the Nevada Journal of Public Health. The purpose of this article was to quantify factors related to COVID-19 vaccinations and COVID-19 mortality among older adults who are 65 years of age or older in Clark County. Further, the Chair recognized Dr. Cassius Lockett, Dr. Erick Lopez, Dr. Anil Mangla, Zuwen Qiu-Shultz, Rebecca Topol, Tamera Travis and Lei Zhang for co-authoring the article, “*Factors Associated with Hospital Length of Stay and Intensive Care Utilization Among Pediatric COVID-19 Patients in Southern Nevada: A Multivariate Analysis,*” in the MDPI (formerly the Multidisciplinary Digital Publishing Institute). This article aimed to identify factors associated with hospital length of stay and intensive care unit utilization among children hospitalized with COVID-19. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated staff on these recognitions.

### **3. Southern Nevada Health District – March Employees of the Month**

- Regena Ellis and Sarah Humphreys

The Chair recognized the March Employees of the Month; Regena Ellis, Community Health Nurse in the TB Clinic, and Sarah Humphreys, Community Health Worker in the Southern Nevada Community Health Center. 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.

- V. 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.

Scott Simons wished to provide public comment on the agendized variance request. The Chair advised Mr. Simons that he may provide his comments at this time or during the Public Hearing. Mr. Simons advised he would provide his comments during the Public Hearing.

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

### **VI. ADOPTION OF THE MARCH 27, 2025 MEETING AGENDA** *(for possible action)*

*A motion was made by Member Nielson, seconded by Member Hardy, and carried unanimously to approve the March 27, 2025 Agenda, as presented.*

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

- 1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** February 27, 2025 and March 10, 2025 *(for possible action)*
- 2. PETITION #27-25: Approve the Adoption of the Employee Handbook (previously the Personnel Code);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. PETITION #28-25: 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 Hardy, seconded by Member Black, and carried unanimously to approve the March 27, 2025 Consent Agenda, as presented.*

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

- 1. Variance Request for an existing septic system, SNHD Permit #ON0009184, located at 5114 Harrison Dr., Las Vegas, NV 89120 to allow the septic system to encroach on the property line;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Daniel Isler, Environmental Health Engineer Supervisor, presented the variance request for an existing septic system located at 5114 Harrison Dr., Las Vegas, NV 89120 to allow the septic system to encroach on the property line. Mr. Isler advised that the petitioner wanted to install a pool and discovered that the septic system was installed too close to the property line, approximately one foot from the property line adjacent to the right of way. Mr. Isler advised that the Health District requested that the petitioner dig trenches along the length of the property line to verify that the leach field was not in the right of way. Mr. Isler advised that the Health District was satisfied that the leach field was entirely on the subject property. Mr. Isler advised that the variance request was to allow the leach field to remain encroaching on the property line and allow the petitioner to proceed with the construction of the pool. Mr. Isler confirmed that staff was recommending approval of the variance, with conditions.

*Member Brune joined the meeting at 9:18 a.m.*

The Chair opened for Public Comment.

Scott Simons stated that Mr. Isler outlined the variance request and confirmed that he intended to connect to sewers as soon as available.

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

*A motion was made by Member Nemec, seconded by Member Larson, and carried unanimously to approve the Variance Request for an existing septic system, SNHD Permit #ON0009184, located at 5114 Harrison Dr., Las Vegas, NV 89120 to allow the septic system to encroach on the property line, with the following conditions:*

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



Further to an inquiry from the Chair, Mr. Isler advised that staff was reviewing the regulations and a future update would seek to allow staff to administratively approve these type of variance requests that were due to a lack of available technology at the time, and do not negatively impact public health or property rights.

## **IX. REPORT / DISCUSSION / ACTION**

The Chair requested that Member Nielson, as the chair of the Finance Committee, facilitate the items under this section. Member Nielson advised that the Finance Committee meet a day earlier and extensively review all the items. Further, Member Nielson advised that new Board members that the items were reviewed on an annual basis and if they had any questions to contact Dr. Lockett for additional information.

**1. Receive, Discuss and Approve the Recommendations from the March 26, 2025 Finance Committee meeting regarding the SNHD Federal Poverty Level (FPL) guidelines; direct staff accordingly or take other action as deemed necessary (*for possible action*)**

Randy Smith, Chief Executive Officer – FQHC, presented the update to the Federal Poverty Level (FPL) guidelines. Mr. Smith advised that the FPL guidelines changed annually in January, with 2025 seeing an increase of 2.9% to the Consumer Price Index (CPI) from 2023 and 2024. The guidelines were used to adjust the sliding fee schedules.

*A motion was made by Member Kirkpatrick, seconded by Member Hardy, and carried unanimously to accept the recommendation from the Finance Committee and adopt the Federal Poverty Level Guidelines, as presented.*

**2. Receive, Discuss and Approve the Recommendations from the March 26, 2025 Finance Committee meeting regarding the SNHD Clinical Sliding Fee Schedules; direct staff accordingly or take other action as deemed necessary (*for possible action*)**

Mr. Smith advised that offering Sliding Fee Schedules, for qualifying patients, was a requirement for HHS, HRSA, and various other pass-through grants. Mr. Smith confirmed that patients were seen regardless of their ability to pay and are not sent to collections to recover outstanding payments. Mr. Smith highlighted the Point of Care Discount, which provides a 50% discount on fees if payment was made at the time of a visit, for patients that had an income of 200% or greater than the federal poverty level, who did not qualify for the sliding fee discount.

Mr. Smith advised that the Health Center served a disproportionately high number of uninsured patients compared to other FQHCs in Nevada and across the country. Mr. Smith believed it was due to the Health District being regarded as a safety net provider in the community. Mr. Smith highlighted the discussion from the Finance Committee meeting on the need to have a more balanced payor mix, the importance of Medicaid and Medicare members, and the opportunity to serve seniors in the community. Mr. Smith confirmed that the Health Center Governing Board has had regular discussion on the need to increase visibility and marketing within the community, engaging the various health insurance plans, and providing outreach in the community to raise awareness of services provided.

Mr. Smith further outlined a market study of fees for FQHCs in Nevada. Mr. Smith shared the results of a patient survey on the sliding fee program. Mr. Smith proceeded to outline the Clinical Sliding Fee Schedules and advised there were no changes from last year.

Further to an inquiry from Member Nemec on the cost of collecting billings, Donnie (DJ) Whitaker, Chief Financial Officer, advised that the eClinicalWorks system generates the systems and the only additional cost would be for postage. Member Nemec inquired as to the potential threats to federal funding for public health. Mr. Smith was concerned about losing the grant and if there were changes to Medicaid, every FQHC would struggle. Mr. Smith further advised that it was key for the Health Center to grow through operations and to increase the payor mix. The Chair expressed the need for the Board members to assist with increasing the payor mix, even if simply including in their newsletters information on the Health Center services. Member Summers-Armstrong inquired as to the Health Center's marketing plan.

Mr. Smith advised that the Office of Communications had internal resources available. Mr. Smith advised that he and his team were eager to avail themselves at senior centers and outreach events to explain the services provided at the Health Center.

Member Hardy inquired as to the process to become a patient of the Health Center. Mr. Smith advised of the metric of 'next available' which would reduce the amount of time for a patient to be seen, and welcome walk-ins and same day appointments. Mr. Smith advised that the goal was to determine the full capacity. Dr. Lockett advised that leadership was trying to address the high no-show rate. Member Larson inquired as to the consequences to patients with multiple no-shows.

Mr. Smith advised that the consequence when patients do not show up for appointments was the staff time preparing for the visit. Mr. Smith advised that there were no consequences to the patient missing a scheduled appointment. The goal of the Health Center was to retain the patient. Mr. Smith advised it was incumbent on staff to determine how better to serve patients that were struggling to come in for an appointment, such as providing the option of a telehealth appointment. Mr. Smith advised that appointments were over and double-booked.

Further to an inquiry from Member Hardy on the locations and contact information of the Health Center, Mr. Smith advised that the Health Center provided services at the Main Public Health Center and the Fremont Public Health Center and contact information was available at [www.snchc.org](http://www.snchc.org). The Chair requested a flyer of services that the Board members could include in their newsletters.

*A motion was made by Member Kirkpatrick, seconded by Member Hardy, and carried unanimously to accept the recommendation from the Finance Committee and approve the SNHD Clinical Sliding Fee Schedules, as presented.*

**3. Receive, Discuss and Approve the Recommendations from the March 26, 2025 Finance Committee meeting regarding the SNHD Clinical Master Fee Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Donnie (DJ) Whitaker, Chief Financial Officer, presented the proposed updates to the Clinical Master Fee Schedule. Ms. Whitaker advised that the Billing Fee Schedule was reviewed

annually to add new fees or to adjust existing fees based on analysis within the market. Ms. Whitaker further advised that uninsured individuals would see minimal or no impact of the proposed changes, based on the availability of the sliding fee schedules. Ms. Whitaker outlined the review methodology and the proposed changes. Ms. Whitaker outlined there were proposed changes to 305 fees, with 47 being new fees.

Further to an inquiry from Member Summers-Armstrong, Ms. Whitaker advised that the Health District has contracted rates with insurance companies. Mr. Smith advised that the Health Center was still subject to an interim Prospective Payment System (PPC) rate, which was reimbursement methodology for FQHCs that provides a cost-based reimbursement. Once a final rate has been determined, it will assist with planning and forecasting financially.

*A motion was made by Member Hardy, seconded by Member Kirkpatrick, and carried unanimously to accept the recommendation from the Finance Committee and approve the Clinical Master Fee Schedule Updates, as presented.*

**4. Receive, Discuss and Approve the Recommendations from the March 26, 2025 Finance Committee meeting regarding the FY2026 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented the FY2026 Budget, which begins on July 1, 2025 and ends on June 30, 2026, with the following highlights:

Highlights

- Staffing was projected to increase to 872.5 FTE, compared to the FY2025 augmented budget of 864.3 FTE.
- General Fund revenues project at \$121.6M, an increase of \$7.3M from FY2025 augmented budget.
- Special Revenue Fund (Grants) decrease to \$61.9M, a decrease of \$17M from FY2025 augmented budget
  - SB118 funding started in FY2025, total of \$10.95M; an estimated \$6.8M is anticipated to be utilized in FY2026.
  - Reduction in grant expenditure request compared to FY2025 augmented budget.

*Member Nemec left the meeting at 10:18 a.m.*

- Lab Expansion Project, currently underway, was expected to continue in FY2026 with \$8.8M anticipated to be utilized.

*Member Nemec returned to the meeting at 10:21 a.m.*

Revenues – General & Grants Fund

- Clark County Property Tax revenue is expected at \$38.8M an increase of \$1.8M or 3.0% compared to \$37.7M from FY2025. Pharmacy revenue also increased \$6.1M and Permits and Fees increased \$0.9M from FY2025 Augmentation.

*Member Black left the meeting at 10:24 a.m. and did not return.*

- General Funds Revenue increased from \$114.2M to \$121.6M, a \$7.3M or 6.4% increase from FY2025 Augmentation.
- Special Revenue Funds decreased from \$78.9M to \$61.9M due to the conclusion of grants and reduction in grant expenditures requested compared to FY2025 Augmentation. Examples: COVID 19 Disaster Relief, Ryan White, Family Planning, Public Health Infrastructure (PHI), and Enhancing Detection Expansion grant.

#### Expenditures – General Fund

- General Fund employee salaries and benefits for FY2026 total \$78.8M, an increase of \$6.5M or 19% from FY2025 Augmented. FY2026 budget includes a full year of salaries and benefits for vacant positions that were partially accounted for in the FY2025 Augmented budget. Additionally, FY2026 proposed budget includes a 4% COLA, 2.5% Merit and the impact of the 3.25% PERS increase that is effective July 1, 2025 (1/2 of the PERS increase is paid by SNHD)
- FTE changes from FY2025 augmented to FY2026 proposed budget includes 15.7 additional FTE (net); 12 of these positions are new and 3.7 are transfers from other funds.
- General Fund Pharmacy Medical supplies increased from \$23.9M to \$28.4M, an increase of \$4.5M or 44%

#### Expenditures – Grant Fund

- Special Revenue Funds expenses decreased from \$85.2M to \$70.7M due to the conclusion of grants and reduction in grant expenditures requested compared to FY2025 Augmentation. Examples on conclusion of grants and reduction in request: COVID-19 Relief grants, Ryan White, Family Planning, PHI grant, and Enhancing Detection Expansion grant.
- SB118 revenue is estimated at \$6.8M in FY2026. Anticipated FTE total is 13.4 positions (4 New) with estimated salaries & benefits of \$1.6M.
- PHI Grant revenue is estimated at \$7.1M in FY2026. Anticipated FTE total is 45 positions with estimated salaries & benefits of \$5.8M.
- FTE changes from FY2025 augmented to FY2026 proposed budget includes a reduction of 7.5 FTE (net). There are 12 new positions offsetting transfers and reductions.

Ms. Whitaker further reviewed the:

- Revenues vs. Expenditures combined by Division
- Personnel by Division, comparing FY2023, FY2024, and FY2025
- Capital Improvement Projects
- Three Fiscal Year Activity – General Fund, Special Revenue Fund, Bond Reserve Fund, and Internal Service Fund

Further to an inquiry from the Chair, Ms. Whitaker advised that the End Fund Balance was still above 16.6%.

Dr. Lockett advised that the budget presented did not include a \$3M contingency, which would be included in the next augmentation. Dr. Lockett advised that the recent reductions in March 24, 2025 COVID-19 federal grant funding have been felt across the country. Due to the reductions, the Health District cancelled approximately ten contracts, cancelled purchase orders, moved staff to the general fund, determined vacancy savings, and plan to impose a hiring freeze.

*A motion was made by Member Larson, seconded by Member Summers-Armstrong, and carried unanimously to accept the recommendation from the Finance Committee and approve the FY2026 Budget, as presented.*

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

The Chair advised of a new background check process that was being slowly rolled out by the state which would allow for information to be remitted electronically instead of via mail.

The Chair advised of a heat awareness event in May and encouraged all the Board members to attend.

The Chair noted that the Employee Handbook was adopted earlier today; however, requested a review that would allow staff the opportunity to access primary care at the Health District. Dr. Lockett confirmed that he was agreeable to allow staff to access primary care at the Health District and would review policies around FMLA.

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

- DHO Comments

In addition to the written report, Dr. Cassius Lockett introduced Dr. Xavier Gonzales, who joined the Health District on March 17, 2025 as the new Director of Community Health. Dr. Gonzales brings a wealth of experience and knowledge in community health. Dr. Gonzales has been a university professor in public health and is a certified Community Health Worker Instructor. Dr. Lockett recognized Maria Azzarelli, Manager of the Office of Chronic Disease Prevention, for her dedication and commitment while in the acting director role.

- Measles Vaccination Strategy

Dr. Rosanne Sugay, Medical Epidemiologist, and Shannon Pickering, Community Health Nurse Manager, presented on the surveillance, prevention and response strategy for measles.

Further to an inquiry from the Chair regarding the schools with less than 80% of vaccination coverage, Dr. Sugay advised that the low coverage included exemptions and the timing of reporting to the state. Dr. Sugay advised that the Health District was working with the state to determine the exemption rates. Further, Dr. Sugay advised that the Health District was working closely, and meeting regularly, with the Clark County School District.

Further to an inquiry from Member Hardy regarding the use of post-exposure prophylaxis, Dr. Sugay advised that the CDC recommended the use of post-exposure prophylaxis within 72 hours of exposure. Dr. Lockett advised that if there was an outbreak in a school, with the use of post-exposure prophylaxis with 72 hours of exposure, students could return to school with the caveat that there would still be a 10-15% risk that a student may contract measles.

Further to an inquiry from Member Hardy, Dr. Sugay advised that, in an outbreak situation or for international travel, infants can receive the MMR vaccine at 6 months. Dr. Sugay confirmed that the first vaccine is at 6-12 months and the second vaccine at 4-6 years. Dr. Sugay advised that adults may receive the vaccine at any time, except for those born before 1950 as they may have previously been exposed to measles.

Member Hardy inquired as to the downside of receiving the vaccine. Dr. Sugay advised that the only downside for the majority of individuals is slight pain at the injection site.

- Legislative Update

Emma Rodriguez, Communications & Legislative Affairs Administrator, and Bradley Mayer, Argentum Partners, provided an update on the current legislative session.

Ms. Rodriguez outlined the following bills that the Health District supported:

- AB186 - Revises provisions governing pharmacists. (Pharmacy)
- AB205 - Revises provisions governing sexual education. (Sexual Education Consent)
- AB360 - Revises provisions relating to testing for sexually transmitted diseases. (Syphilis Testing)
- AB269 - Revises provisions relating to education. (Health Care Workforce)
- SB244 - Requires Medicaid to provide coverage of certain treatments for obesity. (Medicaid Obesity Treatment Coverage)
- AB394 - Authorizes the Board of Regents of the University of Nevada to require certain institutions to adopt emergency response plans related to opioid overdoses. (Opioid Response)

Mr. Mayer outlined the following bills that the Health District opposed:

- AB352 - Revises provisions relating to businesses. (Cottage Food)
- SB295 - Revises provisions related to food establishments. (Mobile Food Vendor)

Member Summers-Armstrong inquired about the bill that expanded vending in parks. Mr. Mayer advised that it was AB140, which provisions did not directly touch the Health District. Further, Member Summers-Armstrong inquired whether the legislators in both houses were respective of the concerns raised by the Health District on AB352 and SB295. Mr. Mayer advised that as the hearings took place recently, it would take a few days to receive any feedback from the legislators.

*Member Nemec left the meeting at 11:25 a.m. and did not return.*

Ms. Rodriguez outlined the following additional bills that staff has been working with bill sponsors to amend:

- AB40 - Revises various provisions relating to environmental hazards. (Environmental Hazards)
- AB326 - Revises provisions relating to the designation of hospitals as centers for the treatment of trauma. (Trauma Designation)
- SB276 - Revises provisions relating to water. (Water Quality)
- AB350 - Revises provisions relating to cemeteries. (Cemetery Regulations)

Ms. Rodriguez advised that during Public Health Week, on April 8<sup>th</sup>, there would be a presentation in the Senate Health and Human Services Committee on Public Health and SB118 Funding Impacts.

## **XII. INFORMATIONAL ITEMS**

1. Administration Division Monthly Activity Report
2. Community Health Division Monthly Activity Report
3. Community Health Center (FQHC) Division Monthly Report
4. Disease Surveillance and Control Division Monthly Activity Report
5. Environmental Health Division Monthly Activity Report
6. Public Health & Preventive Care Division Monthly Activity Report

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

Alexander Malcolm, a property owner and apartment building owner, commented on the aquatics department. Mr. Malcolm advised that the Highlands Apartment Homes were built by his family in the 1980s, which is one of the premier single-story rentals in Las Vegas. Mr. Malcolm stated that over the years, they have a history of working closely with various city agencies to maintain compliance and safety for their communities. In recent months, Mr. Malcolm noted that they have experienced criminal activity, including homelessness and a serial arsonist, which required them to hire private security. Mr. Malcolm wanted to express his concern and disappointment with the aquatics department. Mr. Malcolm stated the excessive and unnecessary amount of scrutiny on behalf of the Health District's aquatic department and their inspectors. Mr. Malcolm described overzealous enforcement in some instances. Mr. Malcolm stated that the Highlands Apartments had some of the nicest pools and spas available to their residents. Mr. Malcolm advised that, within the last year, they received correction lists with over 100 comments and complaints from inspectors, which resulted in the closure of their facilities along with fines. Mr. Malcolm stated that inspections had taken place when their pools and spas were closed, which he indicated was not fair. Mr. Malcolm stated that senior inspectors would train inspectors at their property. Mr. Malcolm stated that their community pools and spas were not disaster areas, nor places for hazards. Mr. Malcolm stated that they would like to work together with the Health District to maintain their facilities and provide these amenities to their residents.

The Chair requested Mr. Malcolm's contact information and advised that an aquatic health update would be provided at the next Board of Health meeting.

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

## **XIV. ADJOURNMENT**

The Chair adjourned the meeting at 11:35 a.m.

Cassius Lockett, PhD  
District Health Officer/Executive Secretary

/acm





## AGENDA

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March 27, 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/91551b2a-996a-4aad-a60d-468016ca55bc@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 735 714 205#

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#### 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.
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#### I. CALL TO ORDER AND ROLL CALL

#### II. PLEDGE OF ALLEGIANCE

#### III. OATH OF OFFICE

#### IV. RECOGNITIONS

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**2. Dr. Cassius Lockett, Dr. Erick López, Dr. Anil Mangla, Zuwen Qiu-Shultz, Rebecca Topol, Tamera Travis and, and Lei Zhang**

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**3. Southern Nevada Health District – March Employees of the Month**

- Regena Ellis and Sarah Humphreys

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- **By Teams:** Use the Teams link above. You will be able to provide real-time chatroom messaging, which can be read into the record or by raising your hand. Unmute your microphone prior to speaking.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 735 714 205#. 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](mailto: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.

**VI. ADOPTION OF THE MARCH 27, 2025 AGENDA** *(for possible action)*

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

- 1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** February 27, 2025 and March 10, 2025 *(for possible action)*
- 2. PETITION #27-25: Approve the Adoption of the Employee Handbook (previously the Personnel Code);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. PETITION #28-25: 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)*

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

- 1. Variance Request for an existing septic system, SNHD Permit #ON0009184, located at 5114 Harrison Dr., Las Vegas, NV 89120 to allow the septic system to encroach on the property line;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

## **IX. REPORT / DISCUSSION / ACTION**

- 1. Receive, Discuss and Approve the Recommendations from the March 26, 2025 Finance Committee meeting regarding the SNHD Federal Poverty Level (FPL) guidelines;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Receive, Discuss and Approve the Recommendations from the March 26, 2025 Finance Committee meeting regarding the SNHD Clinical Sliding Fee Schedules;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Receive, Discuss and Approve the Recommendations from the March 26, 2025 Finance Committee meeting regarding the SNHD Clinical Master Fee Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. Receive, Discuss and Approve the Recommendations from the March 26, 2025 Finance Committee meeting regarding the FY2026 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

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

- DHO Comments
- Measles Vaccination Strategy
- Legislative Update

## **XII. INFORMATIONAL ITEMS**

1. Administration Division Monthly Activity Report
2. Community Health Division Monthly Activity Report
3. Community Health Center (FQHC) Division Monthly Report
4. Disease Surveillance and Control Division Monthly Activity Report
5. Environmental Health Division Monthly Activity Report
6. Public Health & Preventive Care Division Monthly Activity Report

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

## **XIV. ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify the Administration Office at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact the Administration Office at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.



## MINUTES

### SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

February 27, 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 (*via Teams*)  
Scott Black – Mayor Pro Tem, City of North Las Vegas (*via Teams*)  
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)  
Pattie Gallo – Mayor Pro Tem, City of Mesquite (*via Teams*)  
Joseph Hardy – Mayor, City of Boulder City (*in-person*)  
Monica Larson – Council Member, City of Henderson (*in-person*)  
Frank Nemec – At-Large Member, Physician (*in-person*)  
Shondra Summers-Armstrong – Council Member, City of Las Vegas (*in-person*)

**ABSENT:** Tick Segerblom – Commissioner, Clark County

**ALSO PRESENT:** Linda Anderson, Toluwanimi Babarinde, Christopher Boyd, Christy Brasher,  
(In Audience) Kathryn Kraft, Danny McGinnis, Bradley Mayer, Adriana Saenz, John Sawdon,  
Martin Strganac

**LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel

**EXECUTIVE SECRETARY:** Cassius Lockett, PhD, District Health Officer

**STAFF:** Elizabeth Adelman, Adriana Alvarez, Emily Anelli, Maria Azzarelli, Tawana Bellamy, Nicole Bungum, Daniel Burns, Nikki Burns-Savage, Victoria Burris, Donna Buss, Joe Cabanban, Leslie Carpenter, Robin Carter, Andria Cordovez Mulet, Rebecca Cruz-Nanez, Corey Cunningham, Cherie Custodio, Gerard Custodio, Aaron DelCotto, Brandon Delise, Lisa Falkner, Gimmeko Fisher-Armstrong, Kimberly Franich, Ruby Garcia, Sarah George, Cheri Gould, Jacques Graham, Heather Hanoff, Amineh Harvey, Richard Hazeltine, Carmen Hua, Dan Isler, Danielle Jamerson, Jessica Johnson, Horng-Yuan Kan, Matthew Kappel, Theresa Ladd, Heidi Laird, Dann Limuel Lat, Josie Llorico, Sandy Lockett, Anilkumar Mangla, Jonas Maratita, Chris Elaine Mariano, Blanca Martinez, Eric Matesen, Bernadette Meily, Kimberly Monahan, Samantha Morales, Christian Murua, Semilla Neal, Todd Nicolson, Brian Northam, Veralynn Orewyler, Kyle Parkson, Luann Province, Katarina Pulver, Emma Rodriguez, Larry Rogers, Alexis Romero, Kim Saner, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer, Sizemore, Randy Smith, Betty Souza-Lui, Angel Stachnik, Bruno Stephani, Amy Stines, Rosanne Sugay, Will Thompson, Rebecca Topol, Danielle Torres, Shylo Urzi, Jorge Viote, Donnie Whitaker, Tiana Wright, Edward Wynder, Lourdes Yapjoco, Merylyn Yegon, Lei Zhang

**I. CALL TO ORDER and ROLL CALL**

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:00 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

**II. PLEDGE OF ALLEGIANCE**

**III. OATH OF OFFICE**

Ms. Cordovez Mulet administered the Oath of Office to Member Larson and Member Summers-Armstrong.

Chair Kirkpatrick welcomed the new members. Member Larson and Member Summers-Armstrong each outlined their brief biographies.

**IV. RECOGNITIONS**

**1. Brandon Delise, Danielle Jamerson, Maria Cristina Servando, Angel Stachnik**

- Certification in Infection Control – Scholarship through the National Association of County and City Health Officials (NACCHO)

The Chair recognized Brandon Delise, Danielle Jamerson, Maria Cristina Servando, and Angel Stachnik for receiving their Certification in Infection Control. For the last 2 years, SNHD was awarded a scholarship through NACCHO to support training for certifications in infection control. The COVID-19 pandemic revealed critical needs and areas to improve infection control in both healthcare and community settings and the scholarships were to increase the capacity of local health departments in infection prevention and control. Certification in Infection Control is a great accomplishment and in line with the NACCHO recommendations to improve infection control and increase local health department's capacity. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this recognition.

**2. Southern Nevada Health District – February Employees of the Month**

- Leslie Carpenter and Sandi Saito

The Chair recognized the February 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.

Chair Kirkpatrick expressed her pride in the Health District, which took a lot of work by the Board, leadership and staff. Chair Kirkpatrick advised that the Health District was well respected in the community and the Board had gone above and beyond to ensure that happened. Chair Kirkpatrick advised that, at times, the Board had to make both hard and positive decisions but ultimately the Board's priority was to ensure that the community had access to care and that the Health District

employees received the recognition that they deserved. Chair Kirkpatrick advised that all Board members were committed to staying on the Board to ensure that the Health District continued in a positive way. Chair Kirkpatrick noted that hard decisions were made at the last meeting, however all members remained respectful and avoided heated exchanges, as in the past.

Chair Kirkpatrick noted that this was Dr. Lockett's first official meeting as the District Health Officer. Chair Kirkpatrick noted that staff held an event to recognize Dr. Leguen's tenure at the Health District and the Board members in attendance presented Dr. Leguen with a parting gift. Chair Kirkpatrick indicated that the District Health Officer succession plan was successful and she was excited to see the next direction of the Health District.

Chair Kirkpatrick, for the benefit of the new members, advised that the Consent Agenda was predominantly routine items, such as interlocal agreements. Further, Chair Kirkpatrick advised that, previously, presentations were provided at each Board meeting for the reports under Informational Items, following which, the Board had requested that the reports would only be provided as informational.

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

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

**VI. ADOPTION OF THE FEBRUARY 27, 2025 MEETING AGENDA** *(for possible action)*

*A motion was made by Member Nielson, seconded by Member Hardy, and carried unanimously to approve the February 27, 2025 Agenda, as presented.*

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

- 1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** January 23, 2025 *(for possible action)*
- 2. PETITION #21-25: Approval of the Master Supply Agreement for the purchase of a LIAISON XL – Analyzer from Diasorin;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. PETITION #22-25: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada to increase the number of bike share docks and expand access to the bike share network;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **PETITION #23-25: Approval of Intrastate Interlocal Contract between the Southern Nevada Health District, State of Nevada, Department of Conservation, and Natural Resources regarding underground storage tank facilities;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **PETITION #24-25: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCCOME) to collaborate on the collection of violent death data into the National Violent Death Reporting Systems (NVDRS);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
6. **PETITION #25-25: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCCOME) to collaborate on the abstraction of drug overdose data for entry into the State Unintentional Drug Overdose Reporting System (SUDORS);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
7. **PETITION #26-25: Approval of the Interlocal Contract between the Southern Nevada Health District and the Clark County School District (CCSD) to provide services to support the CCSD's Safe Routes to School Program;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

*A motion was made by Member Nielson, seconded by Member Black, and carried unanimously to approve the February 27, 2025 Consent Agenda, as presented.*

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

1. **MEMORANDUM #04-25: Waiver request to temporarily store waste collected from street sweepers outside of a waste storage bin, as part of a new Solid Waste Storage Bin Facility Permit to Operate application for Nevada Department of Transportation (NDOT), located at 123 East Washington Avenue, Las Vegas, NV 89101;** direct staff accordingly or take other action as deemed necessary. *(for possible action)*

Dan Burns, Environmental Health Manager, presented a request from the Nevada Department of Transportation to waive a portion of Chapter 3-8 of the Southern Nevada Health District Solid Waste Management Authority Regulations, related to the emptying of street sweepers. Mr. Burns advised that the staff recommend approval of the request with conditions. Martin Strganac, District Engineer from NDOT, was also in attendance.

Further to an inquiry from Member Nielson, Mr. Burns advised that the system would be permanent and that the reference to "temporary" was regarding storing the waste temporarily in the storage bins. Mr. Burns clarified that the street sweepers would empty their containers



into bins in a specific portion of the facility that contained waste, the contents would dry out and then transported for final disposal.

Further to an inquiry from Member Summers-Armstrong, Mr. Burns advised that there were residential houses to the west of the facility and the storage bins would only contain street sweeper debris.

Member Hardy state that if there were no street sweepers then the debris would simply remain in the street, which would be in improvement in the health and welfare of the streets.

Mr. Strganac confirmed the location of the facility. Further Mr. Strganac advised that water used by the street sweepers assists in picking up the debris. Therefore, the debris would be wet and would need to dry overnight before it was transported for final disposal. Mr. Strganac confirmed that there was nothing in the debris that was chemically harmful.

The Chair opened for Public Comment.

Seeing no one, the Chair closed the Public Comment.

*A motion was made by Member Summers-Armstrong, seconded by Member Nielson, and carried unanimously to approve the Solid Waste Storage Bin Facility Permit to Operate application, including a waiver request, for Nevada Department of Transportation (NDOT), located at 123 East Washington Avenue, Las Vegas, NV 89101, with the following conditions:*

- 1. This Facility receives District Board of Health approval, for a waiver of the SWMA Regulations, Chapter 3-8.01, subsection (B)(1) to allow processing of solid waste.*
- 2. This Facility receives District Board of Health approval, for a waiver of the SWMA Regulations, Chapter 3-8.01, subsection (B)(2) to allow transferring solid waste from container to container.*
- 3. This Facility receives District Board of Health approval, for a waiver of the SWMA Regulations, Chapter 3-8.01, subsection (B)(4) to allow the storage of solid waste outside of waste storage bins, trucks and/or trailers.*
- 4. This Facility has passed a final permitting inspection.*

**2. Variance Request for an existing septic system located at 4130 and 4140 W. Dewey Dr., Las Vegas, NV 89118 to remain split across two parcels; direct staff accordingly or take other action as deemed necessary (for possible action)**

Daniel Isler, Environmental Health Engineer Supervisor, presented the variance request for an existing septic system located at 4130 and 4140 W. Dewey Dr., Las Vegas, NV 89118 to remain split across two parcels. Mr. Isler advised that both parts of the building were occupied by the same tenant and both parcels have the same owner. Mr. Isler advised that the staff recommended denial of the variance request due to the proximity to the Clark County Water Reclamation District (CCWRD), which is directly in front of the property. The petitioner has initiated the permitting process for sewer connection, but required additional time to complete the process. Mr. Isler advised that the owner is under time pressure due to a government contract that needs to be commenced. Mr. Isler advised that if the Board of Health approved the variance request, then staff would recommend a condition that the owner complete connection of the building to the sewer within one year.

*Member Black left the meeting at 9:35 a.m. and did not return.*

Further to an inquiry from Member Nemec, Mr. Isler advised that according to CCWRD the processing time for sewer connection was estimated at 10 weeks. Mr. Isler further confirmed that 12 months was a realistic timeframe to connect to the sewer.

John Sawdon, principal and architect at Knit, represented the owner and petitioner. Mr. Sawdon confirmed that the petitioner was not opposed to connecting to the sewer, but reiterated the time constraint. Mr. Sawdon advised that the petition had a contract with the Department of Defense to produce shell casings. Mr. Sawdon advised that the public works process was difficult and could not be completed within 10 weeks. Mr. Sawdon advised that they were finishing construction in the building and would be functional within the next 30-45 days, at which point they would be proceeding with the drawings for the sewer connection and go through the public works process. Mr. Sawdon thought that one year was a reasonable timeframe to accomplish the sewer connection and requested that the one-year timing commence at the date of the Certificate of Occupancy and not the date of the Board's approval.

Chair Kirkpatrick advised that she would not support the time to start at the Certificate of Occupancy, but committed to work with Mr. Sawdon through the public works process. Mr. Sawdon agreed to the one-year timing would start on the date of the Board's approval and committed to return before the Board upon completion of the sewer connection.

The Chair opened for Public Comment.

Seeing no one, the Chair closed the Public Comment.

Chair Kirkpatrick reiterated her proposal that if the Board approved the variance request, the petitioners would have to advise the Board upon completion of the sewer connection. As mentioned by Mr. Sawdon, the petitioner had a government contract with time constraints and required additional time to complete the process to connect to the sewer.

Further to earlier questions, Mr. Sawdon confirmed that there would be between 5-7 employees in the facility, with one side of the building for the manufacturing component and the other side of the building for storage of the manufactured casings. Mr. Sawdon advised that there were two existing restrooms.

Further to an inquiry from Member Bond, Mr. Sawdon advised that they were not aware of the buildings being connected to a septic system until the facility was underway and the commitment was already made to start production. Mr. Sawdon advised that the issue was that the petitioner needs to start producing the casings, and as they have to follow the process of bids, construction, etc. for the sewer connection, they are asking for some time to connect to the sewer system so they can get into production of the committed products. Mr. Sawdon confirmed that they were not opposed to connecting to the sewer, but that they were under a time constraint to start production around April 1<sup>st</sup>.

Member Nielson disclosed that he knew an Ernie Moody that was involved in the gaming industry, but it could not be confirmed that it was the same individual as the petitioner. Member Nielson confirmed that he did not have any business interest with him and there was not a relationship that would impact him being unbiased on this issue. Member Nielson advised that he did not wish to disrupt the government contract with the petitioner, but

wanted to ensure that if the variance request was granted, the building would be connected to the sewer system within one year.

Further to an inquiry from Member Nemec, Mr. Sawdon advised that only potable water was disposed of in the septic system.

Further to an inquiry from Member Summers-Armstrong, Mr. Isler advised that the general recourse for non-compliance would be through other agencies, such as the building department and business license. Further to Mr. Sawdon confirming that it was a local business that would be producing the shell casings, Member Summers-Armstrong advised that she did not want to hinder a local business that would be providing jobs, but reiterated that the Board would need commitment of the sewer connection.

Chair Kirkpatrick advised that she would agree to approve the variance request with the conditions to connect to the sewer within one year, provide confirmation of connection, and if connection is not completed within one year then the Health District would work with the appropriate agencies to revoke the Certificate of Occupancy and Business License. Mr. Sawdon confirmed that he would appear before the Board upon completion of the sewer connection. Chair Kirkpatrick advised that she would be agreeable to staff providing written quarterly administrative updates on the process.

After discussion, the following motion was made:

*A motion was made by Chair Kirkpatrick, seconded by Member Hardy, and carried unanimously to approve the Variance Request for an existing septic system located at 4130 and 4140 W. Dewey Dr., Las Vegas, NV 89118 with the following conditions:*

- 1. Petitioner and its successor(s) in interest shall discontinue use of the ISDS, connect structure it serves to the CCWRD community sewage system, and abandon or remove the ISDS in accordance with SNHD ISDS Regulations within one year of variance approval.*
- 2. Petitioner and its successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.*
- 3. Staff to provide the Board of Health with quarterly administrative updates on the sewer connection.*
- 4. Petitioner and/or staff to advise the Board of Health once the sewer connection is completed.*
- 5. If the sewer connection is not completed within one year of approval, the Health District will work with the appropriate agencies for possible action regarding the Petitioner's Certificate of Occupancy and/or Business License.*

## **IX. REPORT / DISCUSSION / ACTION**

There were no items heard.

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

Member Nemec praised Dr. Lockett for his leadership and was impressed with the staff obtaining their Certification of Infection Control. Member Nemec advised that he previously was a member of the certification board for three years and contributed to the exam questions. Member Nemec advised that the exam was very comprehensive and was extremely difficult. Dr. Lockett thanked Member Nemec and advised that staff volunteered to go through the process of certification.

Member Nielson advised that he attended the groundbreaking ceremony for the Southern Nevada Public Health Lab (SNPHL) expansion and congratulated staff on a successful event.

Chair Kirkpatrick requested a special meeting within the next week to discuss potential litigation.

Chair Kirkpatrick advised the new members that Board meetings are normally from 9:00-11:45 a.m. Chair Kirkpatrick encouraged the new members to participate in agenda review calls with Dr. Lockett in advance of the Board meeting.

Due to the upcoming pool season, Chair Kirkpatrick requested an update on lifeguards.

Chair Kirkpatrick recognized Nicole Bungum, Health Education Supervisor in the Office of Chronic Disease Prevention and Health Promotion, for the partnership with Obodo Greengrocer, which was a new grocery store on the westside of the town, offering fresh, local fruits, and vegetables. This area of town is a food desert, so this is an important community addition.

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

- **DHO Comments**

In addition to the written report, Dr. Cassius Lockett advised of the groundbreaking ceremony for the expansion of the SNPHL. Dr. Lockett advised that the expansion would enhance regional capabilities and capacity to improve the Health District's response time to emerging threats in the community. Dr. Lockett advised that many dignitaries were in attendance including Congresswoman Susie Lee, Member Nielson, Member Black, Member Larson, and representatives of Senator Cortez-Masto, Senator Jacky Rosen and Member Summers-Armstrong. Dr. Lockett advised that attendees were also provided with an opportunity to tour the existing SNPHL. Dr. Lockett thanked all those that were in attendance and recognized the financial contributions from the county and cities.

Dr. Lockett advised that Health District staff was monitoring the current bird flu situation and noted that there were approximately 70 cases in the country, with the majority of exposure was from dairy cattle. Dr. Lockett noted that in Churchill County there was a person working on a dairy farm that was exposed.

Dr. Lockett noted that with the height of the flu season, it was not too late for individuals to receive the flu vaccine. Dr. Lockett advised that the majority of the community being impacted by the flu were over the age of 65.

Dr. Lockett introduced Dr. Robin Carter as the new Medical Director for the Southern Nevada Community Health Center and the new Chief Medical Officer for the Southern Nevada Health District. Dr. Carter advised that she was family medicine trained and has been practicing for approximately 30 years, all over the country and in rural areas. Dr. Carter has also practiced in military medicine.

Chair Kirkpatrick expressed concern regarding measles cases reported in Texas and inquired whether there were any cases in our community. Dr. Lockett advised that measles was eliminated in the US in the year 2000 and the reports from Texas were unusual. Dr. Lockett advised that the last time there was a case in Clark County was in 2018, which had a history of travel. Dr. Lockett had requested that staff start working on the community vaccination rates in anticipation of providing an overview of vaccination rates at the next Board meeting. Dr. Lockett advised that the MMR (measles, mumps, and rubella) vaccine was efficacious, with one dose having 93% efficacy and two doses having 97% efficacy. Dr. Lockett advised that measles was the most infectious germ in the world and anticipated seeing more reported cases.

Chair Kirkpatrick further requested information on immunization schedules that could be shared with their constituents.

- Legislative Update

Emma Rodriguez, Communications & Legislative Affairs Administrator, and Bradley Mayer, Argentum Partners, provided an update on the current legislative session.

Ms. Rodriguez raised Public Health Improvement Funding and advised that \$15 million was included in the governor's recommended budget and advised that state staff confirmed that the funding would be distributed based on a per capita and non-categorical funding.

Ms. Rodriguez outlined the four bills that had hearings recently:

- AB76 – Revises provisions related to cannabis. (Cannabis Consumption Lounges/NV Clean Indoor Air Act)
- AB104 – Revises provisions relating to water. (Water Rights)
- SB24 – Provides for the certification and regulation of emergency medical responders. (Emergency Medical Responders)
- SB43 – Revises provisions relating to environmental protection. (Solid Waste and Water)

Ms. Rodriguez outlined the following bills that were being monitored:

- AB50 – Revises provisions relating to victims of a mass casualty event. (Mass Casualty Database)
- AB102 – Revises provisions relating to emergency medical services. (Emergency Medical Services)
- AB208 – Restricts the use of certain products by governmental entities and government-funded entities. (Patented Products Usage)
- AB244 - Enacts prohibitions relating to the use of disposable foodware containers containing polystyrene foam by certain food establishments. (Polystyrene Ban)
- SB78 - Revises provisions relating to boards, commissions, councils and similar bodies. (Board Consolidation)

*Member Brune left the meeting at 10:23 and did not return.*

Further to inquiries from Chair Kirkpatrick, Brian Northam, Environmental Health Manager, advised that he was the chair of the Registered Environmental Health Specialists (REHS)

board and at their last meeting, they reviewed the proposed amendment to SB78. Mr. Northam advised that the bill would cause the REHS board to be consolidated into a board with engineers, architects and land surveyors. Mr. Northam advised that that the proposed consolidated board would have two REHS (one from Clark County and one from Washoe County), a member appointed by the state health officer, up to 3 engineers, 2 architects, and 1 land surveyor. Mr. Northam advised that the board's main priority was to maintain the list and educational requirements of those licenses, address any disciplinary matters or conflicts of interest, and investigate complaints. Mr. Northam advised that the concern was that the REHS members, which are largely representative of governmental staff, would be outweighed by the private industry. The members appointed to the REHS board currently had two members of the public; however, the proposed consolidated board would not have any members of the public.

*Member Nemec left the meeting at 10:31 a.m.*

Mr. Mayer advised that there was a cottage food bill being introduced.

Mr. Mayer advised of proposed amendments to the food vendor bill from the last session, that included requirements to inspect home kitchens and requirements of hand-washing. Member Summers-Armstrong requested continued updates on the food vendor bill amendments from the last session.

*Member Nemec returned to the meeting at 10:34 a.m.  
Member Bond left the meeting at 10:34 and did not return.*

Further to an inquiry from Chair Kirkpatrick, Mr. Mayer advised that the current handwashing requirement was to be conducted on the food cart; however, the proposed revision would require the use of any handwashing station that was near by, as opposed to on the cart.

Ms. Rodriguez advised the Board of the Health District's capabilities to submit fiscal notes. The Health District received 19 requests from LCB, with 18 submitted as no impact and one submitted that could not be determined.

Further to an inquiry from Member Gallo, Chris Saxton, Director of Environmental Health, advised that the addition of home kitchen inspections would require additional inspectors. Mr. Saxton advised that the current regulations did not allow food prepared for public consumption to be prepared in home kitchens.

Chair Kirkpatrick advised that she, Senator Doñate, Assemblywoman Cinthia Moore and Health District staff met with food truck vendors to hear their concerns.

## **XII. INFORMATIONAL ITEMS**

1. Administration Division Monthly Activity Report
2. Community Health Division Monthly Activity Report
3. Community Health Center (FQHC) Division Monthly Report
4. Disease Surveillance and Control Division Monthly Activity Report
5. Environmental Health Division Monthly Activity Report
6. Public Health & Preventive Care Division Monthly Activity Report

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

Cara Evangelista advised that she had previously been a health inspector at the Health District and now worked with industry on environmental health activities. Ms. Evangelista wanted to address the concerns regarding the REHS board. Ms. Evangelista advised that she and her business partner hold REHS licenses. Ms. Evangelista advised that she had dealt with the REHS board and its executive director, who had always been responsive to issues. Ms. Evangelista was concerned with moving the oversight of REHS licenses to a board that was predominantly comprised of private industry representatives. Ms. Evangelista proceeded to address the proposed changes to the food vendor bills. Ms. Evangelista stated that her company represented thousands of food permit vendors that have put a lot of effort into protecting the public with their food handling. Ms. Evangelista indicated that it would be impossible to regulate home kitchens and it would be unfair to the existing permitted individuals that have put all their effort into protecting the public properly.

The Chair advised that as part of the legislative session there was a public opinion page and encouraged individuals to register and submit their comments.

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

**XIV. ADJOURNMENT**

The Chair adjourned the meeting at 10:45 a.m.

Cassius Lockett, PhD  
District Health Officer/Executive Secretary  
/acm



## MINUTES

### SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

March 10, 2025 – 9:00 a.m.

Meeting was conducted and via Microsoft Teams

- MEMBERS PRESENT:** Marilyn Kirkpatrick, Chair – Commissioner, Clark County  
Scott Nielson, Vice-Chair – At-Large Member, Gaming  
Nancy Brune, Secretary – Council Member, City of Las Vegas  
Scott Black – Mayor Pro Tem, City of North Las Vegas  
Pattie Gallo – Mayor Pro Tem, City of Mesquite  
Joseph Hardy – Mayor, City of Boulder City  
Frank Nemec – At-Large Member, Physician  
Shondra Summers-Armstrong – Council Member, City of Las Vegas
- ABSENT:** Bobbette Bond – At-Large Member, Regulated Business/Industry  
Monica Larson – Council Member, City of Henderson  
Tick Segerblom – Commissioner, Clark County
- ALSO PRESENT:** Georgi Collins, Joel Henriod, Gina Stroughter, Krisann Taylor  
(In Audience)
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Cassius Lockett, PhD, District Health Officer
- STAFF:** Adriana Alvarez, Emily Anelli, Tawana Bellamy, Daniel Burns, Nancy Cadena, Andria Cordovez Mulet, Aaron DelCotto, Lisa Falkner, Jacques Graham, Amineh Harvey, Theresa Ladd, Anilkumar Mangla, Kimberly Monahan, Brian Northam, Kyle Parkson, Luann Province, Larry Rogers, Alexis Romero, Kim Saner, Chris Saxton, Karla Shoup, Jennifer Sizemore, Randy Smith, Renee Trujillo, Donnie Whitaker, Edward Wynder, Lourdes Yapjoco

#### I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:08 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. **FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the



Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

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

**IV. ADOPTION OF THE MARCH 10, 2025 MEETING AGENDA** *(for possible action)*

*A motion was made by Member Hardy, seconded by Member Nielson, and carried unanimously to approve the March 10, 2025 Agenda, as presented.*

**V. CLOSED SESSION:** Go into closed session, pursuant to NRS 241.015(4)(c), to receive information from the Health District's Attorney, regarding potential or existing litigation involving a matter over which the Board has supervision, control, jurisdiction or advisory power, and to deliberate toward a decision on the matter, and direct staff accordingly. *(for possible action)*

The Chair started the Closed Session at 9:12 a.m.

The Chair closed the Closed Session at 10:16 a.m.

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

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

**VII. ADJOURNMENT**

The Chair adjourned the meeting at 10:20 a.m.

Cassius Lockett, PhD  
District Health Officer/Executive Secretary  
/acm



**APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH**  
**MARCH 27, 2025**

**TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH**      **DATE: March 27, 2025**

**RE:** *Approve the Adoption of the Employee Handbook*

---

### **PETITION #27-25**

**That the Southern Nevada District Board of Health** approves the adoption of the Employee Handbook.

### **PETITIONERS**

**Cassius Lockett, PhD, District Health Officer** *CL*  
**Renee Trujillo, Chief Human Resources Officer** *RT*

### **DISCUSSION:**

We respectfully submit this petition to request the review and adoption of a new Employee Handbook to ensure clarity, consistency, and alignment with our organization's evolving needs. The current Personnel Code no longer fully reflects our policies, expectations, or best practices necessary to maintain a productive, safe, and equitable work environment.

A revised handbook will serve as a vital resource for all employees, providing clear guidelines on workplace policies, roles, responsibilities, and organizational values. Updating and modernizing this essential document will enhance communication, reduce misunderstandings, and establish a stronger foundation for professional growth and accountability.

We urge the Board to consider this request and support the development of a handbook that fosters transparency, efficiency, and a positive workplace culture.

### **FUNDING:**

No funding required.



# **Employee Handbook**

# **Welcome**

Welcome to the Southern Nevada Health District (District)! We are delighted that you have chosen to join our agency and hope that you will enjoy a long and successful career with us. As you become familiar with our culture and mission, we hope you will take advantage of the opportunities to enhance your career and further the District's goals.

You are joining a team that has a reputation for outstanding leadership, innovation, and expertise. Our employees use their creativity and talent to protect and promote the health of all southern Nevada residents and visitors. With your active involvement, creativity, and support, the District will continue to achieve its goals. We sincerely hope you will take pride in being an important part of the District's success.

Please take time to review the information contained in this handbook. If you have questions, feel free to ask your supervisor or contact Human Resources.

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# Introduction/Disclaimer

- A. The Southern Nevada Health District (District) policies and this handbook are the basic rules guiding administrative actions to accomplish the District's objectives.
- B. This handbook supersedes all previous versions of the Personnel Code. This handbook complies with federal, state, and local laws. In any conflict between this manual and applicable laws, the laws will prevail.
- C. This handbook is more comprehensive and applies to all Employees, unlike the Collective Bargaining Agreements (CBAs), which are enforceable by the bargaining unit eligible employees. Where this handbook and the CBAs may differ, the CBAs control.
- D. This handbook is not an employment contract, express or implied, nor does it alter the at-will status of employment, where applicable. The District reserves the right, as permitted by law, to modify, revoke, suspend, or change this handbook, with approval by the Board of Health. No District representative has the authority to make agreements contrary to this.
- E. The District retains the right, unless prohibited by law, to hire, discharge, set compensation, and manage employees, including probationary ones, adhering to legal standards and the collective bargaining agreements. The District reserves the right to amend, modify or establish policies, as necessary, and in compliance with collective bargaining agreements.
- F. All employees must sign an acknowledgment indicating they have been informed of this personnel policy and procedure manual.
- G. The District Health Officer, or designee, shall recommend, for approval or modification by the District Board of Health, changes to the Employee Handbook deemed desirable. Any other person or organization proposing Employee Handbook revisions shall first submit them to the District Health Officer for review and comment. The District Health Officer shall review such proposals and may submit them within ninety (90) days or respond to the person proposing same with reason for not submitting proposal.

Unless otherwise stated, employees should direct questions about this handbook to their direct supervisor or the Human Resources Department. If the question involves the direct supervisor, employees may directly contact Human Resources.



## Welcome to the Team Message

Welcome to the Southern Nevada Health District! We are pleased to have you join our team and look forward to the contributions you will bring to our mission. As part of our workforce, you are now a vital part of our efforts to assess, protect, and promote the health, environment, and well-being of Southern Nevada's communities and visitors.

This handbook serves as a valuable resource to help you navigate your journey with us. It outlines our values, expectations, and guidelines, ensuring you have the information and support needed to succeed. At the Health District, we are committed to fostering a workplace culture built on our core values of commitment, accountability, respect, excellence, and service. We encourage you to embrace these principles in your daily work and to take advantage of the opportunities for growth and collaboration within our organization.

Should you have any questions, please do not hesitate to reach out to your supervisor or the Human Resources team. Together, we will continue making a positive impact on public health in our region.

Welcome to the team!

## Our Mission Statement

Assess, protect, and promote the health, the environment, and the wellbeing of Southern Nevada communities and visitors.

## Our Vision

Healthy People Thriving in a Healthy Southern Nevada.

## Our Values

### **Commitment**

*We are committed to providing quality service and collaborating with internal and external partners to achieve mutual goals and strengthen our community's health.*

### **Accountability**

*We carry out our responsibilities and report in a transparent manner. We strive to employ our capacities in a creative and agile way, embracing good leadership and stewardship principles to achieve long-term sustainability.*

### **Respect**

*We recognize and appreciate the dignity and worth of every person, regardless of their background, traditions, talents, or skills. We build positive relationships that foster inclusion and belonging for all, ensuring access to services based on needs.*

### **Excellence**

*We pursue quality and innovation in everything we do, from our policies and systems to our services and interactions. We embrace the pursuit of excellence and a culture of improvement in our interactions with patients, partners, colleagues, and other stakeholders.*

### **Service**

*We strive to provide an exceptional experience for everyone through accessible, compassionate services to our patients, clients, co-workers, and communities.*

# Employment at Will/Due Process

## At-will

Nevada is an at-will employment state. During the probationary period, the employment relationship is at-will and can be terminated by the employee or by the District at any time during the probationary period or during the extension of the probationary period, with or without cause or advance notice.

At-will employees do not have due process rights. Employees who are at-will include:

- Employees in the “probationary period” of their position (probationary periods is the first six (6) months of employment) are at-will. Once an employee successfully passes their probationary period, the employee is no longer at-will and is afforded due process rights.
- Temporary, casual, and seasonal employees are at-will. These employees are hired on an as-needed basis, either as a replacement for permanent employees who are out on short and long-term absences or to meet employer’s additional staffing needs during peak business periods. These employees are not afforded due process.

Employees who are not otherwise at-will may be afforded due process rights. Due process rights for employees at the District may be provided via Nevada law and the Collective Bargaining Agreement (CBA). Employees must successfully pass their six (6) month probationary period prior to being afforded due process rights.

While the organization generally adheres to progressive discipline, it is not bound or obligated to do so. Actions related to employment for those employees covered by S.E.I.U. (Service Employees International Union), Local 1107, will be in accordance with the current Collective Bargaining Agreement.

***Note:*** All employees, whether at-will or not, are protected by federal and state non-discrimination laws.

Nothing in this employee handbook creates or is intended to create an employment agreement, express or implied. Nothing contained in this, or any other document provided to the employee is intended to be, nor should it be, construed as a contract that employment or any benefit will be continued for any period of time. In addition, no organization representative is authorized to modify this handbook for any employee or to enter into any agreement, oral or written, that changes the at-will relationship.

Any salary figures provided to an employee in annual or monthly terms are stated for the sake of convenience or to facilitate comparisons and are not intended to and do not create an employment contract for any specific period of time.

## Management Rights

The District reserves the right to exercise customary managerial functions, including to hire; direct, assign or transfer an employee, but excluding the right to assign or transfer an employee as a form of discipline; reduce the workforce or lay off any employee because of lack of work or lack of money; determine appropriate staffing levels and work performance standards; establish and enforce safety standards as required by the Occupational Safety and Health Act (OSHA); the content of the workday, including without limitation workload factors; except for safety considerations, to include the quality and quantity of services to be offered to the public and the means and methods of offering those services; to establish, change and abolish its policies, practices, rules, and regulations; to determine and change methods by which its operations are to be conducted; to assign duties to employees in accordance with the needs and requirements determined by the District; and to carry out all ordinary administrative functions. All rights not specifically given to an employee are retained by the District. These rights are consistent with the management rights clause under the National Labor Relations Act (NLRA), 29 U.S.C § 158(d).

The District reserves the right to revise, modify, delete, or add to any and all policies, procedures, or rules stated in this handbook. Any written changes will be distributed to all employees for read and acknowledgment. No oral statements or representations can in any way change or alter the provisions of this handbook. The District Health Officer or designee is empowered to prepare and adopt such administrative rules as are necessary to carry out purposes of these policies, procedures, and rules. This authority aligns with the Administrative Procedure Act (APA), 5 U.S.C §§ 551-559. Nothing in this handbook constitutes a contract or guarantee of employment.

This Employee Handbook governs the conditions of employment of all District employees unless superseded by federal or state law or the District Board of Health has specifically exempted employees by other Board action. Collective Bargaining Agreements (CBA) shall set terms and conditions only in those areas covered by the CBA for the employees eligible to be included in the recognized bargaining units.

# **Equal Opportunity and Commitment to Diversity**

## **Equal Opportunity**

The District is an equal opportunity employer and makes employment decisions on the basis of merit. The District shall seek the best suited and available persons in every job. Health District prohibits unlawful discrimination as defined by federal, state, or local laws. The District is committed to taking affirmative steps to ensure diversity within the workforce.

The District believes in hiring, promoting, and compensating employees without regard to race, color, national origin, age, gender, religious preference, marital status, sexual orientation, physical limitation, or disability. Equal employment opportunity applies to all terms and conditions of employment, including hiring, placement, promotion, termination, layoff, recall, transfer, leave of absence, compensation, and training. This commitment applies to all persons involved in the operations of the District and prohibits unlawful discrimination by any employee or contractor of the District.

The District will strive to provide a reasonable accommodation for qualified applicants or team members with physical or mental disabilities, sincerely held religious beliefs, and practices, and/or any other legally required reasons unless it poses an undue hardship on the District's business operations.

The human resources recruitment team will establish and maintain eligibility lists derived from the selection procedures in the order of the applicants' final scores. All competitive positions, with the exception of provisional appointments, will be filled from an appropriate eligible list. When a vacancy exists, appointments will be made by selecting from the top five eligible candidates on the appropriate eligibility list.

Eligible lists will become effective upon the official certification that they were properly and legally prepared. All eligible lists will normally be established for a period of four (4) months. At the request of a division director and approval of the District Health Officer or designee, an eligible list may be extended up to four additional months from the date of first establishment.

Any employee with questions or concerns about equal employment opportunities in the workplace are encouraged to bring these issues to the attention of the Chief Human Resources Officer. The District will not allow any form of retaliation against individuals who raise issues of equal employment opportunity. Employees who feel they have been subjected to any such retaliation should bring it to the attention of the Human Resources management.

## **Americans with Disabilities Act (ADA) & Reasonable Accommodation**

The District is committed to the fair and equal employment of individuals with disabilities under the ADA. The District will provide reasonable accommodation(s) to qualified individuals with disabilities unless the accommodation would impose an undue hardship on the organization. The District prohibits any harassment of, or discriminatory treatment of, employees or applicants based on a disability or because an employee has requested a reasonable accommodation.

In accordance with the ADA, reasonable accommodations will be provided to qualified individuals with disabilities to enable them to perform the essential functions of their jobs or to enjoy the equal benefits and privileges of employment. An employee or applicant with a disability may request an accommodation from the Human Resources department. The District will review and analyze the request, including engaging in an interactive process with the employee or applicant, to identify if such an accommodation can be made, or if any other possible accommodations are appropriate. If requested, the employee is responsible for providing medical documentation regarding the disability and possible accommodation. All information obtained concerning the medical condition or history of an applicant or employee will be treated as confidential information, maintained in separate medical files, and disclosed only as permitted by law.

The District prohibits retaliation against employees for exercising their rights under the ADA or other applicable civil rights laws. Employees should use the procedures described in the Harassment and Complaint Procedure to report any harassment, discrimination, or retaliation they have experienced or witnessed.

## **Commitment to Diversity**

At the District, we are devoted to cultivating a workplace where all employees can thrive, contribute their skills, experience, and diverse viewpoints to our shared success. This commitment is woven into our policies and business practices, reflecting our core values and strategic management approach. We recognize our obligation to provide an environment in which diversity is valued and equal employment opportunities are provided. The District affirms its commitment to ensure that each employee in the Health District community has a right to work in an environment free from any form of discrimination or harassment based upon race, color, sex, national origin, religion, age, disability, marital status, pregnancy, ancestry, citizenship, gender identity, veteran's status, gender expression, sexual orientation, genetic information, and/or any other status or condition protected by law.

The District does not tolerate any form of harassment or unwelcome conduct that creates an offensive, hostile, or intimidating environment. To fulfill our commitment, the District relies on you to perform your work responsibly and professionally, treat colleagues in a way that upholds our mission and values, and report any known or suspected discrimination or harassment.

## **Ethics Speak Up Hotline**

The District is committed to fostering an environment of compliance in which all employees have an opportunity to report unethical, illegal, or improper misconduct that occurred in the workplace.

If an employee has a compliance or ethics issue, please call 844-769-5097, go to [snhd.ethicspoint.com](https://snhd.ethicspoint.com) or scan the QR code below. Reports can remain anonymous. The Compliance Officer investigates reports and can be contacted directly, if anonymous reporting is not needed.



## **Non-Discrimination, Anti-harassment, and Retaliation**

The District prohibits intentional and unintentional harassment or bullying of or against job applicants, contractors, interns, volunteers, or employees by another employee, supervisor, vendor, customer, or third party based on actual or perceived race, color, creed, religion, national origin, ancestry, citizenship status, age, sex or gender (including pregnancy, childbirth, and pregnancy-related conditions), gender identity or expression (including transgender status), sexual orientation, marital status, military service and veteran status, physical or mental disability, genetic information, or any other characteristic protected by applicable federal, state, or local laws. Bullying is demonstrated through repeated, abusive conduct that includes threatening, humiliating, or intimidating behaviors, work interference/sabotage that prevents work from getting done, and/or verbal abuse. Such conduct will not be tolerated by the District.

Furthermore, any retaliation against an individual who has complained about sexual or other harassment or retaliation against individuals for cooperating with an investigation of a harassment complaint is similarly unlawful and will not be tolerated. The District will take all reasonable steps necessary to prevent and eliminate unlawful harassment.

**Definition of “unlawful harassment”** - “Unlawful harassment” is conduct that has the purpose or effect of creating an intimidating, a hostile, or an offensive work environment; has the purpose or effect of substantially and unreasonably interfering with an individual’s work performance; or otherwise adversely affects an individual’s employment opportunities because of the individual’s membership in a protected class.

Unlawful harassment includes, but is not limited to, epithets; slurs; jokes; pranks; innuendo; comments; written or graphic material; stereotyping; or other threatening, hostile, or intimidating acts based on race, color, ancestry, national origin, gender, sex, sexual orientation, marital status, religion, age, disability, veteran status, or another characteristic protected by state or federal law.

**Definition of “sexual harassment”** - Harassment can include "sexual harassment" or unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.

Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex

- Submission to or rejection of such conduct is made either explicitly or implicitly as a term or condition of any individual’s employment or as a basis for employment decisions.
- Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile, or an offensive work environment.

Other sexually oriented conduct, whether intended or not, that is unwelcome and has the effect of creating a work environment that is hostile, offensive, intimidating, or humiliating to workers may also constitute sexual harassment.

While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct that, if unwelcome, may constitute sexual harassment depending on the totality of the circumstances, including the severity of the conduct and its pervasiveness:

- Unwanted sexual advances, whether they involve physical touching or not;
- Sexual epithets; jokes; written or oral references to sexual conduct; gossip regarding one’s sex life; comments about an individual’s body; and comments about an individual’s sexual activity, deficiencies, or prowess;
- Displaying sexually suggestive objects, pictures, or cartoons;
- Unwelcome leering, whistling, brushing up against the body, sexual gestures, or suggestive or insulting comments;
- Inquiries into one’s sexual experiences; and
- Discussion of one’s sexual activities.



It's crucial for all employees to understand that any retaliation against those who report sexual or other forms of harassment, or against those who assist in investigations, violates the District's policy.

## **Complaint Procedure**

If an employee believes they have been subjected or have witnessed another employee being subjected to unlawful discrimination, including sexual or other forms of unlawful harassment, or other inappropriate conduct, they are requested and encouraged to make a complaint. Complaints can be made directly to the employees' immediate supervisor, department manager, Chief Human Resources Officer, Human Resources manager, or any other member of management.

All complaints will be investigated promptly, and confidentiality will be protected to the extent possible. A timely resolution of each complaint should be reached and communicated to the parties involved.

If the investigation confirms that conduct occurred, the District will take immediate, appropriate, corrective action, including discipline, up to and including immediate termination.

No reprisal, retaliation, or other adverse action will be taken against an employee for making a complaint, reporting discrimination or harassment, or for assisting in the investigation of any such complaint or report. Any suspected retaliation or intimidation should be reported immediately as indicated above.

# Conflicts of Interest and Confidentiality

## Conflicts of Interest

The District expects all employees to conduct themselves and organization business in a manner that reflects the highest standards of ethical conduct and in accordance with all federal, state, and local laws and regulations. Employees have a duty to conduct Health District business in an impartial and unbiased manner that is in the best interest of the community; this includes avoiding real and perceived conflicts of interests.

A Conflict of Interest arises when a Health District employee's judgment could be affected because of a financial, professional, or personal interest in the outcome of a decision over which they have control or influence. Accordingly, employees are expected to avoid accepting from or giving gifts to clients, contractors, and vendors; or, taking advantage of our association with businesses for personal gain. If you are unsure whether an activity represents a conflict of interest, ask your supervisor, manager, division director, or the compliance officer. See also the Financial Conflict of Interest Policy, ADM-094, Code of Conduct, and Nevada Revised Statutes, Chapter 281A.

The District recognizes and respects the individual employee's right to engage in activities outside of employment that are private in nature and do not in any way conflict with or reflect poorly on the organization or are in contradiction of ethical obligations as a government employee (NRS 281A).

It is not possible to define all the circumstances and relationships that might create a conflict of interest. If a situation arises in which there is a potential conflict of interest, the employee should discuss this with a manager or human resources for advice and guidance on how to proceed. The list below suggests some of the types of activities that indicate improper behavior, unacceptable personal integrity, or unacceptable ethics:

- Outside work requires prior approval and will not be approved if a conflict of interest exists.
- District employees shall not directly or indirectly solicit, accept, or receive any gift or token of appreciation whether in the form of money, services, loans, travel, entertainment, hospitality, promises of future financial gain or employment, or any other gift whereby the intent in receiving same could reasonably be inferred to be for purposes of influencing the District employee in the performance of duties or is intended as a reward for an official reaction on the part of the employee. Any such gifts, favors, or tokens of appreciation in violation of this rule must be immediately returned. Solicitation for such gifts, favors or tokens by an employee shall be grounds for discipline up to and including termination.

- The District structures arrangements with health care providers to ensure compliance with numerous federal and state laws and regulations. The federal laws that focus on referrals to health care providers include the Stark Law and the Anti-Kickback Statute. The Stark Law, also called the Physician Self-Referral Law, provides that if a physician or immediate family member has a financial relationship with an entity, the physician may not make referrals to that entity for health care services. The Anti-Kickback Statute prohibits any person or corporate entity from offering, paying, soliciting, or receiving remuneration in exchange for referring an individual or furnishing or arranging for a good or service for which payment may be made under any Federal health care program.
- Prohibited conflicts of interest also may occur whenever an employee has an interest in any entity that transacts business with the District. NRS 281A.430 "Interest" includes any opportunity to derive personal gain through ownership, employment, or other participation in/with an entity. "Entity" as used in this sense includes individuals, companies, partnerships, corporations, or other similar organizations.
- District employees shall not participate as agents or representatives of the District in any action or make any recommendations on any matter in which they have a direct financial or other tangible interest. NRS 281A.430.
- Any attempt to manipulate, interfere with, or improperly influence the procurement process, including but not limited to altering evaluations, scores, or contract decisions, or coercing or encouraging others to do so, is strictly prohibited. Such actions may result in disciplinary measures, up to and including termination, as well as potential civil and criminal penalties under NRS 281A and other applicable procurement regulations.

## Confidential Information

On a federal level, the U. S. Department of Health and Human Services (DHHS), pursuant to the Health Insurance Portability and Accountability Act (HIPAA), issues regulations regarding protected health information. As the District is a covered entity, those regulations will be followed by all District employees. Additionally, Nevada laws regarding communicable disease confidentially will be maintained. Disclosure will only be pursuant to established District-wide policies.

An employee who improperly uses or discloses confidential business information will be subject to disciplinary action up to and including termination of employment and legal action.

## Recording Devices

Employees are prohibited from taking photographs or making audio or video recordings in the workplace. Employees are also prohibited from taking photographs or copying for their own use confidential business documents This Policy will not be interpreted or

applied to interfere with the rights of employees to share information relating to wages, hours or other terms or conditions of employment.

# Employment Relationship

## Employee Privacy

It is the District's goal to respect the individual privacy of its employees and at the same time maintain a safe and secure workplace. When issues of safety and security arise, employees may be requested to cooperate with an investigation. Refusal to cooperate may be grounds for discipline up to and including termination. Providing false information during any investigation may lead to discipline, up to and including termination of employment.

Employees are expected to make use of District facilities only for the business purposes of the organization. Accordingly, materials that appear on District hardware or networks are presumed to be for business purposes, and all such materials are subject to review by the organization at any time without notice to the employees. Employees should not have any expectation of privacy with respect to any material on organization property. The District regularly monitors its communications systems and networks as allowed by law. Monitored activity may include voice, e-mail, and text communications, as well as Internet search and browsing history. Employees who make excessive use of communication systems for personal matters are subject to discipline. Employees are expected to keep personal communication to a minimum and to emergency situations. Furthermore, unless determined protected under NRS 239, all District records, emails, text messages, etc. are considered public records and will be made available to requestors after review.

As part of its security measures and to help ensure a safe workplace, the District has positioned video cameras to monitor various areas of its facilities. Video cameras will not be used in private areas, such as restrooms, etc.

## Employment Definitions

### Acting Role

Whenever a vacancy exists for which, there is no appropriate list of eligible candidates available, a provisional appointment may be made pending the processing of applicants as stated in this handbook. A provisional appointment will be for an initial period of not more than six (6) months or 13 pay periods. This initial time period may be extended for a maximum of six (6) additional months upon the request of the Division Director. An employee who has already secured regular employment who is asked to serve in a provisional role will not lose their regular status.

## **Probation**

All employees are hired with a six (6) month probationary period. Upon recommendation of the employee's division director and at the discretion of the District Health Officer, the probation period can be extended up to an additional three (3) months. A probationary employee must demonstrate satisfactory performance to achieve permanent status and be classified as a regular employee. A performance evaluation is required by the end of the three-month probation period and at the end of any extension thereof. Employees receiving an unsatisfactory evaluation will be terminated.

## **Promotion**

Upon receiving a promotion, employees are placed in a six (6) month qualifying period. Promoted employees will receive a performance evaluation at the end of the qualifying period. Employees demonstrating a satisfactory performance will be classified as a regular employee; employees receiving an unsatisfactory may be reinstated to the employee's former or equivalent class or accept a voluntary demotion in lieu of separation.

## **Reclassification**

A reclassification request may be submitted when there are substantive changes in the duties and responsibilities of the employee's position due to changes in organization, work, staffing requirements, and/or technology. The Chief Human Resources Officer will ensure the periodic review of the classification plan and shall establish the appropriate rules and regulations governing reclassification requests.

Members of Leadership may be considered for reclassification, provided he/she has not received any disciplinary action in the previous 18 months. Unless otherwise approved by the District Health Officer, the member of Leadership must have been performing the substantively changed duties for at least six (6) months before any reclassification will be considered.

## **Reemployment**

Any regular employee who resigns from a position, and who leaves in good standing, within the District service may reapply for any open competitively position at any time. Service date begins from most recent date of hire.

Subject to the approval of the employing division director and the District Health Officer, any employee who resigns from a position within the District in good standing may be reinstated to a former open position and salary within one hundred eighty (180) days. Seniority will be adjusted for the period of time the employee was separated from the District not to exceed one hundred eighty (180) days.

Once an employee has provided the District with notice of resignation, it remains the sole decision of the District Health Officer in consultation with Division Director and the Chief Human Resources Officer to allow the employee to rescind their resignation.

## **Classification Definitions**

### **Exempt**

Exempt employees are typically paid on a salary basis and are not eligible to receive overtime pay or compensatory time.

### **Non-exempt**

Non-exempt employees are paid on an hourly basis and are eligible to receive overtime pay for overtime hours worked.

### **Regular, Full-Time**

Employees who are not in a temporary status and work a minimum of 30 hours weekly and maintain continuous employment status. Generally, these employees are eligible for the full-time benefits package and are subject to the terms, conditions, and limitations of each benefits program.

### **Regular, Part-Time**

Employees who are not in a temporary status and who are regularly scheduled to work less than 30 hours weekly but at least 20 hours weekly and who maintain continuous employment status. Part-time employees are eligible for some of the benefits offered by the organization and are subject to the terms, conditions, and limitations of each benefits program.

## **Temporary, Full-Time**

Employees who are hired as interim replacements to temporarily supplement the workforce or to assist in the completion of a specific project and who are temporarily scheduled to work the organization's full-time schedule for a limited duration. Employment beyond any initially stated period does not in any way imply a change in employment status. Unless hired by and as a District employee, these employees are not eligible for any of the District benefits package.

## **Temporary, Part-Time**

Employees who are hired as interim replacements to temporarily supplement the workforce or to assist in the completion of a specific project and who are temporarily scheduled to work less than 30 hours weekly for a limited duration. Employment beyond any initially stated period does not in any way imply a change in employment status. Unless hired by and as a District employee, these employees are not eligible for any of the District benefits package.

## **Compensation**

The purpose of the compensation plan is to provide equitable and adequate compensation for all employees.

An employee will not receive compensation of any type while on an unpaid leave of absence unless they have accrued eligible vacation, sick time or banked holiday time to cover all or any portion of the missed hours and will be compensated based on total submitted accrued time. All employees are required to complete accurate bi-weekly electronic timesheets reports showing all time actually worked and/or used vacation, personal time, holidays and sick leave. All employees, both exempt and non-exempt, working on programs fully or partially funded by federal awards or grants must account for all time worked on each award or grant in actual time. At the end of each pay period, employees and their supervisors acknowledge the submitted timesheet attesting to its correctness before submitting to payroll.

Both exempt and non-exempt, non-represented employees may be eligible for an increase in January and July based on District approved Cost of Living Adjustment and pre-determined percentage of annual salary increases.



## **Non-Exempt Employees**

Non-exempt employees will be compensated on an hourly basis.

## **Exempt Employees**

Exempt employees shall be paid based on their biweekly rate with appropriate adjustments made to their paid leave balances for leave time used.

During the last week of employment an exempt employee will only be paid for actual hours worked. In addition, an employee may be paid only for hours worked during a period when the employee is using unpaid leave under the Family and Medical Leave Act (FMLA).

## **Overtime**

When required due to the needs of the business, employees may be required to work overtime to include staying over or reporting early to a regularly scheduled shift or reporting to a shift on a regularly scheduled day off. Nonexempt employees will be paid overtime compensation at the rate of one and one-half their regular rate of pay for all hours over 40 actually worked in a single workweek or 8 in a 24-hour period, if their regular rate of pay does not exceed 1.5 times current minimum wage. Employees who agree to an Adjusted Work Schedule (AWS) are eligible for overtime after working their scheduled nine (9) or ten (10) hour scheduled shift. Paid leave, such as holiday, vacation, sick leave, bereavement time, and jury duty, does not apply toward work time. All overtime work must be approved in advance by a supervisor or manager.

The District provides compensation for all overtime hours worked by non-exempt employees in accordance with state and federal law.

## **Compensatory Time**

Employees working on their scheduled day off may choose to bank compensatory time in lieu of receiving compensation during that pay week. Employees may not accumulate more than forty (40) hours of compensatory time off. Employees will be compensated for any remaining accumulated compensatory time off at the end of the fiscal year or at the time of separation from District service. The use of compensatory time off must be approved in advance by the appropriate supervisor. Approval of compensatory time off will be subject to District staffing needs.

## **Callback Pay**

Callback pay is compensation earned for returning to duty in emergency situations requiring immediate attention. Where the division director or designee feels that it is necessary to call back a non-exempt employee of the division, the employee will be paid on a one and one-half (1 1/2) times their hourly rate of pay if the callback hours result in the employee working overtime. The employee will be paid a minimum of three (3) hours regardless of having worked less than three (3) hours. However, in the event that the period of callback extends into the employee's normal working shift, the employee will be

paid only for the time actually worked in addition to the normal working shift. If the period of callback exceeds three (3) hours, the employee will be paid for the amount of time actually worked. Callback hours paid but not worked are not considered hours worked in the computation of overtime.

A non-exempt employee who works less than three (3) hours on the initial call back and is then called back a second time during the initial three (3) hour period will not be entitled to any additional overtime pay unless the aggregate time worked for both occurrences exceeded three (3) hours. In such a case, the employee will be paid the aggregate time worked. In the event an employee is called back a second time after the expiration of three (3) hours from the first callback, the employee will be paid a minimum of three (3) hours for each subsequent callback.

Non-exempt employees who are called back on a holiday will be paid at the rate of one and one-half (1 1/2) times their hourly rate of pay for all hours worked in addition to holiday pay at the employee's hourly rate of pay.

## **Standby (On-Call) Duty**

District service needs may require 24-hour response capability. In order to address this need, standby duty is scheduled by the division director and manager.

Non-exempt employees on standby duty shall be compensated at a rate of \$75 per 24-hour shift on standby duty, or \$525 per week, if standby assignments are made weekly. Standby pay will be paid in the payroll for the period during which work is performed.

Non-exempt employees on standby telephone duty shall receive telephone pay in 15-minute increments up to a maximum of sixty (60) minutes for each hour.

If an employee on standby duty must report for on-site duty, the actual time spent on duty will be compensated as overtime pay or compensatory time. Employees on standby duty are ineligible for call-back pay.

Non-exempt employees not on standby duty who are contacted during off duty hours by appropriate personnel and requested to complete telephone communication with a District client shall, for each such incident, receive telephone pay in 15-minute increments up to a maximum of sixty (60) minutes for each hour.

## **Acting Role**

Whenever a vacancy exists for which, there is no appropriate list of eligible candidates available, a provisional appointment may be made pending the processing of applicants as stated in this handbook. A provisional appointment will be for an initial period of not more than six (6) months or 13 pay periods. This initial time period may be extended for a maximum of six (6) additional months upon the request of the Division Director. An employee who has already secured regular employment who is asked to serve in a provisional role will not lose their regular status. These employees will be paid at the

higher rate of pay for all hours worked, vacation, holidays, sick time and compensatory time used while in the acting role.

## **Out of Class Pay**

Employees assigned to work in a position outside of their current role for more than forty (40) hours but less than one hundred sixty (160) consecutive working hours will receive Out of Class Pay. The employee will only be paid at the higher rate for actual hours worked.

Holidays or other approved time off during the assigned time will be paid at the employees' current rate of pay that does not include additional out of class pay. If an organization holiday falls within the forty (40) hour assigned timeframe, the employee will receive out of class pay for any hours worked outside of the holiday hours.

When a regular employee is assigned in writing to work on a temporary basis in a higher classification for forty (40) or more consecutive working hours within a 2-week period, the employee shall be paid at the lowest step or salary range equal to at least 5% above the employee's regular hourly rate of pay for the entire period. Such assignment must be approved in writing by the department manager and division director in advance and shall be given to the employee at the time of assignment. Emergency assignments must be confirmed in writing within one business day of the assignment by the department manager and division director. Management will not rotate/change out of class assignments of twenty-four (24) hours or more in order to avoid out of class pay.

These provisions do not apply to employees who voluntarily accept the opportunity to train and improve their effectiveness in the higher classification. In so far as practical, such opportunities will be provided to qualified employees on an impartial and equitable basis.

## **Bilingual Pay**

An employee who is customer facing may be eligible to receive Bilingual Pay provided their assigned duties require them to communicate in a second language, including sign language, that is needed to communicate with clients. Bilingual pay will cease when the employee is transferred, promoted, or demoted to a position which does not meet the requirements.

The employee will be required to successfully pass a Bilingual Oral Proficiency Examination at an Intermediate Advanced level. Competency testing verifies fluency in English and the required language or languages. Written proficiency examinations may be required if the employee's assigned duties require written communication skills in a second language. Bilingual testing will be scheduled as needed by requesting an appointment with Human Resources.

Employees who are bilingual but do not receive bilingual pay are not required to use their bilingual skills.

Bilingual premium pay shall be \$37.50 per pay week, when the employee uses their second language for business purposes, in a stipend form for each eligible full-time employee. The stipend will not be included in the base pay and is not used in the calculation of PERS or longevity.

Approved bilingual pay may be subject to biannual re-authorization with the exception of bilingual proficiency examinations which may be required every two (2) years under the reauthorization process, or when needed if there are concerns regarding an employee's competency to communicate in the second language.

The District reserves the right to use interpreter services where deemed appropriate and in the best interest of the public.

## **Longevity Pay**

Longevity pay applies to all full-time employees who have completed a specified number of continuous years of service with the District.

Employees are eligible for longevity pay based on the following criteria:

- Hired on or before June 30, 2014 - Eligible
- Hired July 1, 2014 - June 30, 2019, after the completion of 7 years of service.
- Hired on or after July 1, 2019 – Not eligible.

Longevity pay will be awarded on a semi-annual basis on or about June 1<sup>st</sup> and December 1<sup>st</sup> of each year. Longevity Pay will be calculated based on \$110 for each year of service.

## **Compensation Changes/Review**

Employees are eligible for promotion or transfer to a new role after six (6) months of service in their current position. The salary of a promoted employee will be set at the higher of the rate established as the entrance salary of the position or an amount that will constitute a salary increase equivalent to a minimum of five (5) percent over the employee's pre-promotional salary except where the increase would place the employee above the top of the appropriate salary range. In that case, the employee will be placed at the top of the range for the new class. The effective date of promotion will become the anniversary date for performance evaluation.

An employee who is reclassified due to a material change in job duties and responsibilities will be placed in the appropriate compensation level of the new salary range based on experience, knowledge, skills and abilities. When an employee is reclassified to a salary scale with a lower salary range, the District Health Officer or their designee may authorize the retention by the affected employee of the salary held prior to reclassification. In no instance will an employee exceed the maximum rate within the new salary range.

An employee demoted for disciplinary reasons will be placed in the appropriate compensation level of the new salary range based on experience, knowledge, skills and abilities. An employee demoted for disciplinary reasons or voluntarily demoted

in lieu of alternative disciplinary actions will not receive a salary that exceeds the maximum salary step for the new salary range.

An employee in good standing may be demoted to a lower-class position for various reasons, such as health-related issues, insufficient work or financial constraints. In case of demotion, a regular non-probationary employee will be placed at the equivalent level in the new salary range, up to the maximum salary scale.

A probationary employee in good standing who is demoted to a class not previously occupied will receive the entrance salary of the lower class.

A promotional qualifying employee who is demoted to a class formerly occupied by them, and they left in good standing, will be reinstated to the place on the salary range, and probationary or regular status the employee would have achieved if the employee had remained in the lower class.

## **Workweek and Hours of Work**

The standard workweek starts Saturday 12:00 a.m. and ends Friday 11:59 p.m. and generally consists of 40 work hours. Individual work schedules may vary depending on the needs of each department. The standard work week for employees shall consist of forty (40) hours, comprised of five (5) consecutive eight (8) hour workdays, four (4) ten (10) hour workdays, or a 9/80 schedule which is defined as eight (8) nine (9) hour workdays, and one (1) eight (hour) work day in a two week period. All work hours are exclusive of the daily meal period.

## **Work Schedules**

Except as otherwise provided, the official work week for all employees will consist of forty (40) hours. Employees who are assigned to a 9/80 or 4/10 schedule must have approval of the division director or manager and agree to a change in the scheduled hours for a payroll week by submitting an Adjusted Work Schedule (AWS) form to Human Resources.

For non-exempt employees, any requested and acknowledged AWS including scheduled hours exceeding 8 hours within a 24-hour period will supersede the Nevada daily overtime rule and overtime will be paid at hours worked over 40 in a pay week.

## **Meal and Rest Breaks**

Employees are entitled to a 30-minute unpaid uninterrupted meal break each day working 8 or more consecutive hours. Employees are also entitled to one (1) 15-minute paid rest period for every four (4) hours worked. Meal breaks are neither time worked nor time on pay status. Meal and rest breaks will be scheduled by the department supervisor or manager. Employees may leave the premises during the unpaid meal period, but are not allowed any additional time when so doing. Meal breaks and rest breaks cannot be taken at the beginning or the end of an employee's shift. An employee shall not remain at the workstation during the meal break.

## **Paychecks**

The District's pay period for all employees is biweekly on Friday, providing for twenty-six (26) pay periods in a calendar year. A pay period consists of two pay weeks each starting at 12:00 a.m. on Saturday and ending at 11:59 p.m. on Friday. Paychecks are directly deposited into the employees' bank accounts on file.

## **Access to Personnel Files**

Personnel files are maintained by the Human Resources department and are considered confidential in compliance with the provisions in Nevada Administrative Code (NAC) Chapter 284. Employees may inspect their own personnel files and obtain copies of documents. Inspections by employees must be requested in writing to the Human Resources department and will be scheduled at a mutually convenient time. Employees requesting a copy of the file may be charged a nominal fee.

## **Employment References**

All requests for employment references must be directed to the Chief Human Resources Officer or designee. No other manager, supervisor, or employee is authorized to release employment references for current or former employees.

## **Employment of Relatives and Domestic Partners**

Individuals related by blood, marriage, domestic partners, membership in the same household and/or similar personal relationships may be hired or promoted by the organization if (1) the persons concerned will not work in a direct supervisory relationship, (2) if either person is a member of the Executive Leadership team, they do not work in the same division, (3) the employment will not pose difficulties for supervision, security, safety, or morale and (4) if neither employee works in Human Resources.

Current employees who marry each other or become involved in a domestic partnership, including cohabitation, must report the relationship to Human Resources within 14 days of commencement. Both persons will be permitted to continue employment with the District provided they do not work in a direct supervisory relationship with each other or otherwise pose difficulties as mentioned above. If employees who marry or live together do work in a direct supervisory relationship with each other, the organization will attempt to reassign one of the employees to another position for which the employee is qualified if such a position is available. If no such position is available, the employees will be permitted to determine which one of them will resign from the District.

## Separation from Employment

In all cases of voluntary resignation (one initiated by the employee), in addition to an employee's performance needing to meet or exceed District expectations, and not being subject to any performance or behavioral related discipline exceeding a Documented Verbal Warning at time of separation, the employees must provide a written notice to their supervisors at least 14 calendar days in advance of the last day of work to be considered in good standing for future employment with the District. Employees must work their final workday in the office when available or have an authorized excusal.

Employees who separate either voluntarily or involuntarily, will be paid for all unused accrued vacation, allocated sick leave and when applicable, longevity pay pro-rated based on separation date on their final check.

The District maintains the right to perform administrative separation of employment in cases where discipline or performance are not necessary.

Employees are expected to return all District issued equipment on their final day worked. Any item not returned may be subject to reimbursement based on current replacement cost.

On or before the last day of employment, the employees' manager will collect all District property. If applicable, information regarding benefits continuation through the Consolidated Omnibus Budget Reconciliation Act (COBRA) will be sent to the employee's home address. When appropriate, an exit interview will be conducted by an outside agency after their last day of employment.

Should it become necessary because of business conditions to reduce the number of employees or work hours, this will be done at the discretion of the District.



# Workplace Safety

## Commitment to Safety

Protecting the safety of our employees and visitors is the most important aspect of running our business.

All employees have the opportunity and responsibility to contribute to a safe work environment by using commonsense rules and safe practices and by notifying management when any health or safety issues are present. All employees are encouraged to partner with management to ensure maximum safety for all.

- In the event of an emergency, call 911 FIRST to notify the appropriate emergency personnel. Next follow the internal notification process via the overhead PA access repeating the request, including location of the emergency using plain language to ensure all employees and visitors can understand the information and respond appropriately. For example,
  - Fire in the main break room, first floor.
  - Medical team needed at the lobby.
  - Security assistance requested at the back entrance

Any workplace injury, accident, or illness must be reported to the employee's supervisor as soon as possible, regardless of the severity of the injury or accident and to Human Resources.

## Drug-Free and Alcohol-Free Workplace

It is the policy of the District to maintain a drug- and alcohol-free work environment that is safe and productive for employees and others having business with the District.

The unlawful use, possession, purchase, sale, or distribution of or being under the influence of any illegal drug or controlled substance (including marijuana) while on District or client premises or while performing services for the District is strictly prohibited. The District also prohibits reporting to work or performing services under the influence of alcohol or consuming alcohol while on duty or during work hours. In addition, the District prohibits off-premises abuse of alcohol and controlled substances (including marijuana), as well as the possession, use, or sale of illegal drugs, when these activities adversely affect job performance, job safety, or the District's reputation in the community.



To ensure compliance with this handbook, substance abuse screening may be conducted in the following situations:

**Pre-Employment:** as required by the District for all prospective employees who receive a conditional offer of employment.

**For Cause:** upon reasonable suspicion that the employee is under the influence of alcohol or drugs that could affect or have adversely affected the employee's job performance.

Employees who test positive or who refuse to submit to substance abuse screening may be subject to termination. Notwithstanding any provision herein, this handbook will be enforced at all times in accordance with applicable state and local law.

Any employee violating this handbook is subject to discipline, up to and including termination, for the first offense.

## **Smoke-Free Workplace**

Smoking is not allowed in or on District owned or occupied buildings and property, work areas or in District owned vehicles at any time. "Smoking" includes the use of any tobacco products (including chewing tobacco), electronic smoking devices, and e-cigarettes. The District created the Tobacco & Smoke Free Policy in 2001, as well as enforces the Nevada Clean Indoor Air Act.

## **Recreational Activities and Programs**

The District or its insurer will not be liable for the payment of workers' compensation benefits for any injury that arises out of an employee's voluntary participation in any off duty recreational, social, or athletic activity that is not part of the employee's work-related duties.

## **Workplace Violence Prevention**

The District is committed to providing a safe, violence-free workplace for our employees. Due to this commitment, the District discourages employees from engaging in any physical confrontation with a violent or potentially violent individual or from behaving in a threatening or violent manner. Threats, threatening language, or any other acts of aggression or violence made toward or by any employee will not be tolerated. A threat may include any verbal or physical harassment or abuse; attempts to intimidate others; menacing gestures; stalking; or any other hostile, aggressive, and/or destructive actions taken for the purposes of intimidation. This statement covers any violent or potentially violent behavior that occurs in the workplace or at organization-sponsored functions.

Any individual engaging in violence against the District, its employees, or its property will be prosecuted to the full extent of the law. All acts will be investigated, and the appropriate action will be taken. Any such act or threatening behavior by an employee may result in disciplinary action up to and including termination.

The District may inspect the contents of lockers, storage areas, file cabinets, desks, and workstations at any time and may remove all organization property and other items that are in violation of organization rules and policies.

## **Visitors**

To maintain security and safety for our employees, the District maintains a badging policy, ADM-064, with respect to visitors and employees. Visitors are required to be escorted in secure areas.

Generally, friends and family members are not permitted in non-public places.

# Workplace Procedures

## Attendance

All employees are expected to arrive on time, ready to work, every day they are scheduled to work.

If unable to arrive to work on time, or if an employee will be absent for an entire day, the employee must contact the supervisor as soon as possible prior to the start of their shift. Excessive absenteeism or tardiness may result in discipline up to and including termination. Failure to show up or call in for a scheduled shift without prior approval may result in discipline up to and including termination. If an employee fails to report to work or call in to inform the supervisor of the absence for three consecutive days or more, the employee will be considered to have voluntarily resigned employment.

If it becomes necessary for an employee to leave the work location or work premises during working hours, permission from the appropriate supervisor must first be obtained. Leaving the work location or premises without permission may be cause for disciplinary action up to and including termination.

Employees are free to leave work premises during lunch or unpaid meal periods; however, no travel time is allowed. Employees may not leave before or return after the scheduled meal period.

## Job Performance

Communication between employees and supervisors or managers is very important. Discussions regarding job performance are ongoing and often informal. Employees should initiate conversations with their supervisors if they feel additional ongoing feedback is needed.

Formal performance reviews are conducted after successful completion of the probationary period and annually. These reviews include an employee self-evaluation, written performance appraisal and discussion between the employee and the supervisor about job performance and expectations for the coming year.

The supervisor shall review the performance evaluation with the employee. Employees whose performance is tracking below average on any rating factor will be notified by their supervisor in a timely fashion that there are performance deficiencies. Supervisors shall provide these employees with a written Performance Improvement Plan for employees to use in improving work performance and achieving performance goals.

In the event a regular employee's overall performance is rated unsatisfactory, or if the employee believes the evaluation contains inaccurate comments, the employee may request a review of the performance evaluation with the appropriate manager and division director. The employee has five (5) working days from date of issuance to make the request. At that review, the employee may present appropriate information regarding comments and issues put forward in the performance evaluation. The manager and division

director shall, after appropriate consideration, but within five (5) working days of the review, issue a formal decision upholding or modifying the performance evaluation.

## **Outside Employment**

Employees are permitted to work a second job as long as it does not interfere with their job performance or create a conflict of interest with the District in accordance with NRS 281A. All employees, including part-time employees, must obtain and secure written approval from their manager, division director, and human resources before undertaking any outside employment or other work activity. Approval or denial of outside employment will occur within ten (10) business days of the receipt of the request for approval. If denied, the reasons for a denial will be provided in writing to the employee, with an explanation of how the outside employment would conflict with the duties, functions or obligations of the District.

Outside work should not interfere with the employee meeting the expectations of their work at the District. Should this occur, the employee will be expected to correct the behaviors not meeting expectations and may be required to discontinue the outside employment. Failure to meet this requirement may result in discipline up to and including termination.

## **Dress and Grooming**

The Health District expects all Employees to exercise appropriate judgment regarding personal appearance, dress, and grooming to be most effective in the performance of their workplace duties. Appropriate judgment refers to the workforce District.

The Health District allows reasonable self-expression through personal appearance and grooming unless it conflicts with ability to perform their job duties effectively. All Employees must be neat, clean, and wear appropriate dress that reflects generally accepted professional standards for their program. The minimum standard of dress is business casual. Certain employees may be required to wear special dress and grooming, such as wearing uniforms or safety equipment/clothing, depending on the nature of their job.

Although it is impossible and undesirable to establish an absolute dress and appearance code, the District will apply reasonable and professional workplace expectations for all employees. Division Directors and department managers, in consultation with Human Resources and the District Health Officer, will exercise reasonable discretion to determine appropriateness in dress and appearance.

## **Cell Phone Safety and Driving**

Safe driving is the priority when operating a vehicle while driving on District business. Employees' first responsibility is to pay attention to their driving. They should never allow a cell phone or other mobile device to distract them from concentrating on driving.

Under no circumstances should employees feel that they need to place themselves or others at risk while driving to fulfill business needs. The expectation is that all employees comply with the following procedures to avoid distracted driving:

- Place any call before driving is started or pull off to the side of the road and stop the vehicle before placing/accepting/returning a call or text; and
- Let incoming calls go to voicemail when driving.

Employees who fail to follow safety guidelines as outlined in the Cell Phone policy are subject to discipline up to and including termination.

## **Employer Property**

Employees are responsible for taking appropriate measures to safeguard property in their possession against damage, loss, or theft. willful destruction of employer property may be subject to disciplinary action up to and including termination.

Prior authorization must be obtained before any District property may be removed from the premises.

## **Off Duty Use of Facilities**

Employees are not permitted to use District facilities when off duty unless they have specific permission from the District Health Officer or designee, or they confine themselves to normal public use in normal public areas.

Employees may receive medical care from District providers for acute conditions such as colds, flu, sprains, rashes, or other non-chronic conditions but must first ask the Employee Health Nurse for a referral to one of our providers. Employees may not use District providers as their assigned, main primary care provider for the management of chronic conditions, except for those medical conditions supported by the Ryan White program, since Ryan White services are highly specialized, and not fully available across the community. All other preventative services, including the Sexual Health Clinic, and the District Employee Health Nurse may be used. Family members are welcome to use District providers and other services at their discretion without the limitations applied to employees.

## **Social Media**

Through the Office of Communications, we participate in social media to better communicate with the community. Employees are responsible for exercising good judgment regarding the use of social media, including making sure use of it does not interfere with one's employment obligations. Respecting our patients and clients means honoring their private and confidential information. Accordingly, Employees are prohibited from posting information or photographs about them on a social media page or forum unless done by the Office of Communications, with the appropriate signed consent forms, on the official Health District account. For further questions regarding social media use, contact the Office of Communications

## **Bulletin Boards**

Personal messages are not permitted on District bulletin boards.

## **Solicitation**

Employees should be able to work in an environment that is free from unnecessary annoyances and interference with their work. To protect our employees and visitors, solicitation by employees is strictly prohibited while either the employee being solicited or the employee doing the soliciting is on "working time." "Working time" is defined as the time during which an employee is not at an unpaid meal break, on break, or on the premises immediately before or after a shift.

Employees are also prohibited from distributing written materials, handbills, or any other type of literature on working time and, at all times, in "working areas," which include all office areas. "Working areas" does not include break rooms, parking lots, or common areas shared by employees during nonworking time.

## **Computers, Internet, E-Mail, and Other Resources**

The District provides a wide variety of communication tools and resources to employees for use in running day-to-day business activities. District provided technology should be reserved for business-related matters during working hours. All communication using these tools should be handled in a professional and respectful manner. Employees may be responsible for repair or replacement costs of Health District property lost or damaged through gross negligence, unauthorized usage, or mishandling.

Employees should not have any expectation of privacy in their use of organization computers, phones, portable electronic devices, or other communication tools. All communications made using organization-provided equipment or services, including e-mail, SMS messages and internet activity, are subject to inspection by the organization. Employees should keep in mind that even if they delete an e-mail, a voicemail, or another communication, a copy may be archived on the organization's systems.

Employees should not bring their personal computers, devices, or software to use them for work. An exception would be stipend personal phones which can be used for work

purposes with expectation of complying with terms listed on the stipend agreement. If an employee has a need for equipment, they need to ask their managers so that it can be requested through official channels. SNHD IT does not support personal devices and those devices can be a cybersecurity risk to our IT infrastructure.

## **Disciplinary Procedure**

As a public employer entrusted with the governing of public health issues, the District and all employees must adhere to the highest standards of conduct as well as provide a strict observance of the Ethics in Government, NRS 281A. The District expects employees to comply with the District's standards of behavior and performance and to correct any noncompliance with these standards.

Under normal circumstances, the District adheres to progressive discipline in which it attempts to provide employees with notice of deficiencies and an opportunity to improve. This does not modify the status of employees or in any way restrict the District's right to bypass steps within the disciplinary procedures based on severity of the violation.

The following steps are the discipline procedure.

### **Step 1: Note to File (Coaching and Counseling)**

When a performance or behavior problem is first identified, the nature of the problem, policy or work rule being violated and the action necessary to correct it should be thoroughly discussed with the employee. This informal counseling is documented as a note to file and should not be placed in the employee's permanent personnel file. In cases of egregious circumstances, this step may not be applicable. Documented counseling may be considered in determining the appropriateness of progressive discipline for a period of twelve (12) months.

### **Step 2: Documented Verbal Warning**

If Coaching and Counseling with the employee has not resulted in corrective action, the supervisor should meet with the employee and (a) review the problem, (b) permit the employee to present information regarding the problem, (c) advise the employee that the problem must be corrected, (d) inform the employee that failure to correct the problem may result in further disciplinary action that may include termination, and (e) issue a counseling notice to the employee that remains active for twelve (12) months.

### **Step 3: Written Warning**

If satisfactory performance and corrective action are not achieved under Steps 1 and 2, after a thorough investigation, the supervisor should meet with the employee in private reviewing the unacceptable



behavior/performance and issue a Written Warning document to the employee that remains active for eighteen (18) months. The employee should be reminded that failure to correct the problem may result in further disciplinary action that may include discharge,

#### **Step 4: Final Written Warning with or without Suspension**

Document a final written communication to the employee that informs the employee that a previously documented offense has continued and a repeat offense that occurs within twenty-four (24) months may result in a more severe discipline up to and including termination. If the Final Written Warning includes a suspension, the employee will be removed from their duties for up to twenty (20) working days with or without pay.

#### **Step 5: Termination**

Failure to improve performance or behavior after the final written warning or suspension may result in termination. The notice of termination shall contain the reasons for the discharge and any past discipline on which the District relied, if any, to issue the termination.

The District reserves the right to consider demotion in the disciplinary process with approval of Human Resources.

In cases involving serious misconduct, or any time the supervisor determines it is necessary, such as a major breach of policy or violation of law, the procedures contained above may be disregarded. Typically, the supervisor should suspend the employee immediately, and an investigation of the incidents leading up to the suspension should be conducted to determine if any further action, such as termination, should be taken.

The following conduct is prohibited and will not be tolerated by the District. This list of prohibited conduct is illustrative only; other types of conduct injurious to security, personal safety, employee welfare, and the District's operations may also be prohibited. The District shall have the right to discipline, demote, or discharge any employee for conduct of this nature or "just cause." The term "just cause" shall include, but not be limited to, the following:

1. Violation of any federal, state, or local law directly impacts the employee's fitness for employment.
2. Violations of the Health Insurance Portability and Accountability Act (HIPAA). Any improper or unauthorized use or disclosure of protected health information must be reported immediately to the employee's manager, Division Director, and Privacy Officer. District employees will cooperate fully in any investigation of misuse or wrongful disclosure. See District-wide policies regarding HIPAA compliance.



3. Using, possessing, dealing, distributing, or being under the influence of intoxicating beverages, unprescribed narcotics, or unlawful drugs while on duty or at work locations, or reporting to work or operating District vehicles or equipment with unlawful or unprescribed drugs in the body in any detectable amount.
4. Failure to perform duties; insubordination. Failure or refusal to comply with a lawful order or to accept a reasonable and proper assignment from an authorized supervisor or District management.
5. Inattention to duty, inefficiency, incompetence, carelessness, or negligence in performance of duties.
6. Unlawful discrimination or harassment of another employee or member of the public.
7. Misuses of sick leave, including using sick leave under false pretenses. Chronic, inconsistent, or excessive absences/tardiness approved or not approved.
8. Rude or discourteous treatment of other employees or the public.
9. Dishonesty or stealing.
10. Using the position for financial gain; solicitation of work for private business or personal acquaintance. Accepting remuneration, gratuities, or favors from any business, vendor, the public, or others related to the performance of the employee's duties. Using District employment for personal advantage.
11. Inattention to duty, carelessness, or gross negligence in the care and handling of Health District property.
12. Loss or misuse of Health District funds or property.
13. Improper or unauthorized use of District vehicles or equipment or misappropriation of supplies or personal use of District equipment.
14. Damage to public property or waste of public supplies through misconduct or gross negligence. Destroying or willfully damaging the property of the District or another employee.
15. Furnishing false information to secure employment. Willfully falsifying or withholding material information on personnel questionnaires, personnel records, employment applications, production or work performance reports, or any other records and reports.
16. Falsification of timecards or other time and attendance records or signing/altering another employee's timecard without proper authorization.
17. Absence from duty without authorized leave; failure to report after leave of absence has expired or after such leave of absence has been disapproved, revoked, or canceled.
18. Violation of the provisions of these rules, regulations, and policies or any written policies that may be prescribed by the District.
19. Outside work that is unauthorized, or which detracts from the efficiency of the employee in the effective performance of Health District functions.
20. Failure to obtain or maintain necessary qualifications, certificate, permit, or license, which is required as a condition of employment.
21. Driving record that indicates poor or unacceptable driving habits that may create a liability for the District for those employees required to operate vehicles.
22. Conduct which discredits the District or Health District personnel.

23. Malfeasance, misfeasance, nonfeasance or misconduct toward the District, the public, or fellow employees.
24. Sleeping while on duty.
25. Failure to comply with the written operational procedures of the District.
26. Violation of safety requirements or procedures.
27. Possession of firearms or other weapons on District property whether owned or leased or carrying any weapon while on duty.
28. Actual or implied violence or intimidation towards District employees, clients, or the public or threats of violence.
29. Use of threatening, profane, or abusive language.
30. Engaging in horseplay, disorderly or illegal conduct, including deliberately delaying or restricting production or interfering with the work of others.
31. Interference or failure to participate or provide full disclosure of information during an official District investigation to include but not limited to written statements, recorded verbal statements, substantive evidence known to the employee related to the investigation.
32. Interference with any employee's work duties.
33. Retaliation against another employee for participating in protected activities.
34. Bullying or starting/perpetuating false rumors about clients and or other employees.
35. Entering an employee entrance of any District building without swiping/clicking badge to entry system identified as "piggy backing" or "tailgating."

## **Disclosure of Unethical, Illegal, Fraudulent Behavior**

It is the declared policy of the District that a District officer or employee is encouraged to disclose, to the extent not expressly prohibited by law, improper unethical, illegal, fraudulent behavior, and it is the intent of the District to protect the rights of a District officer or employee who makes such a disclosure. Unethical, illegal, fraudulent behavior means any action taken by a District officer or employee in the performance of his/her duties, whether the action is within the scope of his/her employment which is:

1. In violation of any applicable law or regulation of the state, any applicable ordinance of the county, or rule, regulation, policy or procedure of the District;
2. An abuse of authority;
3. Of substantial and specific danger to the public health or safety; or
4. A gross waste of public money.

Improper governmental action shall not be deemed to include any matter which is solely personal or disciplinary in nature. District officer or employee shall not directly or indirectly use or attempt to use his/her official authority or influence to intimidate, threaten, coerce, command, or influence another officer or employee to interfere with or prevent the disclosure of information concerning improper governmental action. Use of "official authority or influence" includes taking, directing others to take, recommending, processing, or approving any personnel action such as an appointment, promotion, transfer, assignment, reassignment, reinstatement, restoration, evaluation, or disciplinary action. No reprisal or retaliatory action shall be taken against a District officer or employee who discloses information concerning improper conduct, if such action is taken because the District officer or employee disclosed information concerning improper conduct.

The provisions of this handbook do not prohibit a District officer or employee from initiating proper disciplinary procedures against another District officer or employee who discloses untruthful information concerning improper conduct which he/she knew or reasonably should have known to be untrue.

## **Discipline Appeal Procedure**

When an employee receives a disciplinary notice, the employee may, subject to the deadlines and procedures below, appeal the Written Warning or file a disciplinary appeal on a Final Written Warning, demotion, or termination. Bargaining unit eligible employees will be subject to the provisions of current collective bargaining agreements.

### **Appeal of a First or Second Written Warning**

An appeal shall be made in writing and received by CHRO or designee within ten (10) working days of the disciplinary notice and state the reason why the employee is disputing the Documented Verbal Warning or Written Warning.

The Division Director or designee shall have a meeting with the employee, Human Resources, and the union representative (if applicable), within ten (10) working days of receiving the appeal of the Documented Verbal Warning or Written Warning.

The Division Director or designee will have ten (10) working days to provide a written statement with a decision upholding, modifying, or removing the discipline. Such statement will contain the reasons for the decision, with a copy to the employee, the employee's personnel file, and the Union, if applicable.

If the employee disagrees with the decision, the employee may, within ten (10) working days of the decision, submit a written rebuttal, reasonable in length and relating directly to the documented verbal warning or written warning which will be filed with the discipline notice and the division director's decision.

### **Disciplinary Appeal of a Final Written Warning, Suspension, Demotion, or Termination**

A disciplinary appeal shall be made in writing and received by the division director within ten (10) working days of the disciplinary notice and state the reason why the employee is disputing the final written warning, suspension, demotion or termination.

The Division Director or designee shall have a meeting with the employee, Human Resources and the union representative (if applicable), within ten (10) working days of receiving the disciplinary grievance.

The Division Director or designee shall have ten (10) working days to provide a written statement with a decision upholding the discipline, modifying the discipline, or removing the discipline. Such statement will contain the reasons for the decision with a copy to the employee, the employee's personnel file, and the union, if applicable.

If the employee disagrees with the decision, an appeal may be made to the District Health Officer or designee within ten (10) working days from receipt of the written decision from the Division Director. The District Health Officer or designee will make a final attempt to

resolve the issue and will provide a written statement within ten (10) days after meeting with the parties involved. The District Health Officer will provide a written statement upholding, modifying or removing the discipline or rescinding the termination of employment.

The time limits may be waived or extended by mutual agreement of the parties in writing. Any appeal filed after the time limit shall be null and void.

### **Political Activities**

District employees shall refrain from any political activities in the workplace.

The following standards are established to further delineate the conduct of District employees while on duty:

- District employees are encouraged to exercise their rights as citizens to vote,
- District employees must not solicit funds for a campaign or pressure others to,
- District employees shall not wear campaign paraphernalia during the workday or display political items in the work area.

## Holidays

The District observes (is closed) and allows time off with pay for the following holidays:

- New Year's Day
- Martin Luther King's Birthday
- Presidents' Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Nevada Day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Workday directly before or after Christmas (depending on day of the week for Christmas)
- Christmas
- Personal Day

## Holiday Pay

Full-time regular employees are eligible for holiday pay from the first day of employment.

Holiday pay shall be at the employee's regular straight-time rate, inclusive of shift premiums and the employee's regularly scheduled hours. Holiday hours are not considered worked hours.

If any holiday listed above falls on a Sunday, the Monday following shall be observed as a legal holiday. If any holiday listed above falls on a Saturday, the Friday preceding shall be observed as a legal holiday. If an employee's scheduled day off falls on a paid holiday, the employee will receive the additional hours equivalent to that scheduled workday off in that work week as their paid holiday, holiday bank time or the location may close another day.

Employees shall be entitled to one (1) personal day per calendar year which will be credited January 1<sup>st</sup> of each calendar year. Use of the personal day must be scheduled in advance in and approved by the employee's immediate supervisor. Personal days must be used within the calendar year in which the holiday is earned. Eligibility for the floating holiday begins after completion of ninety (90) consecutive days of employment. Any full-time employee hired between September 1-30, will be eligible to rollover their personal day until March 31 of the following calendar year.

Employees working nineteen (19) hours or less per week will not be compensated for holidays on which they do not work. When required to work on holidays, these employees will be compensated at their regular rate. Employees working twenty (20) hours or more shall have holiday time prorated on a paid basis based on their normal weekly scheduled hours.

Any employee scheduled to work or called back on a holiday will be paid holiday in addition to overtime or compensatory time earned. Exempt employees who are required to work at least fifty percent of their normal scheduled work hours on a holiday will receive one full day of holiday bank time.

Any accrued holiday bank hours will be paid upon termination of employment.

## **Vacation**

The District recognizes the importance of time off from work to relax, spend time with family, and enjoy leisure activities. The organization provides paid vacation time to full-time employees for this purpose, and employees are encouraged to take vacation during the year.

Full-time employees will accrue paid vacation according to the following schedule:

<b><u>Service Period</u></b>	<b><u>Monthly Vacation Accrual</u></b>
First Calendar Year (0-1 year)	80 hours per annum (.03846 hours per paid hour)
Calendar Years 1–9	120 hours per annum (.05769 hours per paid hour)
Calendar Years 9–13	144 hours per annum (.06923 hours per paid hour)
Calendar Years 13 and over	160 hours per annum (.07692 hours per paid hour)

All accumulations will be computed on the basis of paid hours of actual service, excluding overtime. Part-time employees working regularly twenty (20) hours or more per week shall earn vacation leave on a prorated basis based on hours worked. Unpaid hours shall not be used to compute vacation accruals.

Employees may not take paid vacation until they actually have earned or accrued the vacation time. New employees accrue paid vacation at the start of employment but may not take any vacation until they have completed at least three months of employment.

Employees should submit vacation request to their supervisor at least two weeks in advance of the requested vacation date; however, they may request up to six months in advance. Vacation may be scheduled in increments of 1 hour to full days, but must be pre-approved by management. Absences not specifically covered by the provisions of this handbook may be chargeable to vacation leave after approval of the division director or section manager, to the extent that vacation leave has been accrued.

Employees can carry over up to twice their vacation leave allocation; maximum accumulation is as follows:

<b>Years of Service</b>	<b>Maximum Accumulation</b>
0-1 Year	160 hours
1-8 Years	240 hours
8-13 Years	288 hours
13+ Years	320 hours

Amounts in excess of the above schedule at the beginning of any calendar year shall be forfeited, or, with the employee's written approval, may be donated to the Donation bank. Exceptions to the above require in writing approval by the District Health Officer.

Upon the death of an active employee of the District, a lump sum payment for accrued vacation leave will be made to the employee's estate or beneficiaries if a beneficiary designation has been filed.

Employees whose terminate employment will be paid in lump sum for unused accrued vacation leave through date of the termination.

## **Vacation Buy-Back**

Upon written request and subject to the following conditions, employees may be paid for accrued but unused vacation not to exceed a maximum request of one hundred twenty (120) hours. To be eligible, employees must have a minimum of forty (40) hours of accrued unused vacation hours remaining after the buy-back. Vacation hours will be paid at the employee's current rate of pay at time of buy-back.

An employee can buy-back accrued vacation in forty (40), eighty (80) hour or one hundred twenty (120) hour increments twice a year, in April and October, not to exceed a maximum of one hundred and twenty (120) hours per calendar year. Employees must have taken at least forty hours (40) of vacation leave that calendar year. Employees must submit their request for buy-back with a deadline of April 1 for May buy-back payout and/or October 1 for November buy-back payout of each year on a form provided by Human Resources. Buy-back vacation leave shall be paid on the first pay check of each May and/or November.

## **Sick Leave**

The District recognizes the importance of time off from work for the employees' health and during time of illness. For this reason, the District provides regular, full-time employees with paid sick leave. Part-time employees working regularly twenty (20) hours or more per week shall be granted sick leave on a prorated basis. Those employees employed on an hourly or temporary appointment basis will not be granted sick leave. Employees are eligible to earn sick leave starting on their date of hire. There is no maximum accrual on sick leave.



Full-time employees are entitled to sick time as follows:

Years of Service	Annual Accumulation
0-10 Years	96 hours
10+ Years	120 hours

Sick days are not intended to be used as a substitute for vacation days, but sick days may be used if an employee has a bonafide illness, injury, or pregnancy, to care for an immediate family member or household member who has a bonafide illness, and dental and/or doctor appointments that cannot be scheduled outside normal working hours. In the event an employee exhausts all sick leave and requires additional time off for purposes of bonafide sick leave, vacation leave pay shall be used, and upon exhaustion unpaid personal leave will be used. Employees shall have the option of using accrued compensatory time for sick leave purposes.

If an employee misses more than three (3) consecutive days because of illness, the District may require the employee to provide a Certificate of Illness in the form of a physician's certificate as proof of adequacy of the reason for the employee's absence during the time which sick leave was requested or as a release of medical fitness to return to duty. Medical Release may also be required if there is reason to suspect abuse of sick leave, e.g. multiple instances of illness that equal two working days. When an employee has been on sick leave status, a supervisor may require a medical clearance from the employee's private physician when the employee has been under the physician's care for a medical condition that may interfere in any way with job performance or work assignments, to return to work.

Employees may carry accrued sick days over from one year to the next. There is no limit on the amount of sick leave an employee can carryover from year to year.

If a non-bargaining employee leaves the District, they will be paid their accumulated sick leave, based on the criteria below, at the employee's base hourly wage at time of separation.

Employees hired **prior to** June 30, 2014, will receive:

- 100% of sick leave accumulated for the first 800 hours accumulated
- Plus 50% of sick leave accumulated from 801 hours through 1600 hours
- Plus 25% of sick leave accumulated over 1600 hours.

Employees hired **after** June 30, 2014, must complete a minimum of one (1) year of employment, and will receive:

- Full pay for a maximum of 800 hours

Upon the death of a person in the employ of the District, a lump sum payment for all sick leave accrued will be made to the employee's estate or beneficiaries if a beneficiary designation has been filed and in accordance with Nevada law.

## Donated Leave

When an eligible employee has exhausted all accrued leave as a result of illness, injury, or bereavement, the eligible employee may file a request for donations of leave.

The Donated Leave Bank Program is available to all District employees excluding temporary and less than half time employees. Employees must have successfully completed the initial probationary period.

Employees with a work-related workers' compensation claim are not eligible for the Donated Leave Bank Program.

Any employee who receives Donated Leave and is subsequently awarded workers' compensation shall reimburse the Donated Leave Bank Program for all Donated Leave received that are covered by workers' compensation payments.

### Leave Bank Eligibility:

**Death of an Immediate Family Member:** the employee may apply for up to forty (40) hours of donated leave. The District reserves the right to request proof of death.

**Illness/injury of an eligible employee or a covered family member for whom the employee is a primary caregiver.** The employee may apply for up to two hundred forty (240) hours of donated leave. Illness/injury is defined as an illness or injury that requires home bound care pursuant to the Center for Medicare and Medicaid Services (CMS) in-patient care standards at a medical facility or has a diagnosis and/or is in treatment that requires absence from work according to the provisions of FMLA, and/or extended medical leave with documentation from the treating physician. The illness or accident cannot be a result of an illegal act by the employee. Donated leave is available to a domestic partner when the domestic partner is covered or eligible to be covered by any District health insurance plan, as defined within said plan documents or provides proof of proper Domestic Partnership Registration in Nevada.

Individual employees may donate accrued sick leave, banked holiday hours or vacation time to a designated employee or the general leave bank by completing the Donated Leave Form and submitting it to the Human Resources Department. The donated time will be converted to dollars at the hourly rate of the donor. The dollars will then be converted to leave at the hourly rate of the recipient.

The minimum donation is four (4) hours, the maximum donation is forty (40) hours per solicitation, excluding hours donated in lieu of forfeiture. Employees must have a vacation and sick leave balance of at least forty (40) hours after the donation.

## Leaves of Absence Without Pay

Division directors, the District Health Officer or designee may grant leaves of absence to regular employees when such leave is in the best interest of the employee and the District. An unpaid leave of absence may be granted only to an employee who desires to return to District service and who at the time the leave is granted, has a satisfactory employment record. Unless specifically provided otherwise, leaves of absence are available on an unpaid basis if the employee does not have any accrued unused paid leave. Employees will be required to use any accrued vacation, sick leave, banked holidays or compensatory time, as appropriate, before going into an unpaid status.

Leaves of absence for thirty (30) calendar days or less may be granted upon the approval of the division director or designee. Leaves of absence over thirty (30) calendar days require the approval of the District Health Officer and are limited to a maximum of one hundred twenty (120) working days.

The District suspends credit for longevity and seniority, and vacation, sick, and retirement accruals do not occur when any employee is on leave of absence without pay for thirty (30) consecutive calendar days or more.

The District does not pay premiums for medical insurance coverage for employees on leaves of absence. For leave without pay, excluding approved FMLA time, employees may be offered COBRA after being on leave without pay for a full calendar month after thirty (30) consecutive calendar days.

It is the employee's responsibility to request the leave in writing to the employee's immediate supervisor copying HR Benefits, a minimum of two (2) weeks prior to the first day of requested leave. Unapproved taken leaves of absence may result in disciplinary action up to and including separation of employment.

Employees must provide written periodic updates to the employee's supervisor and/or division director at least every thirty (30) days concerning the employee's status, expected date of return, and continued intent to return to work upon expiration of the leave.

Employees returning from a leave of absence (other than approved leave under FMLA) will be reinstated without loss of seniority earned prior to the commencement of their leave; however, the anniversary date and annual performance evaluation period will be adjusted to reflect the leave of absence.

When an employee is placed on an unpaid leave of absence, excluding FMLA, an effort will be made to hold the assigned position open for the period of the approved leave. However, due to business needs, there will be times when positions cannot be held open and it is not possible to guarantee reinstatement.

If an employee's former position is unavailable upon returning from an approved leave, every effort will be made to place the employee in a comparable position for which the

employee qualifies. If such a position is not available, the employee will be offered the next suitable position for which the employee is qualified that becomes available. If no position is available for which employee is qualified, employment may be separated.

An employee who does not accept the position offered will be considered to have voluntarily terminated employment, effective the day such refusal is made.

## **Family and Medical Leave**

The District complies with the federal Family Medical Leave Act (FMLA), which requires employers to grant unpaid leaves of absence to qualified workers for certain medical and family-related reasons.

Employees should note there are requirements, qualifications, and exceptions under these laws, and each employee's situation is different. Employees should contact the Human Resources department to discuss options for leave. Employees should request an FMLA leave of absence when they are unable to work for four (4) days or more.

The FMLA requires eligible employees up to 12 weeks of unpaid, job-protected leave in any 12-month period for certain family and medical reasons. The 12-month period is a rolling period measured backward from the date an employee uses any FMLA leave, except for leaves to care for a covered service member with a serious illness or injury. For those leaves, the leave entitlement is 26 weeks in a single 12-month period measured forward from the date an employee first takes that type of leave.

Employees must provide 30 days' advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days' notice is not possible, employees must provide notice as soon as practicable and generally must comply with the organization's normal call-in procedures. The organization may delay leave to employees who do not provide proper advance notice of the foreseeable need for leave, absent unusual circumstances preventing the notice.

Any employee on FMLA leave must notify the District periodically of their status and intention to return to work. The District has the authority to determine how often the employee must provide this notification.

### **Basic Leave Entitlement**

FMLA requires the District to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons: (1) for incapacity due to pregnancy, prenatal medical care, or childbirth; (2) to care for the employee's child after birth or placement for adoption or foster care; (3) to care for the employee's spouse, child, or parent who has a serious health condition; or (4) for a serious health condition that makes the employee unable to work.

## **Employee Eligibility**

The FMLA defines eligible employees as employees who (1) have worked for the organization for at least 12 months; (2) have worked for the organization for at least 1,250 hours in the previous 12 months; and (3) work at or report to a worksite that has 50 or more employees or is within 75 miles of organization worksites that, taken together, have a total of 50 or more employees. The District meets the employer definition; thus, eligibility threshold is time served at the District.

### **Definition of “Serious Health Condition”**

A serious health condition is an illness, an injury, an impairment, or a physical or mental condition that involves either an overnight stay in a medical care facility or continuing treatment by a healthcare provider for a condition that either prevents the employee from performing the functions of the employee’s job or prevents the qualified family member from participating in school, work, or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than three consecutive calendar days combined with at least two visits to a healthcare provider or one visit and a regimen of continuing treatment, incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of “continuing treatment.”

### **Intermittent or Reduced Schedule Leave**

When medically necessary (as distinguished from voluntary treatments and procedures) or for any qualifying exigency or caregiver leave, leave may be taken on an intermittent or reduced schedule basis. Leave for bonding with a healthy newborn or placement of a healthy child for adoption or foster care is not considered medically necessary and, therefore, may not be taken on a reduced schedule or intermittent basis unless agreed to by the District. Employees needing intermittent leave or reduced schedule leave must make a reasonable effort to schedule their leave so as not to unduly disrupt the District’s operations. If the leave is foreseeable, the District may require an employee on intermittent leave or reduced schedule leave to temporarily transfer to an available alternative position for which the employee is qualified if the position has equivalent pay and benefits and better accommodates the employee’s intermittent or reduced schedule leave. Intermittent leave and reduced schedule leave reduce the 12-week entitlement only by the actual time used. When an employee who was transferred no longer needs intermittent or reduced schedule leave, the employee must be placed in the same or equivalent position held prior to when the leave commenced.

Employees with approved intermittent leave will be required to re-certify by providing required medical documentation at least every six (6) months. The District reserves the right to request re-certification any time deemed necessary

## **Military Family Leave Entitlements**

Eligible employees with a spouse, child, or parent on active duty or called to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include addressing issues that arise from (1) short notice of deployment (limited to up to seven days of leave); (2) attending certain military events and related activity; (3) arranging child care and school activities; (4) addressing certain financial and legal arrangements; (5) attending certain counseling sessions; (6) spending time with covered military family members on short-term temporary rest and recuperation leave (limited to up to five days of leave); (7) attending post-deployment reintegration briefings; (8) arranging care for or providing care to a parent who is incapable of self-care; and (9) any additional activities agreed upon by the employer and employee that arise out of the military member's active duty or call to active duty.

The FMLA also includes a special leave entitlement permitting eligible employees to take up to 26 weeks of leave (which shall run concurrent with paid leave) to care for a covered service member during a single 12-month period. This period is always measured forward from the date an employee takes FMLA leave to care for the covered service member or veteran and ends 12 months after that date.

A covered servicemember is a current member of the armed forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of the servicemember's office, grade, rank, or rating and for which the servicemember is undergoing medical treatment, recuperation, or therapy; is in outpatient status; or is on the temporary disability retired list.

## **Child Birth, Adoption, or Foster Care Leave Limitations**

The entitlement to FMLA leave for the birth or placement of a child for adoption or foster care will expire 12 months from the date of the birth or placement. If both employees are employed by the District, their combined time off may not exceed 12 weeks during any 12-month period for the birth, adoption, or foster care of a child, or care of a parent with a serious health condition. Each spouse is, however, eligible for the full 12 weeks within a 12-month period for their own serious health condition, or to care for a son, daughter, or spouse with a serious health condition.

## **Benefits and Protections during FMLA Leave**

During FMLA leave, the District will maintain the employee's health coverage under any "group health plan" on at the same terms as if the employee had continued to work. When on unpaid leave, employees are required to pay the premiums to Human Resources, normally paid via payroll deduction. Upon return from FMLA leave, most employees will be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Reinstatement for highly compensated key employees may be different. Employees will be notified of their status as key employees, when applicable, after they request FMLA leave.

### **Use of Leave**

If an employee wishes to return to work prior to the expiration of the approved FMLA leave period, they must notify the supervisor within 2 business days prior to the employee's planned return. Employees may be required to provide a fitness-for-duty certification (if indicated on the designation notice) specifically addressing the employee's ability to perform the essential functions of their job, prior to returning to work if the FMLA leave of absence was due to the employee's own serious health condition. Employees required to present a fitness-for-duty certification may be delayed in restoration to employment until certification is provided. Second and third opinions are not allowed on a fitness-for-duty certification.

An employee who requests an extension of FMLA leave due to the continuation of a qualifying exigency, care for servicemember, continuation, recurrence, or onset of their own serious health condition, or of the serious health condition of the employee's spouse, child, or parent, must submit a request for an extension, in writing, to the District. This written request should be made as soon as the employee realizes that they will not be able to return at the expiration of the leave period.

### **District Responsibilities**

The District will inform employees requesting leave whether they are eligible under the FMLA. If they are, the notice will specify any additional information required, as well as the employees' rights and responsibilities. If employees are not eligible, the District will provide a reason for the ineligibility.

The District will inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employees' FMLA leave entitlement. If the District determines that the leave is not FMLA-protected, the organization will notify the employees.



## **Other provisions**

Under an exception to the FLSA in the FMLA regulations, hourly amounts may be deducted for unpaid leave from the salary of certain highly compensated employees who are exempt from the minimum wage and overtime requirements of the FLSA, without affecting the employees' exempt status. This special exception to the "salary basis" requirements for the FLSA's exemptions extends only to eligible employees' use of FMLA leave.

Employees may not perform work for self-employment or for any other employer during an approved leave of absence, except when the leave is for military or public service or when the District approved the employment under its Outside Employment policy and the employees' reason for FMLA leave does not preclude the outside employment.

An employee is not entitled to the accrual of any seniority or employment benefits during any unpaid leave. An employee who takes FMLA leave will not lose any seniority or employment benefits that accrued before the date the leave began and will be entitled to any unconditional pay increase, such as cost of living increase granted to all employees during the FMLA leave period.

Failure of an employee to return to work upon the expiration of an FMLA leave of absence will subject the employee to disciplinary action, up to and including termination, unless the District has granted an additional (paid or unpaid) extension. (Note: Refer to the Districts' other leave policies.) Nothing in this policy limits the District's obligations of reasonable accommodation under the Americans with Disabilities Act, as amended.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

## **Medical Leave**

The District may approve up to twelve (12) weeks of unpaid medical leave for employees with a serious medical illness or injury who will not be able to return to work at the end of the twelve (12) week (480 hour) FMLA leave or those who do not meet the requirements for FMLA. This twelve (12) week leave will be inclusive of the 2-week extension offered with FMLA.

### **Eligibility:**

- The employee must have a catastrophic medical event that can be described as an unanticipated and debilitating illness or injury rendering the employee incapable of performing the essential physical requirements of their job for more than 4 consecutive weeks and which keeps the employee from work during an extended treatment and/or rehabilitation period.



- The employee must have submitted for and granted approval to take medical leave.
- For those unable to return after exhausting FMLA leave, an FMLA Certification of Healthcare Provider form must indicate that the employee will be unable to work beyond the 12 weeks guaranteed under FMLA. If the employee's medical condition changes prior to the expiration of FMLA leave, they must submit medical documentation to Human Resources.
- Employees must first exhaust all accrued paid leave before being eligible to go on an unpaid leave or request to receive donations from the leave bank or directed donations from other employees.
- If the employee is on unpaid leave, he/she will be responsible for submitting their entire monthly benefit payments to the Human Resource Department.
- Job protection under FMLA will cease during the extended Organization Medical Leave period. Employees returning from Organization Medical Leave not returning to their position will be eligible for any vacant position for which they are qualified.
- Failure of an employee to return to work upon the expiration of an approved Organization Medical Leave of absence will subject the employee to disciplinary action, up to and including termination.

## **Military Leave**

The District supports the military obligations of all employees and grants leaves for uniformed service in accordance with applicable federal and state laws. Any employee who needs time off for uniformed service should immediately notify the Human Resources department and the employee's supervisor, who will provide details regarding the leave. If an employee is unable to provide notice before leaving for uniformed service, a family member should notify the supervisor as soon as possible.

If a District full-time employee leaves the District for active military service in the United States Army Reserve, the United States Naval Reserve, the United States Marine Corps Reserve, the United States Air Force Reserve, the United States Coast Guard Reserve, or the Nevada National Guard, the employee is considered to be on military service leave of absence. The employee will continue to receive regular pay from the District for a period not to exceed fifteen (15) working days in any one (1) calendar year and this pay does not affect accrued vacation or sick time. The employee is also entitled to reinstatement upon completion of military service in accordance with applicable law.

Upon return from military leave, employees will retain certain rights with respect to reinstatement, seniority, layoffs, compensation, length of service promotions, and length of service pay increases, as required by applicable federal or state law. Failure to report for work within the prescribed time after completion of military service will be considered a voluntary termination.

All employees who enter military service may accumulate a total absence of five years and still retain employment rights.

## **Bereavement Leave**

Employees may take up to three (3) days for in-state and up to (5) days out of state/country of paid bereavement leave upon the death of a member of their immediate family. For purposes of bereavement leave only, "Immediate family member" is defined as an employee's spouse, domestic partner, parents, stepparents, siblings, children, stepchildren, grandparent, parent-in-law, or grandchild.

The District may require verification of the need for the leave. The employee's supervisor and Human Resources will consider this time off on a case-by-case basis and it will be processed through Human Resources benefits program

Payment for bereavement leave is computed at the regular hourly rate to a maximum of ten hours for one day. Time off granted shall not be credited as time worked for the purpose of computing overtime.

Additionally, employees may utilize up to 5 days of sick or other accrued leave for the purposes of bereavement and attending services for anyone that is close to the employee. This leave will solo be approved by the employee's supervisor via a time off request.

## **Jury Duty/Court Appearance**

The District supports employees in their civic duty to serve on a jury. Employees must present any summons to jury duty to their supervisor as soon as possible after receiving the notice, but no less than 3 days prior to appearing for jury duty.

Regular full-time employees called to serve on jury duty during normal working hours will be paid their regular wages while on jury duty, provided that all jury pay is submitted to the District. Employees called but not selected to serve on the jury, and those employees dismissed after serving on jury duty shall report to work when excused with 5 hours or more remaining in their normally scheduled shift. Employees will receive time off for jury duty in accordance with applicable laws.

Employees cannot work within eight (8) hours before the time when the employee must appear for jury duty or between 5 p.m. on the day of their appearance for jury duty and 3 a.m. on the following day if their service lasted for four (4) hours or more on the day of their appearance for jury duty, including time traveling to and from court. If the jury duty/court appearance is scheduled on an employee's normal day(s) off, they will not receive pay for those days.

An employee who is serving as a witness and is not required to report to court until after the start of their work day or who is released from court before the end of his/her scheduled work day shall report to work for the hours which are not required for court duty or for related travel time.

The employee's base rate of pay shall be limited to compensation for court and travel time which occurs during the employee's regularly scheduled hours of work. Court leave will not result in payment of overtime or be considered as hours worked for purposes of

determining eligibility for overtime, unless the court leave is related to the employee's job responsibilities.

An employee who is required by law to appear in court to testify as a witness in a job-related court case will receive regular pay for the hours absent for such purpose provided that all witness fees or pay is returned to the District.

Employees subpoenaed to appear as a witness in civil, criminal, or administrative proceedings shall receive their regular pay, providing all witness fees or pay are returned to the District. This section does not apply to persons whose appearance in court is the result of their status as defendants in a criminal proceeding, personal civil matter, or to persons called or appearing as a party in civil proceedings unrelated to District business.

Employees other than those designated above will be provided time off for jury or witness duty in an unpaid status or employees may use vacation, compensatory, or holiday banked time for appearance in court for personal business. In this instance, it will be the individual employee's responsibility to provide their supervisor with court documents showing need to appear and request time off, as appropriate.

## **Time Off for Voting**

The District recognizes that voting is a right and privilege of being a citizen of the United States and encourages employees to exercise their right to vote. In almost all cases, employees will have sufficient time outside working hours to vote. If for any reason an employee thinks this will not be the case, they should contact their supervisor to discuss scheduling accommodations.

Employees will be eligible for up to three hours paid leave to vote unless polls are open three hours before or after regular working shift. If you live equal to or less than 2 miles away from your polling place, you are granted 1 hour of civil leave. Greater than 2 and equal to or less than 10 miles grants the employee 2 hours. Greater than 10 miles grants the employee 3 hours. The time off should be paid.

## **Leave for Parents of Children Enrolled in School**

The District recognizes the importance of parents being involved in school activities for their children. Regular full-time and part-time (those working 800 or more hours per year) employees who are parents of children enrolled in public or private school (K-12) are entitled to four hours of unpaid leave, per school year, for each child enrolled in school. Accrued vacation hours may be used, as appropriate. The employee may use the entitled leave time to:

- Attend parent-teacher conferences
- Attend school-related activities during regular school hours
- Volunteer or otherwise be involved at the school in which the child is enrolled during regular school hours
- Attend school-sponsored events

The time for the leave must be mutually agreed upon by the employee and the District. The employee must request the leave at least 5 business days prior to the date on which the leave is to be taken. The employee may also be required to furnish documentation demonstrating they were present at the school activity for which the leave was provided.

## **Pregnant Workers' Fairness Act (PWFA)**

The Pregnant Workers Fairness Act (PWFA) is a federal law that requires covered employers to provide "reasonable accommodations" to a qualified worker's known limitations related to pregnancy, childbirth, or other related medical conditions, unless the accommodation will cause the employer "undue hardship." An undue hardship is defined as causing significant difficulty or expense. Related medical conditions include, without limitation, a physical or mental condition intrinsic to pregnancy or childbirth, including mastitis or other lactation-related medical condition, gestational diabetes, pregnancy-induced hypertension, preeclampsia, post-partum depression, loss or end of pregnancy, abortion, and recovery from loss or end of pregnancy.

The employee has the right to be free from discriminatory or unlawful employment practices pursuant to NRS 613.335 and Sections 2-8 of the act; and the right to reasonable accommodations for pregnancy-related conditions.

## **Domestic Violence Leave**

Employees with more than three 3 months' service may be granted up to one hundred and sixty (160) hours of unpaid leave in any 12-month period for incidents related to domestic violence or sexual assault. Accrued sick and vacation hours can be used as appropriate. The leave is granted to any employee, or a family or household member of the employee, who is a victim of domestic violence or sexual assault. The granted time must be used within twelve (12) immediate months following the date of the incidence of domestic violence or sexual assault. Such leave may be used for the diagnosis, care,

or treatment of a health condition related to an act of domestic violence or sexual assault; to participate in court proceedings related to an act of domestic violence or sexual assault; to obtain counseling or assistance related to an act of domestic violence or sexual assault; and, to establish a safety plan, including, without limitation, and action to increase the safety of the employee or their family/household member from future acts of domestic violence or sexual assault.

Employees may be required to provide notice in order to take leave related to domestic violence or sexual assault. When possible, employees are expected to provide forty hours (40) advanced notice to use additional leave. An employee may be requested to provide documentation which supports their need for leave as well. This documentation can include, but is not limited to, a police report, applications for a restraining order, affidavit from an organization that provides services to victims of domestic violence or sexual assault, or documentation from a physician.

# Employee Benefits

The District recognizes the value of benefits to employees and their families. The organization supports employees by offering a comprehensive and competitive benefits program. For more information regarding benefit programs, refer to the District's Summary Plan Descriptions (SPDs), which are found on the District's intranet, or contact the Human Resources department. To the extent the information provided here conflicts with the SPD or full plan document, the full plan document will prevail.

## Medical, Dental, and Vision Insurance

Full-time employees working 30 hours or more per week are eligible for insurance on the first of the month following 15 calendar days from date of hire. To keep coverage in force, every insured employee must work a minimum of 30 hours per week.

Employees are eligible to add dependents to these plans. The District will contribute to the benefit on behalf of the employee. Dependents of District employees include a covered employee's spouse. The term "spouse" shall mean the person recognized as the covered employee's husband or wife under the laws of the state where the marriage was performed, and a license was issued. A covered employee's children from birth to the limiting age of 26 years. The term "children" shall include natural children, adopted children, children placed in the home for adoption pursuant to a court order, stepchildren, temporary or court ordered guardianship of minors, natural child of the covered grandfathered Domestic Partner, or children for whom a court has ordered coverage through a National Qualified Medical Child Support Ordered. Note that only Domestic Partnerships that were in the Plan prior to 2018 remain eligible.

## Life and Accidental Death & Dismemberment (AD&D) Insurance

The District provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance for full-time employees who work a minimum of 30 hours per week. Employees are eligible for this benefit on the first of the month following date of hire. The benefit is equal to the employee's annual base salary. The cost of this coverage is paid for in full by the District.

## Long-Term Disability

Long-term disability benefits are provided to full-time employees working a minimum of 30 hours per week. If an employee becomes totally disabled and cannot work for an extended period of time, this coverage pays 60 percent of the employee's salary, up to \$7,500. This is a voluntary benefit and is funded solely by the District. This benefit can begin as soon as one hundred and eighty (180) days following disability. The benefit may be paid until reaching the Social Security Normal Retirement Age as long as the employee is still unable to work due to a covered disability.

## **Supplemental Benefits**

### **Flexible Spending Account**

A Flexible Spending Account (FSA) uses pre-tax dollars to pay for qualified plan co-payments and coinsurance for medical, dental, vision, prescription, and certain over the counter medications.

Employees choose how much to contribute to their FSA on a calendar year basis up to the annual maximum allowed.

This election is divided by the number of pay periods and deducted on a pre-tax basis from each paycheck within the year. TASC is our FSA administrator and issues a pre-loaded debit card with your elected amount.

### **Dependent Flexible Spending Account**

This dependent FSA account allows the employee to pay for dependent care and adult care expenses on a pre-taxed basis.

### **Voluntary Life Insurance**

Western Life Insurance offers employees the opportunity to purchase additional voluntary life insurance. Coverage can be elected in increments of \$10,000 up to \$750,000, with a guaranteed issue amount starting at \$150,000, up to a maximum of \$300,000 (not to exceed 4 times the employees' annual earnings), at date of hire. Rates are aged based. AD&D insurance may also be elected as an added benefit.

### **Short Term Disability**

Short-term disability is a supplemental insurance offered to full-time employees working a minimum of 30 hours per week. Short-term disability is meant to bridge the 180-day period until long-term disability can cover an employee. If an employee becomes disabled and cannot work for a short period of time, this coverage pays 60 percent of the employee's salary, up to the policy limits. This is a voluntary benefit and is funded solely by the employee.

Short-term disability benefits may run concurrent with FMLA leave and/or any other leave where permitted by state and federal law.

### **Retirement Plan**

All employees of the District employed in positions considered to be half time or more, according to the full-time work schedule established by the District, will be included in the Public Employees Retirement System of Nevada (PERS) in accordance with Nevada Revised Statutes 286 and the Official Policies of the Public Employees Retirement System.



The District pays the entire contribution to PERS, as a local governmental agency. Effective January 24, 2012, all contribution increases required by PERS shall be split between the District and the employee by a reduction in the employee's base salary.

Additionally, employees are also eligible to participate in a 457(b)-plan allowing them to contribute up to 100% of their bi-weekly payroll toward additional retirement savings.

## **Tuition Reimbursement**

An eligible employee of the District may, with prior approval of the division director and Chief Human Resources Officer or their designee, be granted tuition reimbursement for courses taken to improve quality of service to the District in the employee's current classification or to facilitate career development within the District.

To be eligible for reimbursement, courses must be offered on a quarter or semester basis by an accredited college or university. Approved GED programs are also eligible for reimbursement up to a maximum of \$2,250. Such courses must be proven to be required for the employee's degree program as well as related to the employee's current or future service at the District.

In order to be eligible to be reimbursed, an employee must be a full-time regular employee of the District for at least one (1) year.

An employee who applies for tuition reimbursement must agree to continue employment with the District for at least twenty-four (24) calendar months following reimbursement. If an employee fails to work for the District for the full twenty-four (24) months, the employee shall refund the District up to the full amount the District paid for the course(s) and book(s). Reimbursement must be repaid on a prorated basis if the employee separates voluntarily less than 2 years following the completion of the course. This amount may be debited from the employee's final District paycheck.

Prior to approval of tuition reimbursement, an employee must have obtained the necessary approval to take the course as well as approval for any adjusted/flexible scheduling necessary.

Employees must achieve a passing grade of "B" or higher to be eligible for full tuition reimbursement. A passing grade of "C" will be eligible for reimbursement at fifty percent (50%) of tuition only. Any grade below "C" will not be eligible for reimbursement. Pass or fail courses must be passed in order for reimbursement to be granted. Upon completion of the course, the employee must furnish proof of having achieved a passing grade of B or higher, as well as proof, in the form of original receipts, of having paid the tuition. Please note that tuition is defined as only the cost of the class. No fees, such as technology fees, student fees, or health center fees, that the GED program, college, or university will be reimbursed.

Approved tuition reimbursement, not covered by grants and/or scholarships, will be paid up to twice the per credit hour cost of undergraduate credit hours at the University of Nevada, Las Vegas. Textbooks required for the course will be eligible for reimbursement



only with submittal of receipt(s). Required book costs are reimbursable to one hundred dollars (\$100) per eligible course. All reimbursement is payable to a calendar year maximum of \$4,500 per employee.

## **Use of Personal Vehicles and Out of Jurisdiction Travel**

When a District employee is required to utilize a private vehicle for District purposes, the employee shall receive reimbursement at the established IRS mileage rate for each mile driven on behalf of the District. Reimbursement shall be based upon verification of miles driven, in accordance with District policies and procedures. In addition, each month the employee shall receive an allowance of \$50.00 for 200 or more miles driven during that calendar month.

For employees working a hybrid schedule (referring to working both in office and remote within the pay week), mileage will be paid as follows:

- (1) Employees' "mileage worksite" should be determined by geographic location and they will be assigned to the closest SNHD location;
- (2) Employees will deduct the amount of commuter miles from total miles driven for each applicable day (commuter miles, although not reimbursed, should be maintained on a monthly basis and included in the 200 or more miles calculation);
- (3) Employees will not submit miles for the difference between their Central Assigned Office and mileage worksite when reporting to their Central Assigned Office at the beginning of their shift, ending their shift in the field or leaving their Central Assigned Office at the end of the assigned shift;
- (4) Employees are not eligible for reimbursement of mileage when traveling directly from their home to their central assigned office, unless required to go their Central Assigned Office for an unplanned event;
- (5) The District will assign employees work by geographic locations where possible;
- (6) When additional fleet vehicles become available, employees with the highest mileage will be considered first;
- (7) The District will do their due diligence to seek a location at the closest assigned mileage worksite to park assigned vehicles not being kept at the employees home.

### Definitions for purposes of calculating mileage:

Mileage Worksite – This is not a physical location rather one assigned for purposes of mileage calculations.

Commuter Miles – The miles between the employees established home and their assigned Mileage Worksite.

Central Assigned Office – The office the employee is assigned to as a primary administrative center of a business.

### Mileage for District purposes shall include:

- Mileage driven during normal work hours on District business;
- Mileage driven from the employee's home to a work location(s) and home when working scheduled overtime or call back.
- Mileage driven to or from work, other than for scheduled overtime or call backs or for personal business during a workday is excluded from any form of mileage payment.

### **Employee Travel Out of Jurisdiction**

All employees shall have their travel arrangements made in accordance with the established District travel policy.

Travel hours will be hours worked when:

- A non-exempt employee has a special 1-day work assignment in another city. All time spent traveling will be hours worked.
- Travel that keeps an employee away from home overnight is travel away from home. Travel away from home is time worked when it cuts across the employee's normal workday or during normal working hours on non-working days. Thus, if an employee regularly works from 8:00 a.m. to 4:30 p.m. from Monday through Friday, the travel time during these hours is considered hours worked on Saturday and Sunday.
- If an employee is required to drive a vehicle as the mode of travel on out of town overnight travel, the time from home to the destination and the destination back home is hours worked.

Unless otherwise mandated by other requirements, including grants and other funding sources, employees traveling on out-of-jurisdiction business shall receive food and incidentals at a per diem at the rate set by the General Services Administration in compliance with the District's Travel Policy.

## Workers' Compensation

Workers' compensation is a "no-fault" system that provides compensation for medical expenses and wage losses to employees who are injured or who become ill because of job related tasks or environment.

The practice of accident prevention is one of the most important employee responsibilities. Knowing and applying safe working methods are fundamental parts of every job. Any unsafe or hazardous condition must be reported directly to a supervisor or Safety Officer immediately. If an employee sustains a job-related injury or illness, it is important to notify the supervisor and Human Resources immediately. Any employee suffering any work-related injury or illness which requires immediate or continued medical treatment shall immediately seek such treatment from the District's worker's compensation insurance approved physician or medical facility network in accordance with established Workers Compensation Procedures.

Employees are required to submit to post accident drug and alcohol testing. Additionally, employees involved in any work-related motor vehicle accident will be subject to a driver history record audit. Employees required to have a valid driver license in their classification will be subject to annual driving record review and appropriate liability insurance record submittal. Employees required to have a valid driver license in their classification are required to report any change in drivers' license or liability coverage.

Workers' compensation benefits will run concurrently with FMLA leave. The District shall supplement the injured worker's pay, not to exceed full pay, for a period of illness/injury up to a maximum of 7 weeks or 280 hours. Employees receiving full pay for the period of lost wage shall surrender additional or duplicate disability pay within 7 working days of receipt.

If an employee is still unable to work following the 7 week or 280-hour disability period, the employee may request the use of accumulated sick pay, earned compensatory time, or vacation pay to supplement lost wages. Upon such request, the employee's accumulated leave would be used to balance the employee's workers compensation payment so that the employee will receive income equal to the salary at the time of disability. The employee may elect not to use accrued paid time to supplement pay during the disability period. The District may require the employee to be available for light duty work assignments, if appropriate.

Before returning to work following a leave of absence for a work-related disability, an employee must submit a physician's verification stating the employee's ability and fitness to return to full duty work status and/or if there are any work restrictions and the date that the restrictions will be eliminated. The employee may remain on occupational leave until one of the following occurs: medical release to return to duty, nine (9) months temporary total disability, or until such time as a permanent disability from performing job duties is determined.

## **Employee Assistance Program**

The employee assistance program (EAP) is a resource designed to provide highly confidential and experienced help for employees in dealing with issues that affect their lives and the quality of their job performance. The District wants employees to be able to maintain a healthy balance of work and family that allows them to enjoy life. The EAP is a confidential counseling and referral service that can help employees successfully deal with life's challenges.

This free, comprehensive counseling service offers employees four (4) visits per issue each year and a 24-hour hotline answered by professional, degreed counselors.

The District encourages employees to use this valuable service whenever they have such a need. Employees who choose to use these counseling services are assured the information disclosed in their sessions is confidential and not available to the District, and the District is not given any information on who chooses to use the services. For questions or additional information about this program, employees may contact the Human Resources department.



**TO:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      **DATE:** March 27, 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*

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### **PETITION #28-25**

**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:**

**Cassius Lockett, PhD**, District Health Officer *CL*  
**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



CBE NO. 607247-24

## INTERLOCAL AGREEMENT FOR RYAN WHITE HIV/AIDS PROGRAM, PART A & ENDING THE HIV EPIDEMIC SERVICES

This INTERLOCAL AGREEMENT hereinafter referred to as "AGREEMENT" is entered into on 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" for RYAN WHITE HIV/AIDS PROGRAM, PART A & ENDING THE HIV EPIDEMIC SERVICES.

### **WITNESSETH:**

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

WHEREAS, AGENCY has the required licenses and/or authorizations pursuant to all Federal, State of Nevada and local laws in order to conduct business relative to this AGREEMENT;

WHEREAS, AGENCY has the personnel and resources necessary to accomplish the services as described in Article I, Scope of Work;

WHEREAS, AGENCY and COUNTY stipulate that total payment for services performed under this AGREEMENT by AGENCY cannot exceed the amount of funds appropriated annually; and

WHEREAS, all funds are dependent upon the Health Resources and Services Administration of the U.S. Department of Health and Human Services (hereinafter referred to as "HRSA") as a Transitional Grant Area (TGA) for Treatment Extension Act funding.

NOW, THEREFORE, the parties mutually agree as follows:

### **ARTICLE I: SCOPE OF WORK**

AGREEMENT sets forth the following scope of work for conceptual treatment of project work plan categories:

- 3.2.1 Medical Case Management, including Treatment Adherence Services (MCM)
- 3.3.1 Early Intervention Services (EIS)
- 3.3.3 Medical Nutrition Therapy (MNT)
- 3.3.4 Mental Health Services (MHS)
- 3.3.5 Outpatient/Ambulatory Health Services (OAHS)
- 3.4.4 Linguistic Services (LS)
- 3.4.5 Medical Transportation (MT)
- 3.5.1 Rapid stART Outpatient/Ambulatory Health Services (RS OAHS)
- 3.6 Mental Health Services (EHE MHS)
- 3.9 Linguistic Services (EHE LS)

#### **1.0 Overview**

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) is the largest Federal program focused exclusively on HIV/AIDS care. The program is for individuals living with HIV/AIDS who do not have sufficient health care coverage or financial resources for managing their HIV. The Ryan White legislation has been adjusted with each reauthorization to accommodate new and emerging needs, such as an increased emphasis on funding of core medical services and changes in funding formulas. Funds are provided by the U.S. Department of Health and Human Services (HHS), Health Resources and Services

Administration (HRSA), Ryan White HIV/AIDS Treatment Extension Act of 2009 known as the Ryan White HIV/AIDS Program (RWHAP). The HIV Emergency Relief Grant Program Part A: Eligible Metropolitan Areas/Transitional Grant Areas HRSA Announcement No: HRSA-17-030 Catalog of Federal Domestic Assistance (CFDA) No. 93.914. **The Las Vegas Ryan White Transitional Grant Area (TGA) includes Mohave County, Arizona, Clark County and Nye County, Nevada.**

*Ending the HIV Epidemic: A Plan for America* (EHE) is a bold and ambitious initiative to reduce the number of new HIV infections in the United States by 90% by 2030. The plan leverages critical scientific advances in HIV prevention, diagnosis, treatment, and outbreak response by coordinating the highly successful programs, resources, and infrastructure. **Phase 1 of the initiative (2020-2025) was focused in 57 regions hardest hit by the HIV epidemic and Clark County, NV is one of these priority jurisdictions.**

To achieve the goal of reducing new HIV infections in the United States by 75% by 2025 and 90% by 2030, *Ending the HIV Epidemic: A Plan for America* focuses on four key strategies that together can end the HIV epidemic in the U.S.

1. Diagnose all individuals with HIV as early as possible after infection.
2. Treat people with HIV rapidly and effectively to reach sustained viral suppression.
3. Prevent new HIV transmissions by using proven interventions.
4. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

## 2.0 Scope of Project

Ryan White HIV/AIDS Program Services, Part A and Ending the HIV Epidemic Services funding is competitive and used to assist the development or enhancement of access to a comprehensive continuum of high quality, community-based care for low-income individuals living with HIV in Clark County and Nye County in Nevada and Mohave County in Arizona. As such, it supports the National HIV/AIDS Strategy (NHAS) goals of: 1) Reducing New HIV Infections; 2) Increasing Access to Care and Improving Health Outcomes for People Living with HIV; and 3) Reducing HIV-Related Disparities and Health Outcomes.

Funds are contingent upon receipt of Grant Awards from Health Resources and Services Administration to COUNTY.

*Note: Common Definitions and Abbreviations are in section 6.0 of this scope of work.*

## 3.0 Services

The purpose of this section is to provide a description of how RESPONDENT must utilize the allocated funding to provide the highest quality of service based on the [HHS Treatment Guidelines](#), the Health Resources and Services Administration (HRSA) mandated core and support service categories, the Las Vegas TGA Planning Council-approved Service Standards and the HSRA required National Monitoring Standards to meet the client's need(s).

*Sections 3.2, 3.3, and 3.4 are the Ryan White Part A Core Medical and Support Service categories deemed fundable by the Health Resources and Services Administration (HRSA) and approved by the Planning Council to be fundable in the Las Vegas TGA. Sections 3.5, 3.6, and 3.9 are Ending the HIV Epidemic funded services aligned with the EHE Work Plan and community priorities.*

## RYAN WHITE HIV/AIDS PROGRAM (RWHAP), PART A - CORE MEDICAL AND SUPPORTIVE SERVICES

### Target Population and Eligibility Criteria:

The principal intent of the RWHAP is to provide services to people with HIV (PWH) including those whose illness has progressed to the point of clinically defined AIDS (stage three HIV). Ryan White funds are intended to support only the HIV-related needs of eligible individuals. RESPONDENT shall ensure that assistance provided under the Ryan White Program may only be used for services necessary to facilitate a person living with HIV to access and remain engaged in HIV medical care and treatment and for supportive services that directly benefit the health of or is related to the HIV positive status of an individual.



The Las Vegas Transitional Grant Area (TGA) Ryan White Part A program is an established part of a HIV service continuum which supports a cadre of medical and support services for PWH who meet specific eligibility requirements. To be eligible for Ryan White Part A CORE MEDICAL and SUPPORTIVE in the Las Vegas TGA the following requirements must be met:

- Proof of Diagnosis: Verifiable documentation of HIV diagnosis
- Proof of Residence: Documented evidence that demonstrates the individual resides in one of the following counties: Clark County, Nevada; Nye County, Nevada; or Mohave County, Arizona
- Proof of Income: Must have a gross income at, or below, 400% of the most current Federal Poverty Level (FPL) guidelines.

Affected individuals (people not identified with HIV) may be eligible for HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PWH. Funds awarded under the HRSA RWHAP may be used for services to individuals affected by HIV only in the circumstances described in section 6.0 Common Definitions and Abbreviations.

### **3.2 Case Management Service Categories:**

#### **3.2.1 Medical Case Management, including Treatment Adherence Services (MCM)**

**3.2.1 MCM must deliver services within a tiered system as follows:**

- **Tier 1: Navigation Services**
- **Tier 2: Community Based Case Management (Recommended Case Load Not To Exceed 160)**
- **Tier 3: Clinical-Based Case Management (Recommended Case Load Not To Exceed 500)**

**Agencies will be funded either for Tiers 1 and 2 or for Tiers 1, 2, and 3. Those funded for Tiers 1, 2, and 3 must be co-located with an Outpatient/Ambulatory Health Services provider.**

**MCM services must be provided by medically credentialed individuals or other healthcare staff who are part of the clinical care team. The following minimum qualifications apply to the tiers as follows:**

- **Tier 1 Case Managers: Certified Community Health Worker Level I**
- **Tier 2 Case Managers: Certified Community Health Worker Level II, Certified Peer Recovery Support Specialist or a Bachelor's degree or above in human services field)**
- **Tier 3 Case Managers: Licensed Clinical Staff (i.e. LPN, RN, BSN, MSN, LCSW, LMSW, PharmD, etc.)**

*HRSA PCN 16-02 Description:* Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access and linkage to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services



In addition to providing the medically-oriented services above, MCM may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through health insurance marketplaces/exchanges).

**HRSA PCN 16-02 Program Guidance: Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.** Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

### **3.3 Other Core Medical Service Categories:**

#### **3.3.1 Early Intervention Services (EIS)**

***HRSA PCN 16-02 Description:*** The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act. RWHAP Parts A and B EIS services must include the following four components:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected;
  - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts.
  - Part A funding may only be used to **supplement** (not supplant) existing federal, state, or local funding for HIV testing.
- Referral services to improve HIV care and treatment services at key points of entry;
- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care; and
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.

***HRSA PCN 16-02 Program Guidance:*** The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA RWHAP recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

#### **3.3.3 Medical Nutrition Therapy (MNT)**

***HRSA PCN 16-02 Description:*** Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

***HRSA PCN 16-02 Program Guidance:*** All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a registered/licensed dietitian should be considered Psychosocial Support Services under the HRSA RWHAP.

### **3.3.4 Mental Health Services (MHS)**

*HRSA PCN 16-02 Description:* Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

*HRSA PCN 16-02 Program Guidance:* Mental Health Services are allowable only for PWH who are eligible to receive HRSA RWHAP services.

### **3.3.5 Outpatient/Ambulatory Health Services (OAHS)**

*HRSA PCN 16-02 Description:* Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits. Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

*HRSA PCN 16-02 Program Guidance:* Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

## **3.4 Other Support Service Categories:**

### **3.4.4 Linguistic Services (LS)**

*HRSA PCN 16-02 Description:* Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services.

*HRSA PCN 16-02 Program Guidance:* Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

### **3.4.5 Medical Transportation (MT)**

*HRSA PCN 16-02 Description:* Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

*HRSA PCN 16-02 Program Guidance:* Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

## ENDING THE HIV EPIDEMIC SERVICES

### Target Population and Eligibility Criteria:

***To be eligible for Ending the HIV Epidemic, a person must only have verifiable documentation of HIV diagnosis. PROVIDER shall not impose any other criteria beyond what is stated in this scope of work.***

### 3.5 Rapid stART Services:

#### **3.5.1 Rapid stART Outpatient/Ambulatory Health Services (RS OAHS)**

**In addition to having verifiable documentation of HIV diagnosis, eligible clients must also be newly diagnosed with HIV or previously diagnosed with HIV and are new to care or returning to care and are not eligible for Ryan White services.**

Rapid stART is an approach to HIV care that aims to increase individuals' awareness of their HIV status, and if needed, facilitate early access to medical care. Early antiretroviral treatment (ART) is key to better health outcomes and prevention of HIV transmission. The local Rapid stART program endeavors to expedite the early initiation of antiretroviral treatment (ART), within seven calendar days of diagnosis or receipt of referral, but preferably on the day of diagnosis or receipt of referral. Rapid stART medical care consolidates the diagnosis, initial assessment and counseling, medical evaluation, and ART prescription in one day. The primary goal of same-day referral is early linkage to a medical provider for evaluation and early initiation of ART. Inherent in this process is an emphasis in client engagement and long-term retention in HIV care to achieve effective and durable community viral suppression.

*HRSA PCN 16-02 Description:* Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits. Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions

- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

*HRSA PCN 16-02 Program Guidance:* Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

### **3.6 Mental Health Services (EHE MHS)**

**In addition to having verifiable documentation of HIV diagnosis, eligible clients must not be eligible for Ryan White services.**

*HRSA PCN 16-02 Description:* Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

*HRSA PCN 16-02 Program Guidance:* Mental Health Services are allowable only for PWH who are eligible to receive HRSA RWHAP services.

### **3.9 Linguistic Services (EHE LS)**

*HRSA PCN 16-02 Description:* Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services.

*HRSA PCN 16-02 Program Guidance:* Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

## **RESTRICTION ON USE OF FUNDS**

### **Additional Information related to use of Gift Cards**

Ryan White HIV/AIDS Program (RWHAP) funds may not be used to make cash payments to clients of RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for RWHAP core medical and support services.

Where direct provision of a service is not possible or effective, the following must be used:

- Store gift cards (can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are allowable as incentives for eligible program participants)
- Vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation).

General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

PROVIDER must include in the proposal, if applicable, the method which the administration of the voucher and/or store gift card programs will assure that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.

#### **Unallowable Costs under all service categories**

Other unallowable costs include: clothing; employment and employment-readiness services; funeral and burial expenses; Pre-Exposure Prophylaxis (PREP); non-occupational Post-Exposure Prophylaxis (PEP); material designed to promote or encourage, directly, intravenous drug use or sexual activity; international travel; purchase or improvement of land, purchase-construction-or permanent improvement of any building or other facility and property taxes.

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## **4.0 Responsibilities of AGENCY**

The purpose of this section is to provide a description of how the AGENCY is expected to utilize the allocated funding to provide the highest quality of service based on HRSA HAB guidelines and monitoring standards set forth to meet the necessary service provisions of the grant.

### **4.1 Program Administration and Operations - AGENCY shall:**

- a) Ensure that the AGENCY, its officers, and employees are not debarred or suspended from doing business with the Federal Government.
- b) Ensure the PROGRAM is operated in accordance with:
  - i) [Ryan White HIV/AIDS Program legislation](#)
  - ii) [HIV AIDS Bureau \(HAB\) Policy Clarification Notices \(PCNs\) and Program Letters.](#)
  - iii) Applicable [Service Standards and Policies and Procedures](#) of the Las Vegas Transitional Grant Area
  - iv) [Las Vegas TGA Rapid stART protocols;](#)
  - v) [Universal Guidance for NV Ryan White All Parts](#)
  - vi) [RWHAP National Monitoring Standards for RWHAP Part A Recipients](#)
  - vii) Conditions of Award (COA) set forth by HRSA;
  - viii) Terms and conditions set forth by HRSA in the applicable Notice of Funding Opportunity (NOFO);
  - ix) Applicable Nevada Revised Statutes and Nevada Administrative Code;
  - x) All other applicable federal, state and local regulations.
- c) Implement [Culturally and Linguistically Appropriate Services \(CLAS\) Standards](#) in policy and practice to ensure services are provided in a manner that is culturally and linguistically appropriate.
- d) Ensure that incident management measures are in place to identify, analyze, and correct hazards to minimize adverse impact on operations.
- e) Establish agency policy and procedure that prevents undue barriers to care.

### **4.2 Staffing – AGENCY shall:**

- a) Employ personnel with sufficient technical knowledge, skill, and expertise necessary to provide the services while ensuring appropriate staff to client ratios. Staffing should be comprised of a multi-disciplinary team that is representative of PWH in Southern Nevada with respect to HIV status as well as race, ethnicity, age, gender identity, gender expression, sexual orientation, sex and any other protected characteristic as defined by Nevada Revised Statutes and Nevada Administrative Code and shall include people with lived experience of HIV, to the maximum extent possible.

- b) Ensure, to the maximum extent possible, that PWH are involved, through employment, provision of volunteer services, and/or provision of supportive services.
- c) Maintain documentation of personnel licenses and certifications required by service standards, AGENCY'S policies and procedures, and/or the personnel member's discipline.

**4.3 Agency Orientation, Staff Training and Technical Assistance** - AGENCY shall:

- a) Ensure that, at minimum, the following personnel participate in Provider Orientation and subsequent refreshers provided by COUNTY: executive leadership; fiscal leadership and staff; and program leadership and staff.
- b) Request support and technical assistance from COUNTY as needed.
- c) Build organizational and personnel capacity by using and cultivating understanding of program requirements through web-based resources, modules, manuals, materials and videos available on the Las Vegas TGA website's [Learning Portal](#) and "Sub Award Resources" section.
- d) Ensure personnel have received training in the following subjects, at a minimum:
  - i) Within 30 days after start date during AGENCY'S orientation of new personnel and through self-study, personnel shall develop adequate operational knowledge of:
    - (1) [Ryan White Part A Service Standards & corresponding Policies and Procedures](#), as applicable to the position
    - (2) [Nevada Ryan White Universal Eligibility Manual and related forms and documents](#)
    - (3) [Nevada Ryan White All Parts Universal Guidance](#)
    - (4) [Ryan White Part A Referral Policy](#)
    - (5) Ryan White Part A Reference Manual
    - (6) Subrecipient Policy and Procedure Manual
    - (7) [CAREWare tutorials](#)
  - ii) Within 30 days after start date, and annually thereafter, personnel shall participate in training regarding:
    - (1) HIPPA Compliance
  - iii) Within 90 days after start date, and as needed thereafter, personnel shall participate in training provided by COUNTY regarding:
    - (1) Introduction to the Ryan White HIV/AIDS program
    - (2) Use of CAREWare
    - (3) Use of RWISE
    - (4) Ryan White Program Eligibility
  - iv) In addition, appropriate personnel shall attend educational trainings to increase staff knowledge about current issues relating to HIV care, subjects to include but not limited to:
    - (1) Evidence-Based Best Practices, as relevant to the position
    - (2) Medical Mistrust
    - (3) Culturally and Linguistically Appropriately Services
    - (4) Cultural Competency / Cultural Humility
    - (5) Motivational Interviewing
    - (6) Crisis Intervention/De-escalation
    - (7) Harm Reduction
    - (8) Trauma Informed Care
    - (9) Suicide Prevention
    - (10) Mental Health First Aid
    - (11) Defensive Driving, (at minimum, for personnel that operate a County-owned vehicle)
    - (12) CPR and First Aid (at minimum for personnel responsible for transporting clients).



- e) Ensure that training on all required subjects has been provided to all existing and new personnel within the designated timeframes and prescribed intervals thereafter, including refresher and recertification trainings as recommended by the training source. Training must be delivered by sources that possess expertise in the subject matter. Documentation of training on all mandated subjects must be submitted to COUNTY upon request.
- f) Maintain ongoing active participation in Provider and Action Planning Group (APG) meetings.

**4.4 Monitoring and Compliance – AGENCY shall:**

- a) Actively participate in compliance monitoring conducted by COUNTY. COUNTY will evaluate the AGENCY'S performance on a regular basis. Such evaluation shall include assessing the AGENCY'S compliance with applicable federal, state and local regulations and statutes; all contract terms; and performance measures. The frequency of monitoring may be monthly, quarterly, semi-annually, and/or annually.
- b) Submit deliverables annually within 45 days of request from COUNTY, including but not limited to:
  - i) Unique Entity Identifier (UEI)
  - ii) SAM Registration
  - iii) List of Board Members
  - iv) Annual Fiscal Funding Summary
  - v) Annual Risk Assessment
  - vi) Annual, updated CLAS Standard Assessment and Action Plan
  - vii) Most Current Financial OMB 133 Financial Audit
  - viii) Medicare/Medicaid Certification Numbers
  - ix) Proof of Insurance for County-owned
  - x) Equipment Inventory Purchased with Ryan White Grant Funds
  - xi) IRS 501(c)3 Exempt Organization Affirmation Letter
  - xii) Federally Negotiated Indirect Cost Rate Agreement
  - xiii) Certificate Workers' Compensation Coverage
  - xiv) Certificate of Liability Insurance

**4.5 Protected Health Information, Data Entry and Security – AGENCY shall:**

- a) Implement Administrative Safeguards and internal controls to prevent use or disclosure of protected Health Information as defined in the HIPPA Rules to protect and secure the confidentiality, integrity and availability of Electronic Protected Health Information. (45 CFR 164.308, 164.210 and 364312) in accordance with 45 CFR 164.316.
- b) Notify COUNTY of any attempted or successful unauthorized access, use, disclosure, modification or destruction of information or interference with system operations in an information system ("Security Incident") within 24 hours of discovery of the incident.
- c) Ensure personnel consistently document services in CAREWare within two (2) business days of the service being provided to facilitate complete documentation of client services, timely referrals, accuracy in data reporting and to monitor progress on performance measures.
- d) Notify COUNTY within one (1) business day when a member of personnel, who is also a CAREWare user, separates from the agency so their account can be disabled, thereby helping to safeguard protected health information.

**4.6 Clinical Quality Management – AGENCY shall:**

- a) Commit to advancing the quality of services throughout the Las Vegas TGA, by prioritizing ongoing involvement and leadership in the Las Vegas TGA's Clinical Quality Management (CQM) program. Demonstration of this commitment shall include:
  - i) Developing an operational understanding of [HRSA PCN 15-02](#), [HRSA PCN 16-02](#) and [Las Vegas TGA CQM Annual Plan](#).
  - ii) Leadership support and guidance for Quality Improvement Projects and CQM participation by staff.
  - iii) Designation of a member of personnel to serve as AGENCY'S CQM Single Point of Contact (SPOC) and selection of an alternate for occasions when the SPOC is unavailable.

- iv) Ensuring that SPOCs consistently prioritize CQM as a part of their ongoing job responsibilities.
- v) Supporting the development and implementation of the annual CQM plan, program monitoring documents and other resources needed to ensure services adhere to HIV/AIDS treatment guidelines and established clinical practices.
- vi) Ongoing, active participation in:
  - o CQM-related meetings, trainings, technical assistance, and capacity-building activities;
  - o Jurisdictional and agency-specific quality improvement projects;
  - o PDSA cycles;
  - o Timely responses to requests for data, reports and CQM-related assignments; and
  - o Delivering presentations about data, performance measures and insight gained through QI projects and PDSA cycles,

**4.7 Client Feedback, Including Grievances** – AGENCY shall:

- a) Develop and implement a plan to facilitate client feedback on the design, delivery and quality of services, which must include client satisfaction surveys at intervals throughout care; and at least one of the following: development of a client advisory council which shall meet on a regular basis to discuss service delivery issues; and/or regularly scheduled opportunities to meet with agency leadership to discuss programs. AGENCY shall submit a written procedure to COUNTY for implementing the client feedback mechanism(s), and report on its progress quarterly.
- b) Comply with the Grievance Policy & Reporting Structure in Exhibit D.

**4.8 Reporting** – AGENCY shall:

- a) With the support of COUNTY, submit reports required by HRSA, including but not limited to the RWHAP Services Report (RSR) and EHE Triannual Data Reports.
- b) Submit monthly reports on Rapid stART data and performance measures (Rapid stART OAHS agencies only)
- c) Submit quarterly reports to COUNTY including but not limited to:
  - i) Narrative of the AGENCY'S progress with accomplishing goals, objectives and program activities;
  - ii) Data and analysis related to performance measures established by COUNTY;
  - iii) Data and analysis related to client feedback obtained during the quarter;
  - iv) A log of client grievances received during the reporting period, including copies of the grievances and documentation on how the grievance was resolved;
  - v) Current organizational chart; and
  - vi) Updated list of contacts.

**4.9 Fiscal** - AGENCY shall:

- a) Submit a monthly Request for Reimbursement to COUNTY'S authorized representative by the 15<sup>th</sup> calendar day of each month for the previous month's services and activities related to this scope of work.
- b) Establish such fiscal and accounting procedures necessary to ensure:
  - i) The proper disbursement of, and account for grant funds in order to ensure that all financial transactions are conducted.
  - ii) Maintain financial records pertaining to all matters relative to the Scope of Work in accordance with standard accounting principles and procedures and retain all records and supporting documentation applicable for a period of five (5) years upon completion or termination of the Contract, whichever comes first.
  - iii) Delineate how multiple funding sources for services are allocated appropriate for its designated intended service. All such records relating to any analysis or audit performed relative to the Contract shall be retained for five (5) years after such analysis or audit has been performed and any findings have been resolved.



- iv) In the event that AGENCY no longer operates within the Las Vegas Transitional Grant Area (Clark County, NV; Nye County, NV or Mohave County, AZ), it shall be required to deliver a copy of all records relating to the Contract with COUNTY to be retained by COUNTY and AGENCY.
- c) Not use Ryan White HIV/AIDS Program (RWHAP) funds for any item or service “for which payment has been made or can reasonably be expected to be made” by another payment source, in alignment with the HRSA regulations. Additionally, AGENCY shall:
  - i) If providing insurance-reimbursable services, actively and diligently pursue opportunities to become a provider of those services through health insurance products, especially those most available and accessible to RWHAP clients;
  - ii) Make reasonable efforts to identify, secure and exhaust non-RWHAP funds whenever possible before utilizing Ryan White Program Funds for core medical and supportive services;
  - iii) Ensure that eligible individuals are encouraged, referred, and assisted in enrolling in other private and public service programs and that such eligibility is consistently assessed, and enrollment pursued. This includes actively engaging uninsured and underinsured clients in annual open enrollment and any special enrollment periods;
  - iv) Coordinate with all Ryan White Program Parts (Parts A, B, C and D) when similar service is provided to avoid duplication of services or payments;
  - v) When a Ryan White client receives services that are covered by their existing insurance coverage/benefits and/or assistance program, first bill that other payer source prior to utilizing Ryan White resources.
  - vi) Retroactively bill other payer sources for covered services.
  - vii) Screen each client to determine if they are eligible to receive services through other programs at time of eligibility or reassessment, and prior to any referrals made to other Ryan White core medical and/or support services.
- d) Pursuant to [HRSA Policy Clarification Notice 15-03](#) (Clarification regarding the Ryan White HIV/AIDS Program and Program Income), all gross income earned by a AGENCY that is directly generated by a Ryan White Part A supported activity or earned as a result of a Ryan White Part A activity will be monitored and tracked for identity of the source, amount earned and expenditures of the income. AGENCYs are required to provide:
  - i) Program Income Expected Budget: AGENCY shall submit this to COUNTY when Annual Budgets are due. This is an estimate only, of the sources and amounts that AGENCY may receive.
  - ii) Program Income Quarterly Report: AGENCY shall submit this to COUNTY, which shall include actual amounts of program income earned during the reporting period and:
    - (1) Sources of program income;
    - (2) The amount of program income received from each source;
    - (3) Amount of program income expended;
    - (4) How program income funds were spent;
    - (5) Amount of unspent program income at the end of the reporting period.
  - iii) Program Income Annual Report: AGENCY shall submit this to COUNTY, which shall include actual amounts of program income earned during the grant year and:
    - (1) Sources of program income;
    - (2) The amount of program income received from each source;
    - (3) Amount of program income expended;
    - (4) How program income funds were spent;
    - (5) Amount of unspent program income at the end of the grant year.

## 5.0 Performance Measures

Performance measurement is the routine collection and analysis of data. A successful program translates into viral suppression. Performance measures are required, at minimum, for any Service Category utilized by 15% or more of clients in the Las Vegas TGA. Performance measures will be developed annually by the Office of HIV and will be provided during planning for Clinical Quality Management activities for the year.

## 6.0 Definitions and Common Abbreviations

**Acquired Immune Deficiency Syndrome (AIDS)** is the late stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus. In the U.S., most people with HIV do not develop AIDS because taking HIV medicine every day as prescribed stops the progression of the disease. A person with HIV is considered to have progressed to AIDS when the number of their CD4 cells falls below 200 cells per cubic millimeter of blood (200 cells/mm<sup>3</sup>) or they develop one or more opportunistic infections regardless of their CD4 count. (In someone with a healthy immune system, CD4 counts are between 500 and 1,600 cells/mm<sup>3</sup>).

**Affected individuals** (people not identified with HIV) may be eligible for HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PWH. Funds awarded under the HRSA RWHAP may be used for services to individuals affected by HIV only in the circumstances described below: The primary purpose of the service is to enable the affected individual to participate in the care of a PWH. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for a PWH; the service directly enables a PWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related medical care or support services. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV; and services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

**AIDS Drug Assistance Program (ADAP)** is a state administered program authorized under Part B (formerly Title II) of the Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2009 (Ryan White Program) that provides Food and Drug Administration (FDA) approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAPs may also purchase insurance and provide adherence monitoring and outreach under the flexibility policy. *Note: In the State of Nevada, ADAP is referred to as the Nevada Medication Assistance Program (NMAP).*

**AIDS Education and Training Center (AETC)** are regional centers providing education and training for primary care professionals and other AIDS-related personnel. AETCs are authorized under Part F of the Ryan White HIV/AIDS Program and administered by the HRSA HIV/AIDS Bureau's Division of Training and Technical Assistance (DTT).

**Antiretroviral Therapy (ART)** is the treatment for HIV. ART involves taking a combination of HIV medicines (called an HIV treatment regimen) every day. ART is recommended for everyone who has HIV. ART can't cure HIV, but HIV medicines help people with HIV live longer, healthier lives. ART also reduces the risk of HIV transmission.

**CAREWare** is an electronic health and social support services information system for HRSA's Ryan White HIV/AIDS Program recipients and providers. CAREWare was developed by HRSA's HIV/AIDS Bureau and first released in 2000.

**Client** is used interchangeably with the terms "patient" and "consumer" in this scope of work.

**Clinical Quality Management (CQM)** is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. All Ryan White HIV/AIDS Program recipients are required to establish clinical quality management programs to assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections; and develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

**Core Medical Services:** Under the Ryan White HIV/AIDS Treatment Modernization Act of 2006, grantees receiving funds under Parts A, B, and C (formerly Titles I, II and III) must spend at least 75 percent of funds on core medical services. For the Las Vegas TGA, fundable service categories approved by the Las Vegas TGA Planning Council include: outpatient and ambulatory health services; oral health; early intervention services; health insurance premium and cost sharing assistance; mental health services; medical nutritional therapy; medical case management, including treatment adherence services; and outpatient substance abuse treatment services.

**Culturally and Linguistically Appropriate Services (CLAS):** The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities. CLAS is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: **Respect** the whole individual and **Respond** to the individual's health needs and preferences.

**Health Resources and Services Administration (HRSA) and the HIV/AIDS Bureau (HAB):** The U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) administers The Ryan White Program.

**Human Immunodeficiency Virus (HIV)** is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. It is spread by contact with certain bodily fluids of a person with HIV, most commonly during unprotected sex (sex without a condom or HIV medicine to prevent or treat HIV), or through sharing injection drug equipment. If left untreated, HIV can lead to the disease AIDS.

**Minority AIDS Initiative (MAI):** Created in 1998 in response to growing concern about the impact of HIV/AIDS on racial and ethnic minorities in the United States, MAI provides funding across several Department of Health and Human Service (DHHS) agencies/programs, including Ryan White, to strengthen organizational capacity and expand HIV-related services in minority communities. The Ryan White component of the MAI was codified in the 2006 reauthorization. Funds are awarded by HRSA as part of the Ryan White HIV/AIDS Program, Part A award to provide core medical and related support services to improve access and reduce disparities in health outcomes in metropolitan areas hardest hit HIV/AIDS.

**Personnel,** as utilized in this scope of work, includes management/leadership, employees, volunteers and contractors.

**People with HIV (PWH)** refers to infants, children, adolescents, and adults who have HIV, including a stage 3 HIV infection also known as AIDS.

**Planning Councils** are charged with determining the size and demographics of the population, determining the needs of the population, establishing priorities, developing comprehensive plans, assessing the efficiency of administrative mechanisms, participating in the development of the statewide coordinated statement of need, establishing methods of obtaining input, and coordinating with Federal grant recipients that provide HIV-related services.

**Plan, Do, Study, Act (PDSA) Model for Improvement** is a four-step process for quality improvement.

- The first step (plan): develop an objective with questions and predictions.
- The second step (do) carry out the plan on a small scale and document the process.
- The third step (study), analyze the data, compare it to the "plan" section and document the process.
- The fourth step (act), adapt to the new process, abandon it, or revise and begin the cycle again.

**Payer of Last Resort:** By statute, the RWHAP funds may not be used for any item or service “for which payment has been made or can reasonably be expected to be made” by another payment source. At the individual client level, this means that grantees must assure that funded providers make reasonable efforts to secure non-RWHAP funds whenever possible for services to individual clients. Consistent with past communication from HRSA/HAB, grantees and their contractors are expected to vigorously pursue Medicaid enrollment as well as other funding sources (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS Programs, employer-sponsored health insurance coverage, and/or other private health insurances, etc.) to extend finite Part A grant resources to new clients and/or needed services, and that such eligibility is consistently assessed and enrollment pursued. In cases where the operations of the Part A Program and/or its eligibility determinations are made through a sub-contractual relationship, the assurance that Ryan White program funds remain the payer of last resort should be maintained. Contractors with the authority to conduct eligibility should also perform insurance verification, and make every effort to identify primary payer verifications. Such actions will reinforce the integrity of the Part A funds being spent on clients identified as eligible. The Ryan White Program is the payer of last resort; with the exception of persons with HIV/AIDS who are eligible to receive benefits or services through the Indian Health Service or the Department of Veterans Affairs. These people are also eligible for Ryan White Program services and can choose to access the Ryan White Program for their care, rather than accessing services for the Indian Health Service or the Department of Veterans Affairs.

**Program Income** means gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided in 45 CFR 75.307(f). Program income includes, but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, licenses fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulation, or the terms and conditions of the federal award, program income does not include rebates, credits, discounts, and interest earned on any of them.

**Provider/PROVIDER** includes the terms "service provider", "agency", "organization", "applicant" and "subrecipient".

**Quality Improvement (QI)** entails the development and implementation of activities to make changes to the program in response to the performance data results. To do this, recipients are required to implement quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction.<sup>10</sup> Recipients are expected to implement quality improvement activities using a defined approach or methodology (e.g., model for improvement<sup>11</sup>, Lean<sup>12</sup>). Quality improvement activities should be implemented in an organized, systematic fashion. As a result, the recipient is able to understand if specific changes or improvements had a positive impact on patient health outcomes or were indicative of further necessary changes in RWHAP funded services. All quality improvement activities should be documented. Recipients should conduct quality improvement activities within at least one funded service category at any given time.

**Rapid stART** refers to starting a patient on HIV antiretroviral therapy (ART) treatment as soon as possible after the diagnosis of HIV infection, preferably on the first clinic visit (and even on the same day the HIV diagnosis is made). Rapid stART may serve to decrease time to viral suppression by removing obstacles to care; support equitable access to treatment; and reduce new HIV infections.

**Recipient** (formerly referred to as the grantee) refers to the COUNTY, specifically the Office of HIV at Clark County Social Service, to which grant funds from HRSA are directly awarded.

**The Ryan White HIV/AIDS Program (RWHAP)** provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations. More than half of people with diagnosed HIV in the United States receive services through the Ryan White HIV/AIDS Program each year. That means more than half a million people received services through the program. Over the last three decades, HRSA's Ryan White HIV/AIDS Program has played a critical role in the United States' public health response to HIV. What was once a deadly disease is now a manageable, chronic condition, if there is access to high-quality health care, support, and appropriate

medical treatment. In 2019, 88.1 percent of Ryan White HIV/AIDS Program clients were virally suppressed, exceeding the national average of 64.7 percent. The Ryan White HIV/AIDS Program is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). HRSA's Ryan White HIV/AIDS Program is divided into five Parts, following from the authorizing legislation.

- **Part A** funds medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs and TGAs are counties/cities that are the most severely affected by the HIV/AIDS epidemic.
- **Part B** administers funds for states and territories to improve the quality, availability, and organization of HIV health care and support services. Recipients include all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the six U.S. Pacific territories/associated jurisdictions. In addition, Part B also includes grants for the AIDS Drug Assistance Program (ADAP).
- **Part C** administers funds for local community-based organizations to provide comprehensive primary health care and support services in an outpatient setting for people with HIV through Early Intervention Services program grants. Part C also funds Capacity Development grants, which help organizations more effectively deliver HIV care and services.
- **Part D** administers funds for local, community-based organizations to provide outpatient, ambulatory, family-centered primary and specialty medical care for women, infants, children and youth with HIV. Part D funding may also be used to provide support services to people living with HIV and their affected family members.
- **Part F** funds support clinician training, dental services, and dental provider training. In addition, Part F funds the development of innovative models of care to improve health outcomes and reduce HIV transmission.

**The Ryan White HIV/AIDS Treatment Modernization Act of 2009:** The Ryan White CARE Act, "Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2009", or "Ryan White Program" is the single largest federal program designed specifically for people with HIV/AIDS. First enacted in 1990, it provides care and treatment to individuals and families affected by HIV/AIDS. The Ryan White Program has five parts: Part A (formerly Title I) funds eligible metropolitan areas and transitional grant areas, 75 percent of grant funds must be spent for core services; Part B (formerly Title II) funds States/Territories, 75 percent must be spent for core services; Part C (formerly Title III) funds early intervention services, 75 percent must be spent for core services; Part D (formerly Title IV) grants support services for women, infants, children & youth and Part F comprises Special Projects of National Significance, AIDS Education & Training Centers (AETCs), Dental Programs and the Minority AIDS Initiative.

**The Ryan White HIV/AIDS Program Services Report (RSR)** is a client-level data reporting requirement that monitors the characteristics of Ryan White HIV/AIDS Program Parts recipients, providers, and clients served. All Ryan White HIV/AIDS Program-funded recipients Parts A-D and their contracted service providers (subrecipients) are required to report client-level data annually to the HIV/AIDS Bureau through the RSR. The client-level data reported by recipients and subrecipients is used to monitor health outcomes of clients living with HIV receiving care and treatment services through program recipients and subrecipients; address the impact of HIV in communities disproportionately affected, by assessing organizational capacity and service utilization; monitor the use of the Ryan White HIV/AIDS Program to appropriately address HIV in the United States; and track progress toward achieving the goals identified in the National HIV/AIDS Strategy: Updated to 2020.

**Ryan White Integrated Statewide Eligibility (RWISE)** is a web-based interface developed by TriYoung, Inc. that uses the CAREWare database to provide an interface for eligibility teams to receive, review and process eligibility for the Ryan White Program. The interface is built using the standard program interface available for CAREWare along with direct data access as needed for the custom areas of CAREWare.

**Special Projects of National Significance (SPNS)** - Program supports the development of innovative models of HIV care and treatment in order to quickly respond to emerging needs of clients served by Ryan White HIV/AIDS Programs.

**Supportive Services:** Under the Ryan White HIV/AIDS Treatment Modernization Act of 2006, grantees receiving funds under Parts A, B, and C (formerly Titles I, II and III) must spend no more than 25 percent of service dollars on support services. For the Las Vegas TGA, fundable service categories approved by the Las Vegas TGA Planning Council include: emergency financial assistance, food bank/home-delivered meals, health education/risk reduction, medical transportation services, psychosocial supportive services.

**Viral Suppression** is defined as having less than 200 copies of HIV per milliliter of blood. If taken as prescribed, ART reduces the amount of HIV in the body (viral load) to a very low level which keeps the immune system working and prevents illness.

## 7.0 References

- **HRSA Ryan White HIV/AIDS Program** (<https://hab.hrsa.gov/>)
  - Fiscal Monitoring Standards (Part A)  
<https://hab.hrsa.gov/sites/default/files/hab/Global/fiscalmonitoringparta.pdf>
  - Program Monitoring Standards (Part A)  
<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>
  - Universal Monitoring Standards (Part A and B)  
<https://hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf>
  - Frequently Asked Questions  
<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringfaq.pdf>
  - Policy Notices and Program Letters  
<https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>
- **Las Vegas TGA, Ryan White Service Standards and Policies & Procedures**  
<https://lasvegastga.com/standards/>
- **What is Ending the HIV Epidemic: A Plan for America**  
<https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>
- **Ending the HIV Epidemic**  
<https://www.cdc.gov/endhiv/index.html>
- **Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV**  
<https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/10/initiation-of-antiretroviral-therapy>
- **Rapid ART Program Initiative: How immediate ART initiation improves health outcomes**  
[https://www.gettingtozerosf.org/wp-content/uploads/2017/05/RAPID\\_Provider\\_final\\_v2\\_high-res-1.pdf](https://www.gettingtozerosf.org/wp-content/uploads/2017/05/RAPID_Provider_final_v2_high-res-1.pdf)
- **What are HIV and AIDS?**  
<https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids>
- **Viral Suppression**  
<https://ahead.hiv.gov/resources/glossary/viral-suppression>
- **Clinical Quality Management Policy Notification Notice 15-02**  
<https://hab.hrsa.gov/sites/default/files/hab/Global/HAB-PCN-15-02-CQM.pdf>
- **Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds**  
[https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)
- **The Stages of HIV Infection**  
<https://hivinfo.nih.gov/understanding-hiv/fact-sheets/stages-hiv-infection>

## 8.0 Disclosure Statement

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of awards in the amounts of \$6,867,483 and \$2,018,197 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

## **ARTICLE II: TERM OF AGREEMENT**

The initial term of AGREEMENT shall be from date of award through February 28, 2026, with the option to renew for 2, one-year option(s). COUNTY reserves the right to extend the AGREEMENT for up to an additional three (3) months for its convenience.

Notwithstanding the foregoing provision, either party may terminate AGREEMENT, without cause, upon giving thirty (30) days written notice to the other party. In the event the Budget Act and Fiscal Fund Out provision is invoked, AGREEMENT shall expire June 30<sup>th</sup> 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**

COUNTY agrees to pay AGENCY for services provided as outlined in Article I, Scope of Work, and Exhibit E, Request for Reimbursement, for the annual not-to-exceed amount in accordance with appropriated funds issued via purchase order. COUNTY will issue an award letter for the annual not-to-exceed amount based upon the allocated amount per service category by the Las Vegas TGA Ryan White Part A Planning Council and HRSA-approved Ending the HIV Epidemic budget.

Advances may be approved at the discretion of the Chief Financial Officer. Requests for any advance must be submitted in writing on the letterhead of the requesting organization and bear the original signature of an authorized representative. Requests must include detailed justification and spending plan regarding advance funds. COUNTY reserves the right to require all expenditures of advance funds to be fully documented prior to approving any reimbursement.

If COUNTY rejects a reimbursement request 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.

Reimbursement requests shall be submitted via email to: [CCHIVFiscal@ClarkCountyNV.gov](mailto:CCHIVFiscal@ClarkCountyNV.gov)

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

COUNTY is not responsible for late payments on inaccurate reimbursement 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: Clark County Department of Social Service  
Attention: Heather Shoop  
1600 Pinto Lane  
Las Vegas, Nevada 89106  
Email: [Heather.Shoop@ClarkCountyNV.gov](mailto:Heather.Shoop@ClarkCountyNV.gov)

To AGENCY: Southern Nevada Health District  
Attention: Contract Administrator  
280 S. Decatur Blvd  
Las Vegas, NV 89107  
Email: [torres@snhd.org](mailto:torres@snhd.org); [grants@snhd.org](mailto:grants@snhd.org); [kelsch@snhd.org](mailto:kelsch@snhd.org);  
[orewyler@snhd.org](mailto:orewyler@snhd.org)



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

## **ARTICLE XI: WAIVER AND SEVERABILITY**

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

## **ARTICLE XII: LAW OF VENUE**

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

## **ARTICLE XIII: SUSPENSION AND TERMINATION**

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

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

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

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

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

## **EXHIBITS**

Exhibit A Scope of Work - Replaced with Article I, herein

Exhibit B Insurance Requirements Sample Form - Intentionally omitted

Exhibit C Subcontractor Information Form– Intentionally omitted

Exhibit D Grievance Reporting Structure – Attached

Exhibit E Ending the HIV Epidemic (EHE) Request for Reimbursement and Ryan White Part A Request for Reimbursement – Attached

Exhibit F Federal Requirements - Attached

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

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

COUNTY OF CLARK:

SOUTHERN NEVADA HEALTH DISTRICT:

BY: \_\_\_\_\_  
TICK SEGERBLOM, CHAIR  
Clark County Commissioners

BY: \_\_\_\_\_  
CASSIUS LOCKETT, PhD  
District Health Officer

ATTEST

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: \_\_\_\_\_  
LYNN MARIE GOYA  
County Clerk

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

APPROVED AS TO FORM:  
Steven Wolfson, District Attorney

BY: \_\_\_\_\_  
SARAH SCHAERRER  
Deputy District Attorney

**EXHIBIT D**  
**GRIEVANCE REPORTING STRUCTURE**

Grievance means an **oral or written communication**, submitted by a client or by their representative, which addresses issues with any aspect of the AGENCY'S operations, activities, or behavior that pertains to the availability, delivery, or quality of care, including utilization review decisions, that are believed to be adverse by the client. The expression may be in whatever form of communication or language that is used by the client or their representative but must state the reason for the dissatisfaction and the client's desired resolution.

No retaliatory actions will be taken against any client or client representative filing a grievance. The client shall be assured that information pertaining to the grievance issue is kept confidential except to the extent that sharing of such information between the COUNTY and the AGENCY and other persons authorized by the client, is necessary to resolve the issue.

AGENCY shall develop and implement an agency-wide grievance policy that clearly explains all of the following, at minimum:

- The definition of a grievance
- How a person may submit a grievance
- The steps the AGENCY will take to address a grievance
- The appeal process
- The definition of retaliation
- What the AGENCY does to prevent retaliation after a person submits a grievance
- How the AGENCY addresses any retaliation that may occur
- The entity the person may contact when the grievance is not resolved at the agency level (Note: this will be dependent on the agency's funding sources, for example The City of Las Vegas, SAPTA, Clark County)
- That the AGENCY is the first point of access for all grievances and is responsible for responding, investigating, and attempting to resolve the client's grievance before the client or AGENCY refers the grievance to a funder or governing entity

AGENCY shall ensure:

- The grievance policy and forms are available in English and Spanish
- Each client served is aware of and understands the grievance policy
- That at each location where funded services are provided:
  - The grievance policy and procedure is posted in plain sight.
  - Grievance forms are always available in an area clients can access without needing staff permission.
  - There is a locked suggestion box easily accessible to clients to submit input, including grievances. This box must be checked by AGENCY at least weekly to ensure timely response.

AGENCY shall supply client with any of the following, upon client's request:

- A blank agency grievance form
- A copy of their completed agency grievance form
- A pre-addressed and pre-stamped envelope addressed to the AGENCY'S Executive Director
- A pre-addressed and pre-stamped envelope addressed to the COUNTY'S HRSA Grants Project Director

Grievances are one source of information to evaluate the quality of access, service, or clinical care. Thus, each AGENCY shall submit a completed Grievance Log to a designated COUNTY representative on a quarterly basis with the due date determined by the COUNTY. Logs will be tracked and trended by the COUNTY for quality improvement purposes.

AGENCY shall record each oral and written grievance on the Grievance Log.

- If a grievance covers more than one category, AGENCY shall record the grievance in the predominant category.
- For each grievance listed on the log, documentation must also be submitted to include, at minimum:
  - Copy of written grievance or transcript of oral grievance
  - Records of analysis, investigation, and resolution of the grievance
  - Copy of written notification to the client of the disposition of the grievance and the way to appeal the outcome of the grievance, including contact information of the COUNTY, if grievance was not resolved to the client's satisfaction.

**EXHIBIT D**  
**GRIEVANCE REPORTING STRUCTURE**

Grievance Log for Las Vegas TGA and Ending the HIV Epidemic			
Effective March 1, 2025			
AGENCY name: _____		Year: _____	
Report period (circle): Mar-May	June-Aug	Sept-Nov	Dec-Feb

Grievance: An oral or written communication, submitted by a client or their representative, which addresses issues with any aspect of AGENCY'S operations, activities, or behavior that pertains to the availability, delivery, or quality of the service including utilization review decisions that are believed to be adverse to the client. The communication may be in whatever form of communication or language that is used by the client or their representative but must state the reason for the client's dissatisfaction and the desired resolution.

Client URN	Date Received	Grievance Type	Disposition - Select One: Resolved/Appeal Requested Include Brief Notes	Disposition Date	# Days to Disposition

The count of calendar days begins with the receipt date and does not include the final date of disposition. For example, if a grievance received Thursday, March 20, 2025 and disposed of Tuesday, March 25, 2025, the number of calendar days would be five (5) days.

**EXHIBIT D**  
**GRIEVANCE REPORTING STRUCTURE**

<b>ACCESS</b>		<b>Interaction with AGENCY</b>	
<b>A1</b>	Difficulty contacting AGENCY	<b>I1</b>	Client feels not treated with dignity or respect
<b>A2</b>	Timely appointment not available	<b>I2</b>	Client disagrees with staff or clinician response
<b>A3</b>	Convenient appointment not available	<b>I3</b>	Lack of courteous service
<b>A4</b>	No choice of clinicians or clinician not available	<b>I4</b>	Lack of cultural sensitivity
<b>A5</b>	Transportation or distance barrier	<b>I5</b>	Other (describe)
<b>A6</b>	Physical barrier to AGENCY's office	<b>Quality of Service</b>	
<b>A7</b>	Language barrier or lack of interpreter services	<b>Q2</b>	AGENCY office unsafe
<b>A8</b>	Wait time during visit too long	<b>Q2</b>	AGENCY office uncomfortable
<b>A9</b>	Other (describe)	<b>Q3</b>	Client did not receive information about available services
<b>Denial of Service, Authorization, or Payment</b>		<b>Q4</b>	Excessive wait times on phone
<b>D1</b>	Desired service not available	<b>Q5</b>	Phone call not returned
<b>D2</b>	Client wanted more service than offered/authorized	<b>Q6</b>	Client doesn't like pre-authorization requirements
<b>D3</b>	Request for service not covered by Ryan White TGA	<b>Q7</b>	Other (describe)
<b>D4</b>	Request for medically unnecessary service	<b>Client Rights</b>	
<b>D5</b>	Payment to non-participating AGENCY denied	<b>CR1</b>	Not informed of client rights
<b>D6</b>	Service authorization denied	<b>CR2</b>	Grievance and appeal procedure not explained
<b>D7</b>	Other (describe)	<b>CR3</b>	Access to own records denied
<b>Clinical Care</b>		<b>CR4</b>	Concern over confidentiality
<b>C1</b>	Client not involved in treatment planning	<b>CR5</b>	Allegation of abuse
<b>C2</b>	Client's choice of service not respected	<b>CR6</b>	Treatment discontinued without proper notification
<b>C3</b>	Disagreement with treatment plan	<b>CR7</b>	Other (describe)
<b>C4</b>	Concern about prescriber or medication issues		
<b>C5</b>	Lack of response or follow-up		
<b>C6</b>	Lack of coordination among AGENCYs		
<b>C7</b>	Care not culturally appropriate		
<b>C8</b>	Client believed quality of care inadequate		
<b>C9</b>	Other (describe)		

**EXHIBIT E**  
**EHE**  
**Office of HIV**  
**Clark County Social Service**  
**1600 Pinto Lane**  
**Las Vegas, Nevada 89106**

Grant Period:

EIN:

Sub Recipient:

Period Covered:

Address:

PO:

**ENDING THE HIV EPIDEMIC REQUEST FOR REIMBURSEMENT**

Service Category	Budget	Current Period Invoice	Expenditure to Date	Unexpended Balance	Unexpended %
<i>Initiative Services</i>					
<i>Rapid stART Response Team</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>RWHAP Core Medical Services</i>					
<i>Rapid stART Outpatient/Ambulatory Health Services (OAHS)</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Mental Health Services (MHS)</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>RWHAP Support Services</i>					
<i>Linguistic Services (LS)</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Rapid stART Medical Transportaion (MT)</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Psychosocial Support (PSS)</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Administration</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<b>TOTALS</b>	\$0.00	\$0.00	\$0.00	\$0.00	

Total Award:	\$0.00
Less: Prior Reimbursement Payments:	\$0.00
Funds Available:	\$0.00
Total Reimbursement Requested:	\$0.00
Balance of Funds Remaining:	\$0.00

<b>Subrecipient Signature:</b>	<b>Title:</b>	<b>Date:</b>
<b>Recipient Fiscal Review/Approval:</b>		<b>Date:</b>
<b>Recipient Admin/Director Approval:</b>		<b>Date:</b>

**EXHIBIT E**  
**RYAN WHITE**  
**Office of HIV**  
**Clark County Social Service**  
**1600 Pinto Lane**  
**Las Vegas, Nevada 89106**

EIN:

Grant Period:

Sub Recipient:

Period Covered:

Address:

PO:

**RYAN WHITE PART A REQUEST FOR REIMBURSEMENT**

Service Category	Budget	Current Period Invoice	Expenditure to Date	Unexpended Balance	Unexpended %
<b>Core Services</b>					
<i>Early Intervention Services</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Health Ins. Premium &amp; Cost Sharing</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Medical Case Management</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Medical Nutrition Therapy</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Mental Health Services</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Oral Healthcare</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Outpatient/Ambulatory Health Services</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Substance Abuse Outpatient</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Support Services</b>					
<i>Emergency Financial Assistance</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Food Bank/Home Delivered Meals</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Health Ed/Risk Reduction</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Linguistic Services</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Medical Transportation</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<i>Referral (Eligibility)</i>	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Administration</b>	\$0.00	\$0.00	\$0.00	\$0.00	
<b>TOTALS</b>	\$0.00	\$0.00	\$0.00	\$0.00	
Total Award:				\$0.00	
Less: Prior Reimbursement Payments:				\$0.00	
Funds Available:				\$0.00	
Total Reimbursement Requested:				\$0.00	
Balance of Funds Remaining:				\$0.00	
<b>Sub Recipient Signature:</b>		<b>Title:</b>	<b>Date:</b>		
<b>Recipient Fiscal Review/Approval:</b>				<b>Date:</b>	
<b>Recipient Admin/Director Approval:</b>				<b>Date:</b>	



**EXHIBIT F  
FEDERAL REQUIREMENTS**

1. COUNTY is the recipient of funds pursuant to the CFDA title: HIV Emergency Relief Project CFDA Number 93.914; Ryan White HIV/AIDS Treatment Extension Act of 2009 Grant Number H89HA06900, (hereinafter referred to as the "TREATMENT EXTENSION ACT") and COUNTY is responsible for the administration of said funds within the Las Vegas, Nevada, standard metropolitan statistical area as defined by the U.S. Census Bureau, which metropolitan area has been designated by the Health Resources and Services Administration of the U.S. Department of Health and Human Services (hereinafter referred to as "HRSA") as a Transitional Grant Area (TGA) for TREATMENT EXTENSION ACT funding.

Additionally, COUNTY is the recipient of funds pursuant to the CFDA title: Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B CFDA Number 93.686; Grant Number UTH8HA33925 (hereinafter referred to as the "ENDING THE HIV EPIDEMIC") and COUNTY is responsible for the administration of said funds within Clark County, Nevada.

2. AGENCY understands that TREATMENT EXTENSION ACT funds are to be used as dollars of last resort for each client.
3. AGENCY understands and further agrees that it shall account for the use of TREATMENT EXTENSION ACT and ENDING THE HIV EPIDEMIC funding by ensuring all expenditures are reasonable and necessary, and are subject to the following:
  - a. AGENCY may allocate no more than 10% of the contract amount for "administrative" costs, as defined by COUNTY, HRSA and applicable federal Office of Management and Budget (OMB) Circulars. Funds are to be provided on a reimbursement basis.
  - b. Approval of the award budget by COUNTY constitutes prior approval for the expenditure of funds for specified purposes included in this budget. The transfer of funds between providers at any level requires approval from the Board of County Commissioners. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
  - c. COUNTY reserves the right to hold reimbursement under this award until any delinquent forms or requirements of grant award are filed.
  - d. Within forty-five (45) days of the CLOSE OF THE AWARD PERIOD, a complete financial accounting of all expenditures shall be submitted to COUNTY.
  - e. COUNTY reserves the right to reallocate funding based on utilization of services furnished by AGENCY during the term of this Agreement, so that services to be provided and the corresponding maximum payment amount may be decreased or increased at the discretion of COUNTY for services remaining to be provided. COUNTY reserves the right to reduce AGENCY'S funding and to reallocate such funding to other Ryan White providers if it appears the full funding shall not be used by AGENCY.
  - f. AGENCY understands and further agrees that this Agreement is valid and enforceable only if sufficient TREATMENT EXTENSION ACT and/or ENDING THE HIV EPIDEMIC funds are made available to COUNTY by HRSA. Payment for all services provided under this Agreement is expressly contingent upon the availability of such TREATMENT EXTENSION ACT and ENDING THE HIV EPIDEMIC funds. This Agreement may be amended, suspended or terminated effective immediately by COUNTY at any time in the event of a change in, a suspension of or discontinuation of the availability of these funds.

4. Restrictions on Grant Expenditures

- a. TREATMENT EXTENSION ACT and ENDING THE HIV EPIDEMIC funds shall not be used to purchase or improve land, or to purchase, construct, or make permanent improvements to any building, except for minor remodeling, if authorized.
- b. TREATMENT EXTENSION ACT and ENDING THE HIV EPIDEMIC funds shall not be used to make direct payments to recipients of services.
- c. TREATMENT EXTENSION ACT and ENDING THE HIV EPIDEMIC funds shall not be used to supplant or replace current state, local, or private HIV-related funding.
- d. AGENCY shall maintain documentation on file assuring that services rendered under this Agreement will use TREATMENT EXTENSION ACT funding as "dollars of last resort" and that the client has no other source of funding to provide such services.

**EXHIBIT F  
FEDERAL REQUIREMENTS**

- e. TREATMENT EXTENSION ACT and ENDING THE HIV EPIDEMIC funds are to be used for HIV/AIDS-related services only. Use of these funds for research, epidemiological surveys, clinical trials, and capital projects is prohibited.
  - f. TREATMENT EXTENSION ACT and ENDING THE HIV EPIDEMIC funds shall not be used to provide items or services for which payment already had been made or reasonably can be expected to be made by third party payers, including Medicaid, Medicare, and/or other federal, state, or local entitlement programs, prepaid health plans, or private insurance. AGENCY shall provide its Medicare/Medicaid certification number or evidence of the status of becoming Medicare/Medicaid certified.
  - g. COUNTY shall not honor any request for payment for services provided by volunteers at no cost to AGENCY.
  - h. COUNTY shall not honor any request for payment for TREATMENT EXTENSION ACT or ENDING THE HIV EPIDEMIC services provided outside of Clark and Nye Counties, Nevada, and Mohave County, Arizona, unless prior written authorization has been obtained from COUNTY.
  - i. AGENCY understands and further agrees to the eligibility criteria for the Ryan White Part A Program. Delivery of services is contingent on verification of medical and financial eligibility.
  - j. AGENCY understands and further agrees to the eligibility criteria for the Ending the HIV Epidemic Program. Delivery of services is contingent on verification of medical eligibility only.
5. General Scope of Work for All Agencies
- a. See Article I for specific services and Scope of Work.
  - b. AGENCY shall provide Care and Support Services to HIV/AIDS infected persons regardless of age, race, ethnicity, religion or gender, and sexual orientation which services are culturally sensitive, linguistically appropriate and appropriate to patients' functional acuity level.
    - (1) Comply with *National Standards for Culturally and Linguistically Appropriate Services in Health Care* as defined by the US Department of Health and Human Services, Office of Minority Health. These Standards are available on the Office of Minority Health's website at <http://www.thinkculturalhealth.hhs.gov/clas/standards>
    - (2) Participate in the Las Vegas TGA Continuum of Care where services are organized to respond to the individual or family's changing needs in a holistic, coordinated, timely and uninterrupted manner, thereby reducing fragmentation of care. AGENCY shall submit to COUNTY copies of current Memoranda of Understanding with all other providers within the Continuum of Care.
    - (3) AGENCY must establish a system of written procedures through which a client or their representative may present grievances about the operation of AGENCY'S services. AGENCY shall provide these written procedures to COUNTY upon request and shall make them readily accessible to clients, such as through the posting or distribution of the procedures in areas frequented by clients. AGENCY shall, upon request, provide advice to such persons as to the grievance procedure. Refer to Exhibit D for Grievance Reporting Structure. AGENCY shall submit resolved grievances to the Ryan White Part A staff quarterly. (see Exhibit D).
    - (4) AGENCY shall maintain on file and adhere to its current internal grievance and/or sanction procedures made available in English and in Spanish for clients not satisfied with services received from AGENCY.
    - (5) AGENCY must submit to COUNTY, prior to permanent banning or restriction to services by mail only, all data related to eligible client for a final determination by COUNTY.
    - (6) AGENCY shall obtain written approval from COUNTY prior to making programmatic changes in the scope of the project.
    - (7) AGENCY shall inform COUNTY, in writing, of changes in Board composition specified in this Agreement within thirty (30) business days of any such change.
    - (8) Utilize COUNTY furnished COUNTY approved management information system software to manage eligible client data. Data must be entered within two (2) business days of delivery of service to client. Specialty services encounter data must be entered within two (2) business days of receipt by AGENCY.
    - (9) AGENCY shall ensure that client confidentiality is maintained when accessing the client services management information systems database.

**EXHIBIT F  
FEDERAL REQUIREMENTS**

- (10) AGENCY shall ensure that 100% of clients are registered in the client services management information systems database approved by COUNTY prior to the receipt of services.
- (11) AGENCY shall check eligibility status on 100% of clients prior to the delivery of services and refer 100% of clients not registered for an eligibility assessment.
- (12) AGENCY shall openly and honestly disclose business practices, written records and client files pertaining to the provision of TREATMENT EXTENSION ACT and ENDING THE HIV EPIDEMIC funded services to COUNTY representatives during scheduled site review visits by COUNTY staff.
- (13) AGENCY shall comply with corrective action recommendations as a result of the site review visit.
- (14) AGENCY shall actively assist in quality improvement effort(s) by COUNTY and/or the Ryan White Part A Planning Council by encouraging their clients to participate in various client opinion sampling opportunities which may include ongoing written client satisfaction surveys, personal onsite interviews or focus groups and/or needs assessment for the purpose of ongoing or periodic assessment of client needs to improve the quality of care.
- (15) AGENCY shall submit documentation/proof of completing any corrective actions identified in the programmatic site visits by due dates specified in the site visit reports.
- (16) AGENCY shall collaborate with COUNTY by allowing staff to participate in meetings and trainings as attendees and/or as presenters, as needed.
- (17) At least one AGENCY representative shall attend mandatory TREATMENT EXTENSION ACT and ENDING THE HIV EPIDEMIC Provider Meetings with dates, times, and locations to be determined by COUNTY.
- (18) AGENCY will send qualified participants(s) to attend Case Management related meetings as directed by COUNTY. Times and dates will be determined by COUNTY.
- (19) AGENCY will send qualified participant(s) to attend Clinical Quality Management related meetings and activities as directed by COUNTY. Times and dates will be determined by COUNTY.
- (20) AGENCY required to attend at minimum a quarterly one-on-one meeting with COUNTY to discuss budgets, service provision, client concerns and any other pertinent events related to grant funding or programming. Times and dates will be determined by COUNTY.
- (21) AGENCY shall participate in Technical Assistance training as needed and as identified by COUNTY and AGENCY staff.
- (22) The following written documents shall be visibly posted within thirty (30) business days of execution of this Agreement.
  1. The Statement of Consumer Rights
  2. Disability Act
  3. Labor laws
  4. Sanction policy and/or zero tolerance information
  5. Grievance policy or posted information informing clients that there is a grievance policy.
- (23) AGENCY shall supply COUNTY with a copy of any Direct Service subcontract Agreements within thirty (30) days of execution of that Agreement.
- (24) AGENCY shall notify COUNTY, in writing, of staff changes that occur during the award period to staff that are employed using TREATMENT EXTENSION ACT and ENDING THE HIV EPIDEMIC funds within one (1) business day of such occurrences.
- (25) AGENCY shall supply COUNTY with a list of active Board of Directors' members and meetings scheduled to occur seven (7) days after the execution date of this Agreement, AGENCY shall supply COUNTY with a list of the Board of Directors members.
- (26) AGENCY shall make meeting minutes available, upon request, within five (5) business days of request.
- (27) AGENCY shall supply COUNTY with a summary of all current fiscal year funding sources with dollar amounts or estimates of amounts no later than ninety (90) days after the execution of this Agreement.
- (28) AGENCY shall complete and submit to HRSA all federally mandated Program Data no later than the due dates specified by HRSA.
- (29) AGENCY shall supply COUNTY with a copy of the most recent Office of Management and Budget (OMB) A – 133 audit within six (6) months of completion of AGENCY Fiscal Year.

**EXHIBIT F**  
**FEDERAL REQUIREMENTS**

- (30) AGENCY of TREATMENT EXTENSION ACT services shall adhere to the HRSA Part A Program Monitoring Standards, Fiscal Monitoring Standards and Universal Monitoring Standards.
6. AGENCY shall comply with all applicable state, federal and county laws and regulations relating to its performance under this Agreement as they now exist and as hereafter amended or otherwise modified. AGENCY shall perform all services under this Agreement in compliance with the U.S. Office of Management and Budget (OMB) cost principles and uniform administrative requirements as promulgated in its published circulars as well as U.S. Department of Health and Human Services Public Health Service Grants Policy Statements, all HRSA TREATMENT EXTENSION ACT and ENDING THE HIV EPIDEMIC program guidelines, policies and practices and comply with the Universal Health Records Standards issued by HRSA and the Title 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards found here <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>
  7. AGENCY agrees that grant funds may only be used for the awarded purpose and are approved expenditures under the guidelines of U.S. Department of Health and Human Services and Health Resources and Services Administration. In the event AGENCY expenditures do not comply with this condition, that portion not in compliance must be refunded to the COUNTY.
  8. AGENCY agrees that the expenditure of award funds in excess of approved budgeted amount, without prior written approval by the COUNTY, may result in the AGENCY refunding to the COUNTY that amount expended in excess of the approved budget.
  9. AGENCY agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offer for employment because of race, national origin, ethnicity, color, gender, sexual orientation, religion, age, or disability (including AIDS and AIDS-related conditions). AGENCY shall include this non-discrimination clause in all subcontracts/agreements in connection with any service or other activity under this Agreement.
  10. AGENCY shall also be in compliance with the Equal Employment Opportunity Act, Anti-Kickback Act, the Davis-Bacon Act and OSHA regulations.
  11. In accordance with the Immigration Reform and Control Act of 1986, AGENCY shall not knowingly employ unauthorized or illegal aliens in the performance of this Agreement.
  12. AGENCY agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
  13. AGENCY certifies, by signing this Agreement, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This certification shall be required by AGENCY of every subcontractor receiving any payment in whole or in part from monies paid pursuant to this Agreement.
  14. AGENCY agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this award shall be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
    - a. any federal, state, county or local agency, legislature, commission, council, or board;
    - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
    - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
  15. AGENCY shall also account for and report funds expended and/or services provided from other funding sources, specifically for the HIV/AIDS programs including but not limited to in-kind contributions, volunteer services, cash match, other grants and all monetary contributions and donations.

**EXHIBIT F  
FEDERAL REQUIREMENTS**

16. AGENCY agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this award. The COUNTY reserves the right to disqualify AGENCY on the grounds of actual or apparent conflict of interest. Any concealment or obfuscation of a conflict of interest, whether intentional or unintentional, shall automatically result in the disqualification of funding.
17. AGENCY shall ensure the confidentiality of medical information that contains patient identifiers including name, date of birth, Social Security number, telephone number, medical record number and ZIP code. AGENCY shall comply with all state confidentiality laws and federal Health Insurance Portability and Accountability Act (HIPAA) regulations that protect all individually identifiable health information in any form (electronic, paper-based, oral) that is stored or transmitted by a HIPAA covered entity.
18. AGENCY must have on file updated yearly certification of HIPAA training completed by members of staff.
19. All client data listed in the COUNTY approved data management system or included in client files must only be used in course of regular business. Any data from COUNTY approved data management system or client files intended for any other use must have written approval from COUNTY.
20. AGENCY shall submit copies to COUNTY of all forms of written correspondence and/or documents pertaining to Ryan White TREATMENT EXTENSION ACT Part A and/or ENDING THE HIV EPIDEMIC services including, but not limited to, press releases and notices to the general public issued or released by AGENCY.
21. All statements, press releases, flyers, posters, brochures, and other documents promoting programs and services funded in whole or in part with TREATMENT EXTENSION ACT and/or ENDING THE HIV EPIDEMIC funds shall specifically reference that funding has been made available through a grant from the U.S. Department of Health and Human Services, HRSA, and Clark County under the TREATMENT EXTENSION ACT. The COUNTY shall supply the correct verbiage upon request of the AGENCY.
22. Title to any and all equipment procured through the expenditure of TREATMENT EXTENSION ACT and/or ENDING THE HIV EPIDEMIC funds will vest upon acquisition with COUNTY. Upon termination of this Agreement, COUNTY shall solely determine the disposition of all such equipment.
23. Property records shall be maintained by AGENCY, including a description of the property, serial or ID number, source of property, title holder, acquisition date and cost of property, percentage of TREATMENT EXTENSION ACT and/or ENDING THE HIV EPIDEMIC funds used to procure property, location, use and condition of the property.
24. COUNTY shall monitor AGENCY'S performance during the term of this Agreement. This shall include, but not be limited to, site visits, AGENCY'S participation in COUNTY's sponsored training and contractor meetings, timeliness of deliverables and recipient sponsored projects through the Ryan White Part A Planning Council. Results of this review may be considered when evaluating AGENCY'S performance for continued funding in future grant year. This section shall survive the termination of this Agreement.
25. If AGENCY fails to substantially comply with any material provisions of this Agreement, COUNTY reserves the right to withhold payment in an amount that corresponds to the harm caused by AGENCY, and/or to immediately suspend, modify or terminate this Agreement. Events that may also lead to withholding of funds, and/or suspension, modification or termination include, but are not limited to:
  - a. AGENCY materially breaches this Agreement or is in material violation of any applicable county ordinance or state or federal law in conducting activities under this Agreement.
  - b. AGENCY fails to maintain any license, registration, or permit required to provide the services specified in this Agreement or fails to utilize licensed personnel, where required by law;
  - c. AGENCY, either knowingly or unknowingly, misrepresents, in any way, information or data furnished to COUNTY, or submits reports that are materially incorrect, incomplete or delinquent;
  - d. AGENCY makes improper use of funds;
  - e. AGENCY fails to resolve, to the reasonable satisfaction of COUNTY, any disallowed or questionable costs and/or operating practices identified in any current or prior fiscal year program monitoring, site visit or audit report;
  - f. AGENCY engages in unlawful discrimination;
  - g. AGENCY fails to take timely corrective action in response to written notification by COUNTY;

**EXHIBIT F  
FEDERAL REQUIREMENTS**

- h. AGENCY is indebted to the United States Government;
  - i. AGENCY fails to collaborate and cooperate with other TREATMENT EXTENSION ACT funded, ENDING THE HIV EPIDEMIC funded or non-funded agencies when deemed necessary to provide efficient and effective services to the HIV infected/affected population. This includes failing to attend or send an appropriate representative to HIV/AIDS related meetings scheduled by COUNTY and other agencies;
  - j. AGENCY fails to accomplish the Scope of Work or fails to meet deliverable due dates specified in this Agreement.
  - k. AGENCY uses TREATMENT EXTENSION ACT and/or ENDING THE HIV EPIDEMIC funds for lobbying purposes or fails to submit to COUNTY "Disclosure of Lobbying Activities with Non-Federal Funds" Statement if AGENCY engages in lobbying activities.
  - l. COUNTY reasonably deems AGENCY'S performance unsatisfactory.
26. All participating client information furnished by COUNTY to AGENCY shall be provided via COUNTY approved management information system. AGENCY is entitled to rely on information provided in COUNTY approved management information system to the extent such information or data would be relied upon by a reasonably prudent AGENCY.
27. AGENCY shall schedule an annual financial audit with a qualified certified public accounting firm. A copy of the auditor's report, financial statements and management letter, if any, for the prior fiscal year shall be submitted to COUNTY for review along with any required corrective action plan. A copy of the Financial Audit Report must be sent to Clark County Social Service, Attn: Office of HIV HRSA Grants Project Director, 1600 Pinto Lane, Las Vegas, Nevada 89106. Failure to meet this requirement may result in loss of current funding and disqualification from consideration for further COUNTY administered funding. This audit shall be made by an independent auditor in accordance with generally accepted accounting principles and title 45 Code of Federal Regulation Part 75 – Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards. This requirement applies equally to any and all subcontractors of AGENCY that receive TREATMENT EXTENSION ACT and/or ENDING THE HIV EPIDEMIC funds. Any subcontracts shall be furnished to COUNTY to ensure conformance with all TREATMENT EXTENSION ACT and ENDING THE HIV EPIDEMIC requirements.
28. AGENCY shall make appropriate corrections within two (2) months after receipt of an audit report to remedy any problems identified in the audit report. COUNTY may withhold payment for non-correction of material weaknesses identified by the audit report in addition to its right to terminate this Agreement for such non-correction.
29. If AGENCY is unable to furnish the audit reports required above, AGENCY shall submit to COUNTY a written request with an explanation for an extension prior to the six (6) month deadline. The request shall include a letter from the Certified Public Accounting firm engaged to perform the audit that states, at a minimum, that the firm has been engaged to perform the audit and the anticipated completion date.
30. COUNTY shall monitor the entire program under this Agreement on an ongoing basis. COUNTY shall advise AGENCY in advance of the monitoring procedure which shall be used. All information obtained by monitors shall be kept confidential within COUNTY, except as otherwise required by federal or state statutes or regulations.
31. This Agreement may be terminated without cause by COUNTY giving written notice by personal service or Certified Mail to the AGENCY at least thirty (30) days prior to the effective date of such termination.
32. Accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Agreement. Records required for retention include all accounting records, including related original and supporting documents that substantiate costs charged to the award activity. Recipients of awards are required to maintain accounting records, identifiable by award number. Such records shall be maintained in accordance with the following:
- a. Records must be retained for at least five (5) calendar years (unless otherwise stipulated) from the date that the final reports have been submitted to COUNTY.
  - b. In all cases, an overriding requirement exists to retain records until resolution of any audit questions relating to individual awards.
  - c. Current job descriptions as well as curriculum vitae, resumes, copies of certificates, licenses, and other pertinent credentials of all employees serving in positions funded under this Agreement need to be

**EXHIBIT F**  
**FEDERAL REQUIREMENTS**

retained for a minimum of five (5) years subsequent to the expiration date of this agreement, making them available to COUNTY upon request.



# Memorandum

**Date:** March 27, 2025

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

**From:** Daniel Isler, PE, REHS, *Environmental Health Engineer/Supervisor* *DI*  
Daniel Burns, PE, REHS, *Environmental Health Engineer/Manager* *DB*  
Chris Saxton, MPH-EH, REHS, *Director of Environmental Health* *CS*  
Cassius Lockett, PhD, *District Health Officer* *CL*

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**Subject:** Variance request for an existing septic system, SNHD Permit #ON0009184, located at 5114 Harrison Dr., Las Vegas, NV 89120 to allow the septic system to encroach on the property line

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## **I. BACKGROUND:**

Jason La, Owner ("Petitioner"), is requesting a variance to obtain approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* ("SNHD ISDS Regulations") and to allow future building permits to be issued for the property located at Assessor's Parcel Number (APN) 162-25-212-023, also known as 5114 Harrison Dr., Las Vegas, NV 89120 ("Subject Property").

Petitioner requests a variance from Section 3.7 of the SNHD ISDS Regulations, which states that a "Tenant Improvement approval request shall be denied if the existing individual sewage disposal system (ISDS) is in violation of any of these Regulations." The existing septic system is currently in violation of Section 5.1 of the SNHD ISDS Regulations.

Petitioner further requests a variance from Section 5.1, which states that "no septic tank or soil absorption system shall be located within ten feet (10') of any property line." Petitioner would like to proceed with their Tenant Improvement approval request and allow the existing leach field to remain encroaching on the property line.

Petitioner states the following with regards to these requirements:



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

*"The leach field was installed forty years ago by the original owner of the property."*

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

*"Relocating the leach field would be cost prohibitive. It is estimated that moving the leach field could cost over \$10,000."*

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

*"The leach field has been in place and operational for over forty years."*

The Subject Property is depicted in Attachment D as Lot 2 of the Recorded Parcel Map, which was recorded in 1977. The parcel map was created prior to the adoption of the current SNHD ISDS Regulations in 2009 and no changes to the Subject Property have been recorded since adoption of the current regulations. The existing single-family residence on the Subject Property was constructed in 1974.

Examination of the Clark County Assessor's records and parcel genealogy show that the Petitioner is the sixth owner of the property and obtained the Subject Property in November 2024. An analysis of the surrounding area shows that there are 24 private and quasi-municipal wells and 54 permitted septic systems within a square mile of the Subject Property.

## **II. RECOMMENDATION:**

The leach field of the existing ISDS is approximately one foot (1') from the west property line. To demonstrate that the leach field is fully contained within the Subject Property, Petitioner dug three exploratory trenches along the property line (see Attachment G). No evidence of the leach field was encountered in these trenches. The ISDS appears to be functioning adequately and is in compliance with all other regulations (other compliance issues described in Attachment F have since been corrected). The nearest sewer connection point is more than 400 feet to the north of the Subject Property.

Staff are of the opinion that granting the variance would not endanger public health or safety. Staff recommends APPROVAL of the variance. If the Board of Health approves the variance, staff recommend approval with the following conditions outlined in Section III.

### **III. CONDITIONS:**

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

#### Attachments:

- A. Variance Candidate Application
- B. Authorization Letter
- C. Justification Letter from the Petitioner
- D. Recorded Parcel Map
- E. Final Inspection Report and Plot Plan for ON0009184
- F. Tenant Improvement Review Conducted by SNHD Staff (SR0054355)
- G. Photos of Exploration Trenches Along Property Line
- H. Public Notice

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



VARIANCE CANDIDATE WORKSHEET

1/30/2025

PART I:

ESTABLISHMENT INFORMATION

Initial  
N

Name of Facility/Establishment: La Jason  
Health Permit Number: ON0009184 Date of Inquiry: 1/28/2025  
Name of Operator/Agent: Scott Simons  
Address of Operator/Agent: 9930 W. Flamingo Rd Ste 100 Las Vegas NV 89147  
Contact Information of Operator/Agent:  
Office Phone: 702-478-5335 Cell Phone: 702-971-8363  
Fax Number: \_\_\_\_\_ Email Address: ScottSimons@Xteriorcreations.com  
If corporation, the name/title of individual to sign for Variance document:  
Name: Xterior Creations  
Title: General MAnager

OWNER INFORMATION

Name of Property Owner: Jason La  
Address of Property Owner: 5114 Harrison Dr, Las Vegas NV 89120  
Contact Information of Property Owner: Jason La  
Office Phone: \_\_\_\_\_ Cell Phone: 702-964-5425  
Fax Number: \_\_\_\_\_ Email Address: jason@laportals.com

PROPERTY INFORMATION

Property Address: 5114 Harrison Dr, Las Vegas NV 89120  
Assessor's Parcel Number (APN): 162-25-212-023  
Describe location within larger facility (i.e. hotel/casino/resort, etc.):  
Private residence

Describe Variance Issue (s): (Include sections of the Regulation or Nevada Administrative Code that applies to the request for a variance)

Leach field installed too close to property line

Section 5.1

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

Docusign Envelope ID: 575D1B90-BB5C-46FF-8A29-8E2CE09A1C7C

Initial  
1/30/2025

**PART II:**

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

1. There must be circumstances or conditions which are unique to the applicant, and do not generally affect other persons subject to the regulation. Please indicate how your request is unique to your situation and is, therefore, not likely to affect other persons subject to the regulations:

The leach field was installed 40 years ago by the original owner of the property.

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

Relocating the leach field would be cost prohibitive.

It has been estimated that moving the leach field could cost over \$10,000.

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

The leach field has been in place and operational for over 40 years.

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

Docusign Envelope ID: 575D1B90-BB5C-46FF-8A29-8E2CE09A1C7C

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

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
  - (a) There are circumstances or conditions which:
    - (1) Are unique to the applicant;
    - (2) Do not generally affect other persons subject to the regulation;
    - (3) Make compliance with the regulation unduly burdensome; and
    - (4) Cause a hardship to and abridge a substantial property right of the applicant; and
  - (b) Granting the variance:
    - (1) Is necessary to render substantial justice to the applicant and enable the applicant to preserve and enjoy his or her property right; and
    - (2) Will not be detrimental or pose a danger to public health and safety.
2. Whenever an applicant for a variance alleges that he or she suffers or will suffer economic hardship by complying with the regulation, the applicant must submit evidence demonstrating the costs of compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable.  
[Bd. of Health, Variances Reg. §§ 2.7-2.8, eff. 10-16-80; A 2-5-82; 1-19-84]

**PART III:**

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

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

**This section to be completed by SNHD staff ONLY**

Initial  
JL

1/30/2025

Next closing date is: \_\_\_\_\_ for the \_\_\_\_\_ BOH Meeting.

Referred by: \_\_\_\_\_

(Print Name of REHS)

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

(Print Name of REHS if not by supervisor)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

(Owner/Operator/Agent)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of SNHD Manager)

Attachment B: Authorization Letter

Docusign Envelope ID: 575D1B90-BB5C-46FF-8A29-8E2CE09A1C7C

**Authorization Letter**

Date: 1/28/2025

Southern Nevada Health District

280 S. Decatur Blvd.

P.O. Box 3902

Las Vegas, Nevada 89127

I Jason La do hereby authorize Xterior Creations to make application for a septic system variance in the matter of 5114 Harrison Dr, Las Vegas, Nevada, Assessor's Parcel Number (APN # 162-25-212-023). Also, in the event that neither of us can be present at the (SNDBOH meeting date) Southern Nevada District Board of Health meeting, (Scott Simons) is authorized to speak on my/our behalf. However, we understand that both of us must sign both the letter of request and variance order.

Signed by:

*Jason La*

1/30/2025

583EE7C22A734BB...  
(Owner)

(Notarized)

\_\_\_\_\_  
(Owner)

(Notarized)

Attachment C: Justification Letter from Petitioner

Docusign Envelope ID: 575D1B90-BB5C-46FF-8A29-8E2CE09A1C7C

## Justification/Hardship Letter

To: Southern Nevada Health District  
280 S. Decatur Blvd.  
Las Vegas, NV. 89107

From:  
Jason La  
5114 Harrison Dr.  
Las Vegas NV 89120

Re: Parcel # 162-252-12-023

Date: 01/28/2025

To whom this may concern:

I hereby make an application and petition the Southern Nevada District Board of Health for a variance to the Regulations Governing Individual Sewage Disposal and Liquid Waste Management Section 10 and Nevada Department of Environmental Protection Policy.

This variance request is made to allow an existing septic system that was installed over 40 years ago, to remain where it is. It is currently about 6' from the front property line.

The legal description of said property is APN #, 162-252-12-023 further described as  
5114 Harrison Dr.  
Las Vegas NV 89120

I have owned the property since, Nov 5, 2024, and I wish to Build a swimming pool in the rear of the property.

Thank you for your consideration, 1/30/2025

Signed by:  
  
583EE7C22A734B8...





Attachment E: Final Inspection Report and Plot Plan for ON0009184 (Page 1 of 2)

52270  
3HY-00  
Signature Rodney A. Ronnow  
DISTRICT HEALTH DEPARTMENT, CLARK COUNTY  
625 Shadow Lane, Las Vegas, Nevada  
385-1291  
S #2270  
Rec. 03493  
APPLICATION  
INDIVIDUAL SEWAGE DISPOSAL SYSTEM  
Name RONNOW, Rodney A. Date May 3, 1973  
Telephone No. 642-3355 Mailing Address % Ron Reynolds  
P.O. Box 4208, N.V., 89030  
Property Address of Installation 5114 Harrison (Corner of Harrison & Reno)  
N $\frac{1}{2}$  of Lot 1, Block 2 in Topaz Heights  
Legal Description Sec 26, T 21, R 61 Parcel Nbr. 300' x 124'  
Land Area  
Residential: Bedrooms 3 Baths 2 $\frac{1}{2}$  Fixture Units 32  
Commercial: Type \_\_\_\_\_ Fixture Units \_\_\_\_\_  
Water Supply by: Public System XX Community System \_\_\_\_\_ Individual System \_\_\_\_\_  
Name & Address of Water Company Las Vegas Valley Water District  
Name & Address of Sewer Contractor Self Andrew Const.  
Minimum Requirements: 1500 gallon Septic Tank 1165 sq. ft. Leaching Area

REPORT OF INSPECTION:

SEPTIC TANK:

Distance from well Public feet; Material P.C.; Inside dimensions:  
Length 10.0 ft; Width 5.0 ft; Liquid depth 5.0 ft; Total depth 5.83 ft.  
Total liquid capacity 2000 gallons. No. of compartments 1

SUB-SOIL DISPOSAL:

Distance from well Public ft., foundation 28 ft., nearest lot line at X  
front, 4 ft. side, \_\_\_\_\_ side, \_\_\_\_\_ rear, 10 ft.

Seepage Beds:

Width 18 ft. Length 70 ft. Total depth 4.0 ft.  
Total effective absorption area in bottom of bed 1488 sq. ft.  
Number of lines 3 length of each line 64 ft. Distance between  
lines 6 ft. Total length of tile lines 224 ft.  
Type of filter material: \_\_\_\_\_ Gravel. X Broken Stones. \_\_\_\_\_ Other.  
Depth of filter material beneath tile 1.5 ft. Over tile 1667 ft.

Absorption Trenches:

Total length of tile lines \_\_\_\_\_ ft., Number of lines \_\_\_\_\_. Length of each  
line \_\_\_\_\_ ft. Distance between lines \_\_\_\_\_ ft. Trench width \_\_\_\_\_ ft.  
Total effective absorption area in bottom of trenches \_\_\_\_\_ sq. ft.  
Type of filter material: \_\_\_\_\_ Gravel. \_\_\_\_\_ Broken Stones. \_\_\_\_\_ Cinders.  
Other \_\_\_\_\_  
Depth of filter material beneath tile \_\_\_\_\_ ft. Over tile \_\_\_\_\_ ft.

Date of Approval F.A.1 19 74

FROM HEALTH DEPARTMENT  
OF CLARK COUNTY, NEVADA  
SUBMITTED BY: \_\_\_\_\_

R. E. King  
Sanitarian

NOTE: INSTALLATION APPROVED ONLY UNTIL SEWER IS AVAILABLE.

Attachment E: Final Inspection Report and Plot Plan for ON0009184 (Page 2 of 2)

S #2270

Rec. 03493

DISTRICT HEALTH DEPARTMENT  
Las Vegas, Nevada  
PLOT PLAN FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM  
(Attach one copy to Application)

NAME RONNOW, Rodney A.

Date May 3, 1973

ADDRESS OF INSTALLATION Harrison & Reno Subdivision Topaz Heights

Lot Number 1, Blk. 2 Size of Lot 300' x 124'

Size of Septic Tank 1500 gallon

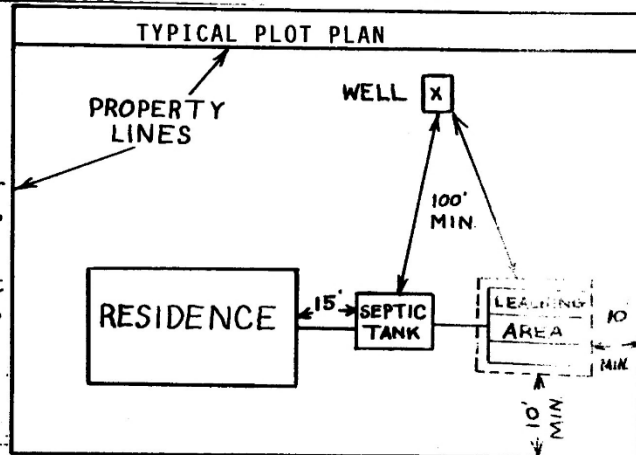
Size of Leaching Area 1165 sq. ft.

Contractor Self

Indicate of Plan - Property lines, Water Wells, buildings, swimming pools, trees, ditches, water lines.

In the space below, please draw a layout of your proposed sewage disposal system, including items and exact distances in feet.

See Sample Drawing



Fixture Units 2 1/2 bath

3 Toilets = 18

3 Single Lav 3

1 Double Lav 2

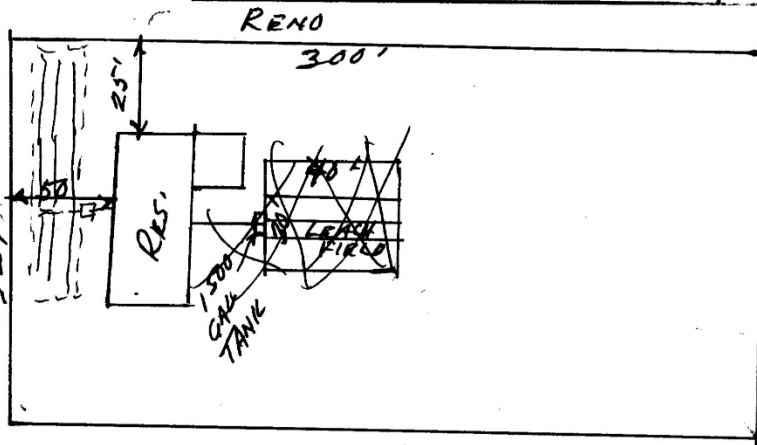
1 Shower 1

2 Tubs 4

1 Kitchen Sink 2

1 Clothes Washer 2

Total 32



SIGNATURE

Ron Rynowald

Attachment F: Tenant Improvement Review Conducted by SNHD Staff (SR0054355)

SOUTHERN NEVADA HEALTH DISTRICT  
280 SOUTH DECATUR BLVD • PO BOX 3902 • LAS VEGAS, NV • 89127 • 702-759-0660 (DIRECT) • 702-759-1000(24 HOURS)

REPORT AND/OR NOTICE OF INSPECTION

EHS 2177	PERMIT NUMBER ON0009184	FACILITY LA JASON			ADDRESS 5114 Harrison DR Las Vegas, NV 89120		
DIST 18	CITY Las Vegas	APN # 162-25-212-023			SR # SR0054355	WATER SOURCE	
CURRENT ACTION 628	Service Date 1/21/2025	Status 92	Time In 12:15	Time Out 13:00	Result 83		
	Travel Minutes	Miles	Violations Alleged	Violations Actual	Future Action 76	Action	Date

NOTIFIED OF THE FOLLOWING

The tenant improvement for the pool and spa with no additional plumbing is REJECTED.

The pool and pool equipment meet the required setback from the septic tank and leach field.

However, compliance issues have been observed and conditions have been placed. If these conditions are met, the tenant improvement may be re-evaluated for re-approval.

1. It appears the leach field is located within 10ft of the property line. This is not in compliance with section 5.1 of SNHD's regulations. Either apply for a variance for the existing septic system or connect to sewer.
  - a. If applying for a variance, SNHD requests the property line adjacent to the leach field be dug along to ensure the system is not located in the public right-of-way. Photographic evidence of the dig as well as the variance should be sent to SNHD for final approval.
  - b. If connecting to sewer, the existing septic system will have to be abandoned per SNHD regulations. Further details regarding abandonment can be found at: <https://www.southernnevadahealthdistrict.org/permits-and-regulations/sewage-septic-disposal-systems-isds/residential-abandonment-of-septic-tank-leach-field/>
2. There appears to be a number of trees located on or within 10ft of the leach field. As stated in Section 11.3 of the Individual Sewage Disposal Systems and Liquid Waste Management Regulations, the tree will need to be removed and photographic evidence sent to SNHD for final approval.
3. In compliance with Section 11.16 of the Individual Sewage Disposal Systems and Liquid Waste Management Regulations, "The placement of any impervious covering ... over the soil absorption system is prohibited." The driveway currently exists of the septic tank and parts of the leach field.

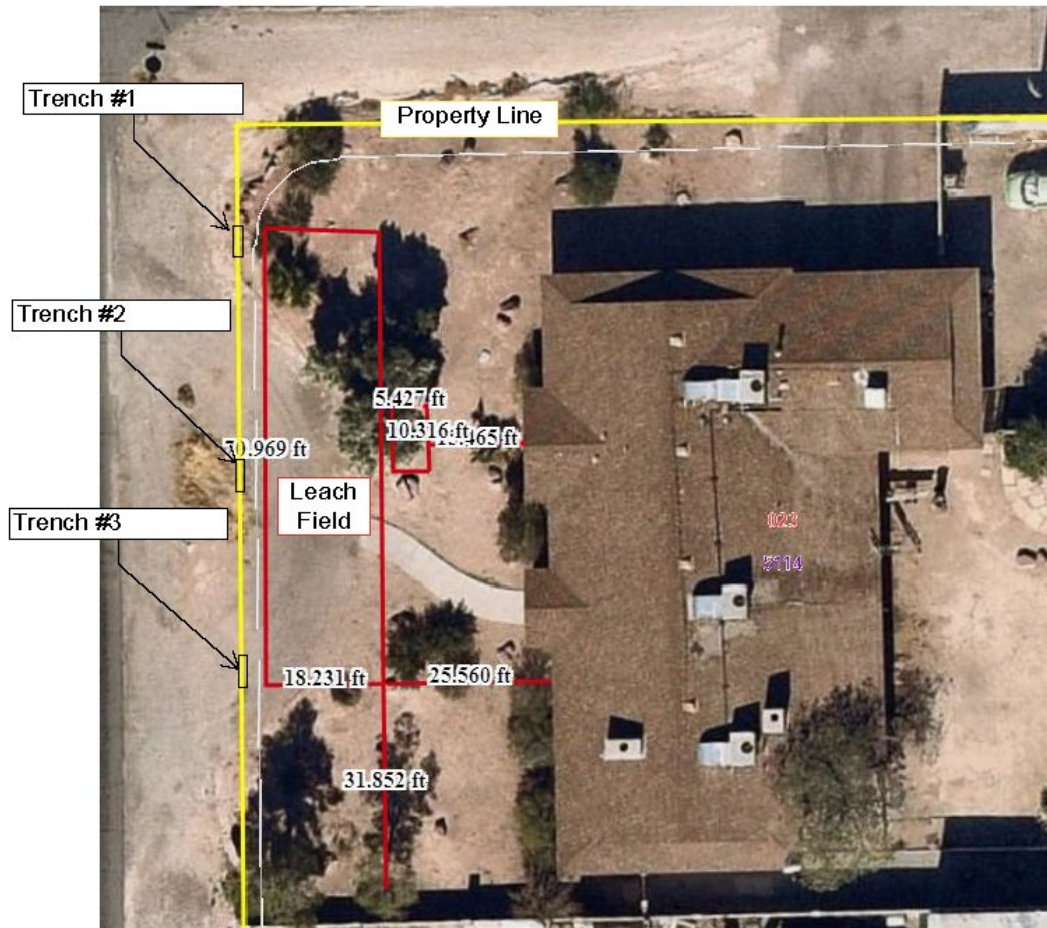
RECEIVED BY:

ENVIRONMENTAL HEALTH SPECIALIST:

Sarah George

Digitally signed  
by John DeWolff  
Date:  
2025.01.23  
15:46:16 -08'00'

Attachment G: Photos of Exploration Trenches Along Property Line (Page 1 of 3)





Attachment G: Photos of Exploration Trenches Along Property Line (Page 2 of 3)





Attachment G: Photos of Exploration Trenches Along Property Line (Page 3 of 3)



Attachment H: Public Notice



**PUBLIC NOTICE**

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, March 27, 2025 at 9:00 AM during its regular monthly meeting in the Red Rock Conference Room at the Southern Nevada Health District at 280 S. Decatur Blvd., Las Vegas, Nevada, to approve or deny a variance request filed by Jason La ("Petitioner"), to allow a reduced property line setback for the existing septic system on the property located at 5114 Harrison Dr, Las Vegas, NV 89120, APN 162-25-212-023.

The variance is requested to allow the Petitioner to obtain approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* and to allow future building permits to be issued. The variance will allow the existing septic system to encroach on the property line.

All interested persons may appear at the hearing and state their positions. All written and oral submissions will be considered by the Southern Nevada District Board of Health. Written comments must be forwarded by March 26, 2025 to:

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

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

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

March 11, 2025  
Date



# UPDATE TO FEDERAL POVERTY LEVEL

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RANDY SMITH  
CHIEF EXECUTIVE OFFICER – FQHC  
SOUTHERN NEVADA COMMUNITY HEALTH CENTER

MARCH 27, 2025



# Tied to Federal Poverty Guidelines

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The Federal Poverty Guidelines are published annually by Department of Health and Human Services (HHS) in the Annual Update of the HHS Poverty Guidelines

Rates reflects the 2.9% increase to the CPI-U for Calendar Year 2023 and 2024

- Updated annually to account for last calendar year's increase in prices as measured by the Consumer Price Index
- Publish Date of January 17, 2025

After adjusting for inflation, the following guidelines are rounded and adjusted to standardize the differences between family sizes

# Federal Poverty Levels 2025

% of Federal Poverty Level	0-100%		101% to 150%		151% to 175%		176% to 199%		Primary Care/SHC 200% +
Program Code	P-0		P-1		P- 2		P-3		P-4
**Family Size	Equal to or Between		Equal to or Between		Equal to or Between		Equal to or Between		Equal to or Above
1	0	\$ 15,650	\$ 15,651	\$ 23,475	\$ 23,476	\$ 27,388	\$ 27,389	\$ 31,299	\$ 31,300
2	0	\$ 21,150	\$ 21,151	\$ 31,725	\$ 31,726	\$ 37,013	\$ 37,014	\$ 42,299	\$ 42,300
3	0	\$ 26,650	\$ 26,651	\$ 39,975	\$ 39,976	\$ 46,638	\$ 46,639	\$ 53,299	\$ 53,300
4	0	\$ 32,150	\$ 32,151	\$ 48,225	\$ 48,226	\$ 56,263	\$ 56,264	\$ 64,299	\$ 64,300
5	0	\$ 37,650	\$ 37,651	\$ 56,475	\$ 56,476	\$ 65,888	\$ 65,889	\$ 75,299	\$ 75,300
6	0	\$ 43,150	\$ 43,151	\$ 64,725	\$ 64,726	\$ 75,513	\$ 75,514	\$ 86,299	\$ 86,300
7	0	\$ 48,650	\$ 48,651	\$ 72,975	\$ 72,976	\$ 85,138	\$ 85,139	\$ 97,299	\$ 97,300
8	0	\$ 54,150	\$ 54,151	\$ 81,225	\$ 81,226	\$ 94,763	\$ 94,764	\$ 108,299	\$ 108,300

# Federal Poverty Levels 2025

% of Federal Poverty Level	Family Planning - 200%+			Ryan White - 200%+				
Program Code	P-4: 200% to 250%		P-5: 251% +	P-4: 200% to 300%		P-5: 301% - 399%		P-6: 400%+
**Family Size	Equal to or Between		Equal to or Above	Equal to or Between		Equal to or Between		Equal to or Above
1	\$ 31,300	\$ 39,125	\$ 39,126	\$ 31,300	\$ 46,950	\$ 46,951	\$ 62,599	\$ 62,600
2	\$ 42,300	\$ 52,875	\$ 52,876	\$ 42,300	\$ 63,450	\$ 63,451	\$ 84,599	\$ 84,600
3	\$ 53,300	\$ 66,625	\$ 66,626	\$ 53,300	\$ 79,950	\$ 79,951	\$ 106,599	\$ 106,600
4	\$ 64,300	\$ 80,375	\$ 80,376	\$ 64,300	\$ 96,450	\$ 96,451	\$ 128,599	\$ 128,600
5	\$ 75,300	\$ 94,125	\$ 94,126	\$ 75,300	\$ 112,950	\$ 112,951	\$ 150,599	\$ 150,600
6	\$ 86,300	\$ 107,875	\$ 107,876	\$ 86,300	\$ 129,450	\$ 129,451	\$ 172,599	\$ 172,600
7	\$ 97,300	\$ 121,625	\$ 121,626	\$ 97,300	\$ 145,950	\$ 145,951	\$ 194,599	\$ 194,600
8	\$ 108,300	\$ 135,375	\$ 135,376	\$ 108,300	\$ 162,450	\$ 162,451	\$ 216,599	\$ 216,600



# Questions?

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# MOTION

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***Motion to Accept the Recommendations from the Finance Committee and Approve the Federal Poverty Level (FPL) guidelines, as presented.***



# CLINICAL SLIDING FEE SCHEDULE

RANDY SMITH  
CHIEF EXECUTIVE OFFICER - FQHC  
SOUTHERN NEVADA COMMUNITY HEALTH CENTER

MARCH 27, 2025

# Sliding Fee Schedule Requirement

Offering a Sliding Fee Schedule for Qualifying Patients is a Requirement

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HEALTH AND HUMAN  
SERVICES (HHS)



HEALTH RESOURCES  
AND SERVICES  
ADMINISTRATION  
(HRSA)



OTHER PASS-THROUGH  
GRANTS

# HRSA Sliding Fee Program Requirements

*Authority Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)*

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- **The health center must operate in a manner such that no patient shall be denied service due to an individual's inability to pay.**
- **The health center must prepare a schedule of fees or payments for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation and must prepare a corresponding schedule of discounts [sliding fee discount schedule (SFDS)] to be applied to the payment of such fees or payments, by which discounts are adjusted on the basis of the patient's ability to pay.**



# HRSA Sliding Fee Program Requirements

*Authority Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)*

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- The health center must establish systems for [sliding fee] eligibility determination. [\(SNCHC: FPG, Family Size and Annual Income\)](#)
- The health center's schedule of discounts must provide for:
  - A full discount to individuals and families with annual incomes at or below those set forth in the most recent [Federal Poverty Guidelines \(FPG\)](#) [100% of the FPG], **except that nominal charges for service may be collected from such individuals and families where imposition of such fees is consistent with project goals;** and
  - No sliding fee discount to individuals and families with annual incomes greater than twice those set forth in such Guidelines [200% of the FPG].
    - Title X – Family Planning and Ryan White have higher thresholds.

# HRSA Billing & Collection Requirements

*Authority Section 330(k)(3)(E), (F), and (G) of the PHS Act; and 42 CFR 51c.303(e), (f), and (g) and 42 CFR 56.303(e), (f), and (g)*

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- The health center must assure that any **fees or payments required** by the center for health care services will be reduced or waived in order to **assure that no patient will be denied such services due to an individual's inability to pay for such services.**
- The health center **must make and continue to make every reasonable effort to secure payment for services from patients**, in accordance with health center fee schedules and the corresponding schedule of discounts
  - \$53,423.73 collected from payments initiated through statements in CY24 (FQHC & PPC).
  - 34% increase in collection compared to CY23.

# Sliding Fee Program in Action

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- Patients are eligible to be placed on the Sliding Fee Discount Schedule based on their annual income and family size;
- Based on a patient's placement on the schedule, a sliding fee charge is created and billed to the patient at the point of care;
- Patients are asked to make a payment;
- Patient either make a full payment, partial payment or no payment;
- **ALL patients are seen regardless of their ability to pay;**
- Patients with outstanding payment balances are sent a billing statement with a request to pay;
- Any outstanding payment balances after 12 months are written off as bad debt;
- Patients are **NOT** sent to collections to recover outstanding payments.
- Patients receive personalized support from the health center's onsite partners to screen for insurance eligibility and for assistance with submitting applications to enroll in Medicaid.

# Support to Patients Who Do Not Qualify for the SFDS

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- Point of Care Discount of 50% to patients who do not qualify for the SFDS and are charged the full fee and make their payment at the time of their visit.
  - Primary Care and Sexual Health patients with incomes greater than 200% of the FPL
  - Family Planning patients with incomes at or above 251% of the FLP
  - Ryan White patients with incomes at or above 400% of the FLP
- Intent:
  - Remove access barriers for patients who may forgo receiving care based on the communicated full charges.
  - Increase participation among uninsured patients paying for their services.
- Complements the Sliding Fee Discount schedule.

# Sliding Fee Discount Schedule Analysis

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Determine if the Nominal and Sliding Fee charges are comparable with the local prevailing market.

- Comparative analysis of Nominal and Sliding Fee charges among Nevada FQHCs

Assess if the Nominal and Sliding Fee charges present a financial barrier to accessing care.

- Patient surveys

\$4.878 million in sliding fee write offs in CY2024



# Market Study of Fees for FQHCs in Nevada

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Six (6) Health Centers queried in March 2025. They include:

- All for Health, Health for All
- Firstmed Health & Wellness
- First Person Care Clinic
- Hope Christian Health Center
- Nevada Health Centers
- Canyonlands Healthcare

# Market Study of Fees for FQHCs in Nevada

FQHC	*SNCHC	A	B	C	D	E	F
Lowest Side Scale Fee	\$0-20	\$0	\$0	\$35	\$40	\$35	\$10
Highest Slide Scale Fee	\$55	Must come in to discover rate.	Must come in to discover rate.	\$90	\$70	\$95	\$50
Full Price Fee	\$200	\$100	\$120	\$100	\$200	Ala Carte-billed after visit	Ala Carte-billed after visit

\* Charges include office visit and basic labs

## Sliding Fee Program Patient Survey -2025 (103 Surveys)

Question	%
<b>1. Are you enrolled or enrolling in the sliding fee discount program?</b>	
a. Yes, enrolled	32%
b. Yes, enrolling	11%
c. No, not enrolled/enrolling	18%
d. No, not interested in the program	9%
e. No, have health insurance	30%
<b>2. If so, do you think the fees are reasonable for the services provided by SNCHC?</b>	
a. Strongly Agree	41%
b. Agree	34%
c. Neutral	23%
d. Disagree	2%
e. Strongly Disagree	0%
<b>3. Does the sliding scale fee make it easier to access services at the health center?</b>	
a. Yes	95%
b. No	5%
<b>4. Have you ever cancelled an appointment due to lack of funds to pay the discounted fee?</b>	
a. Yes	16%
b. No	84%
<b>5. Would you refer others to the Health Center knowing we have a sliding fee discount program available?</b>	
a. Strongly Agree	56%
b. Agree	32%
c. Neutral	9%
d. Disagree	3%
e. Strongly Disagree	0%

# Sliding Fee Program Patient Survey Results



# Primary Care Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%+
Program Code	P0	P1	P2	P3	P4
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	0%
Provider Visit Fees	\$20	\$35	\$45	\$55	\$200
Nurse Visit ONLY Fees	\$4	\$7	\$9	\$11	\$40

# Sexual and Reproductive Health Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%+
Program Code	P0	P1	P2	P3	P4
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	0%
Provider Visit Fees	\$20	\$35	\$45	\$55	\$200
Nurse Visit ONLY Fees	\$4	\$7	\$9	\$11	\$40

# Family Planning Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%-250%	251%+
Program Code	P0	P1	P2	P3	P4	P5
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	70%	0%
Provider Visit Fees	\$0	\$35	\$45	\$55	\$60	\$200
Nurse Visit ONLY Fees	\$0	\$7	\$9	\$11	\$12	\$40

# Ryan White Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%-300%	301-399% +	400% +
Program Code	P0	P1	P2	P3	P4		
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	0%	0%	0%
Provider Visit Fees	\$0	\$35	\$45	\$55	\$200	\$200	\$200
Nurse Visit ONLY Fees	\$0	\$7	\$9	\$11	\$40	\$40	\$40
No charges beyond ___% of pt.'s gross annual income	0%	5%	5%	5%	7%	10%	N/A

# Pharmacy Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-200%	200%+
Program Code	P0	P1	P2	P3	P4
Medications (up to 30-day supply)	\$7	\$12	\$17	\$22	Full cost/\$22
Insulin (vial/pen)	\$10	\$10	\$10	\$10	\$10
Diabetic supplies	\$10	\$10	\$10	\$10	\$10
Glucose Meter	\$20	\$20	\$20	\$20	\$20



THANK YOU  
QUESTIONS?

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# MOTION

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***Motion to Accept the Recommendations from the Finance Committee and Approve the SNHD Clinical Sliding Fee Schedule, as presented.***



AT THE SOUTHERN NEVADA HEALTH DISTRICT

# Updates to SNHD Clinical Master Fee Schedule

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DONNIE (DJ) WHITAKER  
CHIEF FINANCIAL OFFICER

MARCH 27, 2025



# Clinical Master Fee Schedule Review

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The billing fee schedule is reviewed annually to add new fees or adjust existing fees.

Annual review of fees allows for changes on a consistent basis to stay consistent with the local medical community prevailing rates. These regular fee updates position SNHD for the potential benefit of increased reimbursement from contracted insurances and Medicare.

Uninsured patients will see minimal, or no impact based on the availability of the sliding fee or point of care discount.

# Clinical Master Fee Review Methodology

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Compare all fees currently utilized in SNHD operations to fees established in the Clark County local healthcare community (Source: The Physician Fees Report 2025).

Identify existing fees lower than 60<sup>th</sup> percentile of reported fees for further review. Add new fees anticipated to be utilized in 2025.

Propose fee changes based on comparison of current fees to 60<sup>th</sup> percentile of reported fees and Medicare reimbursement rate.

If there are fees not represented in the Physician Fees Report, an analysis of direct and indirect costs for services, medications or other ancillary costs is completed to form a basis for the fees.

These methods ensure SNHD is positioned to receive the fullest reimbursement possible from payers. Proposed changes to individual fees are included in Exhibit A (305 fees total with 47 new fees). All other fees on the billing fee schedule remain the same.

# REFERENCES

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The complete SNHD billing fee schedule is included in the meeting materials.

The complete master billing fee schedule that includes all Current Procedural Terminology (CPT) codes available for billing can be furnished upon request. SNHD only utilizes a small percentage of this entire schedule.

	EXHIBIT A		
	2025 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE		
CPTCODE	Description	Current Rate	Proposed New Fee
	Integumentary		
10060	I&D Abscess	\$ 332.00	\$ 426.00
10120	Foreign Body- SKIN- Simple	\$ 471.00	\$ 599.00
11104	PUNCH BX SKIN SINGLE LESION	New Fee	\$ 248.00
11105	PUNCH BX SKIN EA SEP/ADDL	New Fee	\$ 126.00
11106	INCAL BX SKN SINGLE LES	New Fee	\$ 273.00
11200	REMOVAL OF SKIN TAGS	New Fee	\$ 180.00
11300	SHAVE TRUNK <0.5 CM	New Fee	\$ 214.00
11301	SHAVE TRUNK 0.6-1 CM	New Fee	\$ 252.00
11302	SHAVE TRUNK 1.1-2 CM	New Fee	\$ 275.00
11303	SHAVE TRUNK >2 CM	New Fee	\$ 317.00
11305	SHAVE S-N-H <0.5 CM	New Fee	\$ 1,765.00
11306	SHAVE S-N-H 0.6-1 CM	New Fee	\$ 214.00
11307	SHAVE S-N-H 1.1-2 CM	New Fee	\$ 251.00
11308	SHAVE S-N-H >2 CM	New Fee	\$ 253.00
11310	SHAVE F-E-E-N-L-M <0.5 CM	New Fee	\$ 242.00
11311	SHAVE F-E-E-N-L-M 0.6-1 CM	New Fee	\$ 276.00
11312	SHAVE F-E-E-N-L-M 1-2 CM	New Fee	\$ 287.00
11313	SHAVE F-E-E-N-L-M >2 CM	New Fee	\$ 340.00
11730	REMOVAL OF NAIL PLATE	New Fee	\$ 297.00
11732	REMOVE NAIL PLATE- ADD-ON	New Fee	\$ 114.00
11750	REMOVAL OF NAIL BED	\$ 161.39	\$ 555.00
11981	Implant - Insertion	\$ 304.00	\$ 315.00
11982	Implant - Removal	\$ 320.00	\$ 326.00
15851	REMOVAL OF SUTURES	New Fee	\$ 164.00
16000	Burn Care- Initial	\$ 306.00	\$ 404.00
17110	DESTRUCT LESION- 1-14	New Fee	\$ 305.00
17111	DESTRUCT LESION- 15 OR MORE	New Fee	\$ 305.00

	<b>Female Genital</b>		
57410	PELVIC EXAMINATION	\$ 259.00	\$ 296.00
58300	IUD Insertion	\$ 254.00	\$ 280.00
58301	IUD Removal	\$ 252.00	\$ 267.00
	<b>Radiology</b>		
72040	X-RAY EXAM OF NECK SPINE	\$ 38.74	\$ 125.00
	<b>Pathology &amp; Laboratory</b>		
80048	<b>BMP</b> GlucoseBUNCreatinineBUN/Crea ratioNaKCLCO2	New Fee	\$ 56.00
80069	<b>RENAL PANEL</b> GlucoseBUNCreatinineBUN/Crea ratioNaKCLCO2CaPhosphoruseC	New Fee	\$ 75.00
80074	Acute Hepatitis Panel w/reflex	\$ 564.00	\$ 592.00
80076	<b>HEPATIC PANEL</b> Total ProteinAlbuminGlobulin (calculated)Alb/Glb ratio (calcula	New Fee	\$ 48.00
80305	DRUG TEST PRSMV DIR OPT OBS	\$ 53.00	\$ 55.00
81001	Urinalysis	New Fee	\$ 41.00
82040	Albumin	New Fee	\$ 22.00
82044	Microalbumin	\$ 21.00	\$ 23.00
82150	Amylase	New Fee	\$ 52.00
82247	Total Bilirubin	New Fee	\$ 32.00
82248	Direct Bilirubin	New Fee	\$ 35.00
82270	Hemoccult - Clia	\$ 21.00	\$ 25.00
82310	Calcium (Ca+)	New Fee	\$ 29.00
82374	Carbon Dioxide(CO2)	New Fee	\$ 10.00
82435	Chloride(Cl-)	New Fee	\$ 11.00
82465	Cholesterol, total	\$ 31.00	\$ 34.00
82565	Creatinine	New Fee	\$ 31.00
82947	Glucose	\$ 22.00	\$ 24.00
83036	Hemoglobin A1c - Clia	\$ 76.00	\$ 83.00
83036	HgbA1C	\$ 76.00	\$ 83.00
83690	Lipase	New Fee	\$ 59.00
83718	ASSAY OF LIPOPROTEIN	\$ 38.00	\$ 41.00
83718	HDL	\$ 38.00	\$ 41.00
83721	LDL	New Fee	\$ 37.00
83735	Magnesium	New Fee	\$ 60.00
84075	Alkaline Phosphatase (ALP)	New Fee	\$ 23.00

84100	phosphorus	New Fee	\$ 35.00
84132	Potassium	New Fee	\$ 28.00
84155	Total Protein	New Fee	\$ 20.00
84295	Sodium (NA+)	New Fee	\$ 30.00
84450	Aspartate Aminotransferase (AST)	New Fee	\$ 38.00
84460	Alanine Aminotransferase (ALT)	New Fee	\$ 44.00
84520	Urea Nitrogen (BUN)	New Fee	\$ 22.00
84550	Uric Acid	New Fee	\$ 45.00
85025	CBC (DIFF/PLT)	\$ 38.00	\$ 46.00
85027	CBC(H/H,RBC,WBC,PLT)	New Fee	\$ 45.00
86141	hsCRP	New Fee	\$ 72.00
86308	Mononucleosis	\$ 26.00	\$ 29.00
86480	Quantiferon Prof. Comp (26)	\$ 35.00	\$ 67.00
86480	QuantiFERON - TB Gold Plus, 4 tubes	\$ 252.00	\$ 325.00
86580	TUBERSOL/APLISOL INJ 5 U/0.1ML	\$ 32.00	\$ 32.90
86592	RPR screen	\$ 42.00	\$ 50.00
86702	HIV 1/2 differential - HIV-2 line result	\$ 117.00	\$ 126.00
86704	HEP B CORE ANTIBODY- TOTAL	\$ 101.00	\$ 123.00
86705	Hepatitis B core IgM	\$ 112.00	\$ 121.00
86708	Hepatitis A Total Ab	\$ 114.00	\$ 140.00
86709	Hepatitis A IgM	\$ 82.00	\$ 85.00
86780	TP-PA confirmation test	\$ 66.00	\$ 71.00
86780	Syphilis/Treponema Total Ab	\$ 66.00	\$ 71.00
86803	Hepatitis C Ab	\$ 135.00	\$ 148.00
87340	Hepatitis B Surface Antigen	\$ 70.00	\$ 87.00
87390	HIV-1 AG- EIA	\$ 78.00	\$ 80.00
87491	Chlamydia Trachomatis RNA, TMA	\$ 114.00	\$ 120.00
87522	Hepatitis C Quantitative RNA	\$ 568.00	\$ 608.00
87536	HIV-1 Quantitative RNA	\$ 450.00	\$ 489.00
87591	Neisseria gonorrhoeae RNA, TMA	\$ 114.00	\$ 121.00
87624	HPV (AMP)	\$ 142.00	\$ 148.00
87635	SARS-Cov-2 RNA- Qualitative Real-Time RT-PCR	\$ 130.00	\$ 136.00

87806	HIV - 1/2	\$ 80.00	\$ 83.00
87905	Bacterial Vaginosis	\$ 39.00	\$ 40.00
88150	Pap Smear	\$ 56.00	\$ 65.00
88164	Cytopathology- slides- cervical or vaginal/V- MANUAL	\$ 55.00	\$ 77.00
	<b>Immunizations/Vaccines</b>		
90380	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 528.26	\$ 941.00
90381	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 528.26	\$ 941.00
90460	IMADM ANY ROUTE 1ST VAC/TOX	\$ 48.00	\$ 57.00
90461	INADM ANY ROUTE ADDL VAC/TOX	\$ 34.00	\$ 41.00
90471	Admin Fee 1st Vaccine	\$ 50.00	\$ 60.00
90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$ 31.00	\$ 37.00
90619	Meningococcal MenACWY MenQuadfi	\$ 270.00	\$ 309.00
90620	Meningococcal (MenB-4C-Bexsero)	\$ 340.00	\$ 381.00
90621	Meningococcal (MenB-FHbhp- Trumenba)	\$ 284.00	\$ 345.00
90632	Hepatitis A (Adult) VAQTA	\$ 137.00	\$ 164.00
90632	Hepatitis A (Adult)	\$ 137.00	\$ 164.00
90633	Hepatitis A (Child)	\$ 79.00	\$ 92.00
90633	Hepatitis A (Child) VAQTA	\$ 79.00	\$ 92.00
90636	Hepatitis A & B (Twinrix)	\$ 203.00	\$ 233.00
90644	MENINGOCCL HIB VAC 4 DOSE IM	\$ 11.00	\$ 12.00
90644	Meningococcal C/Y-HIB PRP	\$ 11.00	\$ 12.00
90647	Hib PRP-OMP	\$ 60.00	\$ 74.00
90648	Hib PRP-T	\$ 57.00	\$ 67.00
90649	H PAPILOMA VACC 3 DOSE IM	\$ 275.00	\$ 276.00
90649	HPV- quadrivalent	\$ 275.00	\$ 276.00
90650	HPV TYP BIVAL 3 DOSE IM	\$ 274.00	\$ 308.00
90650	HPV- bivalent	\$ 274.00	\$ 308.00
90651	HPV9- Gardasil	\$ 465.00	\$ 483.00
90653	Fluad TIV (2024-2025)	\$ 105.00	\$ 111.00
90661	Flucelvax TIV Pre-Filled syringe (2024-2025)	\$ 50.00	\$ 66.00
90670	Pneumococcal (Prevnar 13)	\$ 420.00	\$ 424.00
90671	PCV15 (Vaxneuvance)	\$ 420.00	\$ 465.00
90672	Influenza-live- intranasal- quadrivalent	\$ 53.00	\$ 62.00

90675	Rabies	\$	570.00	\$	647.00
90677	PCV20 (Pevnar 20)	\$	472.00	\$	542.00
90678	Respiratory syncytial virus (RSV)- vaccine- bivalent	\$	374.00	\$	536.00
90679	RSV Vaccine	\$	380.00	\$	470.00
90680	Rotavirus- Pentavalent	\$	169.00	\$	202.00
90681	Rotavirus- Monovalent (Rotarix PFS)	\$	240.00	\$	259.00
90681	Rotavirus- Monovalent (Rotarix)	\$	240.00	\$	259.00
90684	PCV21 (Capvaxive)	\$	344.00	\$	344.00
90686	Inf. Quad.- .50P Free Fluarix (2023-2024)	\$	46.00	\$	54.00
90687	Influenza- Quad Inj Prsve 0.25 (1 dose)	\$	35.00	\$	40.00
90691	Typhoid	\$	189.00	\$	226.00
90691	Typhoid- ViCPs	\$	189.00	\$	226.00
90696	DTaP-IPV (Kinrix)	\$	116.00	\$	137.00
90696	DTaP-IPV - Quadracel	\$	116.00	\$	137.00
90697	DTaP-IPV-HepB-Hib - PFS	\$	245.00	\$	281.00
90697	DTAP-IPV-HIB-HEPB VACCINE IM	\$	245.00	\$	281.00
90698	DTaP- Hib- IPV (Pentacel)	\$	195.00	\$	218.00
90700	DTap	\$	62.00	\$	74.00
90700	DTaP - Daptacel	\$	62.00	\$	74.00
90707	MMR	\$	160.00	\$	170.00
90710	MMRV	\$	450.00	\$	468.00
90713	IPV (Polio)	\$	70.00	\$	82.00
90714	Td (Tenivac) Preserve Free	\$	65.00	\$	74.00
90714	Td Grifols	\$	65.00	\$	74.00
90715	Tdap	\$	89.00	\$	104.00
90715	Tdap Boostrix	\$	89.00	\$	104.00
90716	Varicella (chicken pox)	\$	275.00	\$	283.00
90723	DTaP-Hep B- IPV (Pediarix)	\$	171.00	\$	201.00
90732	Pneumococcal (Pneumovax 23)	\$	215.00	\$	238.00
90732	Pneumococcal - Pneumovax 23 PFS	\$	215.00	\$	238.00
90734	Meningococcal (MCV4) Menactra	\$	232.00	\$	277.00
90734	Meningococcal (MCV4) Menveo	\$	232.00	\$	277.00



90739	HEP B VACC ADULT 2 DOSE IM	\$ 234.00	\$ 280.00
90744	Hepatitis B (Child)	\$ 70.00	\$ 82.00
90744	Hepatitis B (Child) Merck	\$ 70.00	\$ 82.00
90746	Hepatitis B (Adult)	\$ 141.00	\$ 170.00
90746	Hepatitis B (Adult) PFS	\$ 141.00	\$ 170.00
90750	Zoster- recombinant (Shingrix)	\$ 325.00	\$ 348.00
90756	Flu- MDCK- W/Preservative Quad MDV	\$ 52.00	\$ 62.00
	<b>Medicine/Behavioral Health</b>		
90791	PSYCH DIAGNOSTIC EVALUATION	\$ 242.00	\$ 269.00
90832	PSYTX PT&/FAMILY 30 MINUTES	\$ 126.00	\$ 138.00
90834	PSYTX PT&/FAMILY 45 MINUTES	\$ 164.00	\$ 176.00
90837	PSYTX PT&/FAMILY 60 MINUTES	\$ 190.00	\$ 206.00
90838	PSYTX PT&/FAM W/E&M 60 MIN	\$ 221.00	\$ 234.00
90839	PSYTX CRISIS INITIAL 60 MIN	\$ 218.00	\$ 243.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 99.00	\$ 117.00
90845	PSYCHOANALYSIS	\$ 183.00	\$ 217.00
92551	Audiometry/screening test- pure tone- air only	\$ 39.00	\$ 42.00
92567	TYMPANOMETRY	\$ 52.00	\$ 64.00
93000	ECG w/interpretation	\$ 78.00	\$ 85.00
94640	Nebulizer/Inhalation Treatment	\$ 55.00	\$ 59.00
94760	Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination	\$ 19.00	\$ 20.00
97802	MEDICAL NUTRITION- INDIV- IN	\$ 68.00	\$ 73.00
97803	MED NUTRITION- INDIV- SUBSEQ	\$ 58.00	\$ 62.00
97804	MEDICAL NUTRITION- GROUP	\$ 50.00	\$ 55.00
98960	SELF-MGMT EDUC & TRAIN- 1 PT	\$ 64.00	\$ 69.00
98961	SELF-MGMT EDUC/TRAIN- 2-4 PT	\$ 62.00	\$ 68.00
98962	SELF-MGMT EDUC/TRAIN- 5-8 PT	\$ 44.00	\$ 47.00
99080	SPECIAL REPORTS	\$ 10.00	\$ 30.00
99202	E&M New Outpatient - Expanded Problem Focused	\$ 160.00	\$ 175.00
99203	New Patient Detailed Problem Focused	\$ 234.00	\$ 281.00

99204	E&M New Outpatient Comprehensive Problem	\$ 358.00	\$ 429.00
99205	E&M New Outpatient- Very Comprehensive Problem Focused	\$ 472.00	\$ 568.00
99211	E&M Established Outpatient - RN Only	\$ 60.00	\$ 68.00
99212	E&M Established Outpatient - Problem Focused	\$ 107.00	\$ 129.00
99213	E&M Established Outpatient Expanded Problem Focused	\$ 162.00	\$ 200.00
99214	E&M Established Outpatient - Detailed Problem Focused	\$ 237.00	\$ 293.00
99215	E&M Established Outpatient - Comprehensive Problem Focused	\$ 346.00	\$ 431.00
99242	Office Consultation Level 2	\$ 293.00	\$ 270.00
99243	Office Consultation Level 3	\$ 389.00	\$ 395.00
99244	Office Consultation Level 4	\$ 545.00	\$ 557.00
99245	Office Consultation Level 5	\$ 708.00	\$ 760.00
99341	HOME V- NP FOCUSED	\$ 122.00	\$ 123.00
99344	HOME V- NP COMREH	\$ 339.00	\$ 345.00
99348	HOME V- EP EXPANDED	\$ 306.00	\$ 337.00
99349	HOME V- EP DETAILED	\$ 267.00	\$ 268.00
99350	HOME V- EP COMPREHEN	\$ 370.00	\$ 377.00
99381	Preventive Medicine- New patient- <1 Year Old	\$ 209.00	\$ 242.00
99382	Preventive Medicine- New patient- 1-4 Years Old	\$ 218.00	\$ 253.00
99383	Preventive Medicine- New patient- 5-11 Years Old	\$ 221.00	\$ 258.00
99384	Preventive Medicine- New patient- 12-17 Years Old	\$ 246.00	\$ 283.00
99385	Preventive Medicine- New patient- 18-39 Years Old	\$ 278.00	\$ 322.00
99386	Preventive Medicine- New patient- 40-64 Years Old	\$ 306.00	\$ 354.00
99387	Preventive Medicine- New patient- 65 Years Old	\$ 310.00	\$ 359.00
99391	Preventive Medicine- Established patient- <1 Year Old	\$ 190.00	\$ 221.00
99392	Preventive Medicine- Established patient- 1-4 Years Old	\$ 200.00	\$ 230.00
99393	Preventive Medicine- Established patient- 5-11 Years Old	\$ 199.00	\$ 228.00
99394	Preventive Medicine- Established patient- 12-17 Years Old	\$ 212.00	\$ 248.00
99395	Preventive Medicine- Established patient- 18-39 Years Old	\$ 237.00	\$ 276.00
99396	Preventive Medicine- Established patient- 40-64 Years Old	\$ 251.00	\$ 288.00
99397	Preventive Medicine- Established patient- 65+ Years Old	\$ 260.00	\$ 303.00
99401	Preventative- Risk Reduction Counseling- Approx 15 Min.	\$ 79.00	\$ 87.00
99402	Preventative- Risk Reduction Counseling- Approx 30 Min.	\$ 128.00	\$ 160.00
99403	Preventative- Risk Reduction Counseling- Approx 45 Min.	\$ 321.00	\$ 450.00

99404	Preventative- Risk Reduction Counseling- Approx 60 Min.	\$ 168.00	\$ 198.00
99406	Tobacco counseling/3-10 min	\$ 32.00	\$ 35.00
99407	Tobacco counseling></div>10 min	\$ 62.00	\$ 68.00
99423	OL DIG E/M SVC 21+ MIN	\$ 107.00	\$ 126.00
	<b>Medical &amp; Surgical Suppliers</b>		
A4267	Condoms (Male) (1 pk = 12)	\$ 0.50	\$ 0.51
A6250	Antibiotic Ointment (Bacitracin Zinc) Packet	\$ 0.09	\$ 0.09
A6250	Silver Sulfadiazine 1% cream	\$ 0.26	\$ 0.27
	<b>Procedures/Professional Services</b>		
G0466	FQHC VISIT NEW PATIENT	\$ 244.00	\$ 294.00
G0467	FQHC VISIT ESTABLISHED PATIENT	\$ 244.00	\$ 294.00
G0468	FQHC VISIT IPPE/AWW	\$ 244.00	\$ 294.00
G0469	FQHC VISIT MENTAL HEALTH NEW PT	\$ 240.00	\$ 310.00
G0470	FQHC VISIT MENTAL HEALTH ESTAB PT	\$ 240.00	\$ 310.00
G2025	Telehealth	\$ 92.03	\$ 97.00
G8598	Aspirin 325mg (ASA)	\$ 0.02	\$ 0.02
	<b>Drugs Administered other than Oral Method</b>		
J0131	Acetaminophen 120mg SUPPOS. ORAL	\$ 0.32	\$ 0.33
J0131	Acetaminophen 160mg/5ml. LQ. ORAL	\$ 0.43	\$ 0.44
J0131	Acetaminophen 325mg CAP TAB. ORAL	\$ 0.01	\$ 0.01
J0170	Epinephrine 1mg/ml INJ. VIAL	\$ 14.98	\$ 15.40
J0171	EpiPen (Epinephrine) 0.30mg autoinjector	\$ 312.58	\$ 321.33
J0171	EpiPen Jr (Epinephrine Jr.) 0.15mg autoinjector	\$ 160.50	\$ 164.99
J0558	Penicillin G benz/G procaine (CR) 2.4 mil u/2mL (100-000 per unit)	\$ 128.85	\$ 132.46
J0561	Bicillin 1.2 mil Long Acting	\$ 13.80	\$ 14.19
J0561	Bicillin 2.4 LA Long Acting	\$ 13.80	\$ 14.19
J0561	Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit)	\$ 13.80	\$ 14.19
J0696	Ceftriaxone 250mg/mL- IM	\$ 12.68	\$ 13.04
J0696	Ceftriaxone 500mg/mL- IM	\$ 14.17	\$ 14.57
J1050	Medroxyprogesterone 150mg/ml IM	\$ 57.80	\$ 59.42
J1100	Dexamethasone sodium phosphate 10mg/ml INJ	\$ 38.25	\$ 39.32

J1100	Dexamethasone sodium phosphate 4mg/ml INJ	\$ 12.49	\$ 12.84
J1200	Diphenhydramine HCl 50mg/mL Inj	\$ 0.84	\$ 0.86
J1580	Gentamicin 80mg/mL 2ML	\$ 1.14	\$ 1.17
J1741	Ibuprofen 200mg CAP	\$ 0.06	\$ 0.06
J1885	Ketorolac tromethamine 30mg/mL INJ	\$ 1.80	\$ 1.85
J1885	Ketorolac tromethamine 60mg/2mL INJ	\$ 2.96	\$ 3.04
J2001	Lidocaine 2% Viscous SOLN	\$ 0.11	\$ 0.11
J2001	Xylocaine-Mpf 1% VIAL	\$ 6.96	\$ 7.15
J2020	PRETOMANID TAB 200MG	\$ 630.14	\$ 647.78
J2020	Linezolid 100/5ml	\$ 279.47	\$ 287.30
J2405	Ondansetron 4mg/2mL INJ (the code is 1 unit)	\$ 0.48	\$ 0.49
J2405	Ondansetron ODT 4mg TAB	\$ 19.07	\$ 19.60
J2550	Promethazine HCl 25mg/mL (inj code is 50mg)	\$ 30.57	\$ 31.43
J3420	Vitamin B12 (Cyanocobalamin) 1000 mg INJ	\$ 7.48	\$ 7.69
J3490	Capastat Injectable (1gr = 10ml)	\$ 221.31	\$ 227.51
J7296	Kyleena- 19.5 mg	\$ 1,180.00	\$ 1,272.00
J7297	IUD Device - Liletta	\$ 200.00	\$ 1,303.00
J7298	IUD Device - Mirena	\$ 753.00	\$ 1,272.00
J7300	IUD Device - Paragard	\$ 568.00	\$ 1,184.00
J7301	IUD Device - Skyla	\$ 550.00	\$ 1,059.00
J7307	Implant Device - Nexplanon	\$ 825.00	\$ 1,271.00
J7510	PREDNISOLONE 15mg/5mL SOLN. ORAL	\$ 0.41	\$ 0.42
J7613	Albuterol Sul 2.5mg/3mL SOLN	\$ 1.14	\$ 1.17
J7620	lprat-Albut 0.5-3(2.5)mg/3mL	\$ 1.97	\$ 2.03
J7620	lpratropium BR 0.02% SOLN	\$ 1.51	\$ 1.55
J7626	Budesonide 0.5mg/2mL INH SUSP	\$ 9.48	\$ 9.75
J7627	Budesonide 1mg/2mL INH SUSP	\$ 19.76	\$ 20.31
J8499	VITAMIN B-6 25 MG	\$ 1.07	\$ 1.10
J8499	INH 300MG 100CT	\$ 9.16	\$ 9.42
J8499	TB, RIFAPENTINE 150MG	\$ 3.90	\$ 4.01
J8499	AVELOX, 400 MG	\$ 31.27	\$ 32.15
J8499	ZYVOX, 600 MG	\$ 10.97	\$ 11.28

J8499	Azithromycin 500mg	\$ 13.33	\$ 13.70
J8499	Cycloserine 250mg	\$ 66.88	\$ 68.75
J8499	Diphenhydramine 12.5mg/5ml LQ	\$ 0.02	\$ 0.02
J8499	Doxycycline 100mg	\$ 0.20	\$ 0.21
J8499	Ethambutol 100mg	\$ 8.20	\$ 8.43
J8499	Ethambutol 400 mg	\$ 1.13	\$ 1.16
J8499	Ethionamide 250 mg	\$ 5.67	\$ 5.83
J8499	Hurricane Gyno-Gel	\$ 7.40	\$ 7.61
J8499	Ibuprofen 100mg/5mL LQ ORAL	\$ 0.03	\$ 0.03
J8499	Isoniazid 100mg	\$ 0.13	\$ 0.13
J8499	Isoniazid 300mg	\$ 0.43	\$ 0.44
J8499	Levaquin 250mg	\$ 14.39	\$ 14.79
J8499	Levaquin 500mg	\$ 17.20	\$ 17.68
J8499	Levaquin 750mg	\$ 30.88	\$ 31.74
J8499	Linezolid 600mg Tab	\$ 146.94	\$ 151.05
J8499	Metronidazole 500 mg	\$ 5.55	\$ 5.71
J8499	Moxifloxacin 400 mg Tab	\$ 26.76	\$ 27.51
J8499	Mycobutin 150mg	\$ 14.98	\$ 15.40
J8499	Mylanta	\$ 0.09	\$ 0.09
J8499	Priftin/rifapentine 150mg	\$ 3.90	\$ 4.01
J8499	Pyrazinamide 500mg	\$ 2.45	\$ 2.52
J8499	Rifamate (rifampin and isoniazid) 150/300mg	\$ 60.83	\$ 62.53
J8499	Rifampin 150mg	\$ 16.95	\$ 17.42
J8499	Rifampin 300mg	\$ 14.03	\$ 14.42
J8499	Streptomycin 1 gram VIAL	\$ 80.00	\$ 82.24
J8499	Vitamin B-6 50mg	\$ 0.02	\$ 0.02
J8501	LEVOFLOXACIN TAB 500MG 50 CT	\$ 3.31	\$ 3.40
Q0163	Diphenhydramine 25mg CAP	\$ 0.02	\$ 0.02
S4993	Emergency Birth Control - Plan B	\$ 31.20	\$ 32.07
S4993	NEW DAY TAB 1.5MG 1 NSTR@	\$ 31.94	\$ 32.83

# MOTION

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***Motion to Accept the Recommendations from the Finance Committee and Approve the SNHD Clinical Master Fee Schedule, as presented.***

CPTCODE	Description	Fee
10060	I&D Abscess	\$ 332.00
10120	Foreign Body- SKIN- Simple	\$ 471.00
11750	REMOVAL OF NAIL BED	\$ 161.39
11981	Implant - Insertion	\$ 304.00
11982	Implant - Removal	\$ 320.00
11983	Implant Removal and Reinsertion	\$ 497.00
12001	Laceration repair- simple (site- size): 2.5 cm or less	\$ 551.00
16000	Burn Care- Initial	\$ 306.00
36415	Collection of Venous Blood	\$ 24.00
36416	Collection of Capillary Blood	\$ 23.00
36416	Newborn Screening (Capillary specimen)	\$ 23.00
41899	DENTAL SURGERY PROCEDURE	\$ 286.00
57410	PELVIC EXAMINATION	\$ 259.00
58300	IUD Insertion	\$ 254.00
58301	IUD Removal	\$ 252.00
69209	Cerumen removal w/o instrument	\$ 49.00
69210	Cerumen removal w/ instrument	\$ 137.50
71046	X-RAY EXAM CHEST 2 VIEWS	\$ 131.00
72040	X-RAY EXAM OF NECK SPINE	\$ 38.74
80053	COMPREHEN METABOLIC PANEL	\$ 95.00
80061	LIPID PANEL	\$ 137.00
80074	Acute Hepatitis Panel w/reflex	\$ 564.00
80076	Hepatic Function Panel (Liver Panel)	\$ 53.00
80305	DRUG TEST PRSMV DIR OPT OBS	\$ 53.00
81002	UA Dipstick	\$ 21.00
81025	SNHD Urine Pregnancy Test	\$ 40.00
81025	Urine Pregnancy Test	\$ 40.00
82044	Microalbumin	\$ 21.00
82270	Hemocult - Clia	\$ 21.00
82465	Cholesterol - Clia	\$ 31.00
82465	SNHD Cholesterol - Clia	\$ 31.00
82947	Blood glucose- monitoring device	\$ 22.00
83036	Hemoglobin A1c - Clia	\$ 76.00
83036	SNHD Hemoglobin A1c - Clia	\$ 76.00
83655	Lead - Clia	\$ 53.00
83718	ASSAY OF LIPOPROTEIN	\$ 38.00
83986	ASSAY OF BODY FLUID ACIDITY	\$ 15.00
84478	ASSAY OF TRIGLYCERIDES	\$ 40.00
85018	Hemoglobin - Clia	\$ 23.00
85025	COMPLETE CBC W/AUTO DIFF WBC	\$ 38.00
86308	Mononucleosis	\$ 26.00
86317	Hepatitis B surface Ab- quantitative	\$ 66.00
86403	Strep A	\$ 39.00

86480	Quantiferon	\$ 252.00
86580	Tuberculosis Skin Testing	\$ 32.00
86592	RPR- non treponemal qualitative	\$ 42.00
86593	RPR titer- non-treponemal quantitative	\$ 50.00
86701	HIV-1 antibody (Multispot)	\$ 220.00
86702	HIV-2 antibody (Multispot)	\$ 117.00
86703	(STD Use) HIV-1 and HIV-2 antibody- single result (EIA)	\$ 65.00
86703	HIV-1 and HIV-2 antibody- single result (EIA)	\$ 65.00
86704	HEP B CORE ANTIBODY- TOTAL	\$ 101.00
86705	HEP B CORE ANTIBODY- IGM	\$ 112.00
86706	Hepatitis B surface Ab- qualitative	\$ 89.00
86708	HEP A ANTIBODY- TOTAL	\$ 114.00
86709	HEP A ANTIBODY- IGM	\$ 82.00
86780	Syphilis IgG antibody (treponemal)	\$ 66.00
86780	TPPA antibody (treponemal)	\$ 66.00
86803	Hep C- Rapid- Oraquick	\$ 135.00
87071	Gonorrhea Culture- Isolation and Presumptive Identification	\$ 120.00
87077	N. gonorrhoeae Culture- Confirmatory Identification	\$ 151.00
87210	Smear- Wet Mount for Inf Agents	\$ 23.00
87340	HEPATITIS B SURFACE AG- EIA	\$ 70.00
87389	(STD Use) HIV-A Antigen- with HIV-1 and HIV-2 antibodies- single result	\$ 126.00
87389	HIV-1 antigen- with HIV-1 and HIV-2 antibodies- single result	\$ 126.00
87390	HIV-1 AG- EIA	\$ 78.00
87490	CHYLM D TRACH- DNA- DIR PROBE	\$ 91.00
87491	Chlamydia- Detection by Amplified Probe Technique	\$ 114.00
87521	HEPATITIS C- RNA- AMP PROBE	\$ 487.00
87522	HEPATITIS C- RNA- QUANT	\$ 568.00
87536	HIV-1- DNA- QUANT	\$ 450.00
87563	M. GENITALIUM AMP PROBE	\$ 139.00
87591	Neisseria gonorrhoeae- Detection by Amplified Probe Technique	\$ 114.00
87624	HPV (AMP)	\$ 142.00
87635	SARS-Cov-2 RNA- Qualitative Real-Time RT-PCR	\$ 130.00
87661	TRICHOMONAS VAGINALIS AMPLIF	\$ 135.00
87804	Influenza - Clia	\$ 43.00
87806	HIV - 1/2	\$ 80.00
87807	RSV - Clia	\$ 43.00
87808	Trichomonas Vaginalis - Clia	\$ 48.00
87905	Bacterial Vaginosis	\$ 39.00
87905	SNHD Bacterial Vaginosis	\$ 39.00
88150	Pap Smear	\$ 56.00
88164	Cytopathology- slides- cervical or vaginal/V- MANUAL	\$ 55.00
90380	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 528.26
90381	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 528.26
90460	IMADM ANY ROUTE 1ST VAC/TOX	\$ 48.00



90461	INADM ANY ROUTE ADDL VAC/TOX	\$ 34.00
90471	Admin Fee 1st Vaccine	\$ 50.00
90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$ 31.00
90480	ADMN SARSCOV2 VACC 1 DOSE	\$ 40.00
90611	JYNNEOS	\$ 280.00
90619	Meningococcal MenACWY MenQuadfi	\$ 270.00
90620	Meningococcal (MenB-4C-Bexsero)	\$ 340.00
90621	Meningococcal (MenB-FHbhp- Trumenba)	\$ 284.00
90622	Influenza- High Dose Seasonal	\$ 87.00
90625	Cholera- live oral	\$ 431.00
90632	Hepatitis A (Adult)	\$ 137.00
90632	Hepatitis A (Adult) VAQTA	\$ 137.00
90633	Hepatitis A (Child)	\$ 79.00
90633	Hepatitis A (Child) VAQTA	\$ 79.00
90636	Hepatitis A & B (Twinrix)	\$ 203.00
90644	MENINGOCCL HIB VAC 4 DOSE IM	\$ 11.00
90644	Meningococcal C/Y-HIB PRP	\$ 11.00
90647	Hib PRP-OMP	\$ 60.00
90648	Hib PRP-T	\$ 57.00
90649	H PAPILOMA VACC 3 DOSE IM	\$ 275.00
90649	HPV- quadrivalent	\$ 275.00
90650	HPV TYP BIVAL 3 DOSE IM	\$ 274.00
90650	HPV- bivalent	\$ 274.00
90651	HPV9- Gardasil	\$ 465.00
90653	Fluad TIV (2024-2025)	\$ 105.00
90661	Flucelvax TIV Pre-Filled syringe (2024-2025)	\$ 50.00
90670	Pneumococcal (Prevnar 13)	\$ 420.00
90671	PCV15 (Vaxneuvance)	\$ 420.00
90672	Influenza-live- intranasal- quadrivalent	\$ 53.00
90675	Rabies	\$ 570.00
90677	PCV20 (Prevnar 20)	\$ 472.00
90678	Respiratory syncytial virus (RSV)- vaccine- bivalent	\$ 374.00
90679	RSV Vaccine	\$ 380.00
90680	Rotavirus- Pentavalent	\$ 169.00
90681	Rotavirus- Monovalent (Rotarix PFS)	\$ 240.00
90681	Rotavirus- Monovalent (Rotarix)	\$ 240.00
90686	Inf. Quad.- .50P Free Fluarix (2023-2024)	\$ 46.00
90687	Influenza- Quad Inj Prsve 0.25 (1 dose)	\$ 35.00
90691	Typhoid	\$ 189.00
90691	Typhoid- ViCPs	\$ 189.00
90694	Infl.- Quad- adjuvanted Fluad (2023-2024)	\$ 105.00
90694	VACC AIIV4 NO PRSRV (Fluad) 0.5ML IM	\$ 105.00
90696	DTaP-IPV (Kinrix)	\$ 116.00
90696	DTaP-IPV - Quadracel	\$ 116.00

90697	DTaP-IPV-HepB-Hib - PFS	\$ 245.00
90697	DTAP-IPV-HIB-HEPB VACCINE IM	\$ 245.00
90698	DTaP- Hib- IPV (Pentacel)	\$ 195.00
90700	DTap	\$ 62.00
90700	DTaP - Daptacel	\$ 62.00
90702	DT	\$ 120.00
90707	MMR	\$ 160.00
90710	MMRV	\$ 450.00
90713	IPV (Polio)	\$ 70.00
90714	Td (Tenivac) Preserve Free	\$ 65.00
90714	Td Grifols	\$ 65.00
90715	Tdap	\$ 89.00
90715	Tdap Boostrix	\$ 89.00
90716	Varicella (chicken pox)	\$ 275.00
90717	Yellow Fever	\$ 325.00
90723	DTaP-Hep B- IPV (Pediarix)	\$ 171.00
90732	Pneumococcal (Pneumovax 23)	\$ 215.00
90732	Pneumococcal - Pneumovax 23 PFS	\$ 215.00
90734	Meningococcal (MCV4) Menactra	\$ 232.00
90734	Meningococcal (MCV4) Menveo	\$ 232.00
90738	Japanese encephalitis IM	\$ 520.00
90739	HEP B VACC ADULT 2 DOSE IM	\$ 234.00
90744	Hepatitis B (Child)	\$ 70.00
90744	Hepatitis B (Child) Merck	\$ 70.00
90746	Hepatitis B (Adult)	\$ 141.00
90746	Hepatitis B (Adult) PFS	\$ 141.00
90750	Zoster- recombinant (Shingrix)	\$ 325.00
90756	Flu- MDCK- W/Preservative Quad MDV	\$ 52.00
90791	PSYCH DIAGNOSTIC EVALUATION	\$ 242.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 365.00
90832	PSYTX PT&/FAMILY 30 MINUTES	\$ 126.00
90832	PSYTX PT&/FAMILY 30 MINUTES EST	\$ 126.00
90832	PSYTX PT&/FAMILY 30 MINUTES NEW	\$ 126.00
90834	PSYTX PT&/FAMILY 45 MINUTES	\$ 164.00
90837	PSYTX PT&/FAMILY 60 MINUTES	\$ 190.00
90838	PSYTX PT&/FAM W/E&M 60 MIN	\$ 221.00
90839	PSYTX CRISIS INITIAL 60 MIN	\$ 218.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 99.00
90845	PSYCHOANALYSIS	\$ 183.00
91304	COVID-19 Novavax PFS	\$ 193.00
91318	COVID-19 Pfizer (6m0 - 4yr)	\$ 78.00
91318	SARSCOV2 VAC 3MCG TRS-SUC	\$ 65.00
91319	COVID-19 Pfizer (5yr - 11yr)	\$ 85.00
91319	COVID-19 Pfizer (5yr-11yr)	\$ 105.00

91319	SARSCV2 VAC 10MCG TRS-SUC I	\$ 85.00
91320	COVID-19 Pfizer (COM) 12+ PFS	\$ 186.00
91320	COVID-19 Pfizer 12+	\$ 130.00
91321	COVID-19 Moderna (6mo - 11yr)	\$ 193.00
91321	SARSCOV2 VAC 25 MCG/.25ML IM	\$ 145.00
91322	COVID-19 Moderna PFS 12+	\$ 193.00
91322	SARSCOV2 VAC 50 MCG/0.5ML IM	\$ 145.00
92551	Audiometry/screening test- pure tone- air only	\$ 39.00
92567	TYMPANOMETRY	\$ 52.00
93000	ECG w/interpretation	\$ 78.00
93040	ECG- Rhythm Strip	\$ 76.00
94010	SPIROMETRY	\$ 135.00
94060	Spirometry- Pre and Post	\$ 233.00
94640	Nebulizer/Inhalation Treatment	\$ 55.00
94664	Nebulizer - demo/eval of pt use	\$ 126.00
94760	Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination	\$ 19.00
96110	ASQ (developmental screening)	\$ 59.00
96127	BRIEF EMOTIONAL/BEHAV ASSMT	\$ 22.00
96372	Therapeutic IM/SC Injection	\$ 65.00
97802	MEDICAL NUTRITION- INDIV- IN	\$ 68.00
97803	MED NUTRITION- INDIV- SUBSEQ	\$ 58.00
97804	MEDICAL NUTRITION- GROUP	\$ 50.00
98960	SELF-MGMT EDUC & TRAIN- 1 PT	\$ 64.00
98961	SELF-MGMT EDUC/TRAIN- 2-4 PT	\$ 62.00
98962	SELF-MGMT EDUC/TRAIN- 5-8 PT	\$ 44.00
99000	Collection of Other Lab Spec	\$ 22.00
99070	Vandazole Vaginal Gel TUBE	\$ 135.43
99080	SPECIAL REPORTS	\$ 10.00
99173	Vision screen- Bilateral	\$ 28.00
99174	Vision screen- bilateral- Instrument based with remote analysis and report	\$ 52.00
99177	Vision screen- bilateral- Instrument based with on-site analysis	\$ 28.00
99188	Fluoride Varnish Administered (Medical)	\$ 45.00
99202	E&M New Outpatient - Expanded Problem Focused	\$ 160.00
99203	New Patient Detailed Problem Focused	\$ 234.00
99204	E&M New Outpatient Comprehensive Problem	\$ 358.00
99205	E&M New Outpatient- Very Comprehensive Problem Focused	\$ 472.00
99211	E&M Established Outpatient - RN Only	\$ 60.00
99212	E&M Established Outpatient - Problem Focused	\$ 107.00
99213	E&M Established Outpatient Expanded Problem Focused	\$ 162.00
99214	E&M Established Outpatient - Detailed Problem Focused	\$ 237.00
99215	E&M Established Outpatient - Comprehensive Problem Focused	\$ 346.00
99242	Office Consultation Level 2	\$ 293.00
99243	Office Consultation Level 3	\$ 389.00
99244	Office Consultation Level 4	\$ 545.00

99245	Office Consultation Level 5	\$ 708.00
99341	HOME V- NP FOCUSED	\$ 122.00
99342	HOME V- NP EXPANDED	\$ 313.00
99344	HOME V- NP COMREH	\$ 339.00
99345	HOME V- NP HI COMP	\$ 391.00
99347	HOME V- EP FOCUSED	\$ 107.00
99348	HOME V- EP EXPANDED	\$ 306.00
99349	HOME V- EP DETAILED	\$ 267.00
99350	HOME V- EP COMPREHEN	\$ 370.00
99381	Preventive Medicine- New patient- <1 Year Old	\$ 209.00
99382	Preventive Medicine- New patient- 1-4 Years Old	\$ 218.00
99383	Preventive Medicine- New patient- 5-11 Years Old	\$ 221.00
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99396	Preventive Medicine- Established patient- 40-64 Years Old	\$ 251.00
99397	Preventive Medicine- Established patient- 65+ Years Old	\$ 260.00
99401	Preventative- Risk Reduction Counseling- Approx 15 Min.	\$ 79.00
99402	Preventative- Risk Reduction Counseling- Approx 30 Min.	\$ 128.00
99403	Preventative- Risk Reduction Counseling- Approx 45 Min.	\$ 321.00
99404	Preventative- Risk Reduction Counseling- Approx 60 Min.	\$ 168.00
99406	Tobacco counseling/3-10 min	\$ 32.00
99407	Tobacco counseling></div>10 min	\$ 62.00
99421	OL DIG E/M SVC 5-10 MIN	\$ 93.02
99422	OL DIG E/M SVC 11-20 MIN	\$ 93.02
99423	OL DIG E/M SVC 21+ MIN	\$ 107.00
99441	PHONE E/M BY PHYS 5-10 MIN	\$ 90.00
99442	PHONE E/M BY PHYS 11-20 MIN	\$ 153.00
99443	PHONE E/M BY PHYS 21-30 MIN	\$ 213.00
99606	Medications Management Therapy	\$ 41.00
99607	Medications Management Therapy Addl 15min	\$ 41.00
99608	Medications Management Therapy	\$ 41.00
A4266	Diaphragm Device	\$ 109.00
A4267	Condoms (Male) (1 pk = 12)	\$ 0.50
A6250	Antibiotic Ointment (Bacitracin Zinc) Packet	\$ 0.09
A6250	Silver Sulfadiazine 1% cream	\$ 0.26
D0120	PERIODIC ORAL EXAMINATION	\$ 44.00
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$ 43.00

D0145	ORAL EVALUATION- PT < 3YRS	\$ 41.00
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$ 52.00
D0190	Screening of Patient	\$ 41.00
D0191	ASSESSMENT OF A PATIENT	\$ 44.00
D0210	INTRAORL - CMPL SERIES CODE 70320	\$ 83.00
D0220	INTRAORL-PERIAPICAL 1 FILM 70300	\$ 25.00
D0230	INTRAORL-PERIAPICAL EA ADD FILM	\$ 20.00
D0240	INTRAORAL - OCCLUSAL FILM	\$ 15.00
D0270	BITEWING - SINGLE FILM	\$ 12.00
D0272	BITEWINGS - TWO FILMS	\$ 28.00
D0273	BITEWINGS - THREE FILMS	\$ 41.00
D0274	BITEWINGS - FOUR FILMS	\$ 45.00
D0601	CARIES RISK ASSESS DOC FIND LOW RSK	\$ 5.00
D0602	CARIES RISK ASSESS DOC FIND MOD RSK	\$ 5.00
D0603	CARIES RISK ASSESS DOC FIND HI RSK	\$ 5.00
D1110	PROPHYLAXIS - ADULT	\$ 75.00
D1120	PROPHYLAXIS - CHILD	\$ 75.00
D1206	TOPICAL FLUORIDE VARNISH	\$ 53.00
D1330	ORAL HYGIENE INSTRUCTIONS	\$ 1.00
D1351	Dental Sealant - per tooth	\$ 37.00
D1352	PREV RSN REST MOD HIGH CARIES RISK	\$ 11.00
D1353	SEALANT REPAIR - PER TOOTH	\$ 25.00
D1354	INTERIM CARIES ARRESTING MED APPLIC	\$ 13.00
D2330	RESIN COMPOS - ONE SURFACE ANTERIOR	\$ 116.00
D2331	RESIN COMPOS - 2 SURFACES ANTERIOR	\$ 132.00
D2332	RESIN COMPOS - 3 SURFACES ANTERIOR	\$ 169.00
D2335	RSN COMPOS-4></div> SURF/W/INCISAL ANG	\$ 211.00
D2391	RESIN COMPOS - 1 SURFACE POSTERIOR	\$ 146.00
D2392	RESIN COMPOS - 2 SURFACES POSTERIOR	\$ 186.00
D2393	RESIN COMPOS - 3 SURFACES POSTERIOR	\$ 227.00
D2394	RESIN COMPOS - 4/MORE SURFACES POST	\$ 273.00
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$ 769.00
D2751	CROWN-PORCELN FUSD PREDOM BASE METL	\$ 755.00
D2791	CROWN - FULL CAST PREDOM BASE METL	\$ 328.00
D3110	PULP CAP - DIRECT	\$ 53.00
D3120	PULP CAP - INDIRECT	\$ 56.00
D3220	TX PULPOT-CORONL DENTNOCEMENTL JUNC	\$ 138.00
D4341	Periodontal scaling & root	\$ 155.00
D4342	PERIODONTAL SCALING & ROOT PLAN 1-3 TEETH	\$ 130.00
D4346	Scalling in Presence of Generalized Moderate or Severe Gingival Inflammation	\$ 277.00
D4355	Full mouth debridement	\$ 112.00
D4381	Localized delivery of antimicrobial agent - per tooth	\$ 105.00
D4910	Periodontal maint procedures	\$ 103.00
D5110	COMPLETE DENTURE - MAXILLARY	\$ 1,103.00

D5120	COMPLETE DENTURE - MANDIBULAR	\$ 1,104.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$ 1,148.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$ 1,149.00
D5211	MAX PARTIAL DENTURE - RESIN BASE	\$ 1,109.00
D5212	MAND PARTIAL DENTUR - RESIN BASE	\$ 1,111.00
D5213	MAX PART DENTUR-CAST METL W/RSN	\$ 1,172.00
D5214	MAND PART DENTUR- CAST METL W/RSN	\$ 1,175.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$ 41.00
D5411	ADJUST COMPLETE DENTUR - MANDIBULAR	\$ 41.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$ 41.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$ 41.00
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$ 165.00
D5750	RELINE COMPLETE MAXILLARY DENTURE	\$ 266.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE	\$ 266.00
D5820	INTERIM PARTIAL DENTURE	\$ 205.00
D5821	INTERIM PARTIAL DENTURE	\$ 205.00
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$ 128.00
D7210	SURG REMOVAL ERUPTED TOOTH	\$ 201.00
D9311	Consultation with a Medical Health Care Professional	\$ 95.00
D9430	Office Visit for Observation (during regularly scheduled hours)	\$ 69.00
D9991	Dental Case Management - Addressing appointment compliance barriers	\$ 15.00
D9992	Dental Case Management - Care Coordination	\$ 31.00
D9993	Dental Case Management - Motivational Interviewing	\$ 15.00
D9994	Dental Case Management - patient education to improve oral health literacy	\$ 15.00
G0008	ADMN FLU VAC NO FEE SCHED SAME DAY	\$ 35.00
G0009	ADMN PNEUMCOC VAC NO FEE SCHED DAY	\$ 35.00
G0010	ADMN HEP B VAC NO FEE SCHD SAME DAY	\$ 35.00
G0071	Comm svcs by rhc/fqhc 5 min	\$ 24.31
G0101	CA Screen/Breast Exam	\$ 58.00
G0102	PROS CANCER SCR; DIGTL RECTAL EXAM	\$ 25.00
G0108	DM OP SLF-MGMT TRN SRVC IND-30 MIN	\$ 58.00
G0109	DM SLF-MGMT TRN SRVC GRP-30 MIN	\$ 16.00
G0270	MED NUT TX; REASSESS W/PT EA 15 MIN	\$ 34.00
G0271	MED NUT TX REASSESS GRP EA 30 MIN	\$ 18.00
G0344	Welcome to Medicare Exam	\$ 275.00
G0366	ECG w/ Welcome to Medicare exam	\$ 29.00
G0402	INIT PREV PE LTD DUR 1ST 12 MOS MCR	\$ 176.00
G0438	ANNUAL WELLNES VST; PERSNL PPS INIT	\$ 176.00
G0439	ANNUAL WELLNESS VST; PPS SUBSQVT VST	\$ 139.00
G0444	ANNUAL DEPRESSION SCREENING 15 MIN	\$ 20.00
G0446	ANN F2F INT BEHV TX CV DZ IND 15 MN	\$ 28.00
G0447	Obesity Counseling (15 mins face-to-face)	\$ 60.00
G0466	FQHC VISIT NEW PATIENT	\$ 244.00
G0467	FQHC VISIT ESTABLISHED PATIENT	\$ 244.00

G0468	FQHC VISIT IPPE/AWV	\$ 244.00
G0469	FQHC VISIT MENTAL HEALTH NEW PT	\$ 240.00
G0470	FQHC VISIT MENTAL HEALTH ESTAB PT	\$ 240.00
G2010	Remot image submit by pt	\$ 14.00
G2012	Brief check in by md/qhp	\$ 16.00
G2025	Telehealth	\$ 92.03
G8598	Aspirin 325mg (ASA)	\$ 0.02
H0002	Alcohol and/or drug screenin	\$ 35.00
H0033	Other Preventive Medicine- Directly Observed Therapy	\$ 6.00
J0131	Acetaminophen 120mg SUPPOS. ORAL	\$ 0.32
J0131	Acetaminophen 160mg/5mL LQ. ORAL	\$ 0.43
J0131	Acetaminophen 325mg CAP TAB. ORAL	\$ 0.01
J0170	Epinephrine 1mg/mL INJ. VIAL	\$ 14.98
J0171	EpiPen (Epinephrine) 0.30mg autoinjector	\$ 312.58
J0171	EpiPen Jr (Epinephrine Jr.) 0.15mg autoinjector	\$ 160.50
J0558	Penicillin G benz/G procaine (CR) 2.4 mil u/2mL (100-000 per unit)	\$ 128.85
J0561	Bicillin 1.2 mil Long Acting	\$ 13.80
J0561	Bicillin 2.4 LA Long Acting	\$ 13.80
J0561	Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit)	\$ 13.80
J0696	Ceftriaxone 250mg/mL- IM	\$ 12.68
J0696	Ceftriaxone 500mg/mL- IM	\$ 14.17
J1050	Medroxyprogesterone 150mg/mL IM	\$ 57.80
J1100	Dexamethasone sodium phosphate 10mg/mL INJ	\$ 38.25
J1100	Dexamethasone sodium phosphate 4mg/mL INJ	\$ 12.49
J1200	Diphenhydramine HCl 50mg/mL Inj	\$ 0.84
J1324	Nevirapine 50mg/5mL	\$ 0.79
J1580	Gentamicin 80mg/mL 2ML	\$ 1.14
J1741	Ibuprofen 200mg CAP	\$ 0.06
J1885	Ketorolac tromethamine 30mg/mL INJ	\$ 1.80
J1885	Ketorolac tromethamine 60mg/2mL INJ	\$ 2.96
J2001	Lidocaine 2% Viscous SOLN	\$ 0.11
J2001	Xylocaine-Mpf 1% VIAL	\$ 6.96
J2405	Ondansetron 4mg/2mL INJ (the code is 1 unit)	\$ 0.48
J2405	Ondansetron ODT 4mg TAB	\$ 19.07
J2550	Promethazine HCl 25mg/mL (inj code is 50mg)	\$ 30.57
J3301	Triamcinolone acetonide 40mg/mL INJ (10mg per unit)	\$ 8.73
J3420	Vitamin B12 (Cyanocobalamin) 1000 mg INJ	\$ 7.48
J3490	Capastat Injectable (1gr = 10ml)	\$ 221.31
J3490	Clotrimazole vag Cream 1%	\$ 8.84
J3490	Metronidazole Vaginal Gel TUBE	\$ 23.28
J3490	Paser 4gm	\$ 6.85
J3490	Sulfamet Trimet 800/160mg (100 tabs)	\$ 117.18
J3490	Tivicay 50mg (30 tabs)	\$ 56.76
J3490	Triumeq 600/50/300mg (30 tabs)	\$ 96.05

J7296	Kyleena- 19.5 mg	\$ 1,180.00
J7297	IUD Device - Liletta	\$ 200.00
J7298	IUD Device - Mirena	\$ 753.00
J7300	IUD Device - Paragard	\$ 568.00
J7301	IUD Device - Skyla	\$ 550.00
J7307	Implant Device - Nexplanon	\$ 825.00
J7510	PREDNISOLONE 15mg/5mL SOLN. ORAL	\$ 0.41
J7613	Albuterol Sul 2.5mg/3mL SOLN	\$ 1.14
J7620	Iprat-Albut 0.5-3(2.5)mg/3mL	\$ 1.97
J7620	Ipratropium BR 0.02% SOLN	\$ 1.51
J7626	Budesonide 0.5mg/2mL INH SUSP	\$ 9.48
J7627	Budesonide 1mg/2mL INH SUSP	\$ 19.76
J8499	Acyclovir 400mg	\$ 1.61
J8499	Acyclovir 800mg	\$ 3.14
J8499	Avelox 400mg	\$ 31.27
J8499	Azithromycin 500mg	\$ 13.33
J8499	Bactrim DS 800/160mg	\$ 0.99
J8499	Cefixime 400mg	\$ 23.83
J8499	Cephalexin 500mg	\$ 1.14
J8499	Cycloserine 250mg	\$ 66.88
J8499	Dapsone 100mg	\$ 2.59
J8499	Descovy 200mg/25mg (30 tabs)	\$ 57.38
J8499	Diflucan 100mg	\$ 7.54
J8499	Diphenhydramine 12.5mg/5ml LQ	\$ 0.02
J8499	Doxycycline 100mg	\$ 0.20
J8499	Erythromycin 500mg	\$ 73.52
J8499	Ethambutol 100mg	\$ 8.20
J8499	Ethambutol 400 mg	\$ 1.13
J8499	Ethionamide 250 mg	\$ 5.67
J8499	Fluconazole 100mg	\$ 7.54
J8499	Fluconazole 150mg	\$ 15.87
J8499	Genvoya 150-200-10	\$ 100.86
J8499	Hurricane Gyno-Gel	\$ 7.40
J8499	Ibuprofen 100mg/5mL LQ ORAL	\$ 0.03
J8499	Isoniazid 100mg	\$ 0.13
J8499	Isoniazid 300mg	\$ 0.43
J8499	Levaquin 250mg	\$ 14.39
J8499	Levaquin 500mg	\$ 17.20
J8499	Levaquin 750mg	\$ 30.88
J8499	Linezolid 600mg Tab	\$ 146.94
J8499	Metronidazole 250 mg	\$ 0.41
J8499	Metronidazole 500 mg	\$ 5.55
J8499	Moxifloxacin 400 mg Tab	\$ 26.76
J8499	Mycobutin 150mg	\$ 14.98



J8499	Mylanta	\$ 0.09
J8499	Odefsey 200-25-25	\$ 91.79
J8499	Penicillin VK 500mg	\$ 0.67
J8499	Prezcobix 800/150mg	\$ 61.86
J8499	Prezista 800mg	\$ 54.12
J8499	Priftin 150mg	\$ 3.90
J8499	Pyrazinamide 500mg	\$ 2.45
J8499	Rifamate (rifampin and isoniazid) 150/300mg	\$ 60.83
J8499	Rifampin 150mg	\$ 16.95
J8499	Rifampin 300mg	\$ 14.03
J8499	Rifapentine 150mg	\$ 3.90
J8499	Streptomycin 1 gram VIAL	\$ 80.00
J8499	Tindamax 500mg	\$ 14.66
J8499	Tivicay 50mg	\$ 56.76
J8499	Triumeq 600/50/300mg	\$ 96.05
J8499	Truvada 200-300mg	\$ 57.38
J8499	Vitamin B-6 50mg	\$ 0.02
J8499	Zidovud Syrp 50mg/5mL 240mL	\$ 0.20
J8499	Zyvox 600mg	\$ 10.97
PHYEX	SNHD General Physical	\$ 91.00
Q0091	Pap Smear	\$ 74.00
Q0144	Azithromycin 500mg	\$ 13.33
Q0144	Azithromycin 600mg	\$ 15.99
Q0144	Azithromycin Powder 1gm	\$ 15.99
Q0144	Zithromax 1 gm powder	\$ 123.50
Q0163	Diphenhydramine 25mg CAP	\$ 0.02
Q3014	TELEHEALTH ORIG SITE FACILITY FEE	\$ 77.00
Q4026	CAST SPL HIP SPICA ADULT FIBRGLS	\$ 2,100.00
S3620	NEWBORN METABOLIC SCREENING PANEL	\$ 5.00
S4993	Birth Control Pills - Apri (28 tabs) - Brand	\$ 29.41
S4993	Birth Control Pills - Aviane (28 tabs)	\$ 33.13
S4993	Birth Control Pills - Deblitane (28 tabs)	\$ 34.54
S4993	Birth Control Pills - Micronor (28 tabs)	\$ 56.12
S4993	Birth Control Pills - Nora - B (28 tabs)	\$ 34.54
S4993	Birth Control Pills - Orth Cyclen (28 tabs)	\$ 51.30
S4993	Birth Control Pills - Ortho Trycyclen (28 tabs)	\$ 51.30
S4993	Birth Control Pills - Ortho Trycyclen Lo (28 tabs)	\$ 51.30
S4993	Birth Control Pills - Reclipsen (28 tabs)	\$ 33.68
S4993	Birth Control Pills - Sprintec (28 tabs)	\$ 30.78
S4993	Birth Control Pills - Tri Lo Sprintec (28 tabs)	\$ 122.35
S4993	Birth Control Pills - Trinessa (28 tabs)	\$ 27.90
S4993	Emergency Birth Control - Plan B	\$ 31.20
S4993	NEW DAY TAB 1.5MG 1 NSTR@	\$ 31.94
T1013	Sign Lang/Oral Interpreter	\$ 23.00

TBCB1	TBCB1 CHARGE	\$ 100.00
TBCB2	TBCB2 CHARGE	\$ 200.00
U0002	Covid-19 lab test non-cdc	\$ 100.00



FY 2025-2026 Budget Presentation  
(July 1, 2025 to June 30, 2026)

Board of Health Meeting  
March 27, 2025



# BUDGET PURPOSE

## NRS 354.472

### **Purposes of Local Government Budget and Finance Act.**

- (a) To establish standard methods and procedures for the preparation, presentation, adoption and administration of budgets of all local governments.
- (b) To enable local governments to make financial plans for programs of both current and capital expenditures and to formulate fiscal policies to accomplish these programs.
- (c) To provide for estimation and determination of revenues, expenditures and tax levies.
- (d) To provide for the control of revenues, expenditures and expenses in order to promote prudence and efficiency in the expenditure of public money.
- (e) To provide specific methods enabling the public, taxpayers and investors to be apprised of the financial preparations, plans, policies and administration of all local governments.



# OVERVIEW

## Staffing:

Staffing for **FY26** is projected to be **872.5** FTE compared to FY 2025 Augmented budget of 864.3 FTE.

## Revenues:

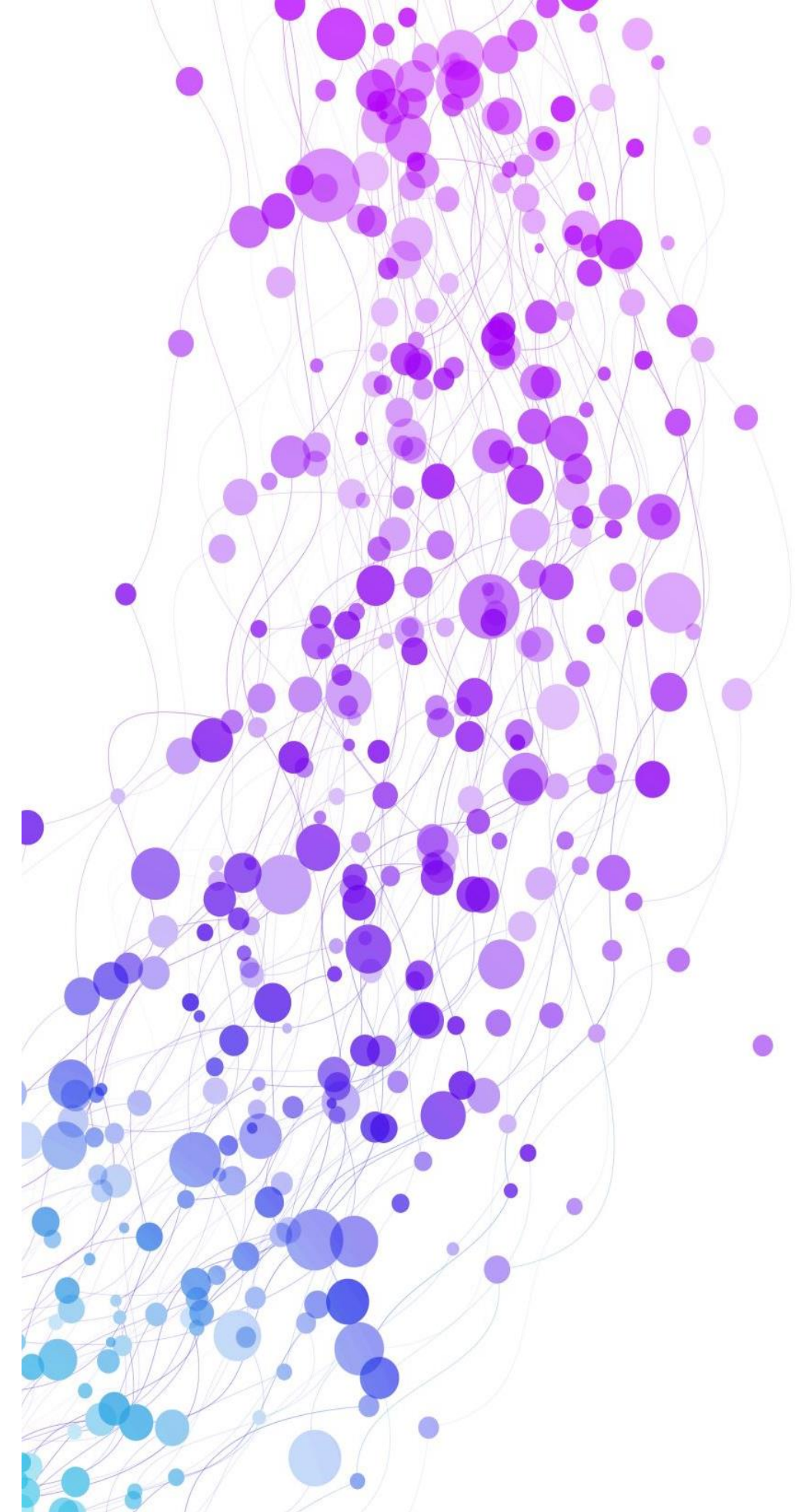
General Fund revenues is projected at **\$121.6M** in **FY26** an increase of \$7.3M from FY25 augmented budget.

Special Revenue Fund (Grants) decrease to **\$61.9M** in **FY26** a decrease of \$17M from FY25 augmented budget.

- ❖ *SB118 funding started in FY25, total of **\$10.95M**. An estimated **\$6.8M** is anticipated to be utilized in FY26.*
- ❖ Reduction in grant expenditure requests compared to FY2025 augmented budget.

## Capital:

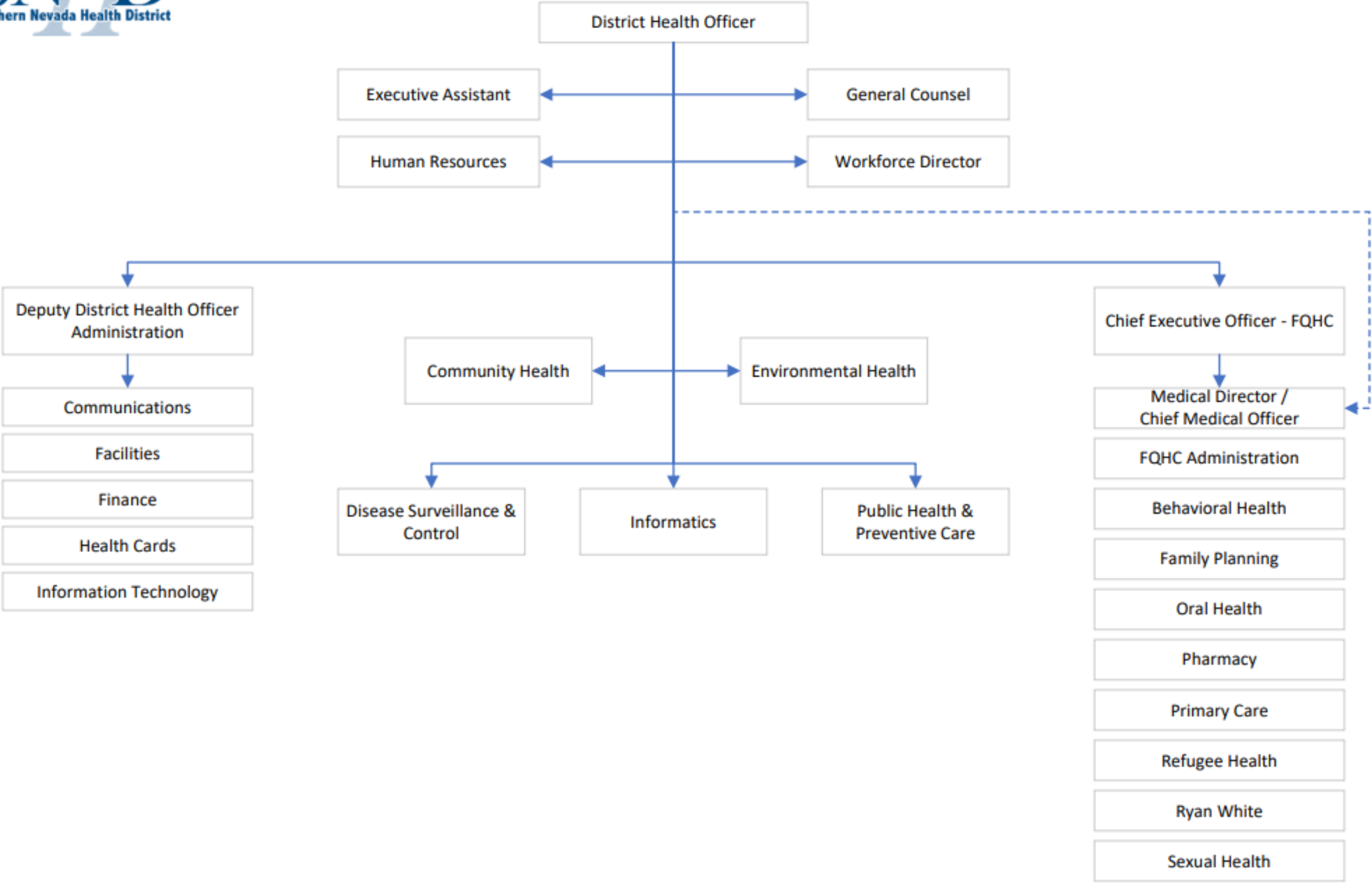
Lab Expansion project is currently underway in FY25 and is expected to continue in FY26 with \$8.8M anticipated to be utilized.



# SNHD ORGANIZATION CHART



SNHD Organizational Chart  
Effective: 02/24/2025



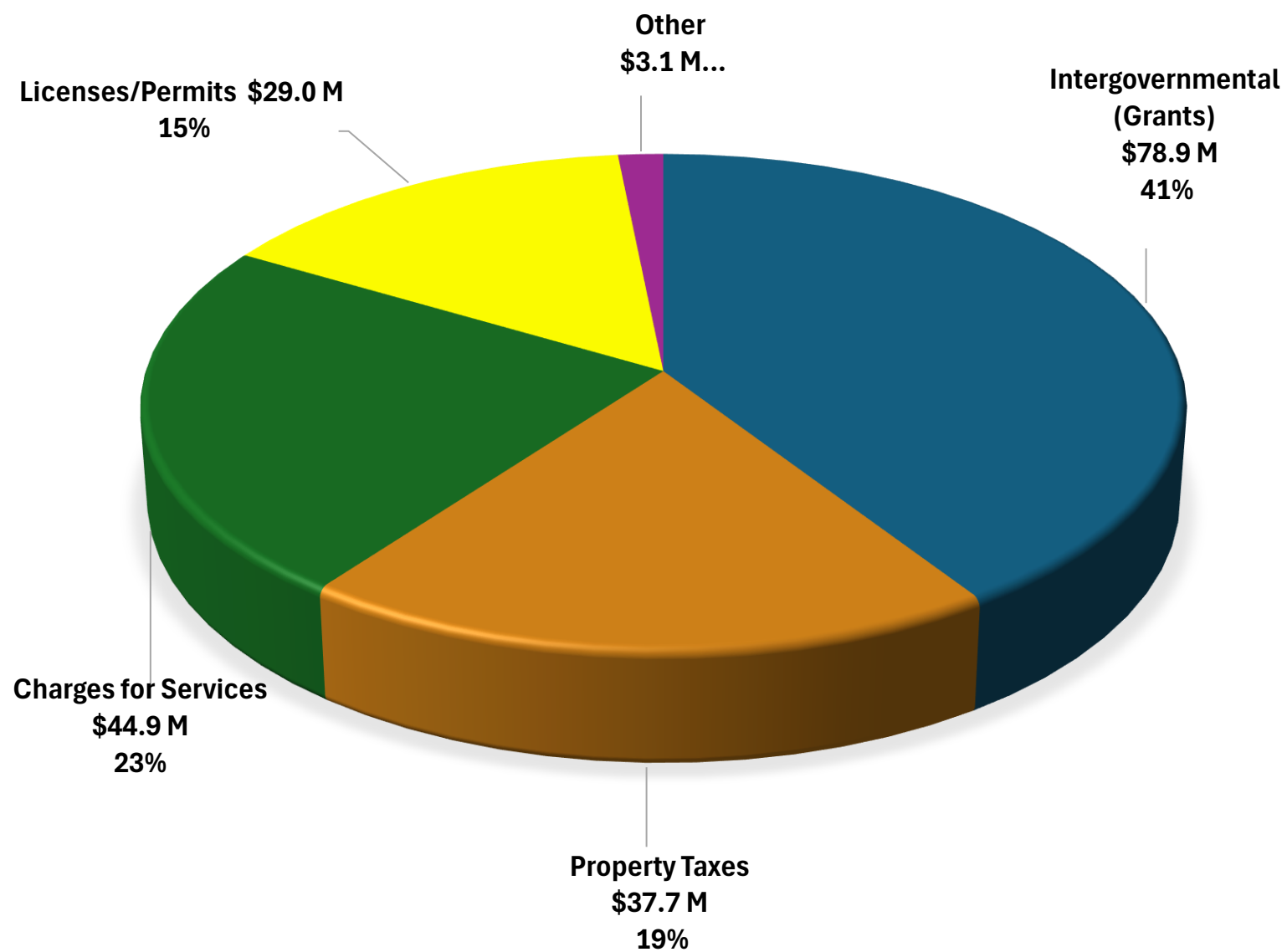
# REVENUES

COMBINED General Fund & Special Revenue Fund REVENUES BY SOURCE – comparison

## FY2025 AUGMENTED BUDGET

### REVENUE

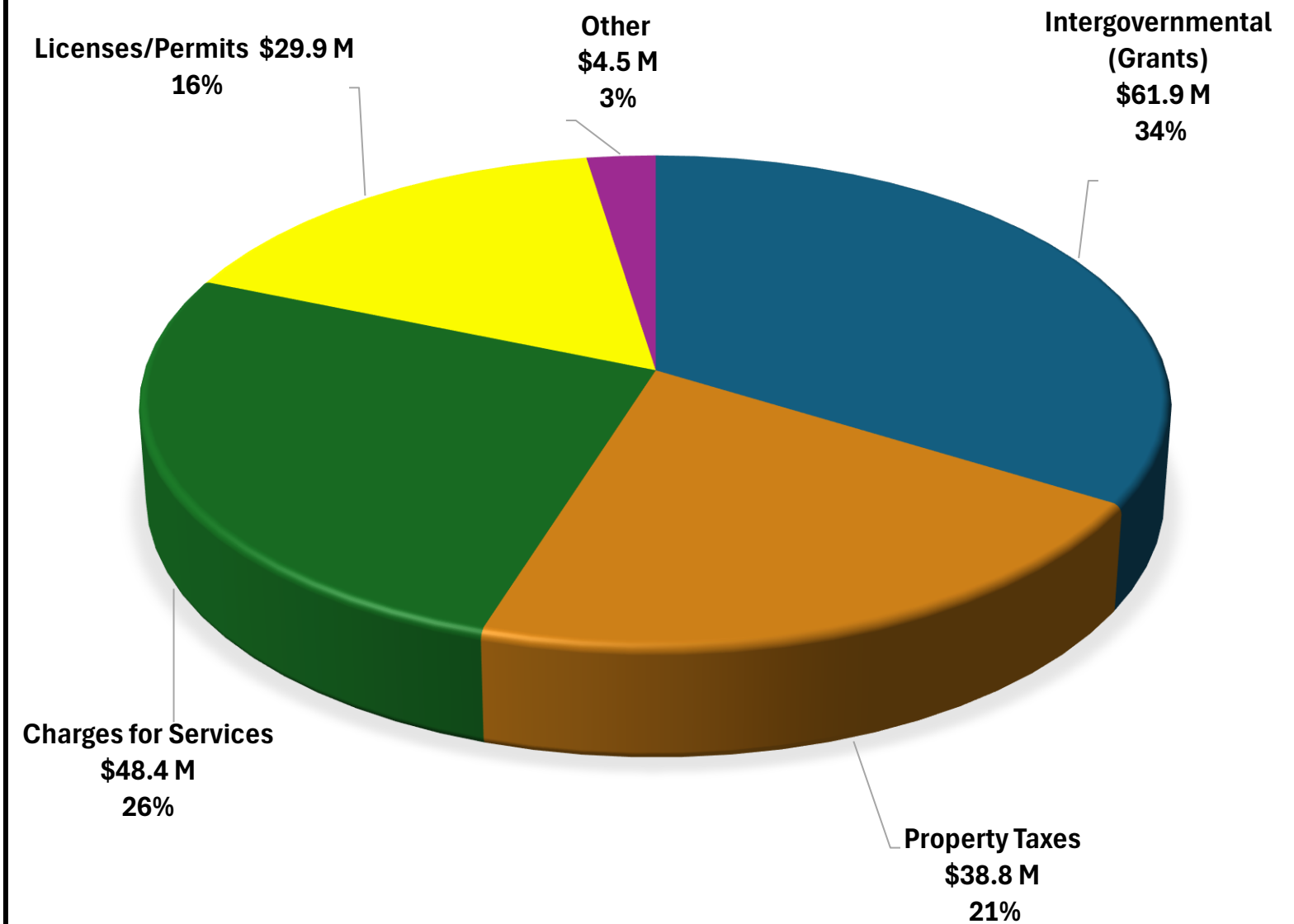
**\$193.1M**



## FY2026 PROPOSED BUDGET

### REVENUE

**\$183.5M**



% Percentages are based on total revenue.

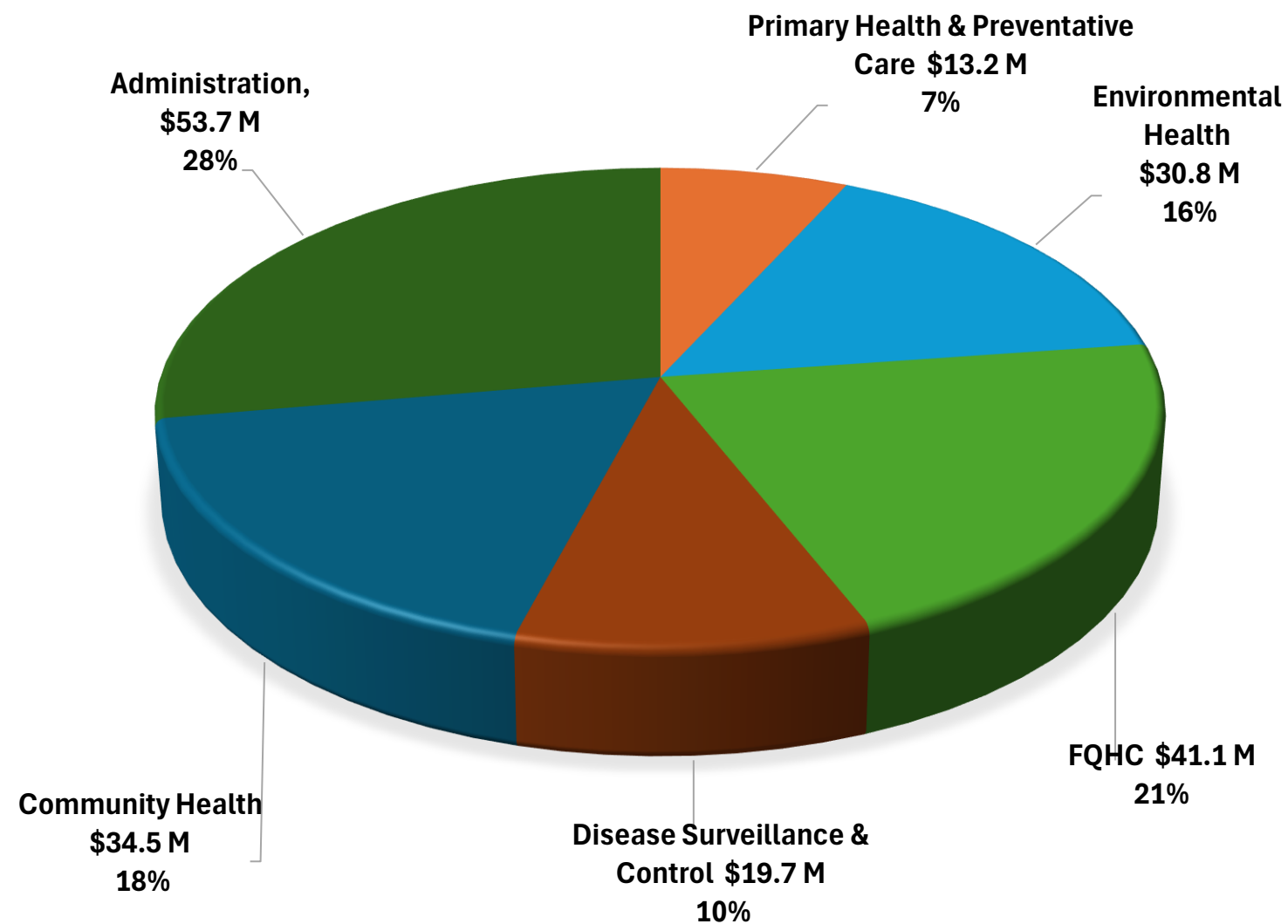
\*\*Does not include Transfers In

FY 2026 Budget

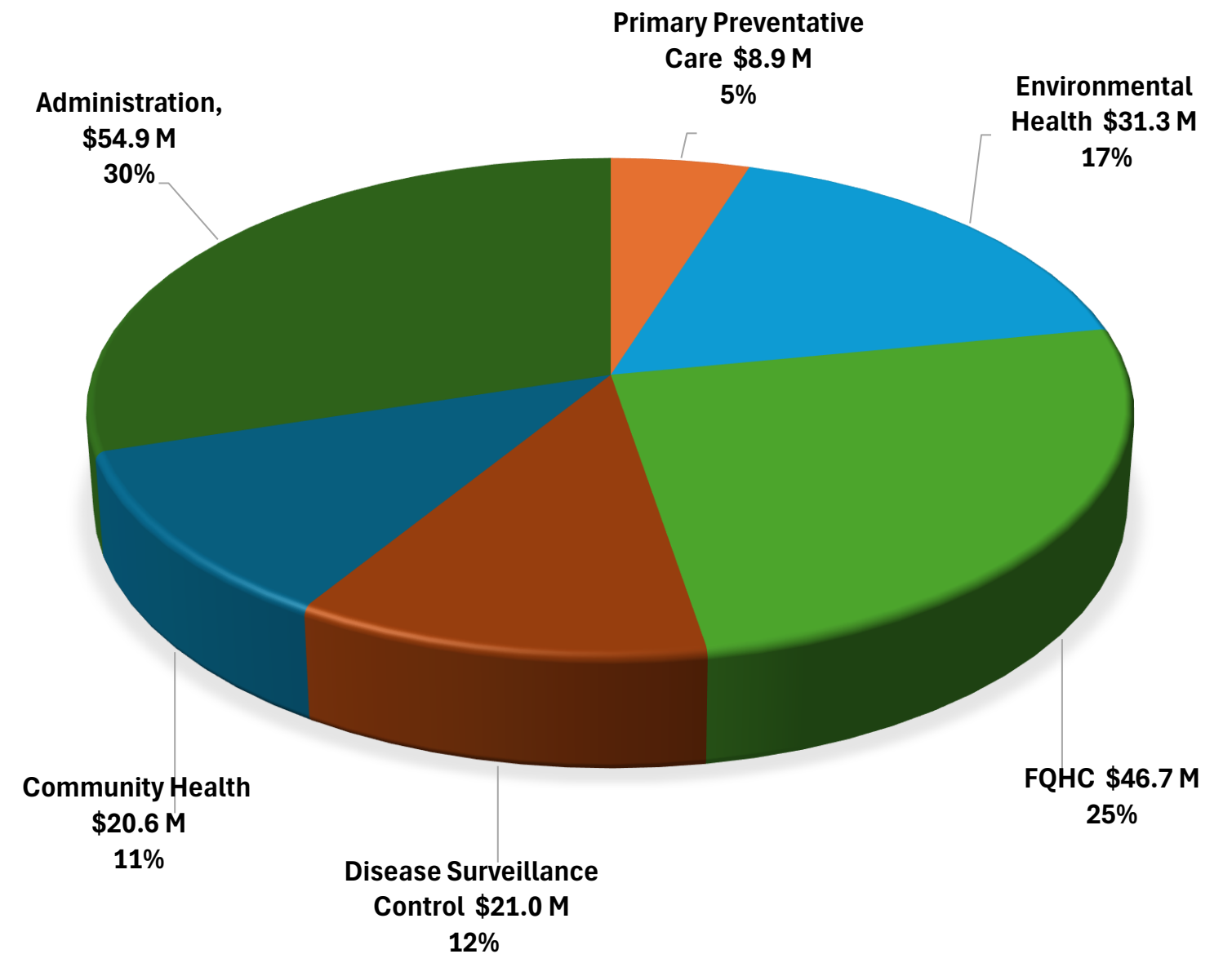
# REVENUES

## COMBINED REVENUES BY DIVISION – COMPARISON

**FY2025 AUGMENTED BUDGET  
REVENUE  
\$193.1M**



**FY2026 PROPOSED BUDGET  
REVENUE  
\$183.5M**



% Percentages are based on total revenue.

\*\*Does not include Transfers In



# REVENUES

## GENERAL & GRANTS FUND

FY 2026 Clark County Property Tax revenue is expected at \$38.8M an increase of \$1.8M or 3.0% compared to \$37.7M from FY2025. Pharmacy revenue also increased \$6.1M and Permits and Fees increased \$0.9M from FY2025 Augmentation.

General Funds Revenue increased from \$114.2M to \$121.6M, a \$7.3M or 6.4% increase from FY2025 Augmentation.

Special Revenue Funds decreased from \$78.9M to \$61.9M due to the conclusion of grants and reduction in grant expenditures requested compared to FY2025 Augmentation. Examples: COVID 19 Disaster Relief, Ryan White, Family Planning, Public Health Infrastructure (PHI), and Enhancing Detection Expansion grant.

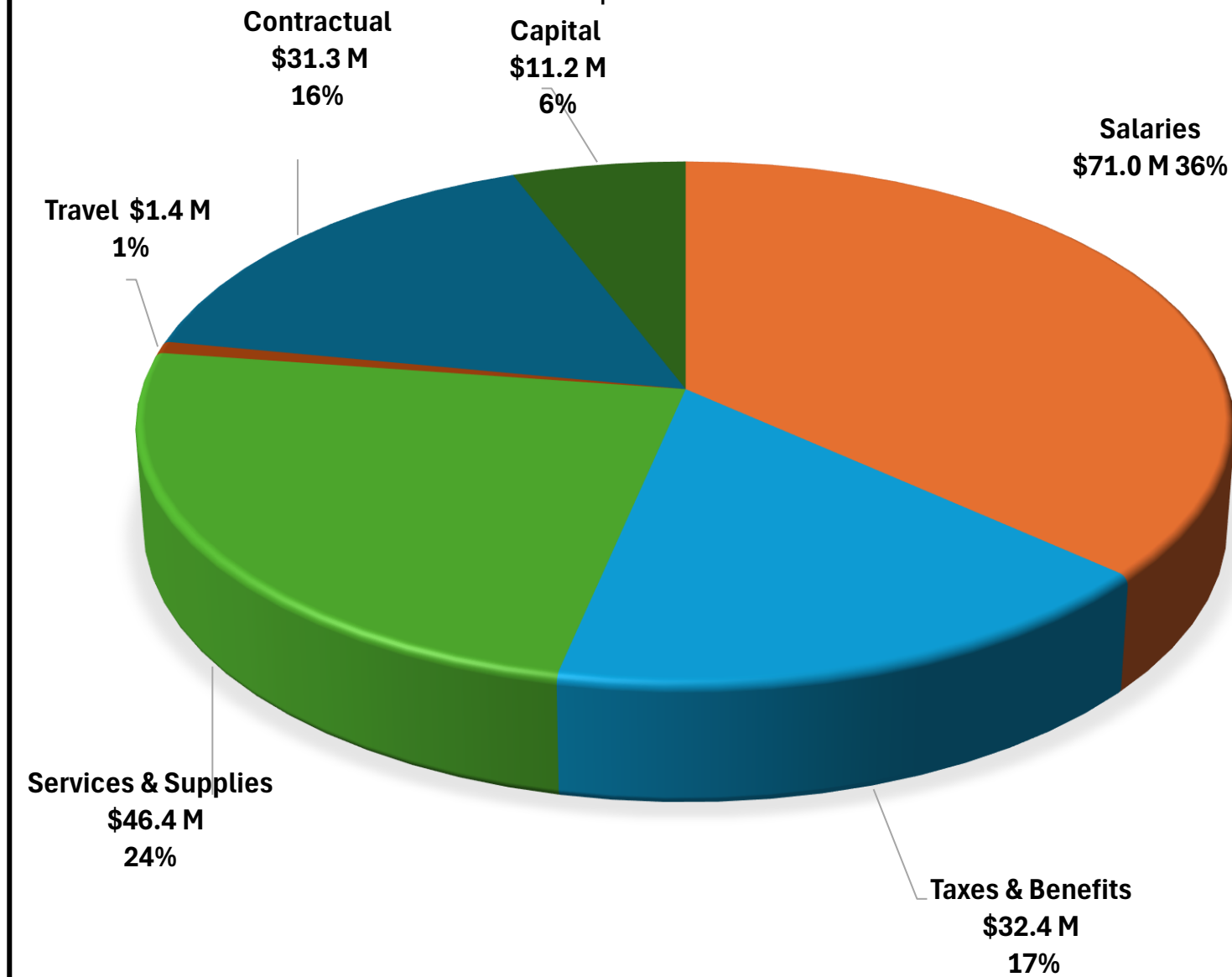
# EXPENDITURES

## COMBINED EXPENSES BY SOURCE – COMPARISON

### FY2025 AUGMENTED BUDGET

#### EXPENSE

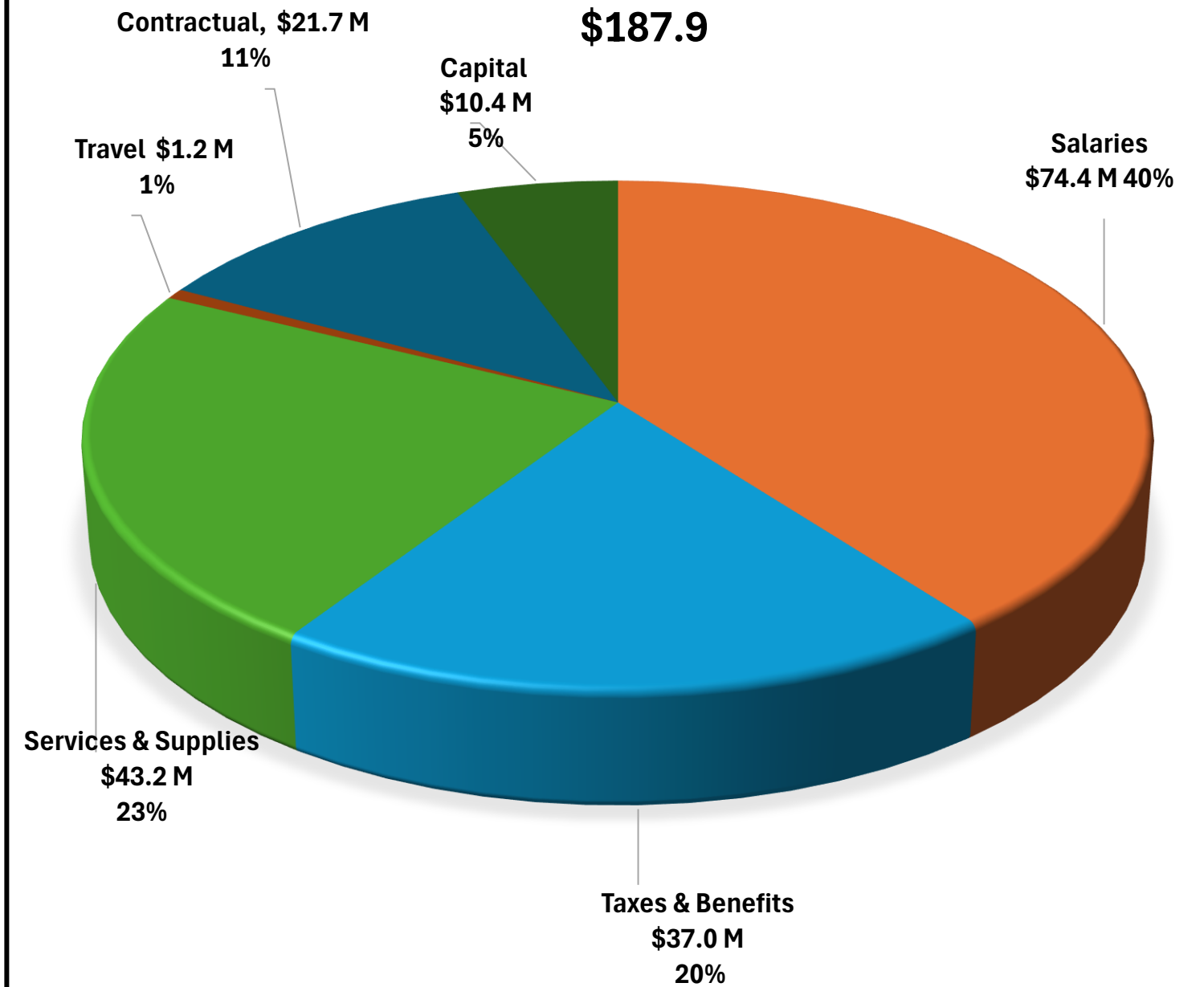
**\$193.7M**



### FY2026 PROPOSED BUDGET

#### EXPENSE

**\$187.9**



\$ Amounts are based on total expense.

\*\*Does not include Transfers between GF and SRF .

\*\*Does not include Transfers Out to Capital of \$3M.

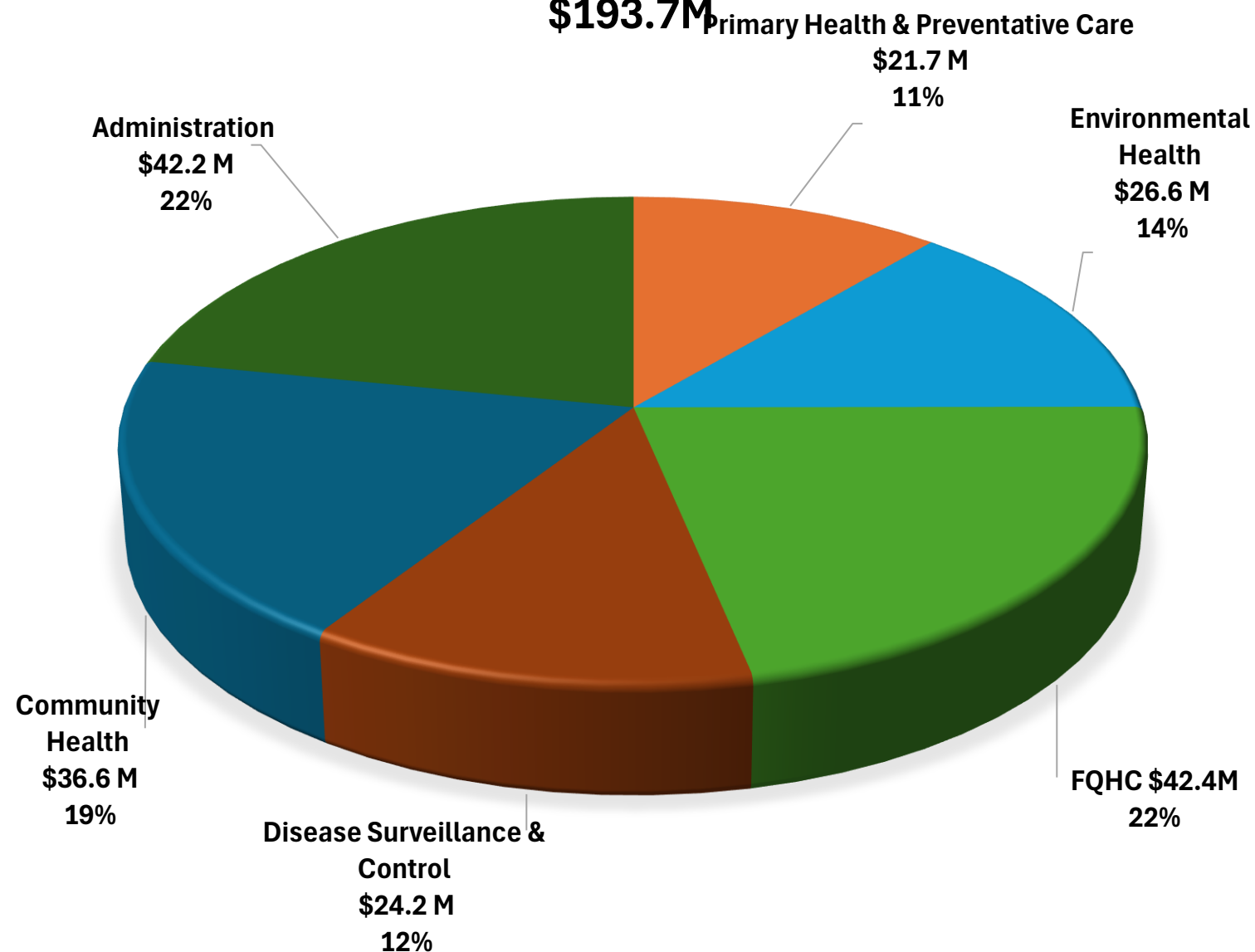
# EXPENDITURES

## COMBINED EXPENSES BY DIVISION – COMPARISON

### FY2025 AUGMENTED BUDGET

#### EXPENSE

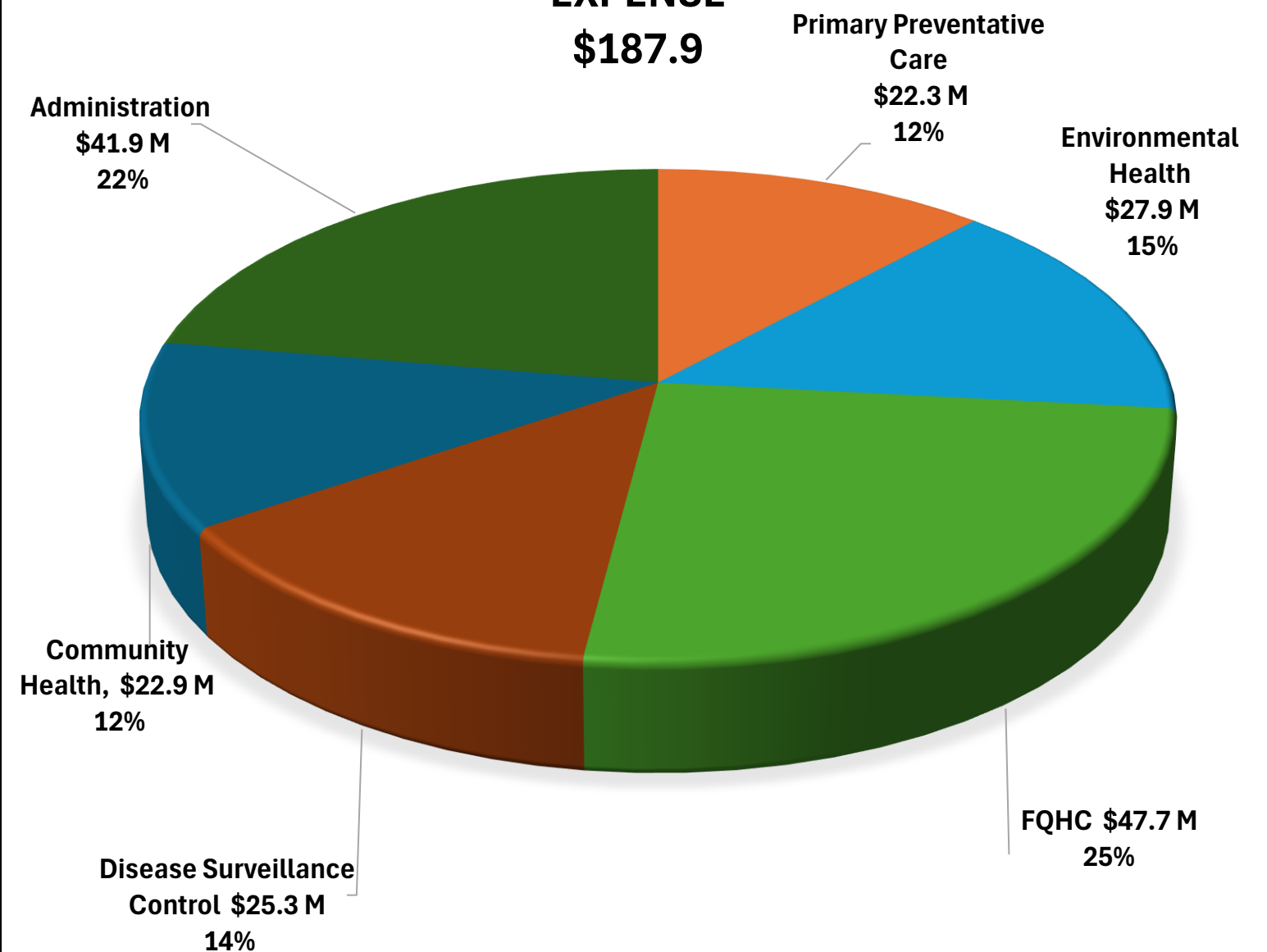
**\$193.7M**



### FY2026 PROPOSED BUDGET

#### EXPENSE

**\$187.9**



\$ Amounts are based on total expense.

\*\*Does not include Cost Allocations

\*\*Does not include Transfers between GF and SRF.

\*\*Does not include Transfers Out to Capital of \$3M.

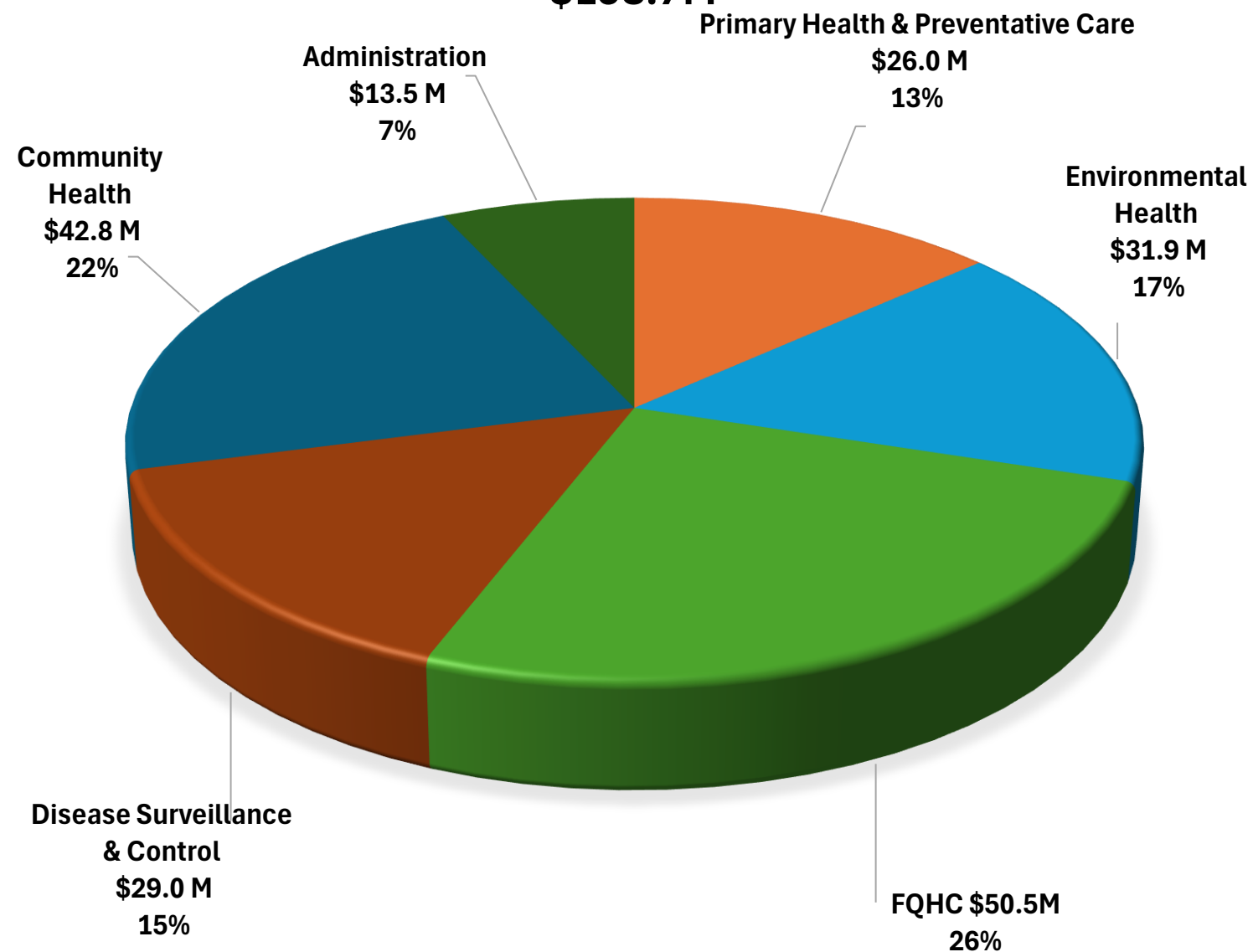
# EXPENDITURES

## COMBINED EXPENSES BY DIVISION – COMPARISON

### FY2025 AUGMENTED BUDGET

#### EXPENSE

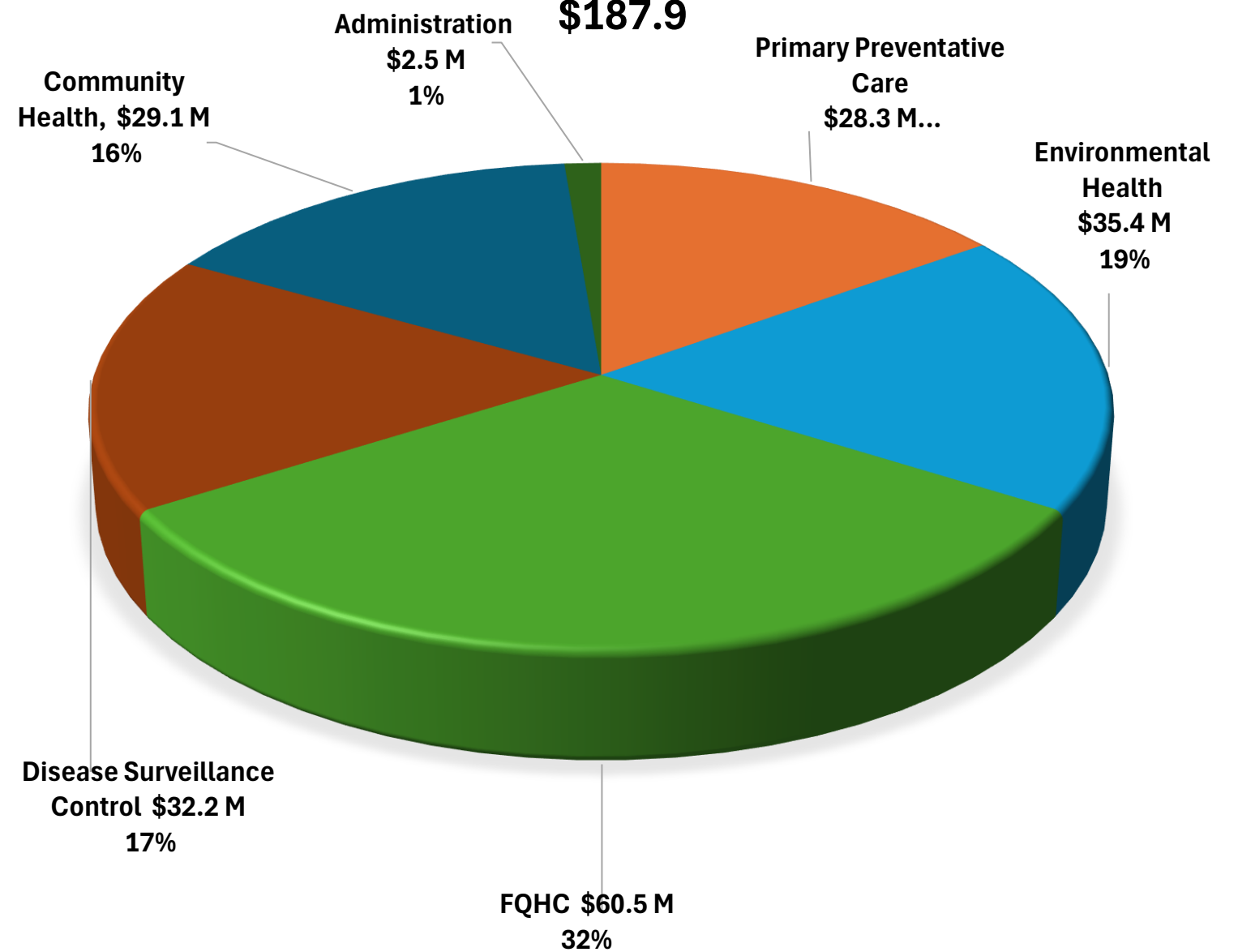
**\$193.7M**



### FY2026 PROPOSED BUDGET

#### EXPENSE

**\$187.9**



\$ Amounts are based on total expense.

\*\*Does not include Transfers between GF and SRF.

\*\*Does not include Transfers Out to Capital of \$3M.

FY 2026 Budget

# EXPENDITURES

## GENERAL FUND HIGHLIGHTS



General Fund employee salaries and benefits for FY26 total **\$78.8M**, an increase of \$6.5M or 19% from FY25 Augmented. FY26 budget includes a full year of salaries and benefits for vacant positions that were partially accounted for in the FY25 Augmented budget. Additionally, FY26 proposed budget includes a 4% COLA, 2.5% Merit and the impact of the 3.25% PERS increase that is effective July 1, 2025 (1/2 of the PERS increase is paid by SNHD)



FTE changes from FY25 augmented to FY26 proposed budget includes 15.7 additional FTE (net). 12 of these positions are new and 3.7 are transfers from other funds.



General Fund Pharmacy Medical supplies increased from \$23.9M to **\$28.4M** an increase of **\$4.5M** or 44%

# EXPENDITURES

## GRANTS FUND HIGHLIGHTS



Special Revenue Funds expenses decreased from \$85.2M to **\$70.7M** due to the conclusion of grants and reduction in grant expenditures requested compared to FY2025 Augmentation. Examples on conclusion of grants and reduction in request : COVID 19 Relief grants, Ryan White, Family Planning, PHI grant, and Enhancing Detection Expansion grant.



SB118 revenue is estimated at **\$6.8M in FY26**. Anticipated FTE total is 13.4 positions (4 New) with estimated salaries & benefits of \$1.6M.



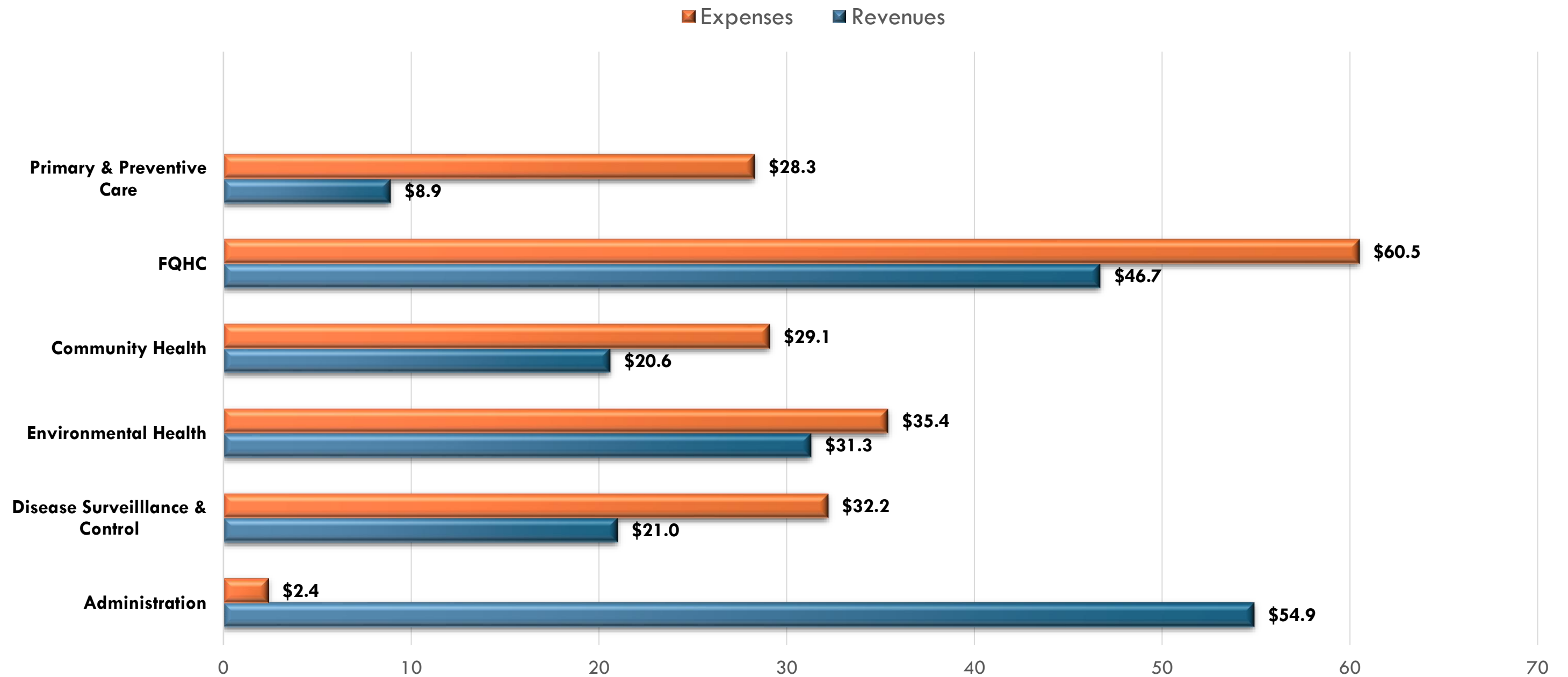
PHI Grant revenue is estimated at **\$7.1M in FY26**. Anticipated FTE total is 45 positions with estimated salaries & benefits of \$5.8M.



FTE changes from FY25 augmented to FY26 proposed budget includes a reduction of 7.5 FTE (net). There are 12 new positions offsetting transfers and reductions.

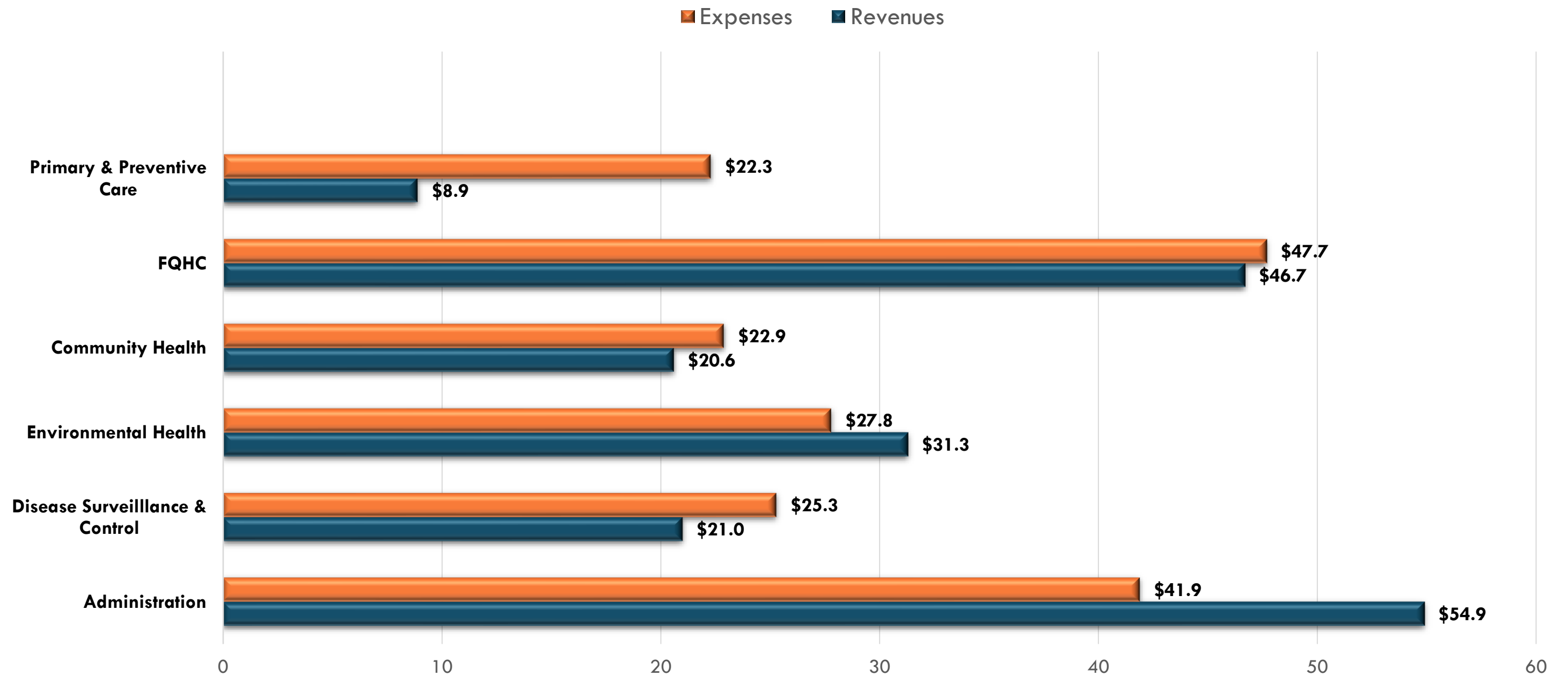
# REVENUES VS. EXPENDITURES

## COMBINED FUNDS BY DIVISION



# REVENUES VS. EXPENDITURES

COMBINED FUNDS BY DIVISION - *excludes cost allocations*



*\*\*Does not include cost allocations*



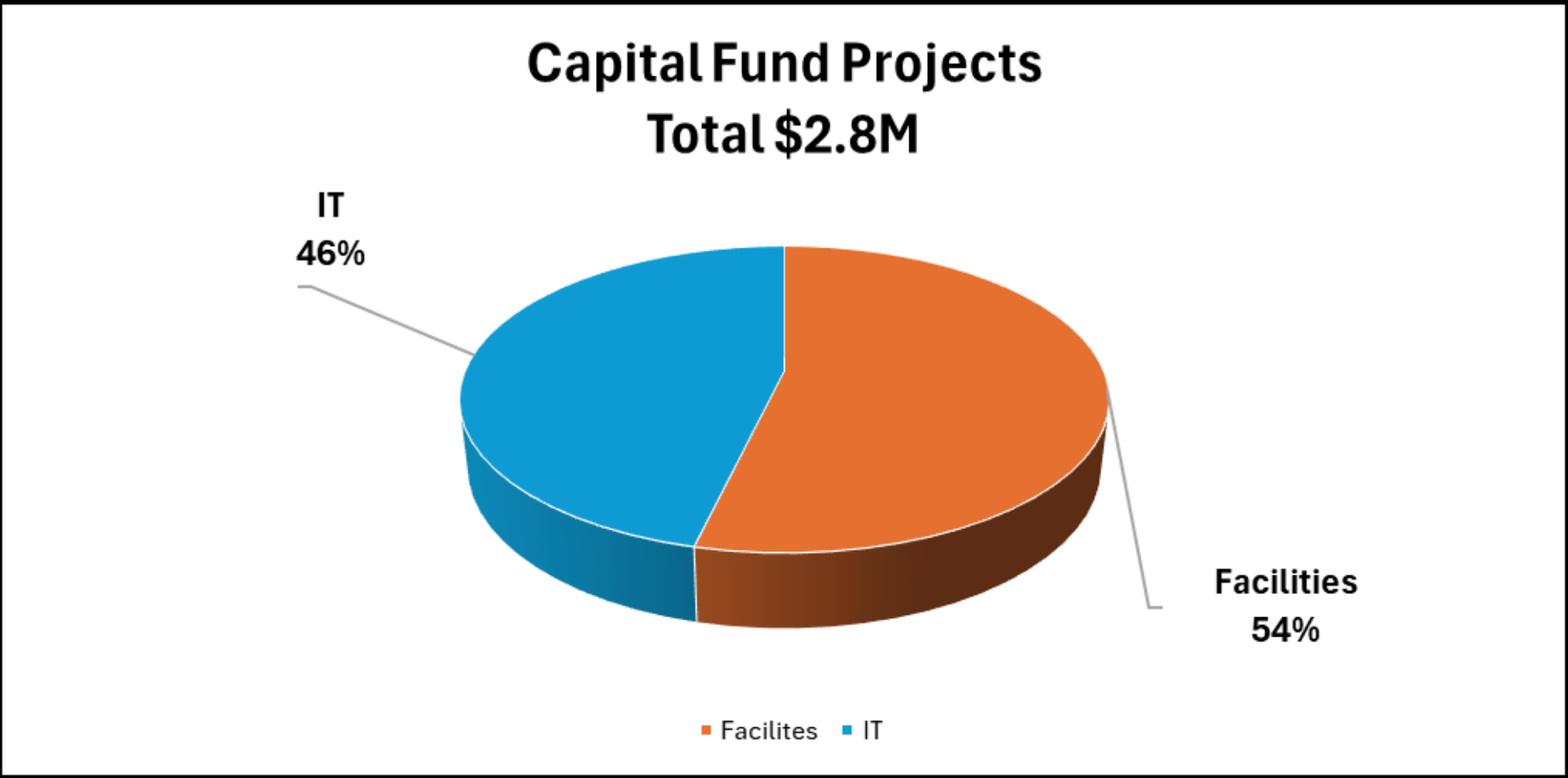
# PERSONNEL

	2023/ 2024	2024/ 2025	2024/ 2025	2025/ 2026	FTE Change
Division	Actuals	Adopted	Amended	Estimated	FY25 AM vs FY26
Public Health & Preventive Care	107.1	123.5	115.7	114.0	-1.7
Environmental Health	200	203.0	205.0	205.0	0.0
FQHC	115.8	121.0	121.7	126.5	4.8
Disease Surveillance & Control	119	125.0	127.0	132.0	5.0
Community Health	97	104.0	103.0	103.0	0.0
Administration	183.5	190.0	192.0	192.0	0.0
<b>Total:</b>	<b>822.4</b>	<b>866.5</b>	<b>864.3</b>	<b>872.5</b>	<b>8.2</b>

	FY 2025 Augmented		FY 2026 Proposed		Change	
Division	General Fund	Special Revenue	General Fund	Special Revenue Fund	General Fund	Special Revenue Fund
Public Health & Preventive Care	66.8	48.9	75.1	38.9	8.3	-10.0
Environmental Health	194.8	10.2	196.3	8.7	1.5	-1.5
FQHC	75.4	46.3	79.7	46.8	4.3	0.5
Disease Surveillance & Control	50.3	76.7	48.4	83.6	-1.9	6.9
Community Health	44.5	58.5	46.8	56.2	2.3	-2.3
Administration	169.4	22.6	170.6	21.4	1.2	-1.2
<b>Grand Total</b>	<b>601.2</b>	<b>263.1</b>	<b>616.9</b>	<b>255.6</b>	<b>15.7</b>	<b>-7.5</b>

# CAPITAL FUND

## FY 2026 Capital Improvement Projects



Facilities	
Improvements	1,475,000
Equipment	35,000
Vehicles	-
Total	1,510,000
IT	
Computer Hardware/Software	1,082,000
Equipment	187,000
Professional Services	32,000
Total	1,301,000

# GENERAL FUND

## Three Fiscal Year Activity

General Fund	FY24 Actual	FY25 Amended	FY 26 Proposed
Beginning Fund Balance	47,091,967	54,872,828	47,199,705
Revenues	104,502,746	114,237,780	121,574,325
Expenditures	96,721,885	121,910,903	129,089,073
Change in Fund Balance	7,780,861	(7,673,123)	(7,514,748)
Ending Fund Balance	54,872,828	47,199,705	39,684,957

# SPECIAL REVENUE FUND

Three Fiscal Year Activity

Special Revenue	FY24 Actual	FY25 Amended	FY 26 Proposed
Beginning Fund Balance	105,306	82,081	82,081
Revenues	64,278,737	85,231,149	70,661,216
Expenditures	64,301,962	85,231,149	70,661,216
Change in Fund Balance	(23,225)	-	-
Ending Fund Balance	82,081	82,081	82,081

# BOND RESERVE FUND

Three Fiscal Year Activity

Bond Reserve Fund	FY24 Actual	FY25 Amended	FY26 Proposed
Beginning Fund Balance	3,024,523	3,044,524	3,074,524
Revenues	18,285	30,000	96,620
Expenditures	-	-	-
Change in Fund Balance	18,285	30,000	96,620
Ending Fund Balance	3,042,808	3,074,524	3,171,144

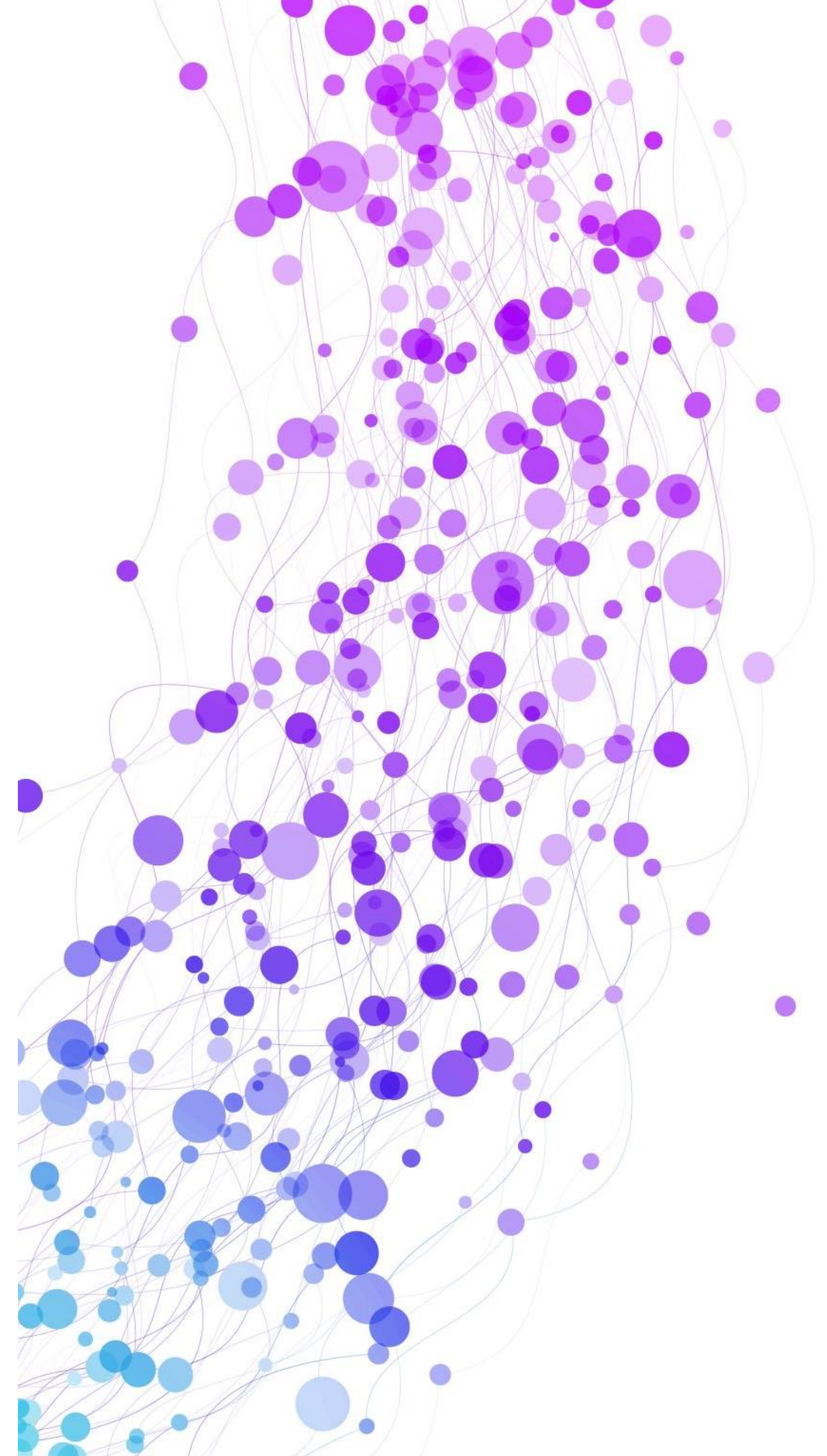
# INTERNAL SERVICE FUND

Three Fiscal Year Activity

Internal Service Fund	FY24 Actual	FY25 Amended	FY26 Proposed
Beginning Fund Balance	86,550	91,295	92,295
Revenues	4,745	1,500	794
Expenditures	-	500	-
Change in Fund Balance	4,745	1,000	794
Ending Fund Balance	91,295	92,295	93,089

# RECOMMENDATION

- Approval of the FY 2026 budget as presented.
- To be submitted to Clark County on or before April 1, 2025 pending further instructions.






QUESTION AND ANSWER





**DATE:** March 27, 2025

**TO:** Southern Nevada District Board of Health Members

**FROM:** Cassius Lockett, PhD, District Health Officer 

**SUBJECT:** District Health Officer Report

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### **The Obodo Collective**

To combat food insecurity and provide healthy food alternatives, the Southern Nevada Health District and The Obodo Collective partnered to open a new greengrocer (produce store) in Las Vegas' Historic Westside. The Obodo Greengrocer, located in the heart of the Historic Westside, offers fresh, local fruits and vegetables along with other essential goods. The store accepts SNAP benefits to improve access to healthy food for residents in the underserved area.

The Obodo Greengrocer grand opening celebration was Saturday, February 22, at 1300 C St., Las Vegas, NV. The event featured a U-pick market, garden planting demonstrations and community resource booths.

In 2023, roughly 50 million people across the U.S. lived in food-insecure households, meaning they did not have consistent access to nutritious foods to support their overall health and well-being. The rate of food insecurity continues to rise in the U.S.—13.5% of households in 2023, up from 12.8% in 2022. Single-parent households led by women were disproportionately affected, with more than one-third reporting food insecurity. Black and Latino households also faced significantly higher rates than white households. In 2022, an estimated 331,420 people in Clark County—nearly 15% of the population—were food insecure.

Located on the same property as the store, the Obodo Urban Farm supplies the store with locally grown produce while promoting sustainable farming practices to increase food accessibility and affordability. The farm cultivates fruits, vegetables, medicinal herbs, and native desert plants. The Obodo Collective—a Black woman-led 501(c)(3) nonprofit organization — focuses on food sovereignty, housing justice and early childhood education. The organization works to address multi-generational poverty through community-driven solutions and partnerships with other local nonprofits, helping connect families to essential resources.

For more information, visit [ObodoCollective.org](https://ObodoCollective.org). For more information about Health District nutrition programs and resources, go to [GetHealthyClarkCounty.org](https://GetHealthyClarkCounty.org).

### **HIMSS 2025 Conference**

Several members of the Health District team attended the HIMSS (Healthcare Information and Management Systems Society) 2025 conference on March 3-6. As one of the premier global conferences for health care technology and innovation, HIMSS provided an invaluable opportunity

to connect with industry leaders, explore cutting-edge solutions and engage in discussions shaping the future of health IT. Health District representatives from Primary and Preventive Care, FQHC, IT and Informatics attended the conference. Team members met with several existing and potential vendors to discuss the Health District's needs and explore new offerings, including meeting with OCHIN and eClinicalWorks (eCW).

#### OCHIN

OCHIN, formerly the Oregon Community Health Information Network, supports community health centers and safety-net providers across the United States. Discussions focused on how leveraging EPIC through OCHIN can enhance efficiency, support data-driven care and improve patient outcomes while reducing administrative overhead. Their suite of services is designed to optimize EHR usage, revenue cycle management, interoperability and analytics for health care organizations.

#### eClinicalWorks

Representatives met with the CEO and founder of eClinical Works, the Health District's current Electronic Health Record (EHR) provider. Information was presented on the company's new AI-driven capabilities aimed at enhancing provider workflows, improving documentation accuracy and ensuring optimized insurance billing. Also discussed were upcoming enhancements to eCW's user interface for improved efficiency, along with new patient engagement features designed to enhance accessibility and interaction.

HIMSS 2025 was a valuable experience for the Health District team, allowing for productive engagements with key industry representatives and gaining insights into the future of health IT.

#### **County Health Rankings and Roadmaps**

The Health District hosted a briefing on the 2025 Health Rankings on March 19. The County Health Rankings are released by the University of Wisconsin Population Health Institute and provide a snapshot of local health data. The data provided allow each state to compare county health on a range of health outcomes and factors, including access to health and mental health care, the physical environment, social and economic factors, smoking, access to healthy food and more.

Presenters include representatives from the Health District and partners. Topics include the County Health Rankings Data and Interpretations: an update on the Health District Community Health Improvement Plan; Smoke-Free Policies in Multi-Unit Housing; Increasing Access to Healthier Foods for Low-Income Seniors; Expanding Access to Care—Implementing Integrated Behavioral Health at the Southern Nevada Community Health Center; and New Tools for Change—Introducing the Health District's Health and Equity and Substance Use Dashboards.

NOTE: The Robert Wood Johnson Foundation is ending funding for the County Health Rankings in 2026.

#### **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 March 1, 2025, for the 2024-2025 influenza season, 1,587 influenza-associated hospitalizations have been reported. Currently, there have been 69 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) decreased from 4.6% during week 8 to 4.3% during week 9. Currently, Influenza A has been the predominant strain detected within the region. During week 9, 4.9% of outpatient visits

reported nationally through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to respiratory illness. This percentage exceeds the national baseline of 3.0%. Among 55 states/jurisdictions, the respiratory illness activity level in the state of Nevada is low.

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/](http://www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/).

### **Community Meetings**

#### **Week ending 03/02:**

##### **Monthly:**

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

##### **Professional Development/Conferences:**

- Attended the Big Cities Health Coalition (BCHC) Member Meeting in Washington, D.C.

##### **Ad-hoc Meetings:**

- Attended the Assembly Committee on Health and Human Services meeting

#### **Week ending 02/23:**

N/A

#### **Week ending 02/16:**

N/A

#### **Week ending 02/09:**

##### **Media/Interviews/Panelist/Presenter/Events:**

- Presented at the Clark County Board of Commissioners meeting on the Southern Nevada Health District programs and services

##### **Ad-hoc Meetings:**

- Attended a meeting with Dr. Kelly Morgan, Dr. Christian Young, Jessica Leduc, Dr. Jerad Eldred and EMS/Trauma System staff regarding a Buprenorphine Pilot Program

##### **Professional Development/Conferences:**

- Attended the “The Race to 2030 HCV Elimination Progress” webinar

#### **Week ending 02/02:**

##### **Ad-hoc Meetings:**

- Participated in the HRSA Operational Site Visit (OSV) pre-visit call with the review team



# **Measles: Surveillance, Prevention, and Response Strategy**

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Southern Nevada District Board of Health Meeting  
27 March 2025

Rosanne Sugay, MD, MPH  
Shannon Pickering, RN, BSN

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# Agenda

1. Evolving measles outbreak
2. Disease Surveillance and Control
  - a) Preparedness
  - b) Response
3. Public Health and Preventive Care Division
  - a) Preparedness
  - b) Response

# Evolving measles outbreak (as of 3/18/25)

1. Texas – 279 cases; New Mexico – 38 cases
2. TX and NM is one serotype
  - MeVA assay and standard measles assay
3. Two deaths
4. Underestimation of case counts (diagnosed vs ill)

# Disease Surveillance & Control - Preparedness

1. Surveillance activities:
  - ESSENCE
  - Standard disease reporting / surveillance
  - Active monitoring of potential contacts
2. Baseline evaluation:
  - Analysis of vaccine coverage
3. Community engagement:
  - Public health advisory
  - CCSD coordination
  - Infection control at facilities

# MMR Vaccine Coverage in Kindergarten Students for CCSD, Charter, and Private Elementary Schools, Academic Year 2023-2024

Vaccine Coverage Percentage* (Average %)	Number of Elementary Schools^	Percentage of all Elementary Schools	Number of Kindergarten Students Vaccinated*	Number of Kindergarten Students Enrolled
>95% (97.4%)	102	32.6%	5920	6081
90-95% (92.3%)	121	38.6%	7905	8567
80-89% (86.6%)	77	24.6%	4519	5212
<80% (69.8%)	13	4.2%	418	599
Total (91.7%)	313	100%	18762	20459

\*Vaccinate students are children who have received 2 doses of the MMR or MMRV vaccine at least 28 days apart.

^Does not include schools with K enrollment <20.

Source: Nevada Division of Public and Behavioral Health (DPBH), REDCap School Immunization Survey.



# MMR Vaccine Coverage in Kindergarten Students for CCSD, Charter, and Private Elementary Schools, Academic Years 2022 - 2025

Academic Year	Vaccine Coverage Percentage*	Number of Elementary Schools^
2022 – 2023	92.7%	306
2023 – 2024	91.7%	313
2024 - 2025	90.8%	313

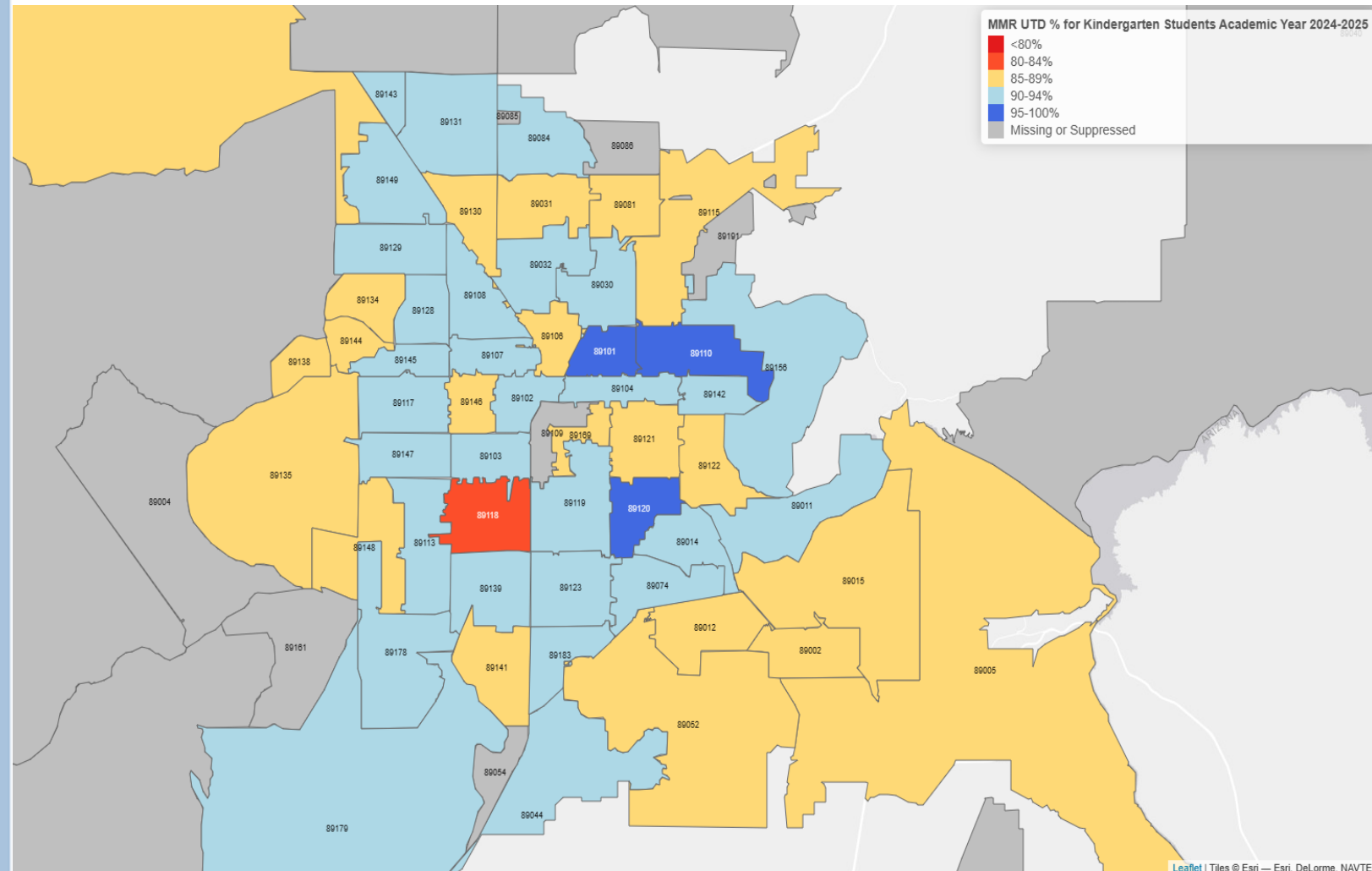
\*Vaccinated students are children who have received 2 doses of the MMR or MMRV vaccine at least 28 days apart.

^Does not include schools with K enrollment <20.

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Source: Nevada Division of Public and Behavioral Health (DPBH), REDCap School Immunization Survey.

# MMR vaccine coverage in kindergarten children for CCSD by zip code, 2024-2025

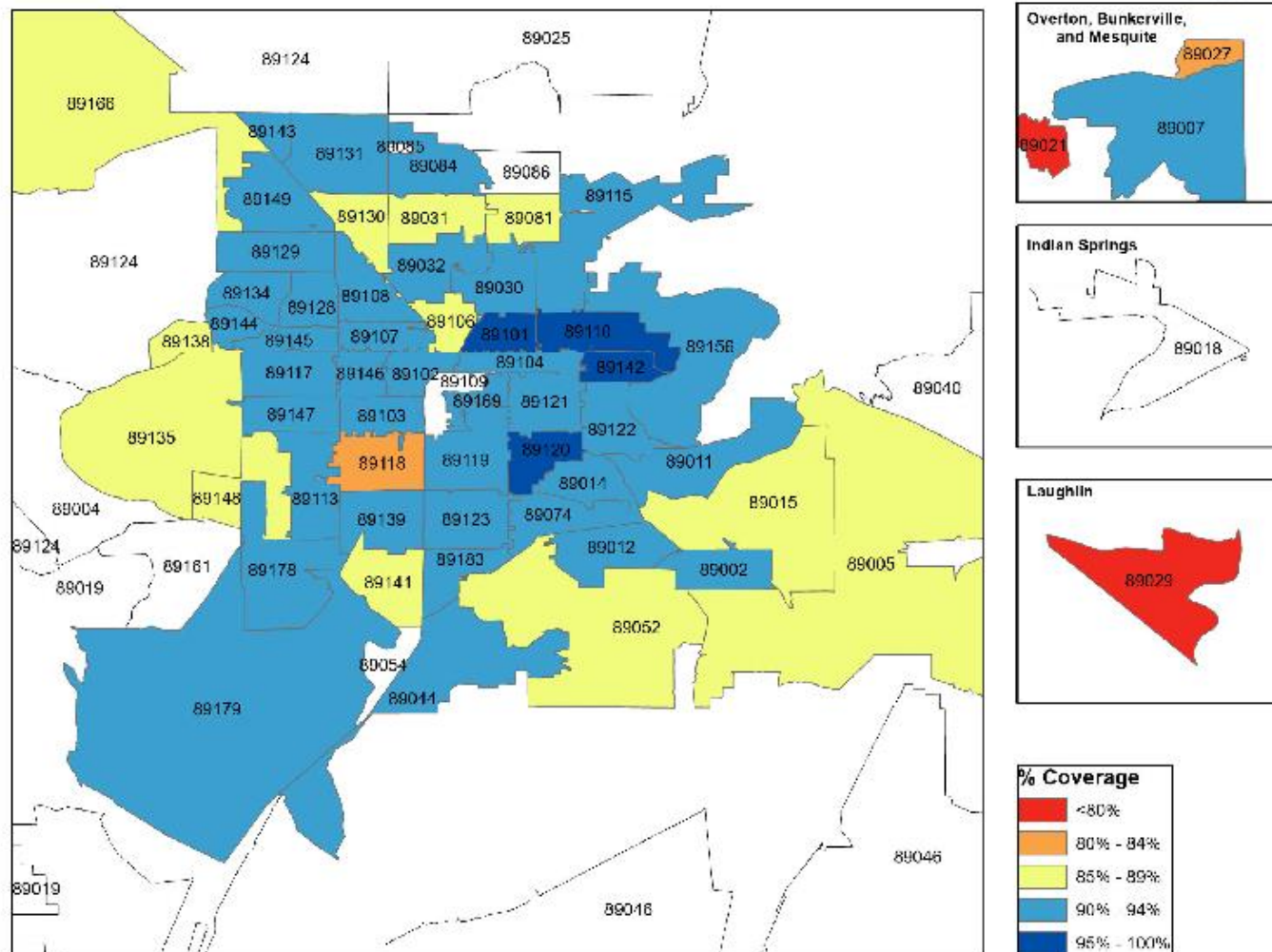


\*Grey zip codes represent locations with no reported data or locations where data was suppressed due to small numbers of students.

Source: Nevada Division of Public and Behavioral Health (DPBH), REDCap School Immunization Survey.

# MMR vaccine coverage in kindergarten children for CCSD by zip code, Academic Year 2024-2025

MMR UTD % for Kindergarten Students Academic Year 2024-2025



\*White zip codes represent locations with no reported data or locations where data was suppressed due to small numbers of students

Source: Nevada Division of Public and Behavioral Health (DPBH), REDCap School Immunization Survey.

# Disease Surveillance & Control - Response

## Possible Measles

- Investigation verifies measles case is highly suspected.
- Confirming diagnosis
- Active monitoring of contacts exposed to measles from other jurisdictions

## Determine Exposures

- Determine exposure locations and contacts
- Forecasting (epiEngage)

## Recommended Mitigation Strategies

- Coordinate post-exposure prophylaxis (PPC / OPHP)
- Coordinate public notification with OOC
- Identify need for isolation and quarantine

# Disease Surveillance & Control - Forecasting



## epiENGAGE Measles Outbreak Simulator

### Model Inputs

School Enrollment

500

Students Initially Infected

1

Vaccination Rate (%)

Enter value or select from Lookup.

85

OR

School/District Lookup ▼

### School Outbreak Projections

*Projections assume no interventions and no breakthrough infections among vaccinated students, and they do not account for infections among non-students in the surrounding community.*

*Active measles control measures could lead to substantially smaller and shorter outbreaks than these projections suggest.*

Chance of exceeding 20 new  
infections

**58%**

Likely outbreak size  
*if exceeds 20 new infections*

**47 - 71 total cases**

*This graph shows 20 plausible school outbreak curves.*



Source: <https://epiengage-measles.tacc.utexas.edu/>

# Public Health and Preventive Care - Preparedness

1. Immunization Clinics
  - Decatur, East Las Vegas, Henderson, Mesquite
2. Immunization Project Team
  - CCSD Family Resource Center, Child Care Centers,
  - Community Outreach: REACH, Homeless Pop-Ups
3. National Infant Immunization Week (April 21)
4. Back-to-School Vaccination Efforts

# Public Health and Preventive Care - Response

1. Surge Capacity
  - Project Immunization Team
  - Cross-train staff for immunizations
  - Increase Pop-Ups (e.g., school sites)
  - Medical Reserve Corp
2. MMR Vaccine Supply
  - VFC, 317, Private
3. Prioritization of Populations (e.g., zero doses, children, post-exposure)

# Acknowledgements

- Rachel Warner, Nevada State Immunization Program
- CCSD School Health Staff: Sheri McPartlin, Jennifer Budzinski, Christine Forsberg, Diane Lewis, and Lori Baumann
- SNHD Acute Communicable Disease Control Program
- SNHD Office of Informatics and Epidemiology
- SNHD Immunization Team

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QUESTIONS?



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@SNHDinfo



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



@southernnevadahealthdistrict

# **Legislative Update**

## **March 27, 2025**

# SNHD Supported the Following Bills:

- **AB186** - Revises provisions governing pharmacists. (Pharmacy)
- **AB205** - Revises provisions governing sexual education. (Sexual Education Consent)
- **AB360** - Revises provisions relating to testing for sexually transmitted diseases. (Syphilis Testing)
- **AB269** - Revises provisions relating to education. (Health Care Workforce)
- **SB244** - Requires Medicaid to provide coverage of certain treatments for obesity. (Medicaid Obesity Treatment Coverage)
- **AB394** - Authorizes the Board of Regents of the University of Nevada to require certain institutions to adopt emergency response plans related to opioid overdoses. (Opioid Response)

# SNHD Opposed the Following Bills:

- **AB352** - Revises provisions relating to businesses. (Cottage Food)
- **SB295** - Revises provisions related to food establishments. (Mobile Food Vendor)

# Additional Bills

- **AB40** - Revises various provisions relating to environmental hazards. (Environmental Hazards)
- **AB326** - Revises provisions relating to the designation of hospitals as centers for the treatment of trauma. (Trauma Designation)
- **SB276** - Revises provisions relating to water. (Water Quality)
- **AB350** - Revises provisions relating to cemeteries. (Cemetery Regulations)

# Upcoming Hearings


- April 8 – Senate Health and Human Services Committee
  - Presentation on Public Health and SB118 Funding Impacts

# MEMORANDUM



**Date:** March 27, 2025

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

**From:** Kim Saner, J.D., M.A., SPHR, *Deputy District Health Officer-Administration*   
Cassius Lockett, PhD, *District Health Officer* 

**Subject:** **Administration Division Monthly Report – February 2025**

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## Executive Summary

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The Office of Communications issued four News Releases and staff produced creative designs for Pathways to Better Health, National Infant Immunization Week and the Health District App. Legislative Affairs staff monitored the Nevada Electronic Legislative Information System (NELIS), submitted LCB fiscal note requests, prepared testimony and letters of support for key legislation, and monitored Assembly and Senate committee hearings on legislation affecting the Health District. Health Cards served 10,433 total clients, including 2,024 clients renewing online. As of March 3, 2025, the Health District had 826 active employees. Human Resources arranged 65 interviews, extended 13 job offers (three declined) and onboarded eight new staff. There were four terminations, two promotions, one transfer and no demotions. Five employment opportunities were posted.



## Office of Communications

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### **News Releases Disseminated:**

- Health District joins community partners to promote heart health for American Heart Month
- Health District observes National Black HIV/AIDS Awareness Day
- Health District offers free diabetes classes
- New grocery store to provide healthy food options to underserved Las Vegas community

### **Press:**

- Public Health Laboratory groundbreaking
- Obodo Collective grocery store grand opening
- Litigation involving LVAC
- Measles surveillance
- National Black HIV/AIDS Awareness Day

Five hundred eighty-three news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in February. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at <https://media.southernnevadahealthdistrict.org/download/oc/202502-PI-report.pdf>.

### **Advertisements, Projects Completed and Social Media Summary:**

In February, staff produced creative designs for Pathways to Better Health, National Infant Immunization Week and the Health District App. Staff created digital and print assets for the Sexual Health campaign and placed transit advertisements. The Office of Communications responded to 238 public information email inquiries and handled 77 internal project requests. These included 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 the Strip Club (fentanyl and xylazine test strips), Manage Your Diabetes classes, National Heart Month, Wear Red Day, National Black HIV/AIDS Awareness Day, Black History Month, Heart of the Community Block Party, Heart-Smart Valentine's Day, HPV vaccine, Presidents' Day, Lab Groundbreaking Ceremony, Board of Health recognitions, and Health Equity Podcast with the American Heart Association.

### **Community Outreach and Other:**

- Community outreach events coordinated: 9
- Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families program clients processed: N/A
- Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 195

### **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. Updated spreadsheet to track all relevant legislation.
- Engaged with staff to discuss legislative matters and gather insights on potential impacts.

- Tracked budget proposals that may affect the Health District’s funding or operations.
- Coordinated with key stakeholders to discuss legislative impacts.
- Drafted and submitted LCB fiscal note requests.
- Prepared testimony and drafted letters of support for key legislation.
- Monitored and attended Assembly and Senate committee hearings on legislation affecting the Health District.

Meetings and Events of Note:

- February 4: Clark County Board of Commissioners
- February 5: All Hands meeting
- February 7: Universal Free Meals Coalition
- February 7: Nevada LCB Ethics and Anti-Harassment Training
- February 12: Dr. Leguen’s retirement celebration
- February 14: Big Cities Health Coalition Communications Meeting
- February 18: Accreditation update meeting with Rich Hazeltine
- February 19: Southern Nevada Public Health Laboratory groundbreaking
- February 21: Legislative Working Group Update
- February 24: Nevada Public Health Association Day at the Legislature
- February 25: Community Health Provider Day at the Legislature
- February 27: Meeting with HR/Volunteer training
- February 27: Meeting with Leticia’s restaurant regarding National Public Health Week
- February 27: Board of Health Meeting
- Weekly Nevada Public Health Association Policy Meetings
- Weekly “One Voice” Public Health Legislative Meeting
- Recuring Nevada Tobacco Control and Smoke-Free Coalition Policy Meetings

Please see Appendix A for the following:

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

## Facilities

February statistics will be submitted with next month’s report.

## Finance

<b>Total Monthly Work Orders</b>	<b>Feb 2024</b>	<b>Feb 2025</b>		<b>YTD FY24</b>	<b>YTD FY25</b>	
Purchase Orders Issued	526	551	↑	3861	4447	↑
Grants Pending – Pre-Award	1	2	↑	35	32	↓
Grants in Progress – Post-Award	6	2	↓	92	74	↓

\* 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 – February 2025						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
Ryan White HIV/AIDS Part A, Ending HIV Epidemic Rapid Start (eherpd25)	P-HRSA	2/28/2025	\$130,270	End of contract period	2.56	Contract will be extended for another year.
Ryan White HIV/AIDS Part A, Transitional Grant Area, Medical, Core and Support Services, Year 3 of 3 (rwa_24)	P-HRSA	2/28/2025	\$342,500	End of contract period	8.61	Contract will be extended for another month due to federal budget.
Ryan White HIV/AIDS Part A Transitional Grant Area, Clinical Quality Management, Year 3 of 3 (rwacqm24)	P-HRSA	2/28/2025	\$41,000	End of contract period	0.26	Contract will be extended for another month due to federal budget.
State of Nevada, STD Prevention & Control Program, Year 6 of 6 (std_24)	P-CDC	2/28/2025	\$604,916	End of project period	3.25	FY2025 project renewal in progress

Grants Awarded – February 2025							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
State of Nevada, DPBH Tuberculosis Program, Year 1 of 4 (tb_25)	P-CDC	2/22/2025	1/25/2025	12/31/2025	\$331,153	FY2025 renewal	2.76

## 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 February, we averaged 72 “passing and paying” online renewal clients per day, with a total of 2,024 clients renewing online.

CLIENTS SERVED	Feb 2025	Jan 2025	Dec 2024	Nov 2024	Oct 2024	Sept 2024
FH Cards – New	5,365	6,026	4,368	4,826	6,946	5,933
FH Cards – Renewals	988	970	757	747	963	829
FH Cards – Online Renewals	2,024	2,468	1,709	1,988	2,475	2,671
Duplicates	514	671	447	478	569	487
CFSM (Manager) Cards	233	237	183	169	247	225
Re-Tests	1,210	1,402	1,030	1,037	1,519	1,271
Body Art Cards	99	117	83	85	125	42
<b>TOTALS</b>	<b>10,433</b>	<b>11,891</b>	<b>8,577</b>	<b>9,330</b>	<b>12,844</b>	<b>11,458</b>

## Human Resources (HR)

### **Employment/Recruitment:**

- 1 New job title for February
- 826 active employees as of March 3, 2025
- 8 New Hires, including 1 rehire and 0 reinstatements
- 4 Terminations, including 0 retirements
- 2 Promotions, 1 Flex-reclass
- 1 Transfer, 0 Lateral Transfers
- 0 Demotions
- 23 Annual Increases
- 65 Interviews
- 13 Offers extended (3 offers declined)
- 5 Recruitments posted
- Turn Over Rates
  - Administration: 0.927%
  - Community Health: 0.97%
  - Disease Surveillance & Control: 0.00%
  - Environmental Health: 0.00%
  - Public Health & Preventive Care: 1.105%
  - FQHC: 0.00%

### **Temporary Employees**

- 8 Temporary Staff
- 1 New Agency Temporary Staff Members (Express)
- 1 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
- 3 Grievances

- 0 Arbitrations
- 40 Hours of Labor Meetings (with Union)
- 20 hours investigatory meetings
- 0 Investigations
- 23 Complaints & Concerns
- 10 Hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 4

### **Interns**

There were a total of 15 interns and 312 applied public health practice hours in February 2025.

<b>Interns and Clinical Rotations</b>	<b>Feb 2025</b>	<b>YTD</b>
Total Number of Interns <sup>1</sup>	15	114
Internship Hours <sup>2</sup>	312	2,342

<sup>1</sup>Total number of students, residents, and fellows

<sup>2</sup> Approximate hours students, residents, and fellows worked in applied public health practice

### **Safety**

- Inquiries – 48
- Investigations – 2
- Safety Publications – 3

### **Training (In-Person and Online)**

- Public Speaking Workshop, In Person (15 Attendees)
- Volunteer Outreach Event at Project Marilyn, Off Site (10 Volunteers)
- Leadership Development Program Cohort (5 Attendees)
- Team Vital Signs (20 Attendees)
- Life Orientations (LiFO) Training

### **New Hire Orientation**

- January 4<sup>th</sup> – 6 New Hires
- February 18<sup>th</sup> – 2 New Hires

## **Information Technology (IT)**

<b>Service Requests</b>	<b>Feb 2024</b>	<b>Feb 2025</b>		<b>YTD FY24</b>	<b>YTD FY25</b>	
Service Requests Completed	1,014	993	↓	8,453	8,448	↓
Service Requests Opened	1,147	1,101	↓	9,465	9,520	↑

<b>Information Services System Availability 24/7</b>	<b>Feb 2024</b>	<b>Feb 2025</b>		<b>YTD FY24</b>	<b>YTD FY25</b>	
Total System	98.98	78.70	↓	98.97	88.03	↓

<b>*Total Monthly Work Orders by Department</b>	<b>Feb 2024</b>	<b>Feb 2025</b>		<b>YTD FY24</b>	<b>YTD FY25</b>	
Administration	319	267	↓	2,277	2,202	↓
Community Health	112	105	↓	943	828	↓
Environmental Health	161	156	↓	1,479	1,338	↓
**Primary & Preventive Care	200	162	↓	1,803	1,763	↓
**Disease Surveillance & Control	145	138	↓	1,183	1,100	↓
**FQHC	150	215	↑	1,330	1,756	↑
Other	8	23	↑	110	149	↑

<b>First Call Resolution &amp; Lock-Out Calls</b>	<b>Feb 2024</b>	<b>Feb 2025</b>		<b>YTD FY24</b>	<b>YTD FY25</b>	
Total number of calls received	1,147	1,101	↓	9,465	9,520	↑

## Workforce Team – Public Health Infrastructure Grant (PHIG)

### Workforce Team

- Workforce engagements:
  - Monthly CDC Project Officer meeting cancelled.
  - Participated in the Monthly Position Review Committee for the Health District.
  - Participated in the Consortium for Workforce Research in Public Health re: Public Health Workforce Recruitment: Innovative Solutions and the Role of Hiring Laws
  - Participated in the Health District meeting to discuss impact of Executive Orders on Grant Funded Activities in Public Health
  - Entered Progress Reports and Performance Measures into the Public Health Infrastructure Virtual Engagement platform prior to the platform being unavailable.
  - Participated in the Southern Nevada Health District Legal Update: federal guidance on grant funded activities in public health.
  - Met with potential new Director of Community Health to discuss the Public Health Infrastructure Grant program.

### CDC Requirements

- Entered Progress Reports and Performance Measures into the Public Health Infrastructure Virtual Engagement (PHIVE) platform prior to the platform being unavailable.
- PHIVE is available with an adjusted reporting date of March 7, 2025.
- Submitted off-line data collection form to Project Officer for Reporting Period (RP) 3 to update the PHIVE by February 2025 during downtime of the PHIVE.

### Performance Management

- Performance Management / Quality Improvement (PMQI) team reviewed 140 discrete activities from 2025-2029 Strategic Plan and redlined potential upgrades
  - Feedback to Activity and Objective authors will be delivered in March 2025 to allow adjustments before QI reporting.
- Five members added to the PMQI team for a total of 14 staff to drive awareness and activity in PM and QI activities across the District. The team reviews work and encourages new projects in their respective areas of the District.

- Two hours of on-demand coaching for staff using the VMSG dashboard software.

### **Quality Improvement**

- Presented the Behavioral Health QI project to the NVDPBH QI Advocates group. The presentation was part of a monthly learning event facilitated by the state.
- Three hours of on-demand QI coaching on using the charter and Project Storehouse tools.
- Designed and published job-aids on the intranet to enable staff to use Microsoft Visio to construct workflows for QI and defining problems.

### **PHAB Reaccreditation**

- Designed and Delivered 36 human-hours of training on documentation and formatting for submissions.
- Continued collaboration with provider, Epidemiology, and Informatics to review the PHAB Annual Report on the Foundational Capability of Assessment and Surveillance. The Express Testing project was used to illustrate the value we bring to the community through this specialized testing outlet.
- Provided 13 human-hours of alignment and coaching on PHAB deliverables across four domains.

### **PHIG**

- Maintained grant budget and managed expenses.
- Explored funding opportunity for Lean Six Sigma Black Belt training to augment PM and QI activities across the District.
- RFP designed for a QI consultant to visit SNHD to deliver a workshop and spend time in the clinics looking for ways to drive more documentation of quality activities.

## Appendix A – Office of Communications

### Media, Collateral and Community Outreach Services:

Media – Digital/Print Articles

Media - Broadcast stories

Collateral - Advertising/Marketing Products

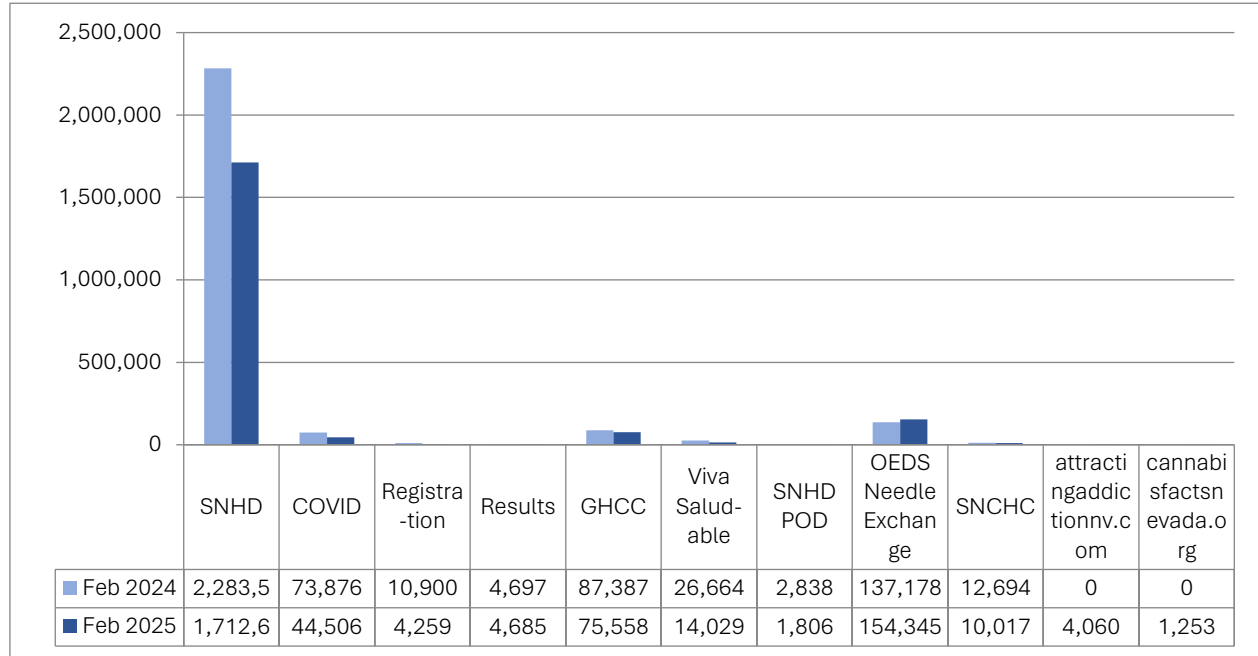
Community Outreach - Total Volunteers<sup>1</sup>

Community Outreach - Volunteer Hours

Feb 2024	Feb 2025		YTD FY24	YTD FY25	
47	20	↓	292	261	↓
110	77	↓	880	775	↓
18	6	↓	166	232	↑
8	8	=			
576	640	↑	4,910	4,084	↓

<sup>1</sup>Total volunteer numbers fluctuate from month to month and are not cumulative.

### Monthly Website Page Views:



\*Tracking page visits in 2024 for attractingaddictionnv.com and cannabisfactsnevada.org websites.

Social Media Services		Feb 2024	Feb 2025		YTD FY24	YTD FY25
Facebook SNHD	Followers	13,359	13,531	↑	N/A	N/A
Facebook GHCC	Followers	6,134	6,118	↓	N/A	N/A
Facebook SHC	Followers	1,649	1,634	↓	N/A	N/A
Facebook THNK/UseCondomSense	Followers	5,347	5,228	↓	N/A	N/A
Facebook Food Safety	Followers	158	173	↑	N/A	N/A
Instagram SNHD	Followers	4,443	5,040	↑	N/A	N/A
Instagram Food Safety	Followers	528	532	↑	N/A	N/A
Instagram GetHealthyCC	Followers	160	273	↑	N/A	N/A
*Instagram @Ez2stop	Followers	0	149	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	430	426	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,847	1,780	↓	N/A	N/A
X (Twitter) Food Safety	Followers	101	101	=	N/A	N/A
X (Twitter) SNHDinfo	Followers	10,355	10,046	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	342	356	↑	N/A	N/A



**\*\*SNHD added to TikTok in September 2024**

# Appendix B – Finance – Payroll Earnings Summary – February 1, 2025 to February 14, 2025

## PAYROLL EARNINGS SUMMARY February 1, 2025 to February 14, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 318,085.02	\$ 1,289,795.68	\$ 5,639,965.13	\$ 9,058,929.17	62%	
ENVIRONMENTAL HEALTH	\$ 644,117.69	\$ 2,564,300.72	\$ 11,044,699.91	\$ 17,395,932.56	63%	
COMMUNITY HEALTH	\$ 302,979.17	\$ 1,217,955.36	\$ 5,215,270.39	\$ 9,106,716.49	57%	
DISEASE SURVEILLANCE & CONTROL	\$ 379,864.60	\$ 1,545,446.17	\$ 6,491,508.11	\$ 10,380,887.13	63%	
FQHC	\$ 361,981.47	\$ 1,475,546.67	\$ 6,049,666.86	\$ 9,701,463.62	62%	
ADMINISTRATION W/O ICS-COVID	\$ 613,560.79	\$ 2,433,500.64	\$ 10,303,120.79	\$ 15,310,550.82	67%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
<b>TOTAL</b>	<b>\$ 2,620,588.74</b>	<b>\$ 10,526,545.24</b>	<b>\$ 44,744,231.19</b>	<b>\$ 70,954,479.79</b>	<b>63%</b>	<b>65%</b>

FTE 829

Regular Pay	\$ 2,319,925.44	\$ 7,909,828.27	\$ 35,772,403.79
Training	\$ 2,858.41	\$ 10,705.27	\$ 85,582.11
Final Payouts	\$ -	\$ 72,944.79	\$ 230,525.66
OT Pay	\$ 9,971.62	\$ 37,616.88	\$ 322,247.70
Leave Pay	\$ 249,671.49	\$ 2,337,340.62	\$ 6,952,105.20
Other Earnings	\$ 38,161.78	\$ 158,109.41	\$ 1,381,366.73
<b>TOTAL</b>	<b>\$ 2,620,588.74</b>	<b>\$ 10,526,545.24</b>	<b>\$ 44,744,231.19</b>

## BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT February 1, 2025 to February 14, 2025

### 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>
Keegan, Dahlia		20.00	1030.88	Cardona, Anthony (Tony)	15.00 465.13
Ubando, Marjorie		21.75	1121.08	Cunnington-Morrison, Corey	3.00 97.93
Galaviz, Monica		3.50	238.91		
Plair, Tonia		2.00	114.04		
Taitano, Kyomi		3.75	145.71		
Thede, Stacy		2.00	66.70		
Arzate, Mario		1.00	32.51		
Ines, Heinrich		13.50	426.99		
Gonzales, Fabiana		5.25	250.47		
Murphy, Melissa		6.50	246.47		
To, Helen		7.50	396.13		
Total Administration		86.75	4069.89		18.00 563.06

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	0.25 8.59
Total Community Health Services		0.00	0.00		0.25 8.59

**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		1.75	73.50	Avalos, Mayra	0.75	33.26
Chiu, James		0.15	9.98			
Fernandez, Jina		1.50	48.76			
Total FQHC-Community Health Clinic		3.40	132.24		0.75	33.26

**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>
Robles, Cynthia		11.00	552.09	Hodge, Victoria	0.38	12.89
Sprance-Grogan, Carolyn		10.00	570.19			
Arquette, Jocelyn		1.00	73.67			
Landini, Karleena		0.50	37.07			
Total Public Health & Preventative Care		22.50	1233.02		0.38	12.89

**ENVIRONMENTAL HEALTH**

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Sheffer, Thanh		9.00	583.09	Santiago, Anthony	7.50	332.61
Pontius, Kevin		5.50	347.75	Sharif, Rabea	1.00	42.15
Cummins, Veronica		8.00	444.82	Ortiz-Rivera, Vanessa	4.13	178.17
Blackard, Brittanie		0.25	13.20	McGahen, Ryan	1.50	60.09
Rakita, Daniel		1.50	73.45	Feng, Yuzhen	6.00	240.37
McCann, Alexandra		3.00	150.58	Blackard, Brittanie	3.00	105.63
Michel, Guillermo		10.25	514.46	Jones, Mallory	6.75	225.86
Calzado, Neil		3.50	175.67	Sripamong, Jacqueline	12.00	391.72
Jones, Mallory		12.00	602.28	Wade, Cynthia	3.00	97.93
Thein, Kelsey		2.50	125.48	Galvez Alexus	11.63	379.48
Galvez, Alexus		2.75	134.66	Hall Alyssa	4.13	124.80
Hall, Alyssa		11.75	533.25	Gonzalez Kimberly	0.75	22.69
Vinh, Jonathan		3.00	132.62	Vinh Jonathan	0.75	22.10
Decicco, Natalya		0.75	33.15	Decicco Natalya	12.38	364.69
Nwaonumah, Nosa		0.50	22.10	Weber Lauren	1.13	33.15
Hernandez, Abel		4.00	176.83	Erickson Sarah	9.38	276.28
Rivera Perez, Alexia		1.50	64.58	Hernandez Lilian	1.50	44.21
				Hernandez Abel	1.50	44.21
Total Environmental Health		79.75	4127.97		88.00	2986.14

**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>
Castro, Janet		1.50	77.32	Alonzo Fernanda	6.75	193.77
Flournoy, Tiffany		1.00	60.09			
Valencia, Marissa	HIVPRV25	5.00	271.09			
Total Disease Surveillance & Control		7.50	408.50		6.75	193.77
<b>Combined Total</b>		<b>199.90</b>	<b>9971.62</b>		<b>114.13</b>	<b>3797.71</b>

## Appendix C – Finance – Payroll Earnings Summary – February 15, 2025 to February 28, 2025

### PAYROLL EARNINGS SUMMARY February 15, 2025 to February 28, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 318,900.34	\$ 1,608,696.02	\$ 5,958,865.47	\$ 9,058,929.17	66%	
ENVIRONMENTAL HEALTH	\$ 648,030.57	\$ 3,212,331.29	\$ 11,692,730.48	\$ 17,395,932.56	67%	
COMMUNITY HEALTH	\$ 316,817.25	\$ 1,534,772.61	\$ 5,532,087.64	\$ 9,106,716.49	61%	
DISEASE SURVEILLANCE & CONTROL	\$ 381,366.40	\$ 1,926,812.57	\$ 6,872,874.51	\$ 10,380,887.13	66%	
FQHC	\$ 364,102.71	\$ 1,839,649.38	\$ 6,413,769.57	\$ 9,701,463.62	66%	
ADMINISTRATION W/O ICS-COVID	\$ 609,045.62	\$ 3,045,540.95	\$ 10,915,161.10	\$ 15,310,550.82	71%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
<b>TOTAL</b>	<b>\$ 2,638,262.89</b>	<b>\$ 13,167,802.82</b>	<b>\$ 47,385,488.77</b>	<b>\$ 70,954,479.79</b>	<b>67%</b>	<b>69%</b>
FTE	830					
Regular Pay	\$ 2,096,253.90	\$ 10,007,181.77	\$ 37,869,757.29			
Training	\$ 4,063.41	\$ 14,768.68	\$ 89,645.52			
Final Payouts	\$ 11,563.20	\$ 86,128.18	\$ 243,709.05			
OT Pay	\$ 11,906.18	\$ 49,523.06	\$ 334,153.88			
Leave Pay	\$ 478,097.70	\$ 2,815,713.22	\$ 7,430,477.80			
Other Earnings	\$ 36,378.50	\$ 194,487.91	\$ 1,417,745.23			
<b>TOTAL</b>	<b>\$ 2,638,262.89</b>	<b>\$ 13,167,802.82</b>	<b>\$ 47,385,488.77</b>			

### BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT February 15, 2025 to February 28, 2025

#### 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>
Keegan, Dahlia		7.50	386.58		
Ubando, Marjorie		18.75	966.44		
Galaviz, Monica		12.75	870.28		
Thede, Stacy		5.00	166.74		
Ines, Heinrich		5.00	158.14		
Gonzales, Fabiana		2.75	131.19		
Murphy, Melissa		8.50	322.30		
To, Helen		5.00	264.09		
Herrera Ortiz, Maria		0.25	8.34		
Total Administration		65.50	3274.10		0.00      0.00
COMMUNITY HEALTH SERVICES					
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u> <u>Value</u>
				Barry, Nancy	1.13      38.66
Total Community Health Services		0.00	0.00		1.13      38.66

**FQHC-COMMUNITY HEALTH CLINIC**

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Dominguez, Liliana		0.25	11.05			
Orea-Valencia, Mirelly		0.50	21.00			
Bingham, Julie	FP_24 NO MILEA	0.25	17.06			
Total FQHC-Community Health Clinic		1.00	49.11		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>
Homer, Ann Marie		0.50	28.51	Calderon, Aracely	0.75	23.26
Enzenauer, Lizette		6.00	342.12	Hodge, Victoria	0.38	12.89
Robles, Cynthia		6.00	301.14	Carpenter, Leslie	0.75	34.13
Calderon, Aracely		0.25	11.63			
Hodge, Victoria		11.00	566.98			
Nagai, Sage		0.75	51.19			
Landini, Karleena		1.00	74.14			
Total Public Health & Preventative Care		25.50	1375.71		1.88	70.27

**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		10.00	736.70	Cavin, Erin	6.75	299.35
Sheffer, Thanh		8.50	550.70	Robinson, Gary	7.88	349.24
Piar, Diane		3.50	226.76	Ramakrishnan, Veena	1.50	60.09
Sumera, Erik		1.00	61.62	McGahen, Ryan	1.50	60.09
McGahen, Ryan		0.25	15.02	Smith, Jess	8.25	313.61
Thompson, William B		4.00	240.37	Jones, Mallory	2.25	75.29
Darang, Chase		2.00	103.09	Hernandez, Abel	6.00	176.82
Rakita, Daniel		9.00	440.68	Schuler Emalee	0.38	10.76
Michel, Guillermo		4.50	225.86			
Calzado, Neil		5.50	276.05			
Jones, Mallory		14.00	702.67			
Wells, Jordan		6.50	326.24			
Craig, Jill		4.50	220.34			
Galvez, Alexis		3.00	146.89			
Gonzalez, Kimberly		1.00	45.38			
Decicco, Natalya		6.00	265.23			
Nwaonumah, Nosa		2.00	88.41			
Hernandez, Abel		8.50	375.75			
Thompson, Deshawn		8.50	375.75			
Total Environmental Health		102.25	5423.51		34.50	1345.26

**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	11.30	679.04	Raman, Devin	1.50	73.67
O'Connor, Kelli	HIVPRV25	5.00	323.94	Thomas, Taylor	9.38	313.69
Ewing, Tabitha	HIVPRV25	6.75	426.79	Riley, Thomas	7.50	215.30
Reyes, Rebecca	HIVPRV25	5.00	323.94			
Eddleman, Tabby		0.50	30.04			
Total Disease Surveillance & Control		28.55	1783.75		18.38	602.66
<b>Combined Total</b>		<b>222.80</b>	<b>11906.18</b>		<b>55.88</b>	<b>2056.84</b>



# Memorandum

**Date:** March 27, 2025

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

**From:** **Maria Azzarelli, Acting Community Health Director** *MA*  
Cassius Lockett, PhD, *District Health Officer* *CL*

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**Subject:** Community Health Division Monthly Activity Report – February 2025

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

### **A. Chronic Disease Prevention Program (CDPP)**

The CDPP staff submitted the Annual Status Report to the American Diabetes Association (ADA). This report is required to maintain ADA recognition for our Diabetes Self-Management & Education (DSMES) classes. Our report, which documented a 94% customer satisfaction rating, was approved by the ADA in January. Additionally, CDPP staff facilitated a DSMES class in Spanish in January with a total of eleven (11) people.

Our CDPP staff provided a 5210 presentation to providers at the Dignity Health WIC clinic in January. Thirteen (13) providers attended the presentation and 5210 materials were provided. Additionally, CDPP staff created a 5210 webpage on our Get Healthy website where providers and community members can easily order 5210 materials.

CDPP staff supplied support to the Southern Nevada Food Council (SNFC) to help facilitate and support healthy food access efforts throughout the valley. In January, SNFC assisted the Obodo Collective with obtaining SNAP authorization for their new Obodo Grocer.

The Office of Chronic Disease Prevention & Health Promotion is working with Promotoras Las Vegas to expand BP and prediabetes screenings in the Hispanic community. In January, the team participated in the Dia de Reyes event at the Clark County Government Center. Twenty-three people were screened for blood pressure and fourteen (14) people were screened for prediabetes. Over 23 people were referred to local community resources and others received educational materials.

As part of our commitment to the Pathways from Poverty (POP) initiative, CDPP provides support to local programs and schools in the POP service area providing physical activity opportunities for youth. CDPP supported the Girls on the Run (GOTR) team at Manch

Elementary School during the fall semester as well as the GOTR 5K Celebration. Over 1,400 people participated in the 5K event. CDPP provided educational materials for the 5K swag bags. An evaluation of the program showed that 88% of participants reported improved social-emotional skills, and 87% reported an increase in physical activity. CDPP is also supporting the Greater Youth Sports Association's School Sports Solutions program providing over 90 youth in the POP service area with opportunities to participate in sports programs throughout the year.

#### **B. Tobacco Control Program (TCP) Update**

The TCP hosted the Tobacco-Free Living Summit on January 31<sup>st</sup>. The event was focused on tobacco-related issues facing the African American community. Experts shared data on the disproportionate impact of tobacco use, barriers to cessation, harm reduction strategies, the dangers of flavored tobacco, and tobacco control policies. Attendees received educational resources to support prevention and advocacy efforts in their communities. Over 120 participants attended the event representing a variety of community sectors including business, elected officials, faith, health, and education.

The TCP team continued to share educational materials regarding the harmful effects of using e-cigarettes and emerging tobacco products at middle and high schools. These resources will continue to be shared with CCSD staff throughout the 2024 – 2025 school year. This date, the TCP conducted 138 youth vaping prevention events in communities and schools. Additionally, staff partnered with the Nevada Association of Student Councils for their annual Zone Conference, reaching over 1,100 students to promote vape-free lifestyles.

TCP staff participated in the 2<sup>nd</sup> annual Dia de Los Reyes event at the Clark County Govt. Center to promote the TCP's Spanish language tobacco prevention and cessation initiative. Staff provided culturally and linguistically appropriate tobacco cessation resources. Tailored materials providing education on the dangers of vaping products and tobacco use were distributed. A branded banner with Quitline information was placed at the event entrance. Smoke-free signage was posted throughout the outdoor premises of the event. The event had an estimated reach of over 1,500 attendees.

## **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 voted for a new Chair and Vice Chair and discussed revisions to the SNHD Paramedic Mentorship/Internship Program.

#### **B. Drug/Device/Protocol Committee (DDP)**

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

the Pediatric Pain Management protocol and reviewed the Childbirth/ Labor and Obstetrical Emergency protocols.

**C. Medical Advisory Board (MAB)**

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

**D. OEMSTS – February 2024 / 2025 Data**

EMS Statistics	Feb 2024	Feb 2025	
Total certificates issued:	64	107	↑
New licenses issued:	58	97	↑
Renewal licenses issued (recert only):	0	6	↑
Driver Only:	39	54	↑
Active Certifications: EMT:	971	899	↓
Active Certifications: Advanced EMT:	1886	1897	↑
Active Certifications: Paramedic:	2068	2154	↑
Active Certifications: RN:	74	76	↑

**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. We 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 from Clark County Office of Emergency Management will be answering questions at a booth for Emergency Management Day at Legislature in Carson City, NV at the end of March.
2. OPHP continued to review and revise plans, threat response guides, and both internal and external training.
3. The Planners continue to review and revise the CHEMPACK, Nuclear and Radiation, Administrative Preparedness, Mass Care Support, and Highly Infectious Disease plans.
4. 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.



5. Twenty-two SNHD employees were fit tested for personal protective equipment during the month of February.
6. Planners perpetuated revision of SNHD Basic EOP and Direction and Control Annexes.
7. 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. Material review is underway.
8. Planners continued work on the development of the 2026 preparedness calendars.
9. Staff were accepted along with ODS staff into NACCHO's Virtual Learning Collaborative for the Inclusion of MCH Populations in Emergency Preparedness and Response. The first meetings were held in February.
10. Senior Planner participated in State Strategic Plan – Supply Chain Workgroup. Staff also participated in several other working groups that resulted from the State of Nevada Division of Public and Behavioral Health Public Health Preparedness Strategic Plan.
11. Planning staff held an Interim Planning Meeting for a tabletop exercise scheduled for June.
12. OPHP planners are developing a Recovery Annex based on lessons learned from real world events and exercises.
13. The Clinical Advisor and OPHP management attended the monthly Local Emergency Planning Committee (LEPC) at Station 18.

**B. Training, Exercises and Public Health Workforce Development:**

1. Trainers continue to develop Position Specific Task Books and related training curricula. Planning is currently in process for the next round of Incident Command System (ICS) Position Specific Training (PST) to pre-assigned Emergency Personnel staff on April 15<sup>th</sup> at SNHD Main location.
2. Trainers provided ICS 300 training at the North Las Vegas Fire Administration Office (NLV FAO) on February 19<sup>th</sup>, and continue to support City of Las Vegas training calendars throughout 2025.
3. CPR training was provided to four (4) SNHD staff on February 13<sup>th</sup>.
4. New Hire Orientation was not provided in February due to every other month's schedule.
5. Trainer and PHP Technician continue to support planning and implementation of Skills Day on February 19<sup>th</sup> at SNHD.
6. Planners continuing efforts to set up the Excessive Heat Seminar.
7. Senior Planners contributed to SNHD's Website Committee.
8. OPHP staff attended virtual POETE calendar review session on February 6<sup>th</sup>, hosted by DPBH/PHP Team.
9. Manager, Supervisor, and Senior Planner participate in NACCHO Chemical Workshop Planning Meeting.
10. Manager, Supervisor, and Senior Planner attended NEPA Conference February 11<sup>th</sup> – 13<sup>th</sup> in Reno, NV.

**C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)**

1. Members of SNHPC along with OPHP and SNHD staff attended TEEEX Preparedness and Response for Bombing Incidents at NLV Fire Admin Office on February 26<sup>th</sup> – 27<sup>th</sup>, 2027.
2. Trainers and Clinical Advisor confirmed upcoming dates for First Receiver Decontamination Training at Henderson Hospital on March 5, 2025, Centennial Hills Hospital on April 9, 2025, UMC on May 19<sup>th</sup>, and Valley Hospital on May 28<sup>th</sup>.

3. Planners and Clinical Advisor have finalized the planning efforts for the 2025 Medical Response Surge Exercise.
4. The Planners attended healthcare system partner's Emergency Management Committee Meetings.
5. Our Planners attended the UMC Emergency Preparedness Meetings.
6. Senior Planner and Clinical Advisor conducted a Decontamination Equipment Review with St. Rose Dominican De Lima.
7. SNHPC returned to a monthly scheduled basis, the next meeting is on March 6<sup>th</sup>.
8. Planners, Clinical Advisor and Trainer continuing development of the Resource Management Annex (SNHPC).
9. Program manager and senior planner continue to leverage HPP award to support equipment and PPE needs of coalition members. Current requests for reimbursement include purchase of AEDs and CPR devices for local and rural fire department EMS to be used following mass casualty incidents and medical surge emergencies.

**D. Fusion Center Public Health Analyst:**

1. Disseminated public health information between SNHD and the Southern Nevada Counter Terrorism Center (SNCTC), such as assessing the risks to human life and environmental concerns of a lithium-ion battery fire and updating the Emergency Counter Measures Coordinating Plan between LVMPD and SNHD.
2. Provided public health input on threat assessments on special event assessment rating (SEAR) 2, 3, and 4 events such as SHOT Show and the Rock N' Roll Marathon.
3. Participation in the weekly counter terrorism analytic group (CTAG) meetings.
4. Developed appropriate connections to increase communication between SNHD, SNCTC and its partner organizations.
5. Collaboration with five (5) surrounding fusion centers on areas of public health concern. Produced and distributed monthly joint public health bulletins.
6. Provided SNHD Disease Surveillance and Control with white papers from fusion center sources for situational awareness.
7. Distributed information on major recalls.
8. Providing SNHD IT management team with relevant threat data from Fusion Center sources.
9. Evaluate restricted access material for potential impact and mitigation by SNHD.

**E. Grants and Administration:**

1. OPHP continues to monitor and review grant spending.
2. Our manager continues to participate in leadership training with SNHD contractors.
3. OPHP staff continue to complete budget activities for SNHD finance and coordination of quarterly progress reports for state.
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. The MRC Coordinator attended NACCHO PPAG meeting, MRC meetings, planned training and activities for upcoming months, sent out newsletters, and continued to recruit and deactivate volunteers.
2. MRC provided first aid support at the LDS Church's preparedness calendars and other preparedness information were distributed.

3. MRC sponsored blood pressure screening, health information, and 50 preparedness calendars at the Country Club at Meadows Heart Health Fair.

#### MRC Volunteer Hours FY2025 Q3

(Economic impact rates updated April 2024):

Activity	January	February	March
Training	36		
Community Event		8	
SNHD Clinic			
<b>Total Hours</b>	<b>36</b>	<b>8</b>	
<b>Economic impact</b>	<b>\$1205.64</b>	<b>\$300.98</b>	

#### IV. VITAL RECORDS

- A. February is currently showing a 2.2% decrease in birth certificate sales in comparison to February 2024. Death certificate sales currently showing a 4.3% increase in comparison to February 2024. SNHD received revenues of \$35,048 for birth registrations, \$24,518 for death registrations; and an additional \$8,685 in miscellaneous fees.

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

Vital Statistics Services	Feb 2024	Feb 2025		FY 23-24 (Feb)	FY 24-25 (Feb)	
<b>Births Registered</b>	2,279	1,745	↓	15,995	16,667	↑
<b>Deaths Registered</b>	2,032	1,927	↓	14,066	14,676	↑
<b>Fetal Deaths Registered</b>	19	23	↑	148	132	↓

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

Vital Statistics Services	Feb 2024	Feb 2025		FY 23-24 (Feb)	FY 24-25 (Feb)	
Birth Certificates Sold (walk-in)	30	2	↓	460	53	↓
Birth Certificates Mail	136	152	↑	1,028	936	↓
Birth Certificates Online Orders	3,950	3,911	↓	28,358	28,737	↑
Birth Certificates Billed	122	79	↓	903	918	↑
<b>Birth Certificates Number of Total Sales</b>	<b>4,238</b>	<b>4,144</b>	<b>↓</b>	<b>30,749</b>	<b>30,644</b>	<b>↓</b>
Death Certificates Sold (walk-in)	33	16	↓	282	198	↓
Death Certificates Mail	148	160	↑	1,209	1,183	↓
Death Certificates Online Orders	7,971	8,338	↑	60,340	63,228	↑
Death Certificates Billed	48	44	↓	293	338	↑
<b>Death Certificates Number of Total Sales</b>	<b>8,200</b>	<b>8,558</b>	<b>↑</b>	<b>62,124</b>	<b>64,947</b>	<b>↑</b>

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

<b>Vital Statistics Sales by Source</b>	<b>Feb 2024</b>	<b>Feb 2025</b>		<b>FY 23-24 (Feb)</b>	<b>FY 24-25 (Feb)</b>	
Birth Certificates Sold Valley View (walk-in)	.7%	0%	↓	1.5%	.2%	↓
Birth Certificates Mail	3.2%	3.7%	↑	3.3%	3.1%	↓
Birth Certificates Online Orders	93.2%	94.4%	↑	92.2%	93.8%	↑
Birth Certificates Billed	2.9%	1.9%	↓	2.9%	3%	↑
Death Certificates Sold Valley View (walk-in)	.4%	.2%	↓	.5%	.3%	↓
Death Certificates Mail	1.8%	1.9%	↑	1.9%	1.8%	↓
Death Certificates Online Orders	97.2%	97.4%	↑	97.1%	97.4%	↑
Death Certificates Billed	.6%	.5%	↓	.5%	.5%	

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

<b>Revenue</b>	<b>Feb 2024</b>	<b>Feb 2025</b>		<b>FY 23-24 (Feb)</b>	<b>FY 24-25 (Feb)</b>	
<b>Birth Certificates (\$25)</b>	\$105,950	\$103,600	↓	\$768,725	\$766,100	↓
<b>Death Certificates (\$25)</b>	\$205,000	\$213,950	↑	\$1,553,100	\$1,623,675	↑
<b>Births Registrations (\$13)</b>	\$36,829	\$35,048	↓	\$266,773	\$259,129	↓
<b>Deaths Registrations (\$13)</b>	\$24,648	\$24,518	↓	\$179,504	\$186,888	↑
<b>Convenience Fee (\$2)</b>	\$8,128	\$7,892	↓	\$58,344	\$58,518	↑
<b>Miscellaneous Admin</b>	\$500	\$709	↑	\$5,423	\$5,335	↓
<b>Total Vital Records Revenue</b>	\$381,055	\$385,717	↑	\$2,831,869	\$2,899,645	↑

**B. PASSPORT SERVICES –** Passport Services is appointment only.

**COMMUNITY HEALTH Passport Program – Fiscal Year Data**

<b>Applications</b>	<b>Feb 2024</b>	<b>Feb 2025</b>		<b>FY 23-24 (Feb)</b>	<b>FY 24-25 (Feb)</b>	
Passport Applications	735	933	↑	5,108	5,645	↑
<b>Revenue</b>	<b>Feb 2024</b>	<b>Feb 2025</b>		<b>FY 23-24 (Feb)</b>	<b>FY 24-25 (Feb)</b>	
Passport Execution/Acceptance fee (\$35)	\$25,725	\$32,655	↑	\$178,780	\$197,575	↑

**V. HEALTH EQUITY**

- A. The Health Equity program received a No Cost Extension from the CDC COVID Disparities Grant. This extension aims to enhance infrastructure support for COVID 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 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 Health Equity program finalized execution of contracts for the implementation of a new community health strategy with Al-Maun Neighborly Needs and the Clark County Law Foundation. The health strategy will focus on nutrition, education and advocacy.

## **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	32	33
NAAT NG/CT	1285	1346
Syphilis	786	777
RPR/RPR Titers	105/40	133/49
Hepatitis Total	2035	1890
HIV/differentiated	708/15	694/15
HIV RNA	105	113

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 February, the average daily testing was 33 and the average turnaround time was 47 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 resulted 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	471/74	July	
February	656/55	August	
March		September	
April		October	
May		November	
June		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	9	4											13
	Campy Screen	12	8											20
Neisseria species	Gonorrhoeae Culture	33	32											65
	Gram Stain/WBC	0	5											5
	Neisseria ID	2	0											2
	Haemophilus ID	0	0											0
Unknown ID	Bacterial ID	0	0											6
	WGS (PulseNet)	14	12											26
Salmonella	Salmonella Screen	3	6											9
	Salmonella Serotype	3	7											10
Shigella	Shigella Screen	2	5											7
	Shigella Serotype	2	4											6
STEC	STEC Screen	0	3											3
	STEC Serotype	0	0											0
Unknown	Stool Culture	1	5											6
Vibrio	Vibrio ID	0	0											0
	Vibrio Screen	1	0											1
Yersinia	Yersinia Culture/ID	1	0											1

**B. Epidemiological Testing and Consultation:**

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were four samples for GI outbreak investigation in February.

2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In February, SNPHL performed eleven (11) 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.

2025	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	2										

3. SNPHL is clinically validated for using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
4. SNPHL performed twelve (12) Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in February 2025.
5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 95 bacterial organisms have been identified in February.
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 February 2025, SNPHL has sequenced 33 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.

2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	3	22										

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 February, we tested a total of zero (0) mosquito pool samples. There were zero (0) positive WNV mosquito pool samples identified in February. 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 February, a total of four 32 clinical isolates, *Neisseria gonorrhoeae* fourteen (14) 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 1349 samples in February.

**D. All-Hazards Preparedness:**

1. The 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. Our 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.
9. The laboratory received double door autoclave and awaiting the local contractor to extend the dry wall and power connection before installation.

**E. February 2025 SNPHL Activity Highlights:**

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. CAP HCV2 (Hep. Viral load) – A is 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 LP.B.1 and XEC lineages are domain lineages in February, 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 to rule out avian influenza. There was no suspect avian flu sample received in the lab in February.

8. The new design may focus on building BSL-3 and Micro lab in the 2<sup>nd</sup> floor and leaving semi shell for the 1<sup>st</sup> floor in the Phase I project.

**F. COMMUNITY HEALTH – SNPHL – Calendar Year Data**

February SNPHL Services	2024	2025	
Clinical Testing Services <sup>1</sup>	5,359	5,644	↑
Epidemiology Services <sup>2</sup>	1,609	435	↓
State Branch Public Health Laboratory Services <sup>3</sup>	98	0	↓
All-Hazards Preparedness Services <sup>4</sup>	6	4	↓
Environmental Health Services <sup>5</sup>	6	22	↑

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

<sup>2</sup> Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.

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

<sup>4</sup> Includes Preparedness training, teleconferences, and Inspections.

<sup>5</sup> Includes vector testing.

## MEMORANDUM

**Date:** March 18, 2025

**To:** Southern Nevada Community Health Center Governing Board

**From:** Randy Smith, Chief Executive Officer, FQHC *RS*

Cassius Lockett, PhD, District Health Officer *CL*

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**Subject: Community Health Center FQHC Operations Officer Report – February 2025**

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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.

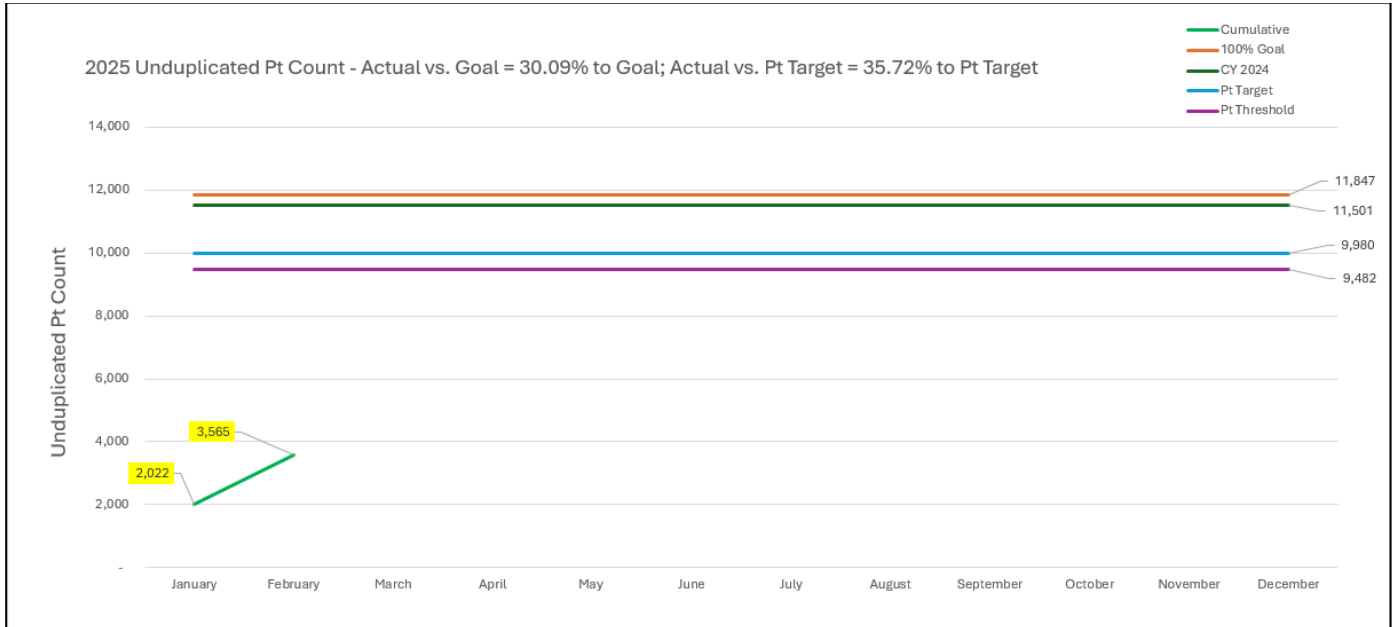
### February Highlights

#### Administrative

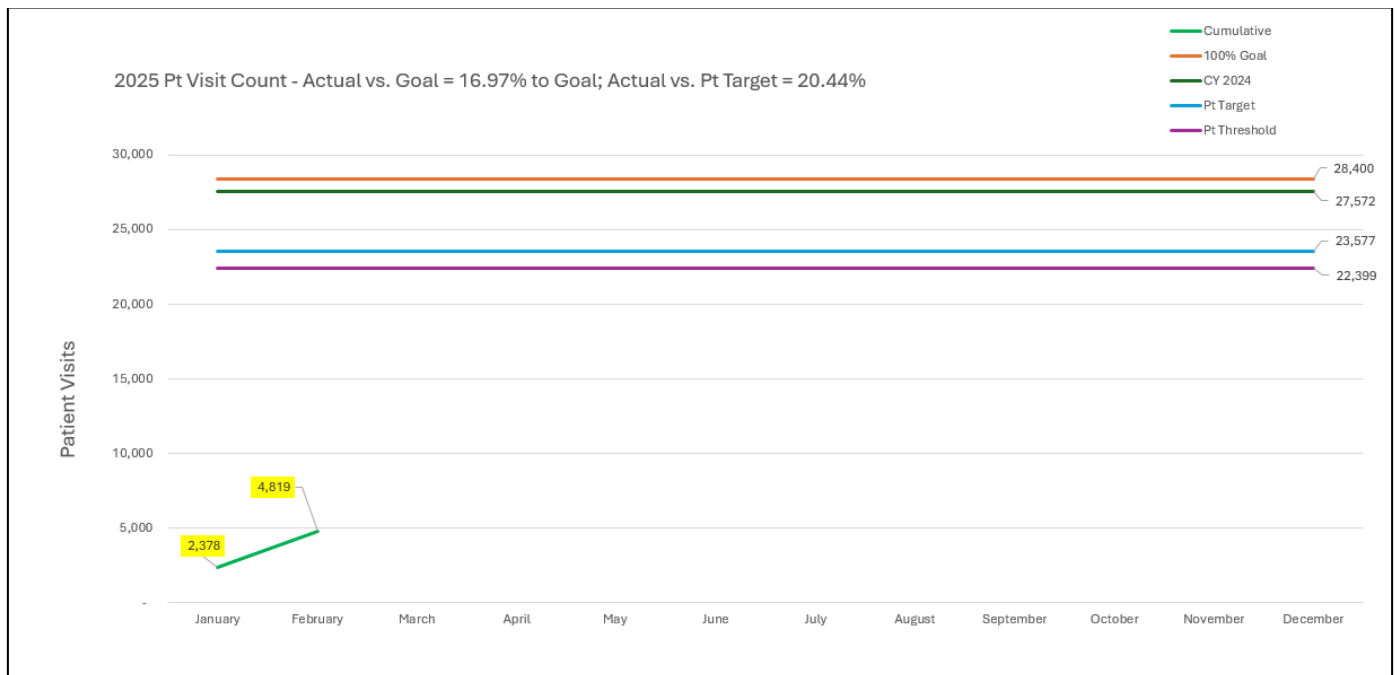
- The HRSA Operational Site Visit (OSV) scheduled for 2/25/25 – 2/27/25 has been postponed. New review dates will be communicated by HRSA.
- The HRSA CY24 UDS annual report requested revisions were submitted on 3/6/25.
- The HRSA onsite Behavioral Health Technical Assistance engagement is scheduled for 3/25/25.
- The HRSA CY26 FTCA redeeming process is underway. The application is due in June 2025.
- The Family Planning Title X CY24 FPAR 2.0 report was successfully submitted on 2/24/25.
- The Family Planning Title X site visit is scheduled for September 2025.
- New medical appointment templates will be implemented in April 2025.
- One health center employee, a Community Health Worker was recognized as SNHD's March employee of the month.

## Access

### Unduplicated Patients – February 2025



### Patient Visits Count – February 2025



### Provider Visits by Program and Site – February 2025

Facility	Program	FEB '25	FEB '24	FEB YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	678	465	31%	4,314	3,168	27%
Fremont	Family Health	392	343	13%	2,477	1,429	42%
<b>Total</b>	<b>Family Health</b>	<b>1,070</b>	<b>808</b>	<b>24%</b>	<b>6,791</b>	<b>4,597</b>	<b>32%</b>
Decatur	Family Planning	174	122	30%	1,156	1,130	2%
Fremont	Family Planning	185	89	52%	1,039	600	42%
<b>Total</b>	<b>Family Planning</b>	<b>359</b>	<b>211</b>	<b>41%</b>	<b>2,195</b>	<b>1,730</b>	<b>21%</b>
Decatur	Sexual Health	532	597	-12%	3,545	4,557	-29%
Fremont	Sexual Health	172	36	79%	905	50	
ASEC	Sexual Health		124		113	999	
<b>Total</b>	<b>Sexual Health</b>	<b>704</b>	<b>757</b>	<b>-8%</b>	<b>4,563</b>	<b>5,606</b>	<b>-23%</b>
Decatur	Behavioral Health	140	144	-3%	868	1,025	-18%
Fremont	Behavioral Health	122	1		802	2	
<b>Total</b>	<b>Behavioral Health</b>	<b>262</b>	<b>145</b>	<b>45%</b>	<b>1,670</b>	<b>1,027</b>	<b>39%</b>
Decatur	Ryan White	231	211	9%	1,673	1,726	-3%
Fremont	Ryan White	14	13		156	25	
<b>Total</b>	<b>Ryan White</b>	<b>245</b>	<b>224</b>	<b>9%</b>	<b>1,829</b>	<b>1,751</b>	<b>4%</b>
<b>FQHC Total</b>		<b>2,640</b>	<b>2,145</b>	<b>19%</b>	<b>17,048</b>	<b>14,711</b>	<b>14%</b>

## Pharmacy Services

	Feb-24	Feb-25		FY24	FY25		% Change YOY
<b>Client Encounters (Pharmacy)</b>	1,358	1,478	↑	10,832	11,287	↑	4.2%
<b>Prescriptions Filled</b>	2,018	2,538	↑	15,21	18,842	↑	23.9%
<b>Client Clinic Encounters (Pharmacist)</b>	28	71	↑	242	482	↑	99.2%
<b>Financial Assistance Provided</b>	14	47	↑	135	271	↑	100.7%
<b>Insurance Assistance Provided</b>	2	19	↑	46	87	↑	89.1%

- A. Dispensed 2,538 prescriptions for 1,478 clients.
- B. Pharmacist completed 71 client clinic encounters.
- C. Assisted 47 clients to obtain medication financial assistance.
- D. Assisted 19 clients with insurance approvals.

## Family Planning Services

- A. The Family Planning program access was up 41% in February and is up 21% year-over-year. Program team administrators and clinical staff are currently 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. New appointment templates will be implemented next month.

- B. The program is going through a rebranding process to increase access to care to those most in need and provide more comprehensive sexual health services. This rebranding includes redefining the program as a provider of sexual and reproductive health services. Health center providers are receiving Family Planning specific training to support this transition.
- C. 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.

### **HIV / Ryan White Care Program Services**

- A. The Ryan White program received 79 referrals between February 1<sup>st</sup> and February 28<sup>th</sup>. There were three (3) pediatric clients referred to the Medical Case Management program in February and the program received three (3) referrals for pregnant women living with HIV during this time.
- B. There were 670 total service encounters in the month of February provided by the Ryan White program Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 361 unduplicated clients served under these programs in February.
- C. The Ryan White ambulatory clinic had a total of 448 visits in the month of February: 29 initial provider visits, 184 established provider visits including 9 tele-visits (established clients). There were 24 nurse visits and 211 lab visits. There were 61 Ryan White services provided under Behavioral Health by the licensed mental health providers and the Psychiatric APRN during the month of February with 49 unduplicated clients served. There were 20 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in February.
- D. The Ryan White clinic continues to provide Rapid StART services, with 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 12 patients seen under the Rapid StART program in February.

### **FQHC-Sexual Health Clinic (SHC)**

- A. The FQHC Sexual Health Clinic (SHC) provided 1,326 encounters to 851 unduplicated patients for the month of February. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- B. The SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the Sexual Health and Outreach Prevention Program (SHOPP) on 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. The SHC refers pregnant patients with syphilis and patients needing complex STI evaluation and treatment to SHOPP for nurse case management services.
- C. SHC staff continue to be ready to see patients for Mpox evaluation and referral for vaccine.
- D. SHC providers and the clinical support team attended Diabetic Management training.

## E. Refugee Health Program (RHP)

Services provided in the Refugee Health Program for the month of February 2025.

Client required medical follow- up for Communicable Diseases	-
Referrals for TB issues	8
Referrals for Chronic Hep B	1
Referrals for STD	1
Pediatric Refugee Exams	27
Clients encounter by program (adults)	44
Refugee Health Screening for February 2025	71
<b>Total for FY24-25</b>	<b>503</b>

### Eligibility and Insurance Enrollment Assistance

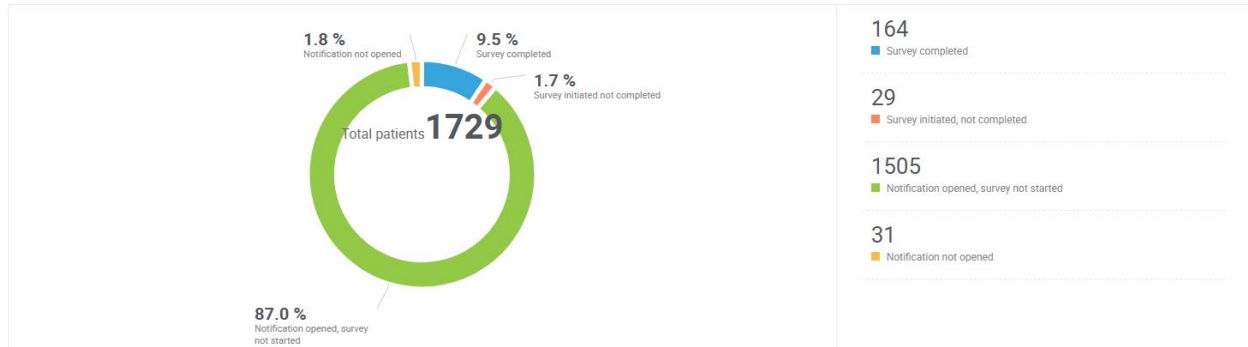
Patients in need of eligibility assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of support.

### Patient Satisfaction: See attached survey results.

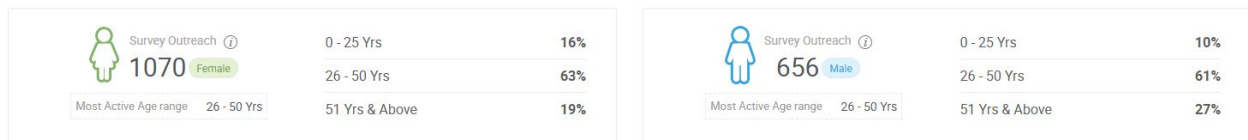
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

# Southern Nevada Community Health Center Patient Satisfaction Survey – February 2025

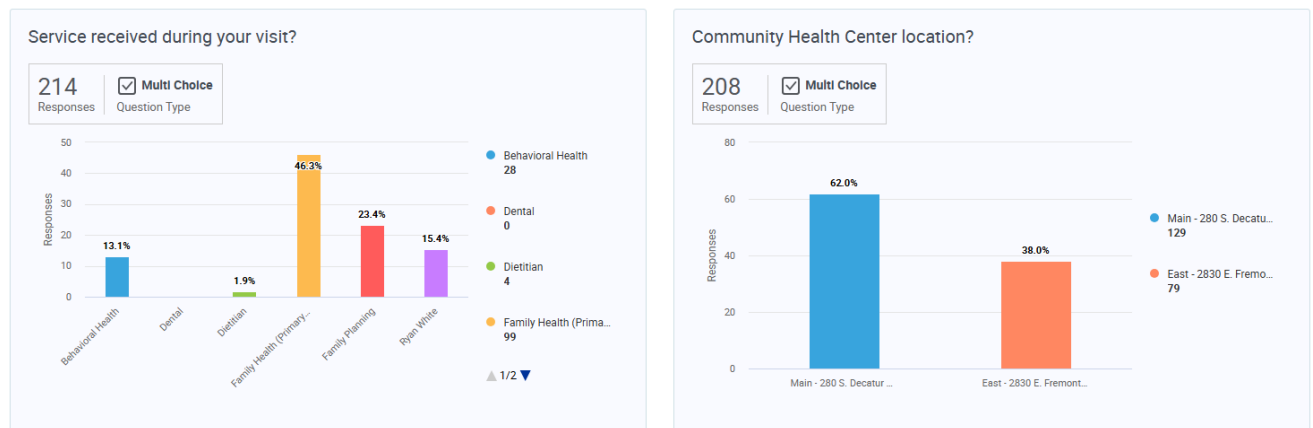
## Overview



### Gender



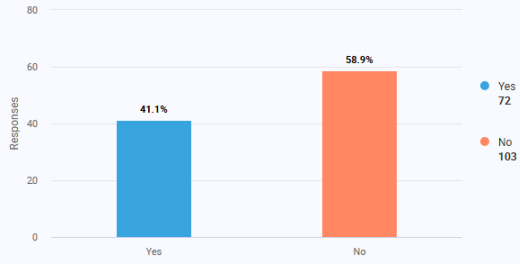
## Service and Location



## Provider, Staff, and Facility

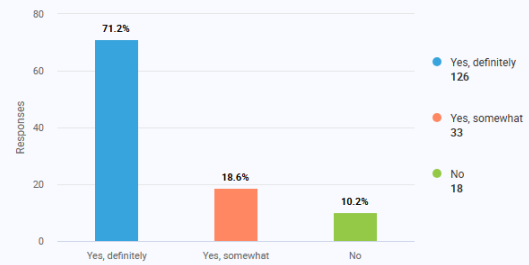
Was your most recent visit for an illness, injury or condition that needed care right away?

175 Responses ☒ Multi Choice Question Type



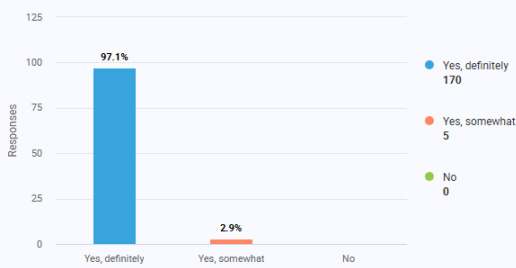
Was the recent visit as soon as you needed?

177 Responses ☒ Multi Choice Question Type



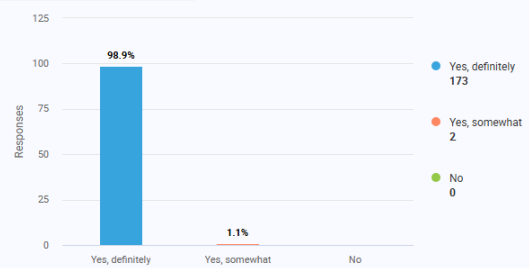
During your most recent visit, did this provider explain things in a way that was easy to understand?

175 Responses ☒ Multi Choice Question Type



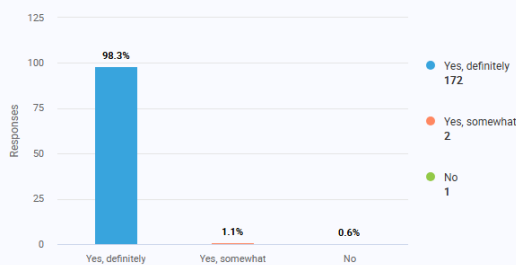
During your most recent visit, did this provider listen carefully to you?

175 Responses ☒ Multi Choice Question Type



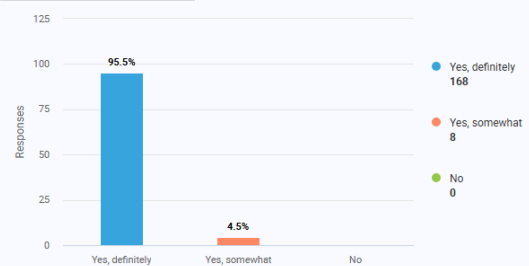
During your most recent visit, did this provider show respect for what you had to say?

175 Responses ☒ Multi Choice Question Type



During your most recent visit, did this provider spend enough time with you?

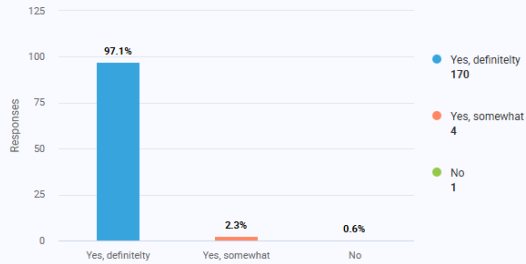
176 Responses ☒ Multi Choice Question Type





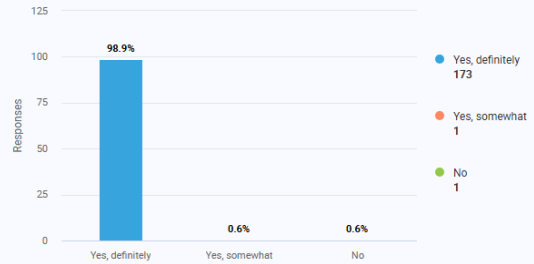
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

175 Responses ☒ Multi Choice Question Type



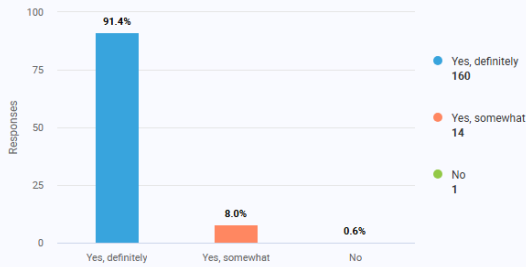
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

175 Responses ☒ Multi Choice Question Type



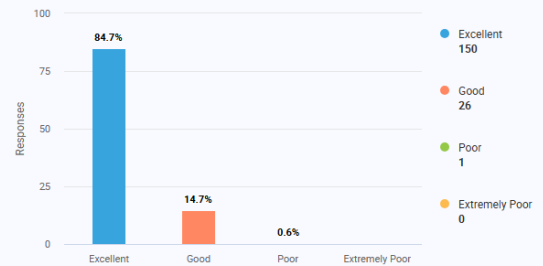
Thinking about your recent visit, was it easy to schedule an appointment?

175 Responses ☒ Multi Choice Question Type



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

177 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?

177

Responses

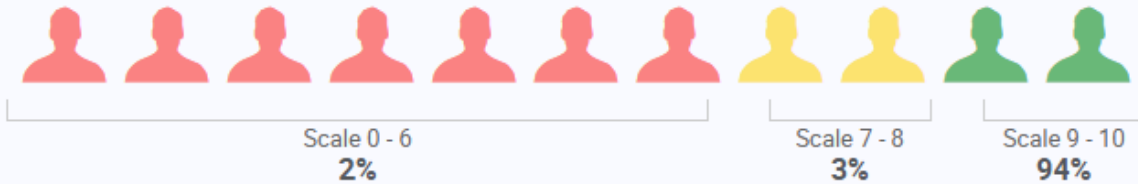
123

Numbers

Question Type

92

Net Promoter Score (NPS)



4

Scale 0 - 6

6

Scale 7 - 8

167

Scale 9 - 10

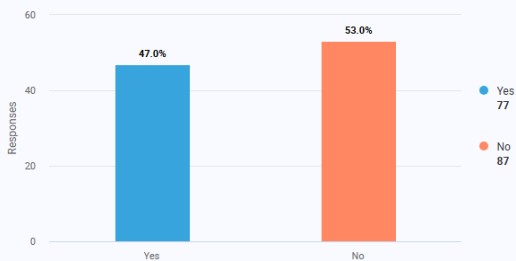
## General Information

Do you have health insurance?

164

Responses

☒ Multi Choice  
Question Type

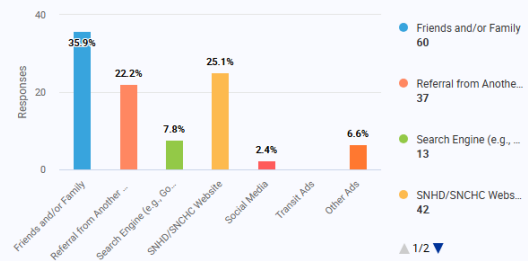


How did you hear about us?

167

Responses

☒ Multi Choice  
Question Type



# Memorandum

**Date:** March 27, 2025

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

**From:** **Anilkumar Mangla, MS, PhD, MPH, FRIPH**, *Director of Disease Surveillance & Control*  
**Cassius Lockett, PhD**, *District Health Officer*

**Subject:** Disease Surveillance & Control Division Monthly Activity Report – February 2025

## 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.

	February 2024	February 2025		YTD 24	YTD 25	
<b>Sexually Transmitted</b>						
<b>Chlamydia</b>	1014	846	↓	2074	1765	↓
<b>Gonorrhea</b>	506	299	↓	982	688	↓
<b>Primary Syphilis</b>	17	4	↓	32	9	↓
<b>Secondary Syphilis</b>	23	7	↓	41	16	↓
<b>Early Non-Primary, Non-Secondary<sup>1</sup></b>	52	15	↓	97	39	↓
<b>Syphilis Unknown Duration or Late<sup>2</sup></b>	139	57	↓	241	168	↓
<b>Congenital Syphilis (presumptive)</b>	4	1	↓	7	7	→
<b>Moms and Babies Surveillance<sup>3</sup></b>						
<b>Pregnant Persons Living with HIV<sup>4</sup></b>	5	5	→	11	11	→
<b>Pregnant Syphilis Cases</b>	8	10	↑	17	19	↑
<b>Perinatally Exposed to HIV</b>	2	1	↓	6	5	↓
<sup>1</sup> Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary <sup>2</sup> Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late <sup>3</sup> 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. <sup>4</sup> 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.						
<b>Vaccine Preventable</b>						

	February 2024	February 2025		YTD 24	YTD 25	
Haemophilus influenzae, invasive disease	4	2	↓	13	9	↓
Hepatitis A	0	0	→	1	0	↓
Hepatitis B, acute	4	2	↓	6	6	→
Influenza	102	240	↑	419	785	↑
Pertussis	7	1	↓	21	4	↓
RSV	480	693	↑	1599	1689	↑
<b>Enteric Illness</b>						
Campylobacteriosis	12	17	↑	34	38	↑
Cryptosporidiosis	4	1	↓	7	2	↓
Giardiasis	5	1	↓	9	7	↓
Rotavirus	9	11	↑	12	24	↑
Salmonellosis	7	9	↑	19	13	↓
Shiga toxin-producing Escherichia coli (STEC)	3	2	↓	13	5	↓
Shigellosis	9	5	↓	28	8	↓
Yersiniosis	4	1	↓	9	3	↓
<b>Other</b>						
Carbapenem-resistant Enterobacterales (CRE)	50	37	↓	83	70	↓
Candida auris	111	64	↓	197	151	↓
Coccidioidomycosis	18	16	↓	41	36	↓
Hepatitis C, acute	0	0	→	0	1	↑
Invasive Pneumococcal Disease	23	28	↑	62	65	↑
Lead Poisoning	10	15	↑	26	34	↑
Legionellosis	3	1	↓	3	1	↓
Lyme Disease	1	0	↓	2	0	↓
Meningitis, aseptic	0	1	↑	3	1	↓
Meningitis, Bacterial Other	0	1	↑	0	2	↑
Streptococcal Toxic Shock Syndrome (STSS)	6	3	↓	9	8	↓
New Active TB Cases Counted (<15 yo)	0	0	→	0	0	→
New Active TB Cases Counted (>= 15 yo)	4	5	↑	11	8	↓

## 2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters <sup>1</sup>	Reactors/ Symptomatic/ Xray <sup>2</sup>	OOJ/ FUP <sup>3</sup>
Chlamydia	19	0	38	0
Gonorrhea	5	0	14	0
Syphilis	10	1	158	0
HIV/AIDS (New to Care/Returning to Care)	40	4	97	0
Tuberculosis	14	0	10	0
<b>TOTAL</b>	<b>88</b>	<b>5</b>	<b>317</b>	<b>0</b>

- <sup>1</sup> Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)
- <sup>2</sup> Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms
- <sup>3</sup> 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 February 27, 2025, Clark County had 322 cases of Mpox.
- b. **Gastrointestinal illness at a restaurant:** On 2/24/25, ACDC received 3 separate FBI complaints from 3 unrelated parties against the same restaurant. DSC and EH completed a site visit where several violations were observed. A line list of ill employees was obtained and contacted for interview. This investigation is now closed.
- c. **Gastrointestinal illness at a school:** On 1/22/25, ACDC was notified by CCSD of a suspect outbreak at an elementary school. Initially 6 children were reported ill, 2 of which were siblings and had tested positive for Norovirus according to the parent. EH conducted a site visit and provided mitigation recommendations. An additional 30 children were reported absent. On 1/31, a new report was received with 19 new reported absences. ACDC is working closing the Epidemiology team and EH. No new cases have been reported since 2/12, the investigation has been closed.
- d. **Gastrointestinal illness at a school:** On 1/24/25, ACDC was notified by CCSD of several ill students and staff at an elementary school. The initial report included 23 ill. ACDC teams partnered with OIE and EH. All reported ill people have had interviews completed or attempted with no additional illness reported in the last 5 days. This investigation is completed.
- e. **Influenza:** SNHD started the influenza surveillance for the 2024-2025 season on September 29, 2024. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, Seasonal influenza activity remains elevated but has decreased for two consecutive weeks. Statewide, outpatient respiratory illness activity in Nevada is moderate. Locally, as of 2/22/2025, for the 2024 - 2025 influenza season, 1527 influenza-associated hospitalizations and 65 deaths associated with influenza were reported and processed, with 73.8% of those mortalities occurring in individuals aged 65 and older. 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 March 4, 2025, there have been 70 confirmed reported human cases of H5 bird flu, and 1 death associated with H5N1 bird flu infection 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. Funding from SAMHSA's First Responders-Comprehensive Addiction and Recovery Act (FR-CARA), SAMHSA's State Opioid Response (SOR) via sub-awards from the University of Nevada Reno's Center for the Application of Substance Abuse Technologies, BJA's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), and the CDC's Overdose Data to Action (OD2A) program has been instrumental. 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 distributions took place in the month of February:

<b>Naloxone Distribution</b>	<b>Agency</b>	<b># of Naloxone doses distributed</b>
2/5/2025	The Embracing Project	24
2/5/2025	First Med Health and Wellness	96
2/5/2025	AIDS HEALTHCARE FOUNDATION	192
2/5/2025	Feed My Sheep Outreach	2400
2/5/2025	Binions/Four Queens	48
2/5/2025	Inner Healing	96
2/5/2025	The Summit Club	48
2/5/2025	HELP of Southern Nevada	504
2/5/2025	The Promise	96
2/5/2025	Coral Academy of Science Las Vegas - Centennial Hills	14
2/5/2025	UNICares Project	1512
2/6/2025	Dr. Miriam and Sheldon G. Adelson Drug Abuse Clinic	120
2/6/2025	District Court Marshals	154
2/6/2025	L2A	100
2/6/2025	Caridad	288
2/13/2025	Trac - B	600
2/13/2025	Zoox	24
2/13/2025	Henderson Angels	960
2/13/2025	Henderson Comprehensive Treatment Center	120
2/13/2025	Hilton Grand Vacations	24
2/13/2025	Cerris Systems Inc	216
Total		7636

- 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 February:

<b>FTS Distribution</b>		
02/05/2025	UNI Cares Project	1000 Strips

02/05/2025	Cupcake Girls	300 Strips
02/13/2025	Henderson Comprehensive Treatment Center	300 Strips
02/13/2025	Henderson Angels	300 Strips
02/26/2025	Catholic Charities	300 Strips
<b>Total FTS:</b>		<b>2,200 Strips</b>

<b>XTS Distribution</b>		
02/05/2025	UNI Cares Project	1000 Strips
02/05/2025	Cupcake Girls	300 Strips
02/13/2025	Henderson Comprehensive Treatment Center	300 Strips
02/13/2025	Henderson Angels	300 Strips
02/26/2025	Catholic Charities	300 Strips
<b>Total XTS:</b>		<b>2,200 Strips</b>

#### 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. National Black HIV awareness Day was observed February 7, 2025. To mark this day, SNHD was present to support the Southern Nevada Health Consortium's testing event hosted onsite at Mario's Westside Market located at 1425 W Lake Mead Blvd, Las Vegas, NV 89106. We provided syphilis and HCV testing, condoms, and harm reduction supplies. Another event we would like to highlight was the Heart of the Community Block Party hosted by SNHD's Chronic Health Office. This event took place February 15<sup>th</sup> at the MLK Jr. Senior Center located at 2420 N. MLK Blvd NLV, NV, 89032. The focus was heart health and general wellness, and our team was onsite to support with condoms, HIV, syphilis, and HCV testing. 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.

<b>Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts</b>						
<b>Prevention - SNHD HIV Testing</b>	<b>Feb-24</b>	<b>Feb-25</b>		<b>YTD 24</b>	<b>YTD 25</b>	
<b>Outreach/Targeted Testing</b>	922	795	↓	1978	1928	↓
<b>Clinic Screening (SHC/FPC/TB)</b>	1018	544	↓	1781	1085	↓
<b>Outreach Screening (Jails)</b>	249	244	↓	506	467	↓
<b>Collect2 Protect</b>	9	0	↓	19	7	↓
<b>TOTAL</b>	2198	1583	↓	4284	1634	↓
<b>Outreach/Targeted Testing POSITIVE</b>	6	0	↓	8	0	↓
<b>Clinic Screening (SHC/FPC/TB) POSITIVE</b>	3	0	↓	4	0	↓
<b>Outreach Screening (Jails, SAPTA) POSITIVE</b>	0	0	→	0	0	→
<b>Collect2 Protect POSITIVE</b>	0	0	→	0	0	→
<b>TOTAL POSITIVES</b>	9	0	↓	12	0	↓

### **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. Investigate task assignment discrepancies related to EMSA logic, potentially caused by staff inadvertently changing assignees. Address TB active contact cases erroneously promoted due to ELR logic errors. Conduct an initial assessment of EpiTrax integration with WebIZ for vaccine data. Implement a new Enteric Form. Add new "case designation" field. Implemented auto attach forms feature when promoting a contact event to a morbidity event.
- b. Continue to update and enhance data warehouse: Initiating a workgroup to enhance data warehouse structures for improved clarity and usability. Adjustments to Case Related current gender data. Enhancements to link Disease condition names and events to outbreaks in warehouse tables. Updates to age group count tables for respiratory diseases within the OOE schema.
- c. Pentaho report updates: RSV & COVID - Case Numbers by MMWR Week Report. Disease Cases by Age Group Report. EpiTrax Workload Report - Count Categories Reorganized.
- 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, 469 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, Revise TB logic to align with the most recent automated case classification algorithms. Adjust Hepatitis C logic to prevent automatic case closure for both acute and chronic cases.
- b. Conduct regular sessions to review message exceptions.



- c. Continue processing eCRs from HCA Southern Hills, Mountain View, and Intermountain Healthcare Inc in EMSA with ongoing mapping of exceptions for incoming messages.
- d. Retrieve eGISP Accession from SNPHL ELR to enable SNPHL to report CARGOS's MATCH\_ID alongside EpiTrax event IDs.

### **3. Dashboard**

- a. ArcGIS dashboard: Covid ETL completed, RSV/Flu Data ETL Troubleshooting, RSV/Flu visualizations, Wastewater Concentration visualizations. Error email generation tested and working from ETL.
- b. Poison Control Center Data dashboard in Power BI platform completed.
- c. Continue developing eCW finance reports using Power BI platform.
- d. Collaborate with IT to implement a Power BI data gateway, enabling dashboard data refresh within the internal database, start with only Poison Control Center Data.

### **4. Southern Nevada Public Health Laboratory (SNPHL)**

- a. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) support.
- b. Continue Laboratory Information System (LIS) Support and Maintenance.
- c. 35 new orderables, LOINC's, SNOMEDs added for new clinical testing.
- d. Continue SNPHL data warehouse cleanup and maintenance.
- e. Implemented Result processing rules for Virology subtyping.
- f. Continue expanding the Outreach system to enhance efficient and timely specimen ordering and result delivery for partners.
- g. Working with Orchard regarding software change requests regarding their systems billing setup.
- h. Update configurations for BioSafety Lab Level 3 (BSL3) testing.
- i. Switch all rules and configurations to move from Dr. Leguen to Dr. Sugay as the provider.
- j. Updating Billing rules/Configuration in Outreach for Office of Disease Surveillance (ODS).
- k. Built reports/data extracts for various data requests and Quality Assurance (QA).

### **5. 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. Submissions for UDS+ and Family Planning Annual Reports (FPAR) completed.
- d. Ryan White Services Report (RSR) submission completed.
- e. Healthy Start Benchmarks discussion and review with Nevada Institute for Children's Research and Policy (NICRP).
- f. Behavioral Health Module Build/Implementation.
- g. Sexual Health Outreach and Prevention Programs (SHOPP) Ending the HIV Epidemic (EHE) report/data submission prep for CDC.
- h. eCW modifications to capture Prenatal Care data in a structured way.
- i. Exploring electronic prior authorization for medications from within the EHR.
- j. Contract signed to implement electronic case reporting (eCR) from eCW.
- k. Combatting Antimicrobial Resistant Gonorrhea and Other STIs (CARGOS) data alternative solution completed.
- l. Continue working with Finance to optimize claims monitoring and reporting by utilizing the Datawarehouse and Data Visualization tools (PowerBI).

- m. Generate and review monthly reports for FQHC and Primary Care Center (11 reports)
- n. Troubleshooting referral issues to the Smoking Quitline.
- o. Exploring a new system for Direct Observed Therapy (DOT) and integrating it with the Electronic Health Record.

**6. 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:
  - 1. SNHD - Heat data and Trauma center data
  - 2. City of Henderson - EOY 2024 Opioid data
  - 3. CCSD - under 25 suicides, 2024 EOY
  - 4. UMC - Hospital specific deaths
- 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. Working with the vendor to implement end user requests/enhancements, especially to include toxicology testing and investigative report edition after submission
- g. Dataset for UNLV Pathologist 2004-2023, searching for 'Doe' cases identified longer than one year after death.
- h. Smarty geocoding/address validation interface for integration into Census API code to increase success rate refactoring.

**7. API Server**

- a. Complete data extraction process from HIE API response for PILLARS project.

**8. Data Modernization Initiative (DMI)**

- a. Continue to work with the State on DMI project.
- b. Continue to work with NV HIE on TECCA and FHIR flat file testing projects.
- c. eCR project: Continue UMC/HCA/Intermountain Healthcare Inc error except handling and mapping new codes.
- d. Continue working with AWS with a pilot project using AI with eCR message to extract important information.
- e. Continue addressing MMG TB/LTBI feedback received and continue reviewing.

**9. National Syndromic Surveillance Platform/Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)**

- a. Continue to maintain and enhance syndromic surveillance system for new providers and future support.
- b. Onboard four new Intermountain Healthcare clinics.
- c. Explore ingestion of inpatient data from partner hospitals.

**10. Contracts**

- a. Interlocal SUID A, B, and supplemental contract renewed.
- b. Enterprise Master Person Index System license agreement renewed.
- c. Naviant Inc professional services agreement pending response.
- d. SUDORS25 contract pending signature NVDRS\_25 contract pending signature.

**D. Staff Facilitated/Attended the following Trainings/Presentations**

1. 02/03/2025: Facilitated Harm Reduction 201 training; 17 people in attendance; 2 ODS staff attendees.
2. 02/04/2025: Facilitated ASQ Suicide Screening training for DSC staff; 30 people in attendance; 23 SNHD ODS staff attendees.
3. 02/06/2025: Facilitated the Motivational Interviewing training; 13 people in attendance; 1 SNHD ODS staff attendee.
4. 02/07/2025: Presented on CredibleMind at the LIMA Community Resource Sharing meeting; 300 people in attendance; 2 SNHD ODS staff attendees.
5. 02/07/2025: Facilitated the Clark County Children's Mental Health Consortium (CCCMHC) monthly meeting as the current Chair; ~46 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
6. 02/11/2025: Facilitated the ASQ Suicide Screening training for DSC staff; 13 people in attendance; 6 SNHD ODS staff attendees.
7. 02/12/2025: Attended the Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting; 12 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
8. 02/13/2025: Facilitated the ASQ Suicide Screening training for DSC staff; 28 people in attendance; 8 SNHD ODS staff attendees.
9. 02/19/2025: Attended NICRP'S Community Health Assessment (CHA) Town Hall Event discussing the three assessments; 40 people in attendance; 3 ODS Health Educator attendees.
10. 02/19/2025: Facilitated training on CS clinical education session at Sunrise Hospital L&D and NICU; 30 people in attendance; 2 ODS Health Educator attendees.
11. 02/20/2025: Facilitated Academic Detailing Session with Women's Health Associates of Southern Nevada Sunset Valley; 1 provider in attendance; 1 ODS staff attendee.
12. 02/20/2025: Facilitated the ASQ Suicide Screening training for DSC staff; 16 people in attendance; 16 SNHD ODS staff attendees.
13. 02/21/2025: Facilitated UNLV Nursing Student Volunteer OD Kit making meeting; Presented on CredibleMind, Shared Narcan training and Fentanyl Test strip training; 10 people in attendance; 1 SNHD ODS staff attendee.
14. 02/25/2025: Facilitated the "Youth Mental Health First Aid" training; 18 people in attendance; 2 SNHD ODS staff attendees.
15. 02/26/2025: Attended Las Vegas TGA Part A (Ryan White Part A) Planning Council Strategic Planning and Assessment Committee Meeting at appointed representatives; 30 people in attendance; 2 ODS staff attendees.
16. 02/27/2025: Facilitated Infant Sleep Workgroup meeting; 10 people in attendance; 3 ODS Health Educator attendees.
17. 02/28/2025: Facilitated a presentation on CredibleMind at the Embracing Project; 10 people in attendance; 1 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. Collaborate on the Community Status Assessment and Community Context Assessment (CHA) project with NICRP.
7. Working with Rocky Mountain Poison Control to re-establish the data feed from their new system.

8. Re-establish Fetal Deaths feed from the Vital Records system.
9. Continue working with Epi and ACDC to plan for modernizing the FBI process including the final data variables for FBI intake form.
10. Evaluate data catalog vendor; Alation, to enhance standardization and searchability within the data warehouse.
11. Address an issue preventing Express clients from accessing their test results online.

## **F. OIE Reports**

### **1. The following FQHC/Clinical reports were completed and submitted**

- a. Focus Quarterly reports
- b. Medicaid Visit report for FQHC
- c. SNHD IUD CPT Report
- d. SHOPP Bicillin and Syphilis Reports
- e. SHC Neurosyphilis Referral Report
- f. CQM report for sixth submission
- g. Vaccine reports for final DART (HPV vaccine learning collaborative project)
- h. SHC Syphilis Referral Reason Report
- i. RSR validation report and data clean up
- j. FPNV Quarterly Reports
- k. Wrap Report revised for finance
- l. UDS Azara reports
- m. EBO sftp Lab Result export
- n. UDS PRAPARE Encounter Report
- o. UDS Table 5 Supplementary Encounter Report

### **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. CDC Frontline Tools workgroup calls
- f. SNHD Health Equity Report - working on updates for 2025 SNHD COVID-19 Health Disparity grant quarterly progress report.
- g. 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. Additionally, one abstract was reviewed and submitted to the Council of State and Territorial Epidemiologists Annual Meeting.
- h. 47 RCKMS authoring updated and timeboxing training
- i. eCW lab CAREWare upload

- j. One manuscript on COVID-19 Health Disparities has been published and 4 are under review.

### G. Disease Statistics

1. Communicable Disease Statistics: January 2025 disease statistics are below. Please note that these data are retrieved as of February 28, 2025. (see Table 1)

Table 1 Monthly Communicable Disease Statistics (January 2025)

	2023		2024		2025	
Disease	Jan	YTD	Jan	YTD	Jan	YTD
<b>VACCINE PREVENTABLE</b>						
COVID-19	4,735	4,735	3,329	3,329	916	916
Haemophilus influenzae, invasive	6	6	9	9	7	7
Hepatitis A	0	0	1	1	0	0
Hepatitis B, acute	0	0	2	2	4	4
Hepatitis B, chronic	65	65	95	95	88	88
Influenza	55	55	317	317	545	545
Meningococcal disease ( <i>N. meningitidis</i> )	0	0	1	1	0	0
Monkeypox	2	2	1	1	0	0
Pertussis	4	4	14	14	3	3
RSV	407	407	1,119	1,119	996	996
<b>SEXUALLY TRANSMITTED</b>						
Chlamydia	1,051	1,051	1,060	1,060	918	918
Gonorrhea	471	471	476	476	390	390
HIV	40	40	49	49	23	23
Stage 3 HIV (AIDS)	20	20	16	16	12	12
Syphilis (Early non-primary, non-secondary)	62	62	45	45	24	24
Syphilis (Primary & Secondary)	52	52	33	33	15	15
<b>CONGENITAL CONDITIONS</b>						
Hepatitis C, Perinatal Infection	0	0	1	1	0	0
Congenital Syphilis	11	11	3	3	6	6
<b>ENTERICS</b>						
Amebiasis	0	0	0	0	1	1
Campylobacteriosis	16	16	22	22	21	21
Cryptosporidiosis	1	1	3	3	1	1
Giardiasis	5	5	4	4	6	6
Rotavirus	2	2	3	3	13	13
Salmonellosis	14	14	12	12	4	4
Shiga toxin-producing <i>E. coli</i> (STEC)	5	5	10	10	3	3
Shigellosis	5	5	19	19	3	3
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	2	2	2	2
Yersiniosis	0	0	5	5	2	2
<b>OTHER</b>						
Coccidioidomycosis	21	21	23	23	20	20
Exposure, Chemical or Biological	1	1	1	1	0	0
Hepatitis C, acute	0	0	0	0	1	1
Hepatitis C, chronic	191	191	126	126	97	97
Invasive Pneumococcal Disease	29	29	39	39	37	37
Lead Poisoning	11	11	16	16	19	19
Legionellosis	2	2	0	0	0	0
Lyme Disease	0	0	1	1	0	0
Malaria	1	1	0	0	1	1
Meningitis, Aseptic	1	1	3	3	0	0
Meningitis, Bacterial Other	0	0	0	0	1	1
Meningitis, Fungal	0	0	1	1	0	0
Rabies, exposure to a rabies susceptible animal	29	29	42	42	31	31
Streptococcal Toxic Shock Syndrome (STSS)	4	4	3	3	5	5
Tuberculosis (Active)	3	3	7	7	3	3

\*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:** March 27, 2025

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

**From:** Christopher D. Saxton, MPH-EH, REHS, *Director of Environmental Health* CS  
Cassius Lockett, PhD, *District Health Officer* J

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**Subject:** Environmental Health Division Monthly Report

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## I. FOOD OPERATIONS PROGRAM

### ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	Feb. 2024	Feb. 2025		FY 23-24	FY 24-25	
Routine Inspections	2,494	2,438	↓	16,376	16,934	↑
Reinspections	186	171	↓	1,202	1,298	↑
Downgrades	176	167	↓	1,152	1,209	↑
Closures	8	18	↑	96	104	↑
Special Events	110	51	↓	564	553	↓
Temporary Food Establishments & Tasting Event Booths	963	489	↓	5,673	5,653	↓
TOTALS	3,937	3,334	↓	25,063	25,751	↑

↑ (Up Arrow) - Indicates an increase compared to the previous period.

↓ (Down Arrow) - Indicates a decrease compared to the previous period.

→ (Right Arrow) - Indicates no significant change compared to the previous period.

#### 1. Enforcement Actions and Investigations:

A. **Antojitos Los Guayabitos, 1000 N. Nellis Blvd.:** On February 1, the facility was closed for multiple Imminent Health Hazards (IHHs), improper wastewater disposal and other conditions that may endanger public health. The facility was open and operating while under a Cease-and-Desist Order for not using a permitted commissary and having an expired liquid petroleum system. The inspector documented 10 demerits. The facility remains closed at this time.

- B. **Therapy, 518 Fremont St.:** On February 4, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 39 demerits. The facility was reinspected and reopened with three demerits on February 6.
  - C. **T Swirl Crepe #3, 2520 E. Craig Rd.:** On February 5, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 19 demerits. The facility was reinspected and reopened with zero demerits on February 6.
  - D. **Johnny Rockets, 7300 Aliante Pkwy.:** On February 6, the facility was closed for an IHH, no hot water. The inspector documented 11 demerits. The facility was reinspected and reopened with three demerits on February 7.
  - E. **California Hotel, 12 E. Ogden Ave.:** On February 6, multiple permitted areas (Mezzanine Pantry, Main Kitchen, Noodle House, and Sports Bar) were closed for an IHH, no hot water. The inspector documented five-eight demerits on each permit. The areas were reinspected and reopened February 7.
  - F. **Terrible Herbst #268, 9991 W. Charleston Blvd.:** On February 8, the facility was closed for an IHH, pest infestation. The inspector documented six demerits. The facility was reinspected and reopened with zero demerits on February 10.
  - G. **El Pollo Mobile Trailer, 1934 N. Decatur Blvd.:** On February 11, the unit was closed for multiple IHHs, improper wastewater disposal and lack of potable water. The inspector documented 19 demerits. The unit was reinspected and reopened with zero demerits on February 14.
  - H. **Mexicali Tacos and More, 2987 N. Las Vegas Blvd.:** On February 11, the unit was closed for multiple IHHs, lack of potable water and sewage or liquid waste not disposed of in an approved manner. The inspector documented 30 demerits. The operator was entered into the Administrative Process due to a pattern of non-compliance. The unit was reopened with zero demerits on February 20.
  - I. **888 BBQ, 4801 Spring Mountain Rd.:** On February 12, the facility was closed for multiple IHHs, sewage or liquid waste not disposed of in an approved manner and pest infestation. The inspector documented 31 demerits. The facility was reinspected and reopened with six demerits on February 18.
  - J. **Dutch Bros Coffee, 6651 W. Charleston Blvd.:** On February 13, the facility was closed for multiple IHHs, interruption of electrical service and lack of adequate refrigeration. The inspector documented 16 demerits. The facility was reinspected and reopened with zero demerits on February 14.
  - K. **Habanero Grill, 2409 N. Rainbow Blvd.:** On February 24, the facility was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 39 demerits. The facility was reinspected and reopened with zero demerits on February 27.
  - L. **La Islena Market Snack Bar, 2405 N. Rainbow Blvd.:** On February 24, the facility was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 28 demerits. The facility was reinspected and reopened with zero demerits on February 27.
  - M. **Arby's #6723, 590 N. Stephanie St.:** On February 28, the facility was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 13 demerits. The facility was reinspected and reopened with zero demerits on March 3.
  - N. Staff closed 34 unpermitted food vending complaint investigations.
2. **Supervisory/Managerial Conferences:**
- A. A conference was held with the following facility: 888 BBQ, 4801 Spring Mountain Rd.



3. **Community Outreach:**

A. Staff gave a UNLVino Special Events presentation.

**ENVIRONMENTAL HEALTH Outbreak Response – Fiscal Year Data**

Outbreak Response	Feb. 2024	Feb. 2025		FY 23-24	FY 24-25	
<b>Legionella Travel Associated Investigations</b>	2	1	↓	12	13	↑
<b>Legionella Residential Investigations</b>	0	2	↑	5	11	↑

4. **Legionella Response:**

- A. Residential Legionella investigations began in January 2020, as part of a Centers for Disease Control and Prevention (CDC) grant-funded project. A residential investigation is prompted by a resident becoming ill and the investigation is conducted in their home.
- B. The increase in residential investigations could be attributed to the increased local population size, increased age of homes, and increased Legionella testing ordered by medical professionals.
- C. Travel-associated investigations are prompted by a visitor who became ill after staying at a permitted public accommodation. An investigation is conducted at the hotel(s) they stayed at while in town.
- D. On February 4, staff hosted a half-day Legionella Seminar to provide information for hospitality and medical facility management on how to protect water systems from Legionella contamination, how to build an effective Water Management Program, and how SNHD responds to human cases of Legionella infection. Presenters from multiple SNHD programs partnered with presenters from the State of Nevada and the Las Vegas Valley Water District to share knowledge with an audience of approximately 100 attendees.

5. **Outbreak Response:**

- A. **Mariana's Supermarket, 574 N. Eastern Ave.:** On February 13, staff responded to a confirmed case of Vibrio. Staff did not observe any risk factors that could lead to foodborne illness. Documentation was gathered to provide traceback information on the product consumed.
- B. **Mon Ami Gabi, 3655 S. Las Vegas Blvd.:** On February 19, staff responded to multiple reports of foodborne illness. Staff observed risk factors that could lead to illness, including improper handwashing and improper holding temperatures for food. The investigation resulted in an A grade.
- C. **La Mojarra Loca, 2797 S. Maryland Pkwy.:** On February 28, staff responded to a confirmed case of Campylobacter. Staff observed risk factors that could lead to illness, including improper handwashing practices, storage of food, and ware washing. The investigation resulted in a B downgrade. A reinspection is still pending.

6. **Community Outreach:**

- A. **Domino's Pizza, 3395 E. Tropicana Ave.:** On February 5, staff responded to complaints of illness after eating at the facility. The restaurant had passed their routine inspection on the same morning with an A grade. The inspector conveyed that multiple employees were currently out sick. Staff contacted Domino's staff and discussed proper employee health surveillance, return to work restrictions and exclusions, and norovirus prevention and disinfection.

## 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	Feb. 2024	Feb. 2025		FY 23-24	FY 24-25	
Notices of Violations (New & Remails)	8	6	↓	46	37	↓
Adjudicated Hearing Cases	12	4	↓	43	29	↓
Total Cases Received	155	70	↓	642	642	→
Total Cases Referred to Other Agencies	18	9	↓	175	114	↓
Hearing Penalties Assessed	\$36,500	\$4,500	↓	\$103,250	\$42,000	↓

*Remails - Notices of Violations that are returned by the postal service and then mailed to a newly found address.*

### ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	Feb. 2024	Feb. 2025		FY 23-24	FY 24-25	
Inspections	412	329	↓	2,002	1,899	↓

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

Underground Storage Tanks	Feb. 2024	Feb. 2025		FY 23-24	FY 24-25	
Compliance Inspections	70	70	→	417	538	↑
Final Installation/Upgrade/Repair Inspections	5	3	↓	26	21	↓
Closure Inspections	1	0	↓	8	7	↓
Spill Report Investigations	1	4	↑	11	17	↑

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

Permitted Disposal Facilities	Feb. 2024	Feb. 2025		FY 23-24	FY 24-25	
Inspections	19	22	↑	158	168	↑
Reinspections	2	0	↓	15	6	↓

### III. VECTOR SURVEILLANCE

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

Vector Surveillance and Other EH Services	Feb. 2024	Feb. 2025		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	2	↑	687	141	↓
Public Accommodations Inspections	68	33	↓	342	183	↓
Public Accommodations Complaints	24	9	↓	209	145	↓
Mobile Home/Recreational Vehicle Park Inspections	66	46	↓	170	142	↓
Mobile Home/Recreational Vehicle Park Complaints	1	1	→	15	15	→

*A sample pool is a collection of 50 or less female mosquitoes, from the same species and location, combined into a vial for testing. It is used to determine the prevalence and distribution of arboviruses and can be used to trigger mosquito breeding and disease prevention messages.*

### IV. EH ENGINEERING

#### 1. Solid Waste Plan Review Program (SWPR):

- A. **Permits Issued** – Georgia Pacific Gypsum
- B. **Landfills** – Apex Regional Landfill; Boulder City Landfill; Laughlin Landfill; Nellis Air Force Base (Post Closure Monitoring); Timet; Sunrise Mountain (Post Closure Monitoring); and Wells Cargo
- C. **Facility Applications Being Processed** – Recycling Centers (4); Waste Grease (2); and Storage Bin (1)
- D. **Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in March:** None

### ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Feb. 2024	Feb. 2025		FY 23-24	FY 24-25	
Asbestos Permits Issued	95	66	↓	658	549	↓
Revised Asbestos Permits Issued	4	6	↑	53	58	↑

### ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Feb. 2024	Feb. 2025		FY 23-24	FY 24-25	
Tentative Maps-Received	8	13	↑	92	103	↑
Tentative Maps-Lot Count	590	893	↑	3,541	6,942	↑
Final Maps-Received	24	19	↓	167	134	↓
Final Maps-Lot Count	864	617	↓	6,092	5,117	↓
Final Maps-Signed	23	14	↓	170	126	↓
Final Maps (Signed)-Lot Count	826	684	↓	7,522	5,957	↓
Improvement Plans-Received	26	17	↓	151	123	↓
Improvement Plans-Lot Count	794	600	↓	5,288	5,145	↓
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	Feb. 2024	Feb. 2025		FY 23-24	FY 24-25	
Residential ISDS Permits	4	1	↓	52	36	↓
Commercial ISDS Permits	0	0	→	1	3	↑
Commercial Holding Tank Permits	0	0	→	19	18	↓
Residential Tenant Improvements	14	9	↓	181	134	↓
Residential Certifications	0	0	→	3	0	↓
Compliance Issues	5	6	↑	67	61	↓

### ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	Feb. 2024	Feb. 2025		FY 23-24	FY 24-25	
Public Water System Sanitary Surveys	0	0	→	47	52	↑
Public Water System Violations Issued	5	12	↑	101	68	↓

#### 2. Safe Drinking Water Activity:

A. No coliform positive results were reported from routine monitoring events.

- 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 the Coyote Springs Golf Course.

## V. SPECIAL PROGRAMS

### ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

Special Programs	Feb. 2024	Feb. 2025		FY 23-24	FY 24-25	
School Facility Kitchen Inspections	98	103	↑	627	637	↑
School Facility Kitchen Complaints	0	0	→	4	3	↓
School Facility Inspections	119	109	↓	743	733	↓
School Facility Complaints	3	7	↑	30	33	↑
Summer Food Service Surveys	6	0	↓	12	39	↑
Child Care Facility Inspections	27	30	↑	185	234	↑
Child Care Facility Complaints	1	0	↓	16	19	↑
Body Art Facility Inspections	42	37	↓	402	419	↑
Body Art Facility Complaints	1	4	↑	31	42	↑
Body Art Artist Special Event Inspections	3	3	→	35	273	↑
Total Program Services Completed	300	293	↓	2,085	2,432	↑

#### 1. Schools:

A. **Legacy High School, 150 W. Deer Springs Way:** During a routine inspection, staff and the building manager responded to a report of sewage coming out of a hallway floor drain. Access to the area was prohibited until maintenance staff cleaned and disinfected the contaminated area and adjacent classrooms. School administration is investigating the cause and will determine the necessary steps to prevent future spills.

B. **Pinecrest Academy St. Rose, 1385 E. Cactus Ave.:** During a routine inspection, staff found the temperature of the hot water at student accessible faucets exceeded the maximum temperature of 110°F allowed by Nevada Administrative Code (NAC) 444. Hot water temperatures ranged from 120°F to 134°F. Management was given seven days to adjust the hot water temperature and follow-up with SNHD. A reinspection is still pending.

#### 2. Child Care:

A. **Tinker Toy Day Care, 7446 Poppy Hills Ct.:** During a routine inspection, staff observed chemicals accessible to children and children napping too close together in an unapproved area that had no natural light. Chemical storage areas within a child's reach are required to have childproof safety latches or locks to prevent children from accessing the chemicals. SNHD Regulations also require at least two feet of separation between napping furnishings to reduce the transmission of illness and improve quality of sleep, and natural light is required in any room located on the exterior wall of the building which is occupied by children at least four hours per day. A reinspection is still pending.

B. **Creative Kids Learning Empire, 3950 Woodside Ln.:** A routine inspection resulted in a determination of non-compliance, requiring a reinspection, due to multiple

violations. Staff observed dirty toys and providers were not following safe diaper changing procedures and required cleaning methods. SNHD staff also required closure of the playground because the perimeter gate had possible entrapment hazards. All non-compliant conditions had been corrected at the reinspection.

**C. Tinker Town Learn and Play Center, 6200 Smoke Ranch Rd.:** During a routine inspection, staff observed an infant room refrigerator operating at 46°F. To reduce the likelihood of foodborne illnesses, all time/temperature control for safety (TCS) foods must be held at or below 41°F or at or above 135°F. The infant formula that was inside the refrigerator for more than four hours was discarded. Formula inside the refrigerator for less than two hours was moved to a refrigerator that was able to maintain a temperature below 41°F. Additional violations included improper diaper changing procedures, inadequate handwashing, and physical hazards accessible to children. A reinspection is still pending.

**D. Growing Places, 3672 Steinbeck Dr.:** During a routine inspection, staff observed multiple violations including electrical outlets not childproofed, hot water temperature at a children's handwashing sink exceeded 120°F, non-Environmental Protection Agency (EPA) registered disinfectants, improper cleaning procedures, expired milk, and TCS foods stored at room temperature. A reinspection is still pending.

**3. Body Art:**

**A. Primitive Accents Body Piercing, 4001 S. Decatur Blvd.:** During a routine inspection, sterilization logs and current spore tests for the autoclave were not available and the operator was not placing a Class 5 indicator in each sterile pack before autoclave processing as required by SNHD Regulations. This documentation is required to ensure sterilization processes are working as expected. Additionally, several commercially sterilized packages were being held past their expiration date, which puts them at greater risk for contamination. At a subsequent reinspection, all issues had been corrected.

**VI. PLAN REVIEW PROGRAM**

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

Food Pre-Permitting Services	Feb. 2024	Feb. 2025		FY 23-24	FY 24-25	
<b>Food Safety Assessment Meetings</b>	0	0	→	2	2	→
<b>Total Pre-Permitting Services</b>	1,126	1,163	↑	11,053	9,760	↓
<b>New Project Submissions</b>	251	245	↓	2,237	1,837	↓
<b>Completed Projects</b>	227	202	↓	2,672	1,890	↓
<b>Total Service Requests Currently in Pre-Permitting</b>	1,291	1,304	↑			

**1. Enforcement Actions and Investigations:**

**A. Mayas Crazy Fruits, 3712 E. Owens Ave.:** A final permitting inspection was conducted after three failed inspections for an IHH, no hot water at the three-compartment and handwashing sinks. SNHD Regulations require that hot water for manual ware washing be a minimum temperature of 110°F and 100°F for handwashing. After the water heater was replaced, the permit was approved.

**B. Skimos Coffee Shop, 9175 S. Las Vegas Blvd.:** Staff received a Change of Permit Holder (CPH) application and found that the facility did not have a grease interceptor

as required by the sewer authority. Food establishments must comply with the sewer authority's requirements for grease abatement. The facility was able to install an indoor grease interceptor, and the final permitting inspection was approved.

- C. Wynn Lakeside Lounge Bar, 3131 S. Las Vegas Blvd.:** During a remodel inspection, staff noticed standing water a few inches deep in the floor sinks beneath the bar equipment. Standing water in floor sinks can be indicative of sewage backup or improper drainage, which can cause cross contamination and attract pests. Property management mentioned that a new type of floor sink strainer had been installed to prevent debris from entering the drain and causing clogs. Wynn management had the contractors drill additional holes in the strainers to allow for proper drainage. The remodel was approved.
- D. Fat Tuesday at Miracle Mile, 3663 S. Las Vegas Blvd.:** During a routine inspection, staff noticed that an unapproved ice machine had been installed. The ice machine was taken out of service and the person-in-charge (PIC) submitted a remodel application. Since the new ice machine was not sanitation certified, the permit holder agreed to replace the ice machine with an approved unit. A final remodel inspection is still pending.
- E. Brezza, 3000 S. Las Vegas Blvd.:** At a final permitting inspection, staff found caulking at the sinks and dish machine drain board deteriorating with a black residue. There was also a ceiling tile with a large hole and the small glasswasher was draining to the floor. Gaps and old caulking can cause water to pool and drip to the floor. Water running onto the floor can damage floor tiles, cause a slip hazard, and provide harborage for pests. Holes in ceilings can allow pests, dust, and debris to enter the kitchen. The operator began making corrections immediately and the permit was approved with stipulations.
- F. Sijie Special Noodle, 4821 Spring Mountain Rd.:** A CPH inspection resulted in failure due to violations totaling more than fifteen demerits. Staff also found that the owner had extensively remodeled the facility without approval. SNHD Regulations require plan submission prior to remodeling a food establishment. All food was removed from the facility and plans were submitted for review. The plans that were submitted did not match the current facility layout. The owner is in the process of relocating all equipment to match the plans. A reinspection is still pending.
- G. Casa Don Juan III Bar, 3460 E. Sunset Blvd.:** During a CPH inspection, staff found TCS foods in the temperature danger zone in one of the back bar coolers. The cooler was operating at 51°F. Pooled water was on the floor and the grout was heavily worn, allowing water to settle. Orkin Pest Control noted that stagnant water on the ground may attract pests. Fruit flies were seen in the bar. Exposed millwork was under the bar counters. SNHD Regulations require TCS foods to be held at 41°F or below, materials to be smooth and easily cleanable, and the facility must have adequate pest control. The refrigeration violation was corrected, and the food was voluntarily discarded. The permit was approved with stipulations.

## VII. AQUATIC HEALTH PROGRAM

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

Aquatic Health Operations	Feb. 2024	Feb. 2025		FY 23-24	FY 24-25	
Total Operation Inspections	669	566	↓	5,858	5,184	↓
Complaint Investigations	20	12	↓	203	186	↓
Inactive Body of Water Surveys	3	3	→	58	59	↑
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	0	0	→	15	33	↑
Total Program Services Completed	692	581	↓	6,134	5,462	↓

#### 1. Aquatic Health Operations

- A. **Angel Point Apartments, 751 N. Tenaya Way:** A routine inspection at the pool resulted in an IHH closure due to an eight-inch breach in the fence. A breach in the enclosure may allow a child access to the pool area without proper supervision, which could result in drowning. After the fence was repaired, the pool was reinspected and approved to reopen the same day.
- B. **Elysian at the District, 2151 Village Walk Dr.:** A routine inspection at the Office Spa resulted in an IHH closure due to the water temperature being 114.6°F. Water temperatures greater than 104°F may cause overheating, dehydration, burns, and rashes. The spa was reinspected the same day and approved to reopen.
- C. **Las Vegas Recreational Vehicle (RV) Resort, 3890 S. Nellis Blvd.:** A routine inspection at the pool resulted in an IHH closure due to a gate not self-latching. An improperly working gate can allow access to the pool enclosure and pose an increased drowning risk for children. The pool was reinspected the same day and approved to reopen.
- D. **Kelly Hawkins Physical Therapy, 3831 W. Charleston Blvd.:** Staff responded to a complaint alleging that the therapy tank had high disinfection levels. Staff discovered an unpermitted tank with recirculated water being used for therapy. SNHD Regulations require that aquatic venues that are open to the public and use recirculated water have valid health permits. The operator was issued a Cease-and-Desist Order until the tank is permitted by SNHD.
- E. **Shade Apartments, 10340 S. Decatur Blvd.:** A routine inspection resulted in an IHH closure due to multiple gates not self-closing. After repairs were made, the pool was reinspected and approved to reopen the same day.
- F. **Hendry, 1250 Wigwam Pkwy.:** A routine inspection resulted in an IHH closure due to the gate being propped open and unattended. The pool was reinspected the same day and approved to reopen.
- G. **Quarter North Apartments, 5500 Simmons St.:** At routine inspection staff found that the pool did not have a qualified operator to provide routine service and maintenance. Once facility staff provided documentation of a contracted qualified operator, the pool was approved to reopen.
- H. **Pecos Park Mobile Home Park (MHP), 200 N. Pecos Rd.:** A routine inspection resulted in pool closure due to a 9-inch breach in the fence and no detectable chlorine. Incorrect chemical levels can increase the risk of pathogen transmission to bathers. Following corrective actions, the pool was reinspected and approved to reopen the same day.



- I. **Ariva Apartments, 11055 S. Las Vegas Blvd.:** A routine inspection at the West Pool resulted in closure due to no detectable chlorine and high pH. Following corrective actions, the pool was reinspected and approved to reopen the same day.
- J. **Desert Club Resort, 3950 Koval Ln.:** A routine inspection resulted in closure due to high pH and the door not self-latching. Elevated pH decreases the effectiveness of the disinfectant and can lead to pathogen transmission to bathers. The pool was reinspected the same day and approved to reopen.

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

Aquatic Health Plan Review	Feb. 2024	Feb. 2025		FY 23-24	FY 24-25	
Total Pre-Permitting Services	530	520	↓	2,970	2,874	↓
New Project Submissions	143	184	↑	594	738	↑
Completed Projects	109	108	↓	605	468	↓
Total Projects Currently in Plan Review	450	657	↑			

### 2. Aquatic Health Plan Review:

- A. **Marlowe SLV Apartments, 11210 S. Las Vegas Blvd.:** Area lighting and pre-plaster inspections resulted in failure due to insufficient lighting in the equipment room and no power or water service to the pool and spa. Additionally, the aquatic venue enclosure gates and depth markings were not compliant. A reinspection was conducted and approved the following week. A final inspection is still pending.
- B. **The Residences at Tropicana, 1639 E. Tropicana Ave.:** A pre-plaster inspection for a pool and spa resulted in failure due to incomplete construction of the enclosure. After the enclosure was completed, a reinspection was approved.
- C. **Riverside Resort and Casino, 1650 S. Casino Dr.:** A final inspection was conducted at the pool for installation of a skimmer equalizer suction fitting outlet assembly (SOFA). The inspection resulted in failure due to the sump depth not being the minimum three inches. The contractor decided to plug and eliminate the equalizer line completely. After verification of the equalizer line abandonment, the pool was approved to reopen.
- D. **Cielo Abierto Apartments, 1290 W. Horizon Ridge Pkwy.:** Plans for a SOFA remodel were not approved for the Clubhouse Spa. The maximum flow rating of the SOFA was exceeded by the maximum flow potential of the circulation pump, which could lead to an entrapment risk. To resolve this issue, the contractor must submit a revised application for a SOFA with a higher flow rating.
- E. **Desert Pine Villas Homeowner's Association (HOA), 6161 Pine Villa Ave.:** A final remodel inspection for a chemical control system was conducted for the spa. The chemical system had two forms of electrical interlock but would still run during backwash due to a damaged secondary flow switch. This could allow chlorine gas buildup in the plumbing that could be released into the pool when the circulation pump resumes operation and could result in serious injury or death. Repairs were made and the spa was approved to open.
- F. **San Severo HOA, 9350 Ardoa Ave.:** A final remodel inspection was conducted at the pool for a SOFA remodel. The original intent of the remodel was to use the existing sump for the new SOFA; however, the installation instructions for the

replacement SOFA required all parts to be from the same manufacturer. The plumbing inspection was approved upon replacement of the old SOFA parts.

- G. Forest Hills, 3951 E. Viking Rd.:** A final remodel inspection for the replacement of the recirculation pump found that the calculated flow rate did not meet the required dirty filter flow range. This could lead to the system inadequately treating the water. The permit holder was required to create an operational plan to increase the frequency of filter backwashing.

#### **VIII. TRAINING OFFICE**

1. Staff provided onsite intervention training to: SLA Food Service at Nevada, 1780 Betty Ln.; Kusina Ni Lorraine II, 3275 W. Ann Rd.; Dojo Sushi, 1750 N. Buffalo Dr.; Mexicali Tacos and More, 2987 N. Las Vegas Blvd.; and Soul Food Cafe, 7320 S. Rainbow Blvd.
2. Training Office staff welcomed three new Environmental Health Specialists (EHSs) to Food Operations training: Anabel Ramos on February 3, and Jorge Gonzalez and Ghavam Toulouie on February 18.

#### **IX. 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; National Environmental Health Association (NEHA) Food Safety Program committee meeting; National Curriculum Standards Basic Core Competency Review; composed kratom variance response; beer line cleaning survey review with Office of Epidemiology and Disease Surveillance (OEDS) staff, submitted final reports for three 2024 Retail Flexible Funding Model (RFFM) grants; and attended CFP Pre-Conference Workshops.
2. Special Processes and Label Review staff met with various operators in-person and 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.
3. Special Processes staff received one new submission and released 12 special process files. There are currently 32 files in review.
4. Label Review staff received 24 new submissions, released 17 label files consisting of 189 labels. There are currently 25 files in review.
5. Cottage Food Operations completed 16 new registrations and 56 inquiries, frequently with multiple follow-up inquiries per individual.

# Memorandum



**Date:** March 27, 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, District Health Officer *CL*

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**RE: PUBLIC HEALTH & PREVENTIVE CARE BOARD OF HEALTH REPORT – February 2025**

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## **I. Immunization Program**

### **A. Immunization Program Activities**

1. The public health centers continue to administer new trivalent Flu 2024-2025 formulation. A total 791 flu vaccines were administered between all four Immunization Public Health Centers.
2. For the month of February, there were 2,296 clients seen with 7,063 vaccines administered in all four Immunization PHCs.
3. There were 171 immunization records reviewed.
4. The collaboration with the American Cancer Association and the HPV Learning Collaborative has ended. SNHD is waiting for finalization paperwork from the American Cancer Association.
5. National Infant Immunization Week is on April 21-28, 2025, and the Immunization Team has met with community partners and with other SNHD programs for this annual event. The purpose of this event is to highlight the importance of protecting infants and children from vaccine-preventable diseases and completing the initial vaccination series.

### **B. Immunization Outreach Activities**

1. Total outreach clinics in February - 7 clinics, 732 vaccines were administered to 266 clients. The clinics were held at CCSD Family Support Center and in partnership with Help of Southern Nevada and REACH.
2. With the addition of School Located Vaccinations and Immunization Education subgrants, staff conduct school-based clinics to increase immunization compliance. Educational resources such as SNHD referral lists and vaccine information for children and adults are provided during outreach events.
3. Hospitals and OBGYN providers are educated on the importance of timely completion of Hepatitis B vaccines. Staff conducted an educational visit at Sunrise Hospital.

## **II. Community Health Nursing**

### **A. Nursing Education**

There were no Nursing CEUs offered for the month of February.

### **B. Maternal Child Health**

There were no newborn screenings or lead referrals in February. There are 11 active lead clients where the Maternal Health Nurse provides education, support, and community resources to the families. Additionally, the nurse finalized teaching the last class in the Community Health Worker (CHW) course series designed to improve the education for the CHW home visitors in the Community Health Nursing programs. She worked at an immunizations outreach clinic, and she assists in coordinating group-based education events and performing nurse visits for the Healthy Start program.

C. Nurse Family Partnership (NFP)

The Southern Nevada Health District-Nurse-Family Partnership (NFP) has 153 active families. Currently 57 families are participating in the MIECHV program, and 27 families are participating through the Temporary Assistance for Needy Families (TANF) program. Both programs are grant funded through the Nevada Division of Public and Behavioral Health. In February 2025, both NFP teams served a total of 101 families and completed 125 visits.

D. Healthy Start Initiative- Enhanced

The Southern Nevada Health District's Healthy Start Initiative Program is supported by the Health Resources and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Healthy Start serves families from pregnancy until the child is 18 months old. Community health workers and nurses educate, support, and connect the families to community resources with the goal to improve the health outcomes before, during, and after pregnancy for both moms and babies. There were 51 families served, and 80 visits completed in February 2025. Outreach conducted in February includes Mirabelli Community Center, East Las Vegas Library, Neighborhood Recreation Center, Pearson Community Center, DWSS (all 9 locations), UNLV School of Public Health, and Anthem Wellness Center for the community Anthem Baby Shower.

E. Embracing Fatherhood

Embracing Fatherhood's overall goals are to support fathers, help strengthen families, and to improve child health outcomes. A community health worker will offer support, education, and provide community resources specific to the family's needs. In February, 2 families were enrolled into the program. Outreach to promote the program was completed at CNLV Veterans and Community Resource Center, East Valley Family Services, Dad Inc., Dolores Huerta Community Resource Center, and Equal Rights for Divorced Fathers.

F. Embracing Healthy Baby

Embracing Healthy Baby (EHB) graduated the last family in February 2025. This program was phased out after SNHD received the new funding for Healthy Start Initiative - Enhanced program which continues to serve the same population groups.

**III. Sexual Health Outreach and Prevention Program (SHOPP)**

A. Express Testing (ET) is a program that conducts testing for sexually transmitted infections (STI's) without a provider exam for asymptomatic patients. ET provided 185 screening encounters, including 3 Clients who were tested at Homeless Outreach events, and 16 at Fremont Friday clinics.

B. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. The CSCMP 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 continues to serve 51 active clients and completed 3 educational community events.

C. Members of SHOPP team attended educational classes on Sensitivity and affirming communication and Client centered practice for HIV prevention.

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, 2 clients were navigated and 1 client declined services, CSCM card was given in case client wants services at a later time. The CSCM nurse, in

coordination with the Sexual Health Clinic and the University Medical Center's Wellness Center staff navigated 1 patient to UMC ER for the appropriate medical evaluation, diagnostic tests, and treatment. The other NEON client was navigated to Sunrise Hospital where they received appropriate medical evaluation, diagnostic tests, and treatment.

- E. The SHOPP *Rapid PREVENT* program has kicked off its implementation phase this year. The program signed up its first 2 clients this month. The three CHW's for this initiative work collaboratively with Express Testing to assess and provide linkage to care services. With funding from this project, all three CHWs were able to go to program specific training in San Antonio Texas.
- F. Through collaboration with Comagine and the Southern Nevada Pathways HUB, the Southern Nevada Health District's SHOPP team has initiated a program called *Pathways to Better Health* (PBH). This HRSA demonstration project will incorporate referrals from UNLV Maternal Fetal Medicine to a "hub". SHOPP's PBH is designated as a care coordination agency (CCA) receiving referrals as well as any identified clients served through SHOPP visits. This program serves pregnant/postpartum mothers and follows until the infant turns one year of age. The community health workers support, educate and provide linkages and referrals with the goal of improving health outcomes during and after pregnancy for both moms and babies. This month the two CHWs for this program completed all training courses from the Southern Nevada Pathways HUB.

#### IV. Tuberculosis (TB) Clinic

TB clinic has five (5) new adult TB active cases and zero (0) pediatric cases that were reported for the month of February 2025.

#### V. Employee Health Nursing – February 2025

- A. There was one (1) SNHD employee who was tested for COVID-19. Zero (0) PCR tests conducted. Zero (0) tests from outside entities. One (1) employee tested positive for COVID.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continues, and annual catch-up TB testing is ongoing. Thirty-one (31) Tuberculosis tests were completed.
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continue. Eight (8) medical clearances were completed.
- D. There were no employee Blood Borne Pathogens exposure cases.
- E. There are no new employee TB exposure cases.
- F. Vaccine Clinics
  - February 1 – February 28, 2025
    - 0 COVID-19 Updated booster
    - 1 Influenza Vaccines.
    - 0 Monkeypox Vaccines
    - 3 other vaccines
  - Total employees vaccinated: 3
  - Total vaccines given: 4
- G. New Hire/ Onboarding: Eight (8) new hires were onboarded.
- H. Employee Health Nurse Accomplishments

1. Skills Fair – Eighteen (18) employees attended.
2. Completed OSHA Bloodborne Pathogen Awareness Training.
3. Attended Medical Preparedness & Response for Bombing Incidents.

I. Policies and procedures continue to be reviewed and updated.

## PUBLIC HEALTH AND PREVENTIVE CARE

### MONTHLY REPORT

February 2025

#### Client Encounters by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	Mobile Clinic	Homeless Outreach	Targeted Populations	*Other BTS Clinic	TOTAL
Immunization	1,045	696	229	36	0	0	20	9	261	2,296
Immunization Records Issued	124	42	5	0						171
Newborn Metabolic Screening	0	0	0	0						0
SHOPP	221						3			224
TB Treatment & Control	1,399									1,399
TOTAL	2,789	738	234	36	0	0	23	9	261	4,090

#### Client Encounters by Program

Program	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
Immunizations**	2,525	2,296	↓	26,443	23,705	↓
Immunizations Records Issued	210	171	↓	2,387	2,967	↑
COVID-19 Vaccine Given*	387	474	↑	916	3,311	↑
Newborn Met. Screening	0	0	→	0	0	→
SHOPP	202	224	↑	1,536	1,954	↑
TB Treatment & Control	1,529	1,199	↓	11,258	11,691	↑
SAPTA Services	38	^^	↑	199	^^	↑
TOTAL	4,891	4,364	↓	42,739	43,628	↑

^^ 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 ***	3,274	2252	643	112	0	0	33	9	740	7,063

\*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	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
Total Immunizations Administered ***	6,536	7,063	↑	61,476	69,640	↑

## Immunization Program

Immunizations	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
Flu Vaccine Given	683	791	↑	5,325	7,857	↑
Gratis	83	79	↓	1,169	860	↓
COVID Vaccine*	650	474	↓	3,154	3,311	↑

\*Given by Immunization Clinics

Vaccines for Children (VFC)	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
Number of VFC Compliance Visits	5	1	↓	45	40	↓
Number of IQIP Visits	5	17	↑	23	26	↑
Number of Follow Up Contacts	55	25	↓	244	255	↑
Number of Annual Provider Training	4	1	↓	39	45	↑
Number of State Requested Visits	9	10	↑	298	123	↓

Perinatal Hepatitis B	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
# of Expectant Women	24	13	↓	16	13	↓
# of Infants	67	59	↓	70	65	↓
Total # of Infants Delivered	2	4	↑	23	25	↑
New Cases	4	5	↑	34	30	↓
Closed Cases	0	6	↑	31	54	↑

Childcare Program	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
Childcare Audits	12	10	↓	77	54	↓
Baseline Immunization Rate	76%	77%	↑	79%	79%	→
# of Final Audits	12	10	↓	77	54	↓
Final Immunization Rate	95%	96%	↑	95%	93%	↓
# of Records Reviewed	917	832	↓	7092	4702	↓

## Covid-19 Vaccine Campaign

COVID-19 Vaccine Campaign	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
# of COVID-19 Vaccines administered	387	n/a	↑	916	n/a	↑
# of Monkeypox Vaccine administered	31	n/a	↑	56	n/a	↑
# of Influenza Vaccine administered	285	n/a	↑	614	n/a	↑
# of Healthcare Provider Compliance Visits	0	n/a	↑	0	n/a	↑
# of Newly Enrolled Healthcare Provider Education Sessions	0	n/a	↑	0	n/a	↑
# of Potential Healthcare Provider Recruitment Sessions	0	n/a	↑	0	n/a	↑
# of Healthcare Provider Contacts	0	n/a	↑	5	n/a	↑

## Community Health Program

	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
Nursing Field Services						
MCH Team Home Visit Encounters	11	10	↓	75	109	↑

	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
NFP (Team 1)						
Referrals	13	22	↑	112	135	↑
Enrolled	8	14	↑	61	65	↑
Active	105	126	↑			

	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
NFP (Expansion Team)						
Referrals	6	1	↓	40	23	↓
Enrolled	7	1	↓	30	14	↓
Active	62	28	↓			

	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
MCH						
# of Referrals Received	2	0	↓	27	32	↑
# from CPS	2	0	↓	19	24	↑
# of Lead Referrals	0	0	→	6	6	→
# of Total Admissions	2	0	↓	12	28	↑

	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
EHB *						
Referrals **	0	n/a	↑	15	n/a	↑
Enrolled **	0	n/a	↑	16	n/a	↑
Active	25	0	↓			

\*Phasing to Healthy Start

	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
Thrive by 0 - 3						
Referrals	70	26	↓	441	277	↓
One-Time Home Visits	6	0	↑	72	26	↓
Enrolled	1	1	→	15	22	↑
Active	14	26	↑			

	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
Healthy Start**						
Referrals	6	41	↑	9	181	↑
Enrolled	1	4	↑	1	46	↑
Active	1	59	↑			

\*\*New program as of 01/01/2024

	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
Embracing Fatherhood***						
Referrals **	n/a	1	↓	n/a	3	↓
Enrolled **	n/a	0	↓	n/a	2	↓
Active	n/a	2	↓			

\*\*\*New program as of 01/01/2025



## Tuberculosis Program

Tuberculosis	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
Number of Case Management Activities*	234	219	↑	1,615	2,011	↑
Number of Monthly Pulmonary Specialist Clinic Clients Seen	36	18	↓	214	212	↓
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	75	80	↑	279	565	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	6	4	↓	195	47	↓
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,305	1,199	↓	9,925	10,072	↑
*New EMR system- Counting only successful activities						

## Sexual Health Outreach and Prevention Program (SHOPP)

SHOPP - Express Testing	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
# of Screening encounters	152	185	↑	1,369	1,713	↑
# of Clients Screened	152	185	↑	1,361	1,713	↑
# of Clients with positive STI identified	11	20	↑	138	158	↑
SHOPP- Linkage	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
# of clients referred to Linkage	14	14	→	104	139	↑
# of clients linked to care	10	14	↑	75	135	↑
SHOPP- Congenital Syphilis Case Management Program (Nurse)	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
# of Referrals (pregnant, post-partum, infants)	15	8	↓	98	63	↓
# of Clients enrolled in CM	10	7	↓	66	43	↓
# of Active pregnant/ postpartum clients	25	38	↑			
# of Infants being followed	18	13	↓			
# of Provider/ Community trainings	0	3	↑	6	23	↑
SHOPP -Services for Unhoused Patients with Resources and Engagement in care (SURE)	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
# of Outreach events	n/a	6	^	n/a	41	^
SHOPP- Complex STI Navigation	Feb 2024	Feb 2025		FY 23-24	FY 24-25	
# of Clients referred	n/a	4	^^	n/a	34	^^
# of Clients navigated	n/a	3	^^	n/a	32	^^
# of Home administered treatment of STI (HATS)	n/a	0	^	n/a	13	^
*Outreach started 03/01/2024						
^ No data available						
^^ No data available - data collecting began 12/01/2023						
Non- cumulative						

# About The Program

What is Embracing Fatherhood?

*Embracing Fatherhood is a program that supports fathers to strengthen families and improve child health outcomes.*

How does it work?

*Embracing Fatherhood offers home visits and can meet with you on your schedule.*

*We will come to you!*

Is it only for fathers?

*We welcome anyone who needs some help stepping into a father role.*

How long can I use the program?

*Embracing Fatherhood is available to you from pregnancy until your child is 3 years old.*

What if I want to stop?

*The program is completely voluntary. You can use it as long as it's helping you.*

It's a big job—but you have what it takes! Learn more or get started today!

 (702) 759-0872

 [www.SNHD.info/fatherhood](http://www.SNHD.info/fatherhood)



*Scan for more information*



Revised 01/2025







This practical and positive program aims to build *the skills, confidence and knowledge of fathers*, helping them feel informed, assured and prepared for the challenges of parenthood.

*Our program is designed to grow with you and your child:*



Becoming a dad is an amazing experience, but it can feel overwhelming, too. That's where Embracing Fatherhood of Southern Nevada comes in.

This program helps fathers—or any family member stepping into a father role—*develop practical parenting skills and establish a meaningful presence in their children's lives.*



## Pregnancy & Newborn

Supporting your partner

Holding your baby

Bottle feeding

Changing diapers

Helping a sick baby



## Infant & Toddler

Childhood immunizations

Health checkups

Developmental milestones and screening

Child safety at home



Get more information or get started today!

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*Scan for more information*