



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

April 24, 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 (*via Teams*)
Scott Nielson, Vice-Chair – At-Large Member, Gaming (*via Teams*)
Nancy Brune, Secretary – Council Member, City of Las Vegas (*in-person*)
Scott Black – Mayor Pro Tem, City of North Las Vegas (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)
Pattie Gallo – Mayor Pro Tem, City of Mesquite (*via Teams*)
Joseph Hardy – Mayor, City of Boulder City (*in-person*)
Monica Larson – Council Member, City of Henderson (*via Teams*)
Frank Nemec – At-Large Member, Physician (*in-person*)
Shondra Summers-Armstrong – Council Member, City of Las Vegas (*in-person*)
- ABSENT:** April Becker – Commissioner, Clark County
- ALSO PRESENT:** Linda Anderson, Toluwanimi Babarinde, Christopher Boyd, Shawn Danoski,
(In Audience) Paul Fenton, Xan Goodman, Carly Hanft, Robert Hunter, Deborah Kuhls,
Bradley Mayer, Achut Reddy, Jacob Stefonek, Minnie Wood
- EXECUTIVE SECRETARY:** Cassius Lockett, PhD, District Health Officer
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- STAFF:** Elizabeth Adelman, Adriana Alvarez, Emily Anelli, Maria Azzarelli, Tawana Bellamy, Haley Blake, Alexis Brignola, Cory Burgess, Daniel Burns, Victoria Burris, Donna Buss, Erin Buttery, Nancy Cadena, Maria Calito, Belen Campos-Garcia, Andria Cordovez Mulet, Cherie Custodio, Gerard Custodio, Nevena Cvijetic, Liliana Davalos, Aaron DelCotto, Lauren DiPrete, Lisa Falkner, Jason Frame, Kimberly Franich, Xavier Gonzales, Jacques Graham, Amineh Harvey, Richard Hazeltine, Raychel Holbert, Dan Isler, Danielle Jamerson, Sabine Kamm, Horng-Yuan Kan, Theresa Ladd, Heidi Laird, Dann Limuel Lat, Josie Llorico, Sandy Lockett, Hetal Luhar, Cassondra Major, Anil Mangla, Blanca Martinez, Keanu Medina, Marco Mendez, Kimberly Monahan, Christian Murua, Todd Nicolson, Brian Northam, Kyle Parkson, Kaylina Penksa, Luann Province, Jeff, Quinn, Cheryl Radeloff, Misty Robinson, Emma Rodriguez, Larry Rogers, Alexis Romero, Kim Saner, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer, Sizemore, Randy Smith, Rosanne Sugay, Ronique Tatum-Penegar, Candyce Taylor, Will Thompson, William Thompson, Rebecca Topol, Danielle Torres, Renee Trujillo, Shylo Urzi, Sony Varghese, Jorge Viote, Donnie Whitaker, Edward Wynder, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

Secretary Brune 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. RECOGNITIONS

1. Public Health Hero

- Minnie Wood, Senior Lecturer, University of Nevada, Las Vegas, School of Nursing

The Board of Health recognized Minnie Wood, Senior Lecturer at the UNLV School of Nursing, as the Southern Nevada Health District 2025 Public Health Hero. An ANCC-certified adult nurse practitioner, Minnie Wood was being recognized for her outstanding contributions to building a healthier, more resilient community. She collaborated closely with the Health District during the COVID-19 pandemic to educate OB/GYN practices about congenital syphilis and partnered with the Sexual Health and Outreach Prevention Program to develop key educational materials. Minnie Wood also serves on the Academic Health Department Joint Advisory Committee, strengthening ties between public health and higher education. Her extensive community involvement includes work with local organizations such as the Clark County School District, the Just One Project, and the UNLV Student Wellness Center. On behalf of the Board of Health, Secretary Brune congratulated Minnie Wood on this recognition for their valuable contribution and ongoing efforts to promote the health and well-being of our community.

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

- Maria Calito and Keanu Medina

The Board of Health recognized the April Employees of the Month; Maria Calito, Medical Assistant, and Keanu Medina, Community Health Worker, both 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, Secretary Brune congratulated these exceptional employees.

3. Southern Nevada Health District – Supervisor of the Quarter

- Erin Buttery and Elizabeth Adelman

The Board of Health recognized the Supervisors of the Quarter; Erin Buttery, Laboratory Supervisor in the Southern Nevada Public Health Laboratory, and Elizabeth Adelman, Communicable Disease Supervisor in Disease Surveillance and Control. Each quarter two individuals are selected, as nominated by staff, to recognize leadership, teamwork efforts, ideas, or accomplishments, and best represent the Health District's C.A.R.E.S. Values. On behalf of the Board of Health, Secretary Brune congratulated these exceptional employees.

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

Laura McSwain addressed Item VII.2, the Variance Request for an existing septic system, SNHD Permit #ON0027243, located at 6855 W. Deer Springs Way, Las Vegas, NV to allow existing trees to encroach on the septic system. Ms. McSwain founded the Water Fairness Coalition in 2003 in response to what she believed to be overly burdensome water policies in her neighborhood. Ms. McSwain indicated that she had done research that showed signs of damage to the community and heat trajectory. Ms. McSwain contacted the owner of 6855 W. Deer Springs Way and discovered that he had gone to some financial lengths trying to preserve the existing trees on the property. Ms. McSwain noted that she was not familiar with the potential damage or issues that may result from trees encroaching on a septic system.

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

Ms. McSwain requested that the Board take into consideration every possible measure to protect the tree canopy, which will inspire the rest of the community to recognize that the trees are a vital resource protecting the community from a warming planet. Ms. McSwain noted the hardened position that she has noticed at meetings, and hoped that individuals recognized that they have a right to protect their investments, the broader community, and air quality.

Secretary Brune thanked Ms. McSwain for her comments and being an engaged neighbor.

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

- V. ADOPTION OF THE APRIL 24, 2025 MEETING AGENDA** *(for possible action)*

Item VI.4 was removed from the Consent Agenda and will be put forward at a later date.

A motion was made by Member Black, seconded by Member Nemec, and carried unanimously to approve the April 24, 2025 Agenda, as amended.

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

- 1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** March 27, 2025 *(for possible action)*
- 2. PETITION #29-25: Approve the Revised Budget Augmentation (originally approved January 23, 2025) for the fiscal year ending June 30, 2025 to meet the financial requirements of NRS 354.598005;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **PETITION #30-25: Approve the Revision to the Employee Handbook for the Southern Nevada Health District;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. ~~**PETITION #31-25: Approval of the Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, and the Southern Nevada Health District;**~~ 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 April 24, 2025 Consent Agenda, as amended.

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

1. **Variance Request for an Application to Construct a Septic System located at 4501 Yellow Pine Ave., Mount Charleston, NV to allow installation of a septic system on an undersized lot;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Daniel Isler, Environmental Health Engineer Supervisor, presented the variance request for an application to construct a septic system on an undersized lot. Mr. Isler advised that the application consisted of two parcels, which the owner was in the process of combining into a single parcel. However, even with the combined parcels, the lot size was still 0.2 acres below the minimum lot size requirements. Mr. Isler confirmed that staff was recommending approval of the variance, with the usual conditions along with an additional condition; that the two parcels be combined into a single parcel and recorded on the parcel map before permitting and installing the proposed septic system.

Secretary Brune opened for Public Comment.

Robert Hunter, the general contractor building the home, advised that the owner had gone through a lot of hardship through this process which started over two years ago. Mr. Hunter advised that the mapping process to combine the two parcels was almost completed. Mr. Hunter noted that the owner purchased the second parcel thinking there would be enough space for the septic system. Mr. Hunter stated that the owner invested almost \$200,000 in the entire process to build a house.

Secretary Brune inquired whether the owners agreed with the conditions recommended by staff. Mr. Hunter confirmed that the owner agreed with the conditions and understood that the final recording of the parcel had to be executed prior to permitting and installing the proposed septic system.

Seeing no one further, Secretary Brune closed the Public Comment.

A motion was made by Member Black, seconded by Member Hardy, and carried unanimously to approve the Variance Request for an Application to Construct a Septic System located at 4501 Yellow Pine Ave., Mount Charleston, NV to allow installation of a septic system on an undersized lot, with the following conditions:

- 1. Petitioner will complete the process of combining the existing parcels, APNs 129-36-510-077 and 129-36-510-078, into a single new parcel, and record the parcel map before permitting and installing the proposed ISDS.*
- 2. 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 400 feet of the Petitioner's property line when connection can be made by gravity flow, the owner(s) are notified, and they are legally required to do so.*
- 3. Petitioner and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.*
- 4. Construction of the ISDS must commence within one year of the date of approval of the variance. If construction has not commenced within that period, this variance shall automatically expire and be of no further force and effect, unless application is made and approved for an extension of time prior to the expiration date by the Petitioner or their successor(s) in interest.*

2. Variance Request for an existing septic system, SNHD Permit #ON0027243, located at 6855 W. Deer Springs Way, Las Vegas, NV to allow existing trees to encroach on the septic system; 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 6855 W. Deer Springs Way, Las Vegas, NV to allow existing trees to encroach on the septic system. Mr. Isler advised that there are three septic systems on the property; however, the variance request only affects the septic system connected to a casita. Mr. Isler advised that the variance request was brought through an application for tenant improvement to expand a garage, wherein a condition on the approved building permit was to remove any trees within 10 feet of the septic system. Mr. Isler advised that the owner would like to keep the trees on the property. As part of the variance application, the owner did a water quality test on the well, which showed high nitrate levels; however, the presence of the trees and the proximity of the trees to the septic system should not have anything to do with the nitrate concentration. Mr. Isler confirmed that there was no existing sewer or infrastructure near the property. Mr. Isler advised that it appeared, from aerial photos in the Spring of 1999, that the pecan trees were planted just after the septic system was installed, which was in 1998. Mr. Isler confirmed that staff was recommending approval of the variance, with conditions.

Secretary Brune opened for Public Comment.

Shawn Danoski, the owner of the property, advised that the subject property was 10-acres with four different structures, three different septic tanks, and agriculturally zoned. Mr. Danoski noted that the previous owner transplanted the trees from the historical Alta/Rancho

area when they built the property. Mr. Danoski stated that nitrates in the water were common for farms and ranch land and advised that the property was irrigated through irrevocable water rights. Mr. Danoski indicated that a garage addition was constructed on the property with solar, which was a remote structure to the main structure, and no plumbing. Mr. Danoski advised that the septic system in question was a couple hundred feet from the garage. Mr. Danoski advised that he had spent thousands of dollars doing research, getting documents, consultants, and preparing documentation, which he didn't believe the average home owner had the ability to complete. Mr. Danoski addressed the conditions, 1 through 7. With respect to condition #3, which referred to no additional plumbing fixtures to be added, Mr. Danoski advised that the structure was a remote guesthouse and used intermittently, with no plans to add additional plumbing. With respect to condition #7, which indicated that a copy of the variance must be provided to potential buyers, Mr. Danoski stated that it would be difficult to remember or would be unjust for his family to remember that they must disclose the variance to potential buyers. Mr. Danoski stated that the variance may be recorded at the Health District or on the deed, but was difficult for a homeowner to be required to disclose the variance. Mr. Danoski concluded that the trees provided shade for the horses, barn, chickens and agriculture on the property.

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

Further to an inquiry from Member Hardy, Mr. Isler confirmed that the building with the septic system in question had existing plumbing, however the condition would be that no additional plumbing would be installed.

Member Summers-Armstrong inquired as to the difficulty in filing a note on a deed that would appear during a future transfer of land. Ms. Anderson-Fintak advised that NRS 113 require the variance to be attached to the property and filed with the Recorder's Office as part of the deed, which was a common practice with septic systems in Clark County. Ms. Anderson-Fintak advised this was standard disclosure in a normal real estate transaction. Member Summers-Armstrong stated that the conditions as stated could be met with very little trouble and that she would be supportive of the conditions as stated.

Member Bond noted that any title research on the property at the time of sale would note any title issues, and confirmed she would support the variance request with the conditions.

Chair Kirkpatrick stated that condition #3 was broad and inquired whether the permit number for the septic system in question could be included in the condition. Further, Chair Kirkpatrick inquired as to who was responsible for filing the variance on the deed. Mr. Isler advised that the permit number could be added to condition #3. Ms. Anderson-Fintak advised that as per NRS 113 the obligation to disclose in a real estate transaction fell on the owner for both water and sewage services. Ms. Anderson-Fintak noted that this was a common disclosure for real estate agents, so unless it was a private transaction with individuals not familiar with the law, it would not be an issue.

Mr. Danoski once again expressed his concern with the wording of condition #7. Mr. Danoski understood the intent of the condition, however believed it was unreasonable for his children to know to make this disclosure. Mr. Danoski acknowledged that if the variance was recorded with the Health District, he would not have an issue. Mr. Danoski confirmed that condition #3 should refer to the specific septic system as there were three septic systems on the property.

Mr. Isler confirmed that the permit number could be added to condition #3, and, regarding condition #7, that the Health District records the variance on the property. Ms. Anderson-Fintak reiterated that the language in condition #7 was a restatement of the language in NRS 113, which puts the obligation on the seller to make the disclosure.

A motion was made by Chair Kirkpatrick, seconded by Member Nemec, and carried unanimously to approve the Variance Request for an existing septic system, SNHD Permit #ON0027243, located at 6855 W. Deer Springs Way, Las Vegas, NV to allow existing trees to encroach on the septic system, with the following conditions:

- 1. Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within 400 feet of the property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
- 2. Petitioner and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.*
- 3. No additional plumbing fixtures will be connected to the existing septic system (SNHD Permit #ON0027243).*
- 4. If the existing septic system fails or is replaced for any reason, an advanced treatment system will be installed in lieu of a conventional system.*
- 5. No additional trees are allowed within 10 feet of any of the existing septic systems.*
- 6. The variance will be in effect until the existing residential septic system is inactivated, removed, fails, or if the property changes land use. Conversion of the existing septic system for commercial use will result in the variance becoming null and void.*
- 7. Petitioners and their successor(s) must provide a copy of the variance to potential buyers as part of the disclosure process per NRS 113.*

VIII. REPORT / DISCUSSION / ACTION

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

The Board of Health was provided with a summary of the Committee Participation Interest Forms received and the current composition of the committees. Secretary Brune advised that the composition of each committee would be 3-5 members. Further to an inquiry from Member Bond, Ms. Anderson-Fintak advised that at-large members may serve on the At-Large Member Selection Committee; however, they were not able to vote on the selection of the at-large members. Ms. Anderson-Fintak further advised that, as Dr. Lockett's 5-year contract commenced in February 2025, the DHO Succession & Planning Committee could be considered an ad-hoc committee. Chair Kirkpatrick indicated that there should always be a succession committee looking to the future; however, agreed that the DHO Succession & Planning Committee could remain dormant until needed.

Chair Kirkpatrick impressed on the Board members that it was imperative that they attended the committee meetings as, at times, there are issues due to a lack of quorum. Further, Chair Kirkpatrick noted that it was important for existing Board members to allow for the new Board members to participate in committees. All board members are invited to committee meetings, but they are not voting members unless they are official committee members.

Ms. Anderson-Fintak reminded the Board that the At-Large Member Selection Committee would next meet in June 2026, the DHO Annual Review Committee would next meet in January 2026, the DHO Succession & Planning Committee would be ad-hoc, the Finance Committee met approximately 4-5 times a year, and the Nomination of Officers Committee would next meet in July 2025. Furthermore, Ms. Anderson-Fintak reminded the Board that the bylaws state that the minimum number of members per committee were three, with a maximum of five.

After discussion, the following motion was made:

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

<u>At-Large Member Selection Committee (Term 2024-2026)</u>	<u>DHO Annual Review Committee</u>	<u>DHO Succession & Planning Committee (inactive)</u>	<u>Finance Committee</u>	<u>Nomination of Officers Committee</u>
A. Becker S. Black B. Bond N. Brune F. Nemec	A. Becker S. Black N. Brune J. Hardy M. Kirkpatrick	A. Becker S. Black B. Bond P. Gallo J. Hardy M. Kirkpatrick M. Larson F. Nemec	A. Becker N. Brune M. Kirkpatrick S. Nielson S. Summers-Armstrong	A. Becker B. Bond M. Kirkpatrick M. Larson S. Nielson

Member Gallo left the meeting at 9:52 a.m. and did not return.

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

There were no items raised.

X. HEALTH OFFICER & STAFF REPORTS (Information Only)

- DHO Comments

In addition to the written report, Dr. Lockett advised that on April 4th the legislative budget sub-committee reviewed the \$15m Public Health Improvement Fund budget, which was allocated per capita, was the only non-categorical support for public health agencies in Nevada. Dr. Lockett stated that this funding would help with all of our operational public health services.

Dr. Lockett advised that as of April 17th, there were over 800 confirmed measles cases nationwide in 25 jurisdictions. Dr. Lockett further advised that, as of April 22nd, Texas had 624 confirmed cases with only 22 of those being vaccinated. Dr. Lockett advised that last year there were only 285 cases of measles reported for the entire of 2024. Dr. Lockett further

advised that of the 624 cases in Texas, 64 were hospitalized. Dr. Lockett advised that the Health District had a response plan and has been working on an exercise with the Clark County School District. Dr. Lockett urged parents that the best way to protect children and the community was to receive the MMR vaccine.

Dr. Lockett advised that the Community Health Assessment Prioritization meeting was scheduled for April 30, 2025 at 9:00 a.m. at the Health District's Main Facility and via Microsoft Teams. Dr. Lockett advised that the meeting would identify southern Nevada's top health issues for the next 5 years, and guide priorities in the Community Health Improvement Plan (CHIP).

Chair Kirkpatrick left the meeting at 9:56 a.m. and did not return.

Member Hardy inquired as to a 'magic medicine' that treated measles for the unvaccinated. Dr. Lockett advised that there was no magic medicine and that individuals should either be vaccinated or receive supportive care if they contract measles.

- 2024 Heat-Associated Deaths & Emergency Department Visits

Alexis Brignola, Epidemiologist, and Jeff Quinn, Manager of the Office of Public Health Preparedness, presented on the 2024 heat-associated deaths and emergency department visits.

Member Nemec left the meeting at 10:00 a.m.

Member Nemec returned to the meeting at 10:02 a.m.

Dr. Lockett stated that heat-related deaths were influenced by a causal web of influencers, which means that the Health District had to have a causal web of partners. The Health District was not the primary on this issue, however, contributed by performing the deep surveillance. Dr. Lockett stated that July was historically when the majority of deaths and mortality occur. Dr. Lockett advised that the Health District had the ability to drill down to a geographic location where the majority of the burden and increase resources in the Fremont area. Further, Dr. Lockett indicated that typically three days after a heat wave, there is an increase in deaths. Dr. Lockett advised that in partnership with Clark County and others, the Health District would be participating in an Extreme Heat press event on May 8th.

Member Summers-Armstrong shared her past experience with heat stroke. Member Summers-Armstrong further inquired whether there was information about employees or workers that passed away from heat-related issues and whether that information was noted on a death certificate. Ms. Brignola advised that death certificate list an individual's employment if it was provided. However, Ms. Brignola advised that the information that is used was from the Health District's Vital Records system; the coroner's database may provide additional details. Further Ms. Brignola advised that in the report she was identifying certain drugs, like methamphetamine, cocaine, and alcohol, and not other medications. Dr. Lockett clarified that typically 30-50% of death certificates were not as accurate as they could be; however, the coroner's office was trying to address this issue by changing their definitions over time to capture more information. Dr. Lockett further advised that the Health District's

Safety Officer follows OSHA recommendations and has developed protocols for field staff during extreme heat.

Member Summers-Armstrong stated that there was a lack of infrastructure for trees to be planted, along with individuals not having the ability to afford additional water expenses and lacking the proper training to grow and maintain trees. Mr. Quinn advised that the tree coalition did training on how to care for a plant and in some cases were going back to water them to ensure that they continued to grow. However, it would take a long time before any of those trees would provide adequate shade.

Member Bond indicated that it looked like the Health District had data on Emergency Department heat-related illness visits. Member Bond inquired whether there was a way to enhance the collaboration with the Emergency Departments to obtain information on work heat-related illness visits.

Mr. Quinn advised that during an extreme heat workshop, the coroner's office presented on improving data, with the target audience of Emergency Department personnel. Mr. Quinn advised that the Health District needed the Emergency Departments to code the necessary information to allow of our epidemiologists to obtain and analyze the data.

Member Larson left the meeting at 10:31 a.m. and did not return.

Mr. Quinn advised that the Health District did a very good job of distributing materials that outline the threats of living in Las Vegas, specifically through the preparedness calendars. The preparedness calendars are distributed to all the municipalities, wherein there were tips for extreme heat. Mr. Quinn further stated that there was a lack of community in areas and encouraged everyone to check on their friends and neighbors during extreme heat.

Dr. Lockett advised that the Health District's data has limitations, such as missing fields, and we are unable to access individual business data. Dr. Lockett stated that occupations were not reportable to the Health District so we do not have the data linkage unless it is under NRS 441A. Member Bond indicated that there had to be a way to merge the databases together. Member Bond stated that the information must be captured in the Emergency Department records and requested a future conversation on how to obtain the information.

Member Hardy stated that there were simple things that could be done, such as drinking water, and wearing a hat when in the sun. Further, Member Hardy advised that the Health District had to lead by example by ensuring adequate water and shade at the extreme heat media event on May 8, 2025.

Secretary Brune advised that the Nevada Department of Business and Industries has been working, over the last two years, on regulations with the goal of protecting workers from extreme heat conditions. Secretary Brune further inquired as to who was collecting and analyzing emergency department visit data, what information was being collected, such as whether the individual had air conditioning, and whether the individual was being referred to a case worker to assist with obtaining services.

Member Hardy left the meeting at 10:38 a.m.

Secretary Brune noted that 38% of death were unhoused individuals and inquired as to the percentage of unhoused individuals visiting the emergency department with heat exposure. Ms. Brignola advised that the Emergency Department data is pulled from ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics), which is gathered by the medical providers and is pulled using the ICD-10-CM codes.

Member Nielson left the meeting at 10:40 a.m. and did not return.

Dr. Lockett advised that ESSENCE monitors syndromes such as heat-like illnesses and pulls from the Emergency Department records, which uses statistical algorithms to indicate spikes that allows the Health District to then deploy messages related to heat in real time.

Secretary Brune inquired about preventative actions, such as whether the emergency departments were inquiring whether individuals had air conditioning when attending for a heat-related illness and then connecting them with a social worker or someone to determine whether they can receive supportive resources. Dr. Lockett advised that the community was missing a case management system for those who are unhoused.

Member Hardy returned to the meeting at 10:43 a.m.

Dr. Lockett expressed the need to coordinate different organizations to establish the questions that are needed at the point of care, which would require modification to the electronic health records. Dr. Lockett stated that the Health District's informatics program works very closely with the Health Information Exchange, however the emergency departments would need to ask the right questions to input the information into the system. Then the informatics program could obtain the information and do a level of analysis.

- 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 that related to public health funding:

- April 4: SB118 Public Health Budget Closing
- SB423 – Base funding proposal for public health infrastructure

Ms. Rodriguez noted the following bills that did not pass the First House:

- AB536 – Revised provisions relating to tobacco.
- AB438 – Revised provisions relating to nonemergency medical transportations.
- SB360 – Imposed requirements relating to the safety of hotels.
- SB184 – Prohibited the use of latex in certain circumstances.

Ms. Rodriguez outlined the following key bills that passed the First House:

- AB96 – Requires cities and counties to include heat mitigation element in their master plan.
- AB50 – Revises provisions relating to victims of a mass casualty incident. (Mass Casualty Database)
- AB205 – Revises provisions governing sexual education. (Sexual Education Consent)

- AB269 – Revises provisions relating to testing for sexually transmitted diseases. (Syphilis Testing)
- SB295 – Revises provisions related to food establishments. (Mobile Food Vendor)

Ms. Rodriguez outlined the following additional bills that have an exception that haven't passed their first house of origin:

- AB297 – Creates a program for the postnatal visitation of certain persons who have recently given birth. (Postnatal Visitation)
- AB326 – Revises provisions relating to the designation of hospitals as centers for the treatment of trauma. (Trauma Designation)
- AB352 – Revises provisions relating to businesses. (Cottage Cosmetics & Food)

Further to an inquiry from Member Summers-Armstrong, Ms. Rodriguez advised that AB352 had an exception and has been referred to Assembly Ways and Means.

XI. INFORMATIONAL ITEMS

1. SNHD Financial Report, as of December 31, 2024
2. Administration Division Monthly Activity Report
3. Community Health Division Monthly Activity Report
4. Community Health Center (FQHC) Division Monthly Report
5. Disease Surveillance and Control Division Monthly Activity Report
6. Environmental Health Division Monthly Activity Report
7. Public Health & Preventive Care Division Monthly Activity Report

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

Paul Fenton, for Nalco Water, read into the record a written public comment regarding proposed changes to the Nevada Department Environmental Protection Public Water Permit Regulations to speed up supplemental disinfection applications to protect public health from the risk poses by Legionella bacteria in the building environment through a contingent permit application for supplemental disinfection. The written public comment, along with materials provided, will form part of the record.

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

XIII. ADJOURNMENT

The Secretary adjourned the meeting at 11:01 a.m.

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



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

April 24, 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/8c790bd7-9d60-4c1d-874d-3a629ade00ee@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 974 110 494#

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. RECOGNITIONS

1. Public Health Hero

- Minnie Wood, Senior Lecturer, University of Nevada, Las Vegas, School of Nursing

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

- Maria Calito and Keanu Medina

3. Southern Nevada Health District – Supervisors of the Quarter

- Erin BATTERY and Elizabeth Adelman

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

- **By Teams:** Use the Teams link above. You will be able to provide real-time chatroom messaging, which can be read into the record or by raising your hand. Unmute your microphone prior to speaking.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 974 110 494#. To provide public comment over the telephone, please press *5 during the comment period and wait to be called on.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

V. ADOPTION OF THE APRIL 24, 2025 AGENDA *(for possible action)*

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

- 1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** March 27, 2025 *(for possible action)*
- 2. PETITION #29-25: Approve the Revised Budget Augmentation (originally approved January 23, 2025) for the fiscal year ending June 30, 2025 to meet the financial requirements of NRS 354.598005;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. PETITION #30-25: Approve the Revision to the Employee Handbook for the Southern Nevada Health District;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. PETITION #31-25: Approval of the Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, and the Southern Nevada Health District;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

- 1. Variance Request for an Application to Construct a Septic System located at 4501 Yellow Pine Ave., Mount Charleston, NV to allow installation of a septic system on an undersized lot;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

2. **Variance Request for an existing septic system, SNHD Permit #ON0027243, located at 6855 W. Deer Springs Way, Las Vegas, NV to allow existing trees to encroach on the septic system;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

VIII. REPORT / DISCUSSION / ACTION

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

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

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

- DHO Comments
- 2024 Heat-Associated Deaths & Emergency Department Visits
- Legislative Update

XI. INFORMATIONAL ITEMS

1. SNHD Financial Report, as of December 31, 2024
2. Administration Division Monthly Activity Report
3. Community Health Division Monthly Activity Report
4. Community Health Center (FQHC) Division Monthly Report
5. Disease Surveillance and Control Division Monthly Activity Report
6. Environmental Health Division Monthly Activity Report
7. Public Health & Preventive Care Division Monthly Activity Report

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

XIII. ADJOURNMENT

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

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



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

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 agendaized 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 #21-25: 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. 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 8th, 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

DRAFT

APRIL 24, 2025



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** April 24, 2025

RE: Approval of the budget augmentation for Southern Nevada Health District for the fiscal year ending June 30, 2025.

PETITION #29-25

That the Southern Nevada District Board of Health *approve the amended budget augmentation (original approved January 23, 2025) for the fiscal year ending June 30, 2025 to meet the financial requirements of NRS 354.598005.*

PETITIONERS:

Cassius Lockett, PhD, District Health Officer *CL*
Kim K. Saner, Deputy District Health Officer – Administration *KS*
Donnie Whitaker, CPA, Chief Financial Officer *DW*

DISCUSSION:

The augmentation procedure as prescribed by NRS 354.598005 defines when to perform an augmentation for a fund.

The increase in June 30, 2024 (FY2024) General Fund ending fund balance of \$9,045,096 (from adopted \$45,827,732 to actual is \$54,872,828) will provide additional available resources to the FY2024-2025 SNHD General Fund Budget.

The increase in total revenue sources (FY2025) in the General Fund budget of \$6,281,503 (amended from \$7,337,775 Petition #17-25) will provide additional resources to the FY2024-2025 SNHD General Fund Budget. FY2024-2025 appropriations also increased by \$8,773,819 from \$101,785,951 to \$110,559,770.

The decrease in June 30, 2024 (FY2024) year end fund balance to the Grant Fund (Special Revenue) is \$(23,225) (from adopted \$105,306 to actual \$82,081). The FY2025 total adopted budget revenue is \$64,150,365 and has been increased to \$78,880,017, an increase of \$14,729,652 to align with year-to-date actual amounts. FY2024-2025 appropriations increase from \$69,681,100 to \$85,231,149 to align with year-to-date actual amounts.



To complete the augmentation process, the attached Resolutions to Augment #01-25 for Southern Nevada Health District General Fund Budget and #02-25 for Southern Nevada Health District Grant (Special Revenue). Fund Budget for Fiscal Year Ending June 30, 2025 must be adopted. The Resolutions will be forwarded to the Nevada Department of Taxation after the adoption of the Resolutions to Augment is completed.

FUNDING:




Please see attached Resolutions #01-25 for Southern Nevada Health District General Fund Budget and #02-25 for Southern Nevada Health District Grant (Special Revenue).

MEMORANDUM



Date: April 24, 2025

To: Southern Nevada District Board of Health

From: Cassius Lockett, PhD, *District Health Officer* 
Kim Saner, *Deputy District Health Officer* 
Donnie (DJ) Whitaker, *Chief Financial Officer* 

Subject: Fiscal Year 2025 Augmentation revision

The Southern Nevada District Board of Health governing board approved the Fiscal Year 2025 budget augmentation at the January 23, 2025 board meeting (Petition #17-25 and Resolution #01-25 & #02-25). The approved documents including Forms 4413LGF were submitted to Clark County and the Department of Taxation, State of Nevada as noted in the approved Resolution.

The Department of Taxation has requested a change to Petition #17-25 and Resolution #01-25 to include the additional \$1,056,272 of property tax allocated to SNHD in the amount reported as the previous adopted budget in the Resolution and remove the same from the augmentation total revenues/sources increase in the Resolution and Petition. The net change in total available resources remains unchanged at \$169,110,608 and the total appropriation is also unchanged at \$110,559,770.

Changes to Petition #17-25 are reflected in Petition #29-25, dated April 24, 2025, with a change of the increase in total revenue sources (FY2025) in the General Fund Budget of \$7,337,775 to \$6,281,503. All other amounts remain the same. The new amount will match the Resolution #01-25 updated amount.

Changes to Resolution #01-25 include the total resources previously budgeted for July 1, 2024 of \$152,727,737 to \$153,784,009; a change of total revenue sources increase from \$7,337,775 to \$6,281,503; and a change of total unanticipated revenue sources from \$16,382,871 to \$15,326,599. The net change overall results in the same total available resources originally approved of \$169,110,608.

The Form 4413LGF and Resolution #02-25 remain the same as originally approved.

**RESOLUTION #01-25**

RESOLUTION TO AUGMENT THE 2024-2025 BUDGET OF Southern Nevada Health District

WHEREAS, total resources of the Southern Nevada Health District (General) Fund, Southern Nevada Health District were budgeted to be \$153,784,009 (amended from \$152,727,737) on July 1, 2024; and

WHERE AS, the total available resources are now determined to be \$169,110,608.

WHEREAS, said additional unanticipated resources are as follows:

Southern Nevada Health District (General) Fund

Ending Fund as of 6/30/2024 (Increased) \$(9,045,096)

Total Revenues Sources (Increased) \$(6,281,503) (amended from \$7,337,775)

Total \$15,326,599 (amended from \$16,382,871)

WHEREAS, there is a need to apply these excess proceeds in the Southern Nevada Health District (General) Fund.

Now, therefore, it is hereby RESOLVED, that Southern Nevada Health District shall augment its

2024-2025 budget by appropriating \$8,773,819 for use in the Southern Nevada Health District (General) Fund, thereby increasing its appropriations from \$101,785,951 to \$110,559,770. A detailed schedule is attached to this Resolution and by reference is made a part thereof.

IT IS FURTHER RESOLVED that the Southern Nevada Health District shall forward the necessary documents to the Department of Taxation, State of Nevada.

PASSED, ADOPTED, AND APPROVED the 24th of April 2025 (amended from the 23rd of January 2025).

AYES:

Scott Black, Bobbette Bond, Nancy Brune,

Pattie Gallo, Joe Hardy, Marilyn Kirkpatrick,

Monica Larson, Frank Nemec,

Scott Nielson, Shondra Summers-Armstrong

Absent:

April Becker

NAYS:

By: Marilyn Kirkpatrick, Chair

Southern Nevada District Board of Health

ATTEST:

A handwritten signature in cursive script, appearing to read "Marilyn K. Kirkpatrick", is written over a horizontal line.

REVENUES	FINAL BUDGET	REVISIONS	REVISED REVENUE RESOURCES
Licenses & Permits			
Business Licenses & Permits			
Business Licenses	27,802,255	1,214,368	29,016,623
Intergovernmental Revenues			
State Shared Revenues			
Other	37,651,176	-	37,651,176
Charges for Services			
Health			
Other	39,943,686	4,579,935	44,523,621
Miscellaneous			
Interest Earnings	669,772	-	669,772
Other	1,889,388	487,200	2,376,588
SUBTOTAL REVENUE ALL SOURCES	107,956,277	6,281,503	114,237,780
OTHER FINANCING SOURCES			
Operating Transfers in (Sch T)			
SUBTOTAL OTHER FINANCING SOURCES			
BEGINNING FUND BALANCE	45,827,732	9,045,096	54,872,828
TOTAL BEGINNING FUND BALANCE	45,827,732	9,045,096	54,872,828
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL AVAILABLE RESOURCES	153,784,009	15,326,599	169,110,608
EXPENDITURE BY FUNCTION AND ACTIVITY	FINAL BUDGET	REVISIONS	REVISED EXPENDITURES
Health			
Health District			
Salaries & Wages	46,412,030	1,944,287	48,356,317
Employee Benefits	22,521,269	1,376,333	23,897,602
Services & Supplies	32,163,852	5,428,600	37,592,452
Capital Outlay	688,800	24,600	713,400
SUBTOTAL EXPENDITURES	101,785,951	8,773,819	110,559,770
OTHER USES			
Contingency (not to exceed 3% of total expenditures)	3,000,000	-	3,000,000
Operating Transfers			
To Fund 7060	2,000,000	-	2,000,000
To Fund 7090	5,530,735	820,397	6,351,132
SUBTOTAL OTHER USES	10,530,735	820,397	11,351,132
ENDING FUND BALANCE			
TOTAL ENDING FUND BALANCE	41,467,323	5,732,383	47,199,706
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL FUND COMMITMENTS AND FUND BALANCE	153,784,009	15,326,599	169,110,608

(Local Government)
Schedule B - 7050 Fund

**RESOLUTION #02-25**

RESOLUTION TO AUGMENT THE 2024-2025 BUDGET OF Southern Nevada Health District

WHEREAS, total resources of the Southern Nevada Health District Grant (Special Revenue) Fund, Southern Nevada Health District were budgeted to be \$69,786,406 on July 1, 2024; and

WHERE AS, the total available resources are now determined to be \$85,313,230.

WHEREAS, said additional unanticipated resources are as follows:

Southern Nevada Health District Grant (Special Revenue) Fund

Ending Fund as of 6/30/2024 (Increased) \$23,225

Total Revenues Sources (Increased) \$(15,550,049)

Total \$15,526,824

WHEREAS, there is a need to apply these excess proceeds in the Southern Nevada Health District Grant (Special Revenue) Fund.

Now, therefore, it is hereby RESOLVED, that Southern Nevada Health District shall augment its

2024-2025 budget by appropriating \$15,550,049 for use in the Southern Nevada Health District Grant (Special Revenue) Fund, thereby increasing its appropriations from \$69,786,406 to \$85,313,230. A detailed schedule is attached to this Resolution and by reference is made a part thereof.

IT IS FURTHER RESOLVED that the Southern Nevada Health District shall forward the necessary documents to the Department of Taxation, State of Nevada.

PASSED, ADOPTED, AND APPROVED the 23rd of January 2025.

AYES:

Scott Black, Bobbette Bond, Nancy Brune,

Pattie Gallo, Joe Hardy, Marilyn Kirkpatrick,

Monica Larson, Frank Nemec,

Scott Nielson, Shondra Summers-Armstrong

Absent:

April Becker

NAYS:

By: Marilyn Kirkpatrick, Chair

Southern Nevada District Board of Health

ATTEST:

Marilyn K. Kirkpatrick

REVENUES	FINAL BUDGET	REVISIONS	REVISED REVENUE RESOURCES
Intergovernmental Revenues			
Federal Grants			
Department of Health & Human Services	49,262,176	13,584,776	62,846,952
Department of Homeland Security	138,361	(8,967)	129,394
Department of Justice	448,479	288,516	736,995
Environmental Protection Agency	365,559	(100,837)	264,722
State Grants			
Departement of Health & Human Services	6,245,338	861,862	7,107,200
Other Grants			
Clark County	4,421,746	156,937	4,578,683
City of Las Vegas	800,000	-	800,000
Other	2,468,706	(52,636)	2,416,070
SUBTOTAL REVENUE ALL SOURCES	64,150,365	14,729,652	78,880,017
OTHER FINANCING SOURCES			
Operating Transfers in (Sch T)			
From Fund 7050	5,530,735	820,397	6,351,132
SUBTOTAL OTHER FINANCING SOURCES	5,530,735	820,397	6,351,132
BEGINNING FUND BALANCE	105,306	(23,225)	82,081
TOTAL BEGINNING FUND BALANCE	105,306	(23,225)	82,081
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL AVAILABLE RESOURCES	69,786,406	15,526,824	85,313,230
EXPENDITURE BY FUNCTION AND ACTIVITY	FINAL BUDGET	REVISIONS	REVISED EXPENDITURES
Health			
Health District			
Salaries & Wages	20,427,843	551,712	20,979,555
Employee Benefits	9,615,389	501,244	10,116,633
Services & Supplies	28,758,460	14,856,292	43,614,751
Capital Outlay	10,879,408	(359,199)	10,520,209
SUBTOTAL EXPENDITURES	69,681,100	15,550,049	85,231,149
OTHER USES			
Contingency (not to exceed 3% of total expenditures)			
Operating Transfers			
SUBTOTAL OTHER USES			
ENDING FUND BALANCE	105,306	(23,225)	82,081
TOTAL ENDING FUND BALANCE	105,306	(23,225)	82,081
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL FUND COMMITMENTS AND FUND BALANCE	69,786,406	15,526,824	85,313,230

(Local Government)
Schedule B - 7090 Fund





TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH DATE: April 24, 2025

RE: Approve the Revision to Employee Handbook of the Southern Nevada Health District

PETITION #30-25

That the Southern Nevada District Board of Health reviews and approves the proposed revision to the Employee Handbook of the Southern Nevada Health District.

PETITIONERS

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

DISCUSSION:

The current policy regarding employee use of Southern Nevada Health District facilities contains some ambiguities and areas for improvement, which can lead to confusion and inconsistencies. This section could benefit from clearer language and more precise definition, particularly regarding employee access to services, scheduling, and handling potential conflicts of interest. The proposed revision aims to address these issues and create a more streamlined, transparent, and fair policy.

Page 30 - Use of Medical Facilities

Deleted:

~~Employees are permitted to use District facilities when off duty. They are expected to confine themselves to normal public use in normal public areas. Should a provider deem an employee a conflict of interest or have a valid reason not to treat an employee, they may request, through the Medical Director, to have the employee referred to another provider.~~

~~While on duty, employees may receive medical care from District providers for acute conditions such as colds, flu, sprains, rashes, or other non-chronic conditions at the recommendation of the Employee Health Nurse or their designee. Employees may use District providers as their assigned, main primary care provider for the management of chronic conditions, to include for those medical conditions supported by the Ryan White program and all other preventative services, including the Sexual Health Clinic. Family members are welcome to use District providers and other services.~~

Revised:

Southern Nevada Health District Employees are permitted to use Health District clinics and health center services for primary care and limited behavioral health care while off duty, or in an appropriate paid or unpaid leave status. Appointments should be scheduled through the established clinic processes, and employees are not permitted to be in private clinical areas unless they are there to be seen for a scheduled appointment.

If a provider determines that treating an employee presents a conflict of interest or has a valid concern not to treat an employee, they may request, through the Chief Medical Officer or their designee, to have the employee referred to another provider.

FUNDING:

No funding is 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 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 confidentiality 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 1st and December 1st 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 and they must be in good standing. 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.

Use of Medical Facilities

Southern Nevada Health District Employees are permitted to use Health District clinics and health center services for primary care and limited behavioral health care while off duty, or in an appropriate paid or unpaid leave status. Appointments should be scheduled through the established clinic processes, and employees are not permitted to be in private clinical areas unless they are there to be seen for a scheduled appointment.

If a provider determines that treating an employee presents a conflict of interest or has a valid concern not to treat an employee, they may request, through the Chief Medical Officer or their designee, to have the employee referred to another provider.

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 1st 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:

<u>Service Period</u>	<u>Monthly Vacation Accrual</u>
First Calendar Year (0-1 year)	80 hours per annum (.03846 hours per paid hour)
Calendar Years 1–8	120 hours per annum (.05769 hours per paid hour)
Calendar Years 8–13	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:

Years of Service	Maximum Accumulation
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 workday 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.



Memorandum

Date: April 24, 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*

Subject: Variance Request for an Application to Construct a Septic System located at 4501 Yellow Pine Ave., Mount Charleston, Nevada with the following provisions: 1) allow installation of a septic system on an undersized lot.

I. BACKGROUND:

Achut Reddy, Owner ("Petitioner"), is requesting a variance to permit and install an individual sewage disposal system (ISDS) on an undersized lot served by municipal water, located at Assessor's Parcel Numbers (APN) 129-36-510-077 and 129-36-510-078 ("Subject Properties"), also known as 4501 Yellow Pine Ave., Mt. Charleston, NV 89124.

Petitioner requests a variance from Section 11.20.2 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management*, which requires a minimum lot size of 0.25 acre for the installation of an ISDS on a lot served by municipal water. The Subject Properties are each roughly 0.1 acres, with a combined area of approximately 0.2 acres.

Petitioner states the following with regards to these requirements:

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

"Our lot size falls below allowed requirement and must have a variance."

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.):

"We purchased the second parcel for \$106,000 in 2023 to accommodate the space requirement for the tank and leach pit. Our current design shows the septic system will be able to accommodate the use and also meet the setback requirements. Had we not purchased the second parcel this would not have been possible. Our lumber has been purchased and held in storage at the cost of \$800 a month."

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 septic design meets all the requirements. Setbacks are within limits. The tank and leach pit will not cause an issue."

The Subject Properties are depicted in Attachment C as Lots 077 and 078 (highlighted in yellow) on the Assessor's Parcel Map. The properties are not currently part of any recorded subdivision or parcel map. Petitioner has initiated the process with the Clark County Map Team, of combining the Subject Properties into a single lot, which is shown in Attachment D as Parcel 1 of the Proposed Parcel Map MSM-24-600028. A new APN will be issued after the parcel map is recorded by the Map Team.

The Subject Properties have a combined area of approximately 0.2 acres, which is smaller than the minimum lot size of 0.25 acres required by the SNHD ISDS Regulations. Lot size variances have been approved for other properties in the area, many of which are smaller than 0.2 acres. There is one existing public water system well and 210 permitted septic systems within one square mile of the Subject Property.

II. RECOMMENDATION:

Staff are of the opinion that granting the variance would not endanger public health or safety. Staff recommend APPROVAL of the variance. If the Board of Health approves the variance, staff recommends approval with the following conditions outlined in Section III.

III. CONDITIONS:

1. Petitioner will complete the process of combining the existing parcels, APNs 129-36-510-077 and 129-36-510-078, into a single new parcel, and record the parcel map before permitting and installing the proposed ISDS.
2. 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 400 feet of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.

3. Petitioner and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.
4. Construction of the ISDS must commence within one year of the date of approval of the variance. If construction has not commenced within that period, this variance shall automatically expire and be of no further force and effect, unless application is made and approved for an extension of time prior to the expiration date by the Petitioner or their successor(s) in interest.

Attachments:

- A. Variance Candidate Application
- B. Justification Letter from Petitioner
- C. Assessor's Parcel Map
- D. Proposed Parcel Map MSM-24-600028
- E. Proposed ISDS Plan
- F. Percolation Test Results for APN 129-36-510-078
- G. Public Notice

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



REVISED
3-25-2025
+
3-26-2025

VARIANCE CANDIDATE WORKSHEET

PART I:

ESTABLISHMENT INFORMATION

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

OWNER INFORMATION

Name of Property Owner: ACHUT REDDY
Address of Property Owner: 4501 YELLOW PINE WAY (ADDRESS ESTABLISHED 2024)
Contact Information of Property Owner: ACHUT REDDY
Office Phone: 650-996-2096 Cell Phone: _____
Fax Number: _____ Email Address: _____

PROPERTY INFORMATION

Property Address: 4501 Yellow Pine Way
Assessor's Parcel Number (APN): 129-36-510-078 129-36-510-077
Describe location within larger facility (i.e. hotel/casino/resort, etc.): _____

MAPPING WILL BE COMBINING THESE (2) PARCELS
WE ARE CURRENTLY WAITING ON RECORDING OF
NEW APN.

Describe Variance Issue (s): (Include sections of the Regulation or Nevada Administrative Code that applies to the request for a variance)

LOT(S) COMBINED STILL FALL BELOW THE MINIMUM
REQUIREMENT OF 0.125 ACRE.

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

PART II:

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

1. There must be circumstances or conditions which are unique to the applicant, and do not generally affect other persons subject to the regulation. Please indicate how your request is unique to your situation and is, therefore, not likely to affect other persons subject to the regulations:

OUR LOT SIZE FALLS BELOW ALLOWED REQUIREMENT
AND MUST HAVE A VARIANCE.

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):

WE PURCHASED THE 2ND PARCEL \$406,000 IN 2023
TO ACCOMMODATE THE SPACE REQUIREMENT FOR THE TANK
& LEACH PIT. OUR CURRENT DESIGN SHOWS THE
SEPTIC SYSTEM WILL BE ABLE TO ACCOMMODATE THE USE
& ALSO MEET SETBACK REQUIREMENTS. HAD WE
NOT PURCHASED THE 2ND PARCEL THIS
WOULD NOT HAVE BEEN POSSIBLE.

*OUR LUMBER HAS BEEN PURCHASED AND IN STORAGE
AT THE COST OF \$800/MONTH.

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 SEPTIC DESIGN MEETS ALL THE REQUIREMENTS.
SETBACKS ARE WITHIN PROPER LIMITS. THE PIT/TANK
WILL NOT CAUSE AN ISSUE.

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

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

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
 - (a) There are circumstances or conditions which:
 - (1) Are unique to the applicant;
 - (2) Do not generally affect other persons subject to the regulation;
 - (3) Make compliance with the regulation unduly burdensome; and
 - (4) Cause a hardship to and abridge a substantial property right of the applicant; and
 - (b) Granting the variance:
 - (1) Is necessary to render substantial justice to the applicant and enable the applicant to preserve and enjoy his or her property right; and
 - (2) Will not be detrimental or pose a danger to public health and safety.
 2. Whenever an applicant for a variance alleges that he or she suffers or will suffer economic hardship by complying with the regulation, the applicant must submit evidence demonstrating the costs of compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable.
- [Bd. of Health, Variances Reg. §§ 2.7-2.8, eff. 10-16-80; A 2-5-82; 1-19-84]

PART III:

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

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

This section to be completed by SNHD staff ONLY

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

Referred by: _____

(Print Name of REHS)

Completed by: _____ Date: _____

(Print Name of REHS if not by supervisor)

Received by: _____ Date: _____

(Owner/Operator/Agent)

Reviewed by: _____ Date: _____

(Signature of SNHD Manager)

Attachment B: Justification Letter from Petitioner (Page 1 of 2)

ACHUT REDDY
9900 COZY GLEN CIR.
LAS VEGAS, NV 89117

March 24, 2025

To whom it May Concern,

I am the property owner of (2) parcels at 4501 Yellow Pine Way, (APN 129-36-510-077 & APN 129-36-510-078). We purchased the second parcel in order to give us an adequate room to accommodate the Septic System and Leech Field for our new Single-Family Residence.

When I owned one parcel SNHD required I applied for a variance so we could install this septic tank and leech field. (Due to the property not meeting the requirement of 0.25 acre)

We began the process with Clark County Map Team to have these 2 parcels combined, we have been told we are approved and have attached the email from the Map Team that these parcels will be allowed to be combined. We have been told that the new APN will not be issued until it is recorded by the Map Team.

The lot will still be below the .25-acre requirement. We are asking for Hardship Variance so that we may move forward with our build.

Here are our reasons for this request:

- 1) The .20-acre combined lot is in Old Town, just off Kyle Canyon Road, this is in a densely populated subdivision. Most of the lots are built on small parcels. This makes it extremely difficult to maintain the setbacks required.
- 2) These lots are extremely small, and my lot is bordered by a public easement which runs parallel between my neighbor and I.
- 3) Our lot is landlocked behind another parcel.

Attachment B: Justification Letter from Petitioner (Page 2 of 2)

Therefore, we respectfully request a variance be allowed to accommodate our septic design. The engineered solution will fit within the available combined parcel and be able to handle the septic capacity requirements.

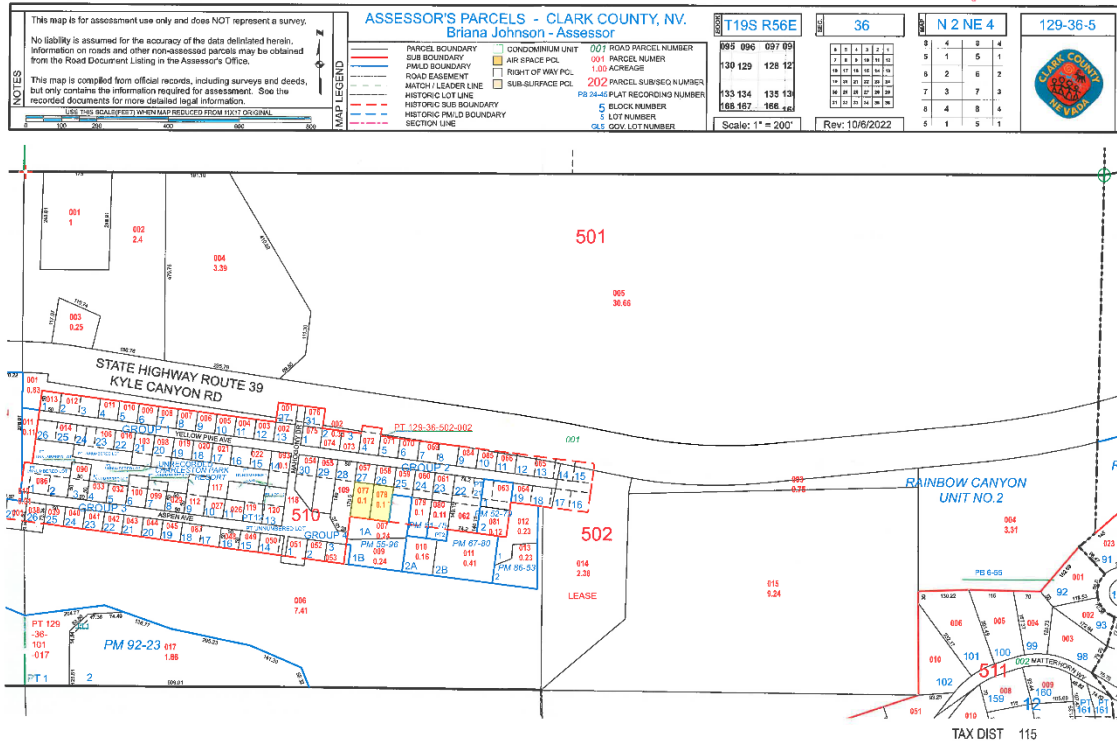
Thanks for your time and for considering our request for our variance due to this hardship,

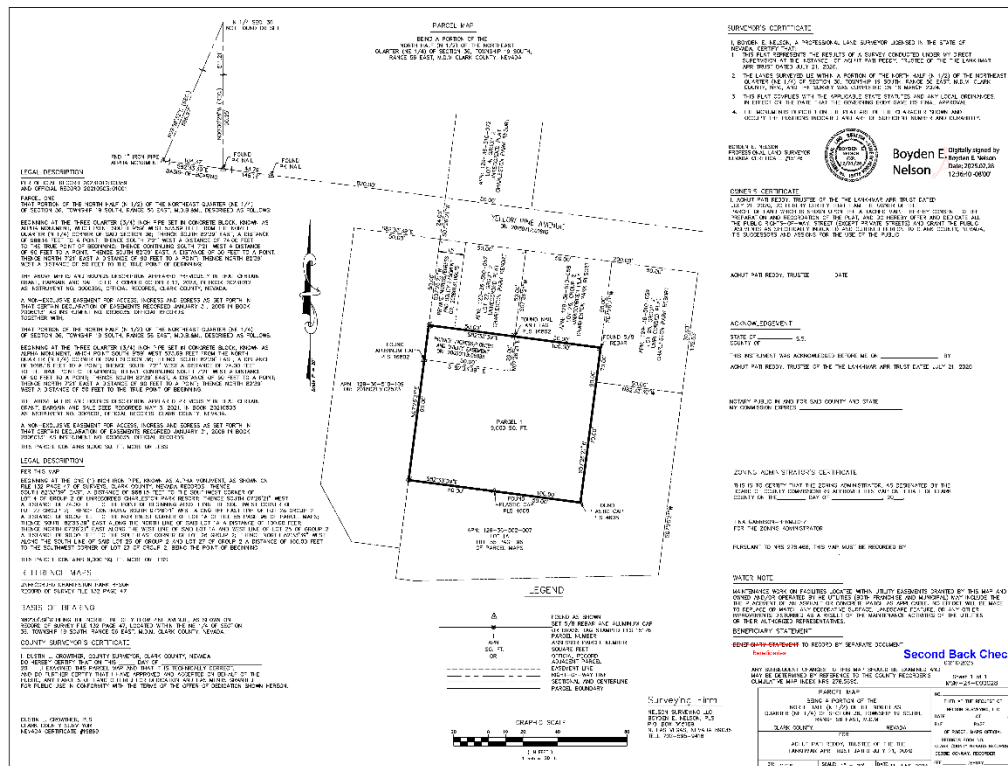
Respectfully,

A handwritten signature in black ink that reads "Achut Reddy". The signature is written in a cursive, flowing style.

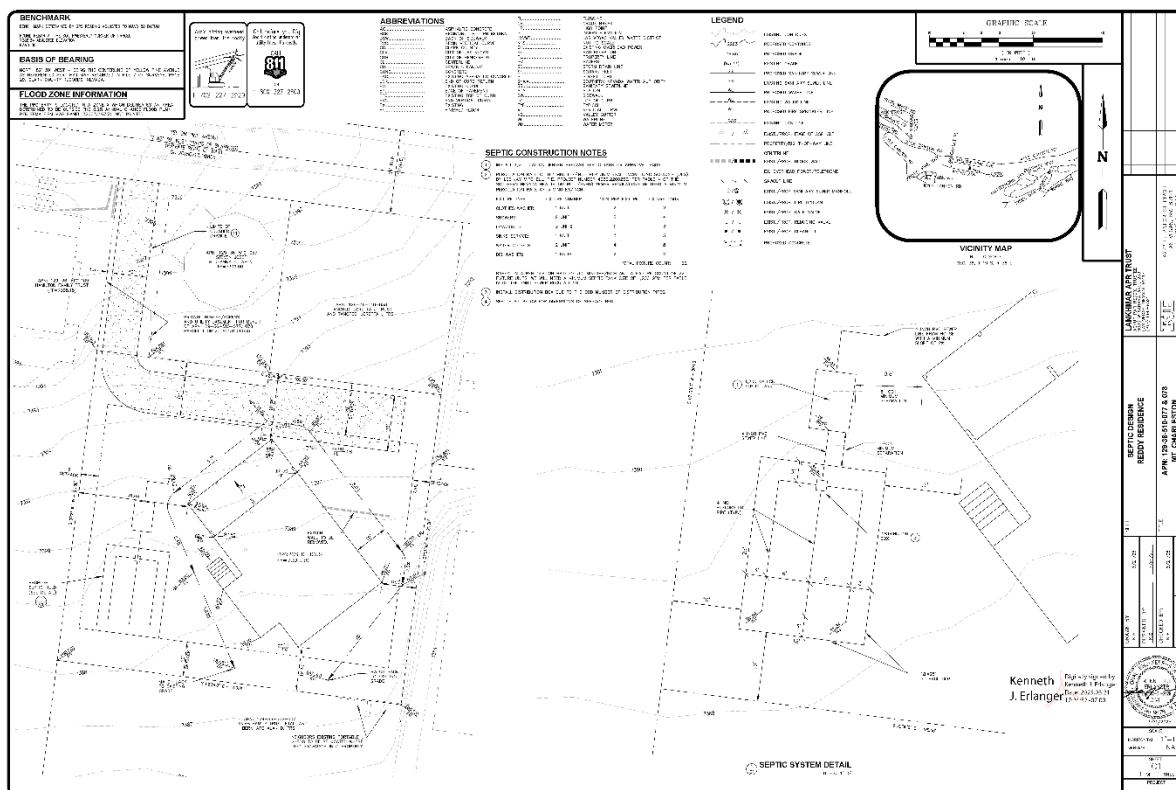
Achut Reddy
9900 Cozy Glen Circle
Las Vegas, NV 89117

Attachment C: Assessor's Parcel Map





Attachment E: Proposed ISDS Plan



Attachment E: Percolation Test Results for APN 129-36-510-078 (Page 1 of 3)



Attachment E: Percolation Test Results for APN 129-36-510-078 (Page 2 of 3)



Universal Engineering Sciences (UES)
4480 W Hacienda Avenue, Suite 104
Las Vegas, NV 89118
p. 702.873.3478 | TeamUES.com

PERCOLATION TEST RESULTS
TEST NUMBER P-1

Project Name	Custom Residence	Date Of Test:	10/24/2023
Project Location	1 Yellow Pine Avenue	Project No.:	4030.2200253
Test Performed By	Erandi Kodikara, E.I.	Reviewed By:	Lee J. Mitchell, P.E.
Test Location Shown	On Figure 1		

Test Data

Hole diameter (Inches)	4 - Inches	Test Depth (inches)	58.7 - Inches
Time of presoaking (hours)	24 - Hours	Depth of water in hole at start of test (inches)	6.0 - Inches

TIME OF READING	TIME DIFFERENCE (MINUTES)	DEPTH TO WATER (INCHES)	DEPTH DIFFERENCE (INCHES)	PERCOLATION RATE (MINUTES/INCHES)	COMMENTS
10:25 AM	-	52.70	-	-	Start test
10:27 AM	2	58.70	6	0.30	The hole was empty. No readings taken.
10:29 AM	-	53.20	-	-	Refill hole
10:30 AM	1	58.70	5.5	0.18	The hole was empty. No readings taken.
10:33 AM	-	53.20	-	-	Refill hole
10:35 AM	0.5	58.70	5.5	0.09	The hole was empty. No readings taken.

SOIL DATA

DESCRIPTION OF SOILS ENCOUNTERED TO A DEPTH OF ELEVEN (11) FEET. INCLUDED DESCRIPTION IN TERMS OF UNIFIED SOIL CLASSIFICATION SYSTEM AND ALSO INFORMATION ON WATER IF ANY: **Soil Profile for Adjacent Test Pit TP-1**

Soil profile

Depth (ft)	USCS	Description
0 - 0.20	FILL	Fill: Pea gravel
0.2 - 11.0	GP-GM	GRAVEL with silt, sand and cobbles, trace organic material
11.0	---	End of test pit - refusal.

Groundwater not encountered within depth drilled.

Attachment E: Percolation Test Results for APN 129-36-510-078 (Page 3 of 3)



Universal Engineering Sciences (UES)
4480 W Hacienda Avenue, Suite 104
Las Vegas, NV 89118
p. 702.873.3478 | TeamUES.com

PERCOLATION TEST RESULTS
TEST NUMBER P-2

Project Name Custom Residence Date Of Test: 10/24/2023
Project Location 1 Yellow Pine Avenue Project No.: 4030.2200253
Test Performed By Erandi Kodikara, E.I. Reviewed By: Lee J. Mitchell, P.E.
Test Location Shown On Figure 1

Test Data

Hole diameter 4 - Inches Test Depth (inches) 59.0 - Inches
Time of presoaking (hours) 24 - Hours Depth of water in hole at start of test (inches) 6.0 - Inches

TIME OF READING	TIME DIFFERENCE (MINUTES)	DEPTH TO WATER (INCHES)	DEPTH DIFFERENCE (INCHES)	PERCOLATION RATE (MINUTES/INCHES)	COMMENTS
11:15 AM	-	53.0	-	-	Start test
11:17 AM	2	59.0	6.0	0.33	The hole was empty. No readings taken.
11:19 AM	-	53.2	-	-	Refill hole
11:20 AM	1	59.0	5.8	0.17	The hole was empty. No readings taken.
11:21 AM	-	53.0	-	-	Refill hole
11:22 AM	0.75	58.0	5.0	0.15	The hole was empty. No readings taken.
11:23 AM	-	53.5	-	-	Refill hole
11:24 AM	0.75	58.0	4.5	0.16	The hole was empty. No readings taken.

SOIL DATA

DESCRIPTION OF SOILS ENCOUNTERED TO A DEPTH OF TEN (10) FEET. INCLUDED DESCRIPTION IN TERMS OF UNIFIED SOIL CLASSIFICATION SYSTEM AND ALSO INFORMATION ON WATER IF ANY: **Soil Profile for Adjacent Test Pit TP-2**

Soil profile

Depth (ft)	USCS	Description
0 - 0.20	FILL	Fill: Pea gravel
0.2 - 10.0	GP-GM	GRAVEL with silt and sand, some cobbles
10.0	---	End of test pit - refusal.

Groundwater not encountered within depth drilled.

Attachment F: Public Notice



PUBLIC NOTICE

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, April 24, 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 Achut Reddy ("Petitioner"), to permit and install a new individual sewage disposal system on the property located at 4501 Yellow Pine Ave, Mt. Charleston, NV 89124, APN(s) 129-36-510-077 and 129-36-510-078.

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

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

April 8, 2025
Date



Memorandum

Date: April 24, 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

Subject: Variance request for an existing septic system, SNHD Permit #ON0027243, located at 6855 W. Deer Springs Way, Las Vegas, NV to allow existing trees to encroach on the septic system.

I. BACKGROUND:

Shawn and Amber Danoski ("Petitioners") are requesting a variance to obtain the 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) 125-22-703-001, also known as 6855 W. Deer Springs Way, Las Vegas, NV 89131 ("Subject Property"). The existing septic system was approved on January 22, 1998.

Petitioners request 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 11.3 of the SNHD ISDS Regulations.

Petitioners further request a variance from Section 11.3 of the SNHD ISDS Regulations, which states that "All trees shall be at least ten feet (10') from both the septic tank and leach field." There are multiple trees on or near the septic tank. Petitioners would like to proceed with their Tenant Improvement approval request and allow the existing trees to remain.

Petitioners state the following with regards to these requirements:

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

"The request is unique and not likely to affect others since the septic tank sits inside a 10-acre lot and is over 250 feet from a pool or any water well system. The existing trees provide shade for the horse barn and partial arena which aligns with the agricultural guidelines for the area. The trees have no current impact on operations of the septic tank."

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):

"Compliance will be burdensome for several reasons.

1. *Environmental Impact: Loss of shade for livestock and it would negatively affect the ecosystem of the property.*
2. *Property Value: The mature trees contribute to the aesthetic appeal and potential decrease in property value.*
3. *Cost of Removal: The financial burden of removing two large, mature trees can be significant. It requires special equipment and labor.*
4. *Loss of Harvestable Resources: Pecan trees can provide substantial harvests and losing them means a loss of that resource.*
5. *Disruption of Property Use: Removing the trees might disrupt the use of the property for certain activities, which is especially important in warmer weather.*
6. *Permitting and Compliance Process: Navigating the regulatory requirements to comply with the removal order could involve time-consuming paperwork, inspections, and other procedural hurdles.*
7. *Impact on Privacy or Security: The tree removal will affect the privacy of the property. They provide a natural barrier in front of the horse barn and the guest house."*

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 variance request will not adversely affect the safe and sanitary operation of the existing pool or any water well system on site since the septic tank is located over 250 feet from either."

The Subject Property is depicted in Attachment C as Lot 001 (highlighted in red) of the Assessor's Parcel Map. The existing single-family residence on the Subject Property was constructed in 1998. There are three septic systems on the property (SNHD Permits ON0027241, ON0027242, and ON0027243), all of which were installed around the same time. This variance concerns the septic system identified as SNHD Permit ON0027243, which is connected to an accessory structure on the Subject Property.

Examination of the Clark County Assessor's records and parcel genealogy show that Petitioners are the 3rd owners of the septic system and obtained the property in October 2017. The property has not been improved since the adoption of the current regulations in 2009.

An analysis of the surrounding area shows that there are 82 recorded well logs and 140 permitted septic systems within a square mile of the Subject Property. The nearest sewer connection point is approximately 665 feet from the property line.

There are two existing pecan trees located less than 10 feet from the septic tank. An analysis of available aerial photography shows the trees were present in the Spring of 1999 or earlier, suggesting that they were planted shortly after the septic system was installed.

II. RECOMMENDATION:

These trees near the septic tank pose a risk to the septic system via root intrusion. Root intrusion can damage the septic tank or cause hydraulic failure, which may result in sewage backup into the structure being serviced by the septic system or leakage of untreated sewage from the septic tank.

Water quality analysis of the well water from the Subject Property, included as Attachment G, showed that the well contains nitrate levels equal to the Safe Drinking Water Act (SDWA) Maximum Contaminant Level (MCL) standard of 10 mg/L. The MCL represents the concentration determined by the US EPA to cause adverse public health effects.

Although the well water contains a high nitrate concentration, the trees are not likely to have contributed to this. Instead, the nitrate contamination is more likely due to the moderately high density of septic systems in the area.

Staff is of the opinion that granting the variance would not endanger public health or safety if it is subject to the conditions below. Staff recommends APPROVAL of the variance for the following reasons:

- Public sewer infrastructure is not available within a reasonable connection distance; the nearest point of connection is more than 650 feet from the Subject Property.
- Public water infrastructure (LVVWD) is not available.
- If the existing system fails, advanced treatment systems are available that can discharge high quality effluent and prevent further degradation of groundwater quality.
- Denial of the variance will cause a substantial burden to the Petitioners and their property right.

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

III. CONDITIONS:

If approved, staff recommends the following conditions:

1. Petitioners 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 400 feet of the property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.

2. Petitioners and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.
3. No additional plumbing fixtures will be connected to the existing septic system.
4. If the existing septic system fails or is replaced for any reason, an advanced treatment system will be installed in lieu of a conventional system.
5. No additional trees are allowed within 10 feet of any of the existing septic systems.
6. The variance will be in effect until the existing residential septic system is inactivated, removed, fails, or if the property changes land use. Conversion of the existing septic system for commercial use will result in the variance becoming null and void.
7. Petitioners and their successor(s) must provide a copy of the variance to potential buyers as part of the disclosure process per NRS 113.

Attachments:

- A. Variance Candidate Application
- B. Justification Letter
- C. Assessor's Parcel Map
- D. Tenant Improvement Review (SR0052546)
- E. Final Inspection Report and Plot Plan for ON0027243
- F. Well Driller's Report (Well Log #58555)
- G. Well Water Quality Report
- H. Quote for Tree Removal from Center Cut Landscaping
- I. Public Notice

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



VARIANCE CANDIDATE WORKSHEET

PART I:

ESTABLISHMENT INFORMATION

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

OWNER INFORMATION

Name of Property Owner: Shawn and Amber Danoski
Address of Property Owner: 6855 W. Deer Springs Way, Las Vegas, NV
Contact Information of Property Owner:
Office Phone: (702) 434-9991 Cell Phone: (702) 296-8111
Fax Number: (702) 243-5556 Email Address: shawnd@buildwithdcbg.com

PROPERTY INFORMATION

Property Address: 6855 W. Deer Springs Way, Las Vegas, NV
Assessor's Parcel Number (APN): 125-22-703-001
Describe location within larger facility (i.e. hotel/casino/resort, etc.):
Single family home on 10 acre lot.

Describe Variance Issue (s): (Include sections of the Regulation or Nevada Administrative Code that applies to the request for a variance)

Existing 50-year-old trees near septic tank. Section 5.1 of Regulation.

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

PART II:

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

1. There must be circumstances or conditions which are unique to the applicant, and do not generally affect other persons subject to the regulation. **Please indicate how your request is unique to your situation and is, therefore, not likely to affect other persons subject to the regulations:**

The request is unique and not likely to affect others since the septic tank sits inside a 10-acre lot and is over 250 feet from a pool or any water well system. The existing trees provide shade for the horse barn and partial arena which aligns with the agricultural guidelines for the area. The trees have no current impact on operations of the septic tank.

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):**

Compliance will be burdensome for several reasons.

1. Environmental Impact: Loss of shade for livestock and it would negatively affect the ecosystem of the property.
2. Property Value: The mature trees contribute to the aesthetic appeal and potential decrease in property value.
3. Cost of Removal: The financial burden of removing two large, mature trees can be significant. It requires special equipment and labor.
4. Loss of Harvestable Resources: Pecan trees can provide substantial harvests and losing them means a loss of that resource.
5. Disruption of Property Use: Removing the trees might disrupt the use of the property for certain activities, which is especially important in warmer weather.
6. Permitting and Compliance Process: Navigating the regulatory requirements to comply with the removal order could involve time-consuming paperwork, inspections, and other procedural hurdles.
7. Impact on Privacy or Security: The tree removal will affect the privacy of the property. They provide a natural barrier in front of the horse barn and the guest house.

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 variance request will not adversely affect the safe and sanitary operation of the existing pool or any water well system on site since the septic tank is located over 250 feet from either.

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

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

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
 - (a) There are circumstances or conditions which:
 - (1) Are unique to the applicant;
 - (2) Do not generally affect other persons subject to the regulation;
 - (3) Make compliance with the regulation unduly burdensome; and
 - (4) Cause a hardship to and abridge a substantial property right of the applicant; and
 - (b) Granting the variance:
 - (1) Is necessary to render substantial justice to the applicant and enable the applicant to preserve and enjoy his or her property right; and
 - (2) Will not be detrimental or pose a danger to public health and safety.
 2. Whenever an applicant for a variance alleges that he or she suffers or will suffer economic hardship by complying with the regulation, the applicant must submit evidence demonstrating the costs of compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable.
- [Bd. of Health, Variances Reg. §§ 2.7-2.8, eff. 10-16-80; A 2-5-82; 1-19-84]

PART III:

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

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

This section to be completed by SNHD staff ONLY

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

Referred by: _____

(Print Name of REHS)

Completed by: _____ Date: _____

(Print Name of REHS if not by supervisor)

Received by: _____ Date: _____

(Owner/Operator/Agent)

Reviewed by: _____ Date: _____

(Signature of SNHD Manager)

Attachment B: Justification Letter (Page 1 of 3)



101 E. Warm Springs Road, Las Vegas, NV 89119
Office: (702) 434-9991 | Fax: (702) 243-5556

Justification / Hardship Letter

February 10, 2025

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

RE: Parcel # 125-22-703-001

To Whom It May Concern,

I hereby make this 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 5.1 that states "No septic tank or soil absorption system shall be located within ten feet (10') of any property line or tree, or shall trees be planted within ten (10') of a soil absorption system or septic tank."

The legal description of said property is APN # 125-22-703-001, further described as 6855 W. Deer Springs Way, Las Vegas, NV 89131. It is a 10-acre lot that includes a single-family residence, a barn, a guest house, and a 12-foot garage addition.

I have owned the property since October 2017, and I pulled a permit to construct the 12-foot garage addition at the back of the lot that does not include plumbing in the permit. The septic tank in question services a separate guest house with two existing pecan trees located over 150 feet away from the garage addition. The garage addition includes solar panels that were installed to cover the power requirements, which included a modified roof line addition to the garage.

This variance request is to allow the two existing \pm 50-year-old pecan trees to remain on site.

The request is unique and not likely to affect others (neighbors or other systems) since the septic tank sits inside a 10-acre lot and is over 250 feet from a pool or any water well system. The existing trees play a crucial role in providing essential shade for the horse barn and partial arena, enhancing animal welfare and supporting sustainable land use practices in alignment with the area's agricultural guidelines. Additionally, the trees show no signs of affecting the septic tank's operations.

Complying with Section 5, paragraph 5.1 of the regulation for Location of Individual Sewage Disposal Systems is challenging and cumbersome for the following reasons:

1. **Environmental Impact:** Removing the existing trees will result in loss of shade for livestock, negatively affecting the ecosystem of the property.
2. **Property Value:** The mature trees contribute to the aesthetic appeal and their removal could negatively impact both the visual charm and overall property value.

Attachment B: Justification Letter (Page 2 of 3)

3. **Cost of Removal:** The financial burden of removing two large, mature trees can be significant. It requires special equipment and labor.
4. **Cost of Install:** The financial burden of purchasing two new large trees to install in a different location can be significant. It requires special equipment and labor.
5. **Loss of Harvestable Resources:** Pecan trees can provide substantial harvests and losing them means a loss of that resource.
6. **Disruption of Property Use:** Removing the trees significantly disrupts the use of the property for certain activities, eliminating vital shade that supports outdoor activities, which is especially important in warmer weather.
7. **Permitting and Compliance Process:** Navigating the regulatory requirements to comply with the removal order could involve time-consuming paperwork, inspections, and other procedural hurdles. This can create a hardship due to limited resources or time to dedicate to meeting these demands.
8. **Impact on Privacy or Security:** The tree removal will compromise the privacy of the property and security because they serve as a natural barrier. Removing them would reduce the property's sense of seclusion, leaving the area exposed and vulnerable.

In addition, below is a breakdown of costs.

- Cost for water tests: \$1,000.00
- Cost of tree removal: \$5,505.00
- Cost of tree installation: \$8,260.00 +
- Application fees: \$1,545.00 + \$209.00 + \$250.00 = \$2,004.00
- **Total: ± \$16,769.00**

In conclusion, for the reasons stated above, granting the variance does not endanger human health or safety and will not adversely affect the safe and sanitary operation of the existing pool or any water well system on the property, as the septic tank is located over 250 feet from both. The trees in question pose no threat to the septic system's functionality and play a vital role in maintaining the property's aesthetic appeal, privacy, and usability for agricultural activities. Considering these factors, approving the variance supports both the health and integrity of the property, without compromising regulatory standards.

I have included a picture that shows the entire 10-acre parcel and notes the locations of the trees and the 12-foot garage addition.

If you should require additional information or have any questions, please feel free to call me at (702) 296-8111 or email shawnd@buildwithdcbg.com. Thank you for your consideration.

Sincerely,



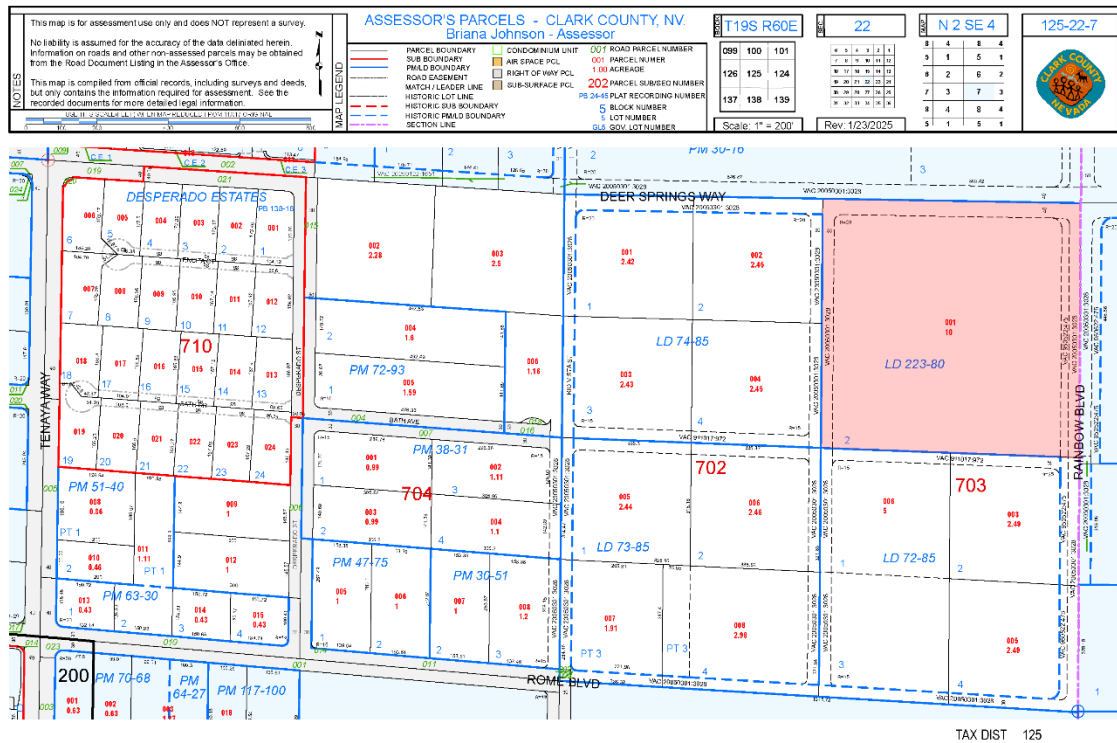
Shawn Danoski

Cc: Commissioner Kirkpatrick

Attachment B: Justification Letter (Page 3 of 3)



Attachment C: Assessor's Parcel Map



Attachment D: Tenant Improvement Review (SR0052546) - Page 1 of 2

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	PERMIT NUMBER ON0027241	FACILITY DANOSKI S A FAMILY TRUST and DANOSKI SHAWN & AMBER LEIGH TRS			ADDRESS 6855 W Deer Springs WAY Las Vegas, NV 89131		
DIST 14	CITY Las Vegas	APN # 125-22-703-001			SR # SR0052546	WATER SOURCE Domestic Well	
CURRENT ACTION 628	Service Date July 3rd, 2024	Status 92	Time In 9:30	Time Out 10:30	Result 33		
	Travel Minutes	Miles	Violations Alleged	Violations Actual	Future Action 76	Action	Date

NOTIFIED OF THE FOLLOWING

The tenant improvement plan for the extended garage with no plumbing changes is **CONDITIONALLY APPROVED**.

The proposed extension meets the required setback from the septic tank and leach fields.

However, there are compliance issues observed and conditions have been placed. If these conditions are met, the tenant improvement may be re-evaluated for re-approval.

(1) There are a number of trees on and within 10ft of the leach field and septic tank adjacent to the casita. As stated in Section 11.3 of the Individual Sewage Disposal Systems and Liquid Waste Management Regulations, these trees will need to be removed and send photographic evidence to SNHD for final approval.

The permit for the extended garage with no plumbing changes can be released but **PLACE A HOLD ON THE FINAL INSPECTION**.

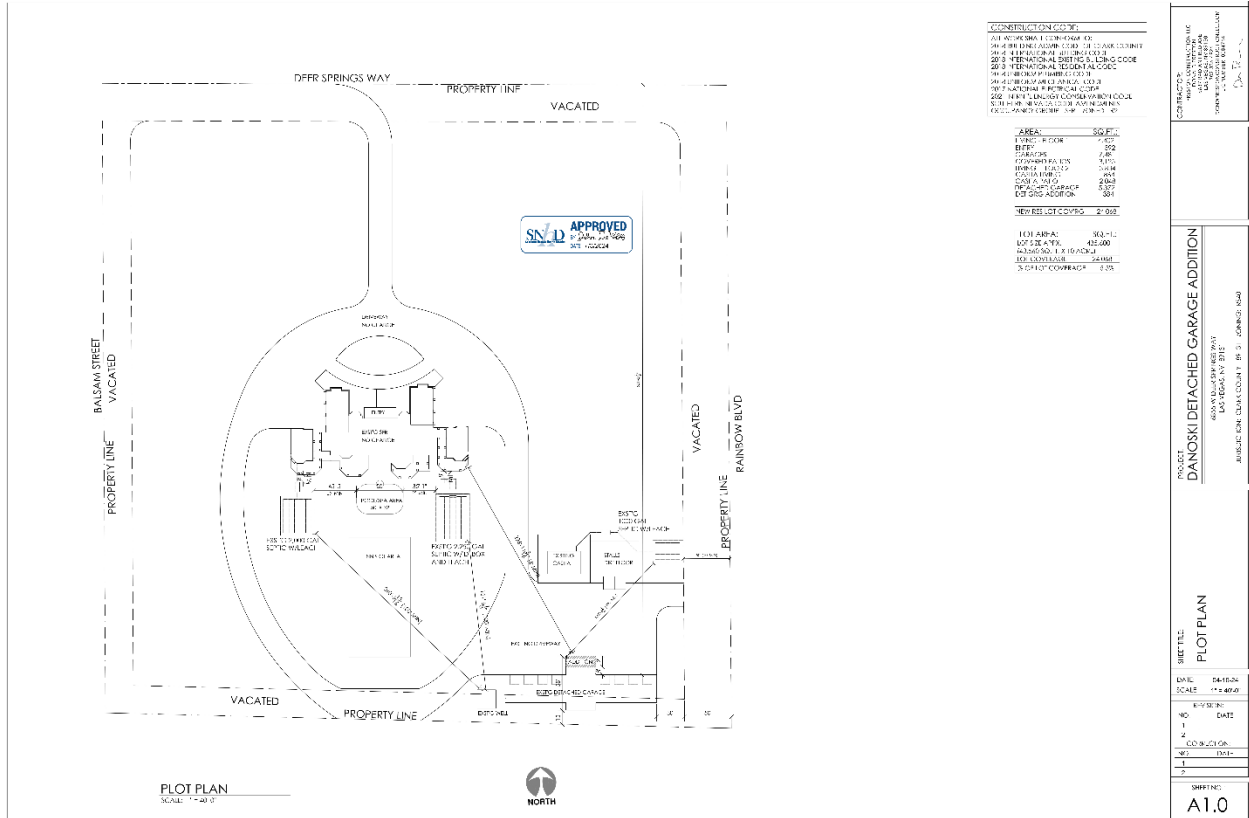
RECEIVED BY:

ENVIRONMENTAL HEALTH SPECIALIST:

Sarah George



Attachment D: Tenant Improvement Review (SR0052546) - Page 2 of 2



April 24, 2025

Attachment E: Final Inspection Report and Plot Plan for ON0027243
(Page 1 of 2)CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane • Las Vegas, Nevada
Telephone 383-1271 (Direct) • 385-1291 (24 Hours)

SAN	CONTROL NO SK361	ESTABLISHMENT GGV-02	ADDRESS 6855 DEER SPRINGS WAY LAS VEGAS NV 89131	
DIST	125 22 703 001 19 60 22 SE NE		PERSON INTERVIEWED MPR	
CITY	LD 223-80		TELEPHONE (702) 236-5921	
INFORMATION		ABSORB	LOT SZ	FIX
5511 084		1000	775	375923
ASSESSOR #		WATER #		
5511 084		11 MEDIA ROOM W4230-GGV-00		
PREVIOUS ACTION	SAN C	ACTION	DATE	STATUS
13	6*	01/21/98		
CURRENT ACTION	SAN C	ACTION	DATE	STATUS
17	6A	1/22/98		
TIME IN		TIME OUT		
1:30		2:05		
VIOLATIONS ALLEGED		VIOLATIONS ACTUAL		
7 0				
FUTURE ACTION		ACTION		
		5A 01/21/98		
		PRIVATE HOUSEHOLD		

SEPTIC TANK: Total Capacity 1000 gallonsNUMBER COMPARTMENTS 2 TYPE Material FInside Dimensions: Length 10 ft in Width 4 ft 6 in Liquid Depth 3 ft inDistance From Well: 300 ft Dir N Distance from Foundation 20 ft Dir EDistance From Lot Line: Nearest 85 ft Dir W Front Side RearSUBSOIL DISPOSAL: Effective absorption areas 775 sq. ft.Distance From Well: 300 ft Dir N Distance From Foundation 40 ft Dir EDistance From Lot Line: Nearest 40 ft Dir W Front Side RearType Disposal B Number Lines/Pits 4 Length of each Line 26 ftDistance between lines 6 ft Total Length of Lines 104 ft inFilter Material G Depth beneath Tile 1 ft 6 in Depth over Tile ft 2 inTotal Width/Diameter 24 ft in Total Length 32 ft in Total Depth 4 ft 10 in

COMMENTS:

HARDIN & SONS 399-3878

*Best Approval OK To Backfill*NOTE: NO PAVING OR VEHICULAR TRAFFIC ALLOWED OVER INDIVIDUAL SEWAGE DISPOSAL SYSTEM.
THIS INSTALLATION IS APPROVED ONLY UNTIL SEWER IS AVAILABLE.

RECEIVED COPY:

Dale Mat

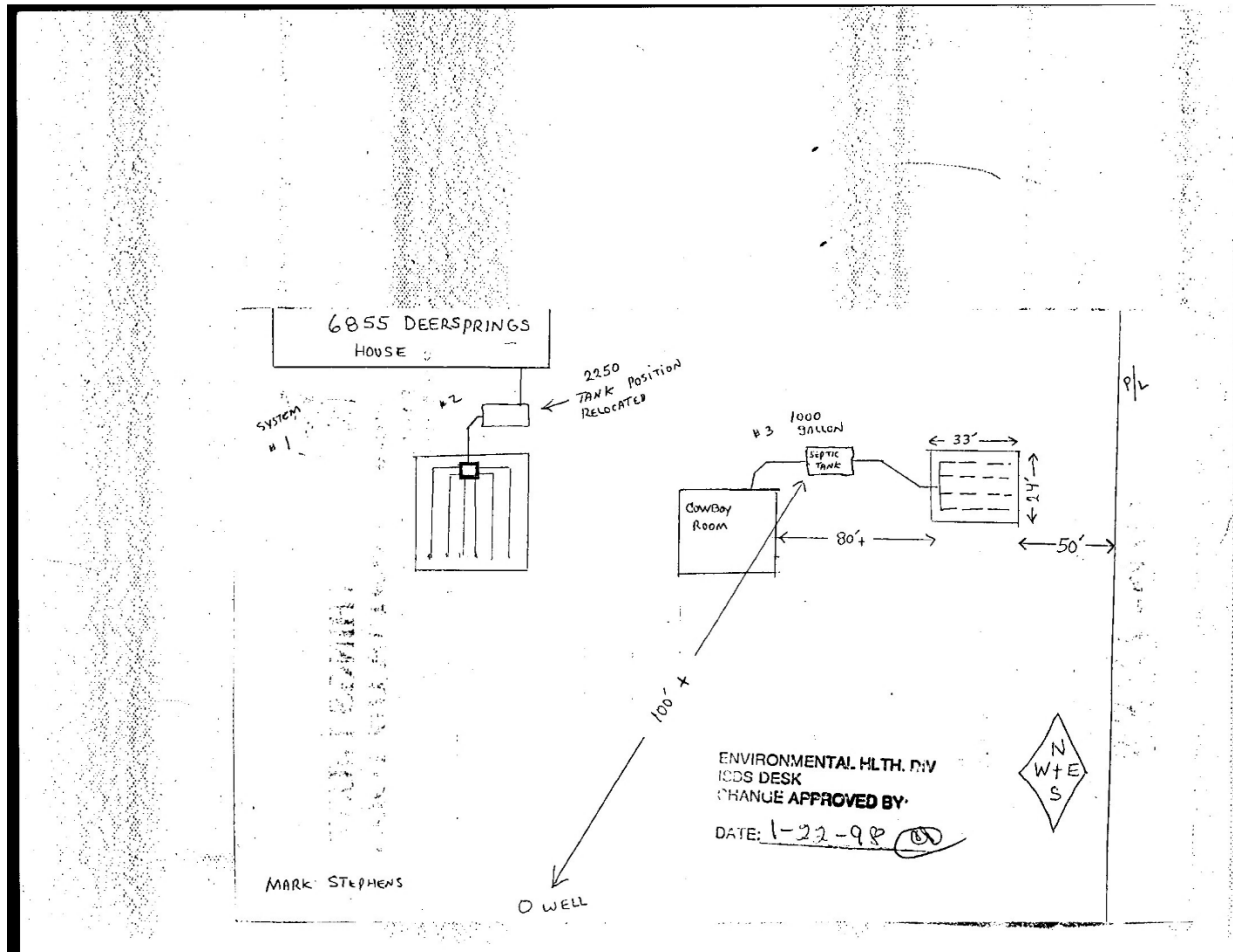
SANITARIAN

[Signature]

REVIEWED BY:

[Signature]
1-28 19 98REPORT AND NOTICE OF INSPECTION
INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Attachment E: Final Inspection Report and Plot Plan for ON0027243
(Page 2 of 2)



[illegible]

Attachment G: Well Water Quality Report (Page 1 of 3)



6245 Harrison Drive, Suite 4, Las Vegas, NV 89120

(702) 321-8315 Phone

(702) 597-2098 Fax

Email: veritaslabs@msn.com

CLIENT COMPANY NAME: Universal Engineering Science
 CLIENT PROJECT NAME: **6855 Deer Springs Way**
 CLIENT PROJECT NUMBER: 4040.2200144.0000
 VERITAS LAB ORDER ID: V22J085

ANALYTICAL RESULTS

CLIENT SAMPLE ID: **Well-01** DATE/TIME SAMPLED: 10/19/22 10:20
 VERITAS SAMPLE ID: V22J085-01 DATE/TIME RECEIVED: 10/19/22 11:09

Matrix: Drinking Water**Analysis: Microbiological**

PARAMETER	RESULT	EPA Limit	UNITS	PASS/FAIL	DF	METHOD	DATE ANALYZED	SUB LAB/ QUAL
Coliforms, Total (100ml)	PRESENT	ABSENT	CFU/100 ml	FAIL	1	Mod. Colitag	10/19/22	
E. Coli (100ml)	ABSENT	ABSENT	CFU/100 ml	PASS	1	Mod. Colitag	10/19/22	

Analysis: Total Inorganics

PARAMETER	RESULT	EPA Limit	UNITS	PASS/FAIL	DF	METHOD	DATE ANALYZED	SUB LAB/ QUAL
Alkalinity, Total (as CaCO ₃)	320	NA	mg/L	PASS	1	EPA 2320B	10/21/22	
Color	< 10	15	Color Units	PASS	1	EPA 2120 B	10/20/22	EFF
Fluoride, Total	0.64	4.0	mg/L	PASS	5	EPA 300.0	10/20/22	
Hardness, Total (as CaCO ₃)	490	NA	mg/L	PASS	100	SM 2340B	10/20/22	
Nitrate, Total (as N)	10	10	mg/L	FAIL	5	EPA 300.0	10/20/22	
Nitrite, Total (as N)	< 0.50	1.0	mg/L	PASS	5	EPA 300.0	10/20/22	
pH	7.85	6.5-8.5	pH Units	PASS	1	SM 4500 H+B	10/20/22	H5
Specific Conductance	1200	NA	uS/cm	PASS	1	EPA 9050A	10/21/22	
Sulfate, Total	140	500	mg/L	PASS	5	EPA 300.0	10/20/22	
Total Dissolved Solids (TDS)	732	1000	mg/L	PASS	1	SM 2540C	10/20/22	
Turbidity	0.24	NA	NTU	PASS	1	EPA 180.1	10/20/22	AST

Analysis: Total Metals

PARAMETER	RESULT	EPA Limit	UNITS	PASS/FAIL	DF	METHOD	DATE ANALYZED	SUB LAB/ QUAL
Arsenic, Total	0.00088	0.010	mg/L	PASS	1	EPA 200.8	11/1/22	AST
Barium, Total	0.039	2.0	mg/L	PASS	2	EPA 200.7	10/20/22	
Boron, Total	0.18	NA	mg/L	PASS	2	EPA 200.7	10/20/22	
Calcium, Total	110	NA	mg/L	PASS	2	EPA 200.7	10/20/22	
Copper, Total	< 0.010	1.3	mg/L	PASS	2	EPA 200.7	10/20/22	
Iron, Total	< 0.20	0.60	mg/L	PASS	2	EPA 200.7	10/20/22	
Lead, Total	< 0.0010	0.015	mg/L	PASS	1	EPA 200.8	10/25/22	AST
Magnesium, Total	54	150	mg/L	PASS	100	EPA 200.7	10/20/22	
Manganese, Total	< 0.010	0.10	mg/L	PASS	2	EPA 200.7	10/20/22	
Potassium, Total	1.9	NA	mg/L	PASS	2	EPA 200.7	10/20/22	
Silica, Total	22	NA	mg/L	PASS	100	EPA 200.7	10/20/22	

Attachment G: Well Water Quality Report (Page 2 of 3)



6245 Harrison Drive, Suite 4, Las Vegas, NV 89120

(702) 321-8315 Phone

(702) 597-2098 Fax

Email: veritaslabs@msn.com

CLIENT COMPANY NAME: Universal Engineering Science
CLIENT PROJECT NAME: **6855 Deer Springs Way**
CLIENT PROJECT NUMBER: 4040.2200144.0000
VERITAS LAB ORDER ID: V22J085

ANALYTICAL RESULTS

CLIENT SAMPLE ID: **Well-01** DATE/TIME SAMPLED: 10/19/22 10:20
VERITAS SAMPLE ID: V22J085-01 DATE/TIME RECEIVED: 10/19/22 11:09

Matrix: Drinking Water

Analysis: Total Metals

PARAMETER	RESULT	EPA Limit	UNITS	PASS/FAIL	DF	METHOD	DATE ANALYZED	SUB LAB/ QUAL
Sodium, Total	43	NA	mg/L	PASS	2	EPA 200.7	10/20/22	
Zinc, Total	< 0.010	5.0	mg/L	PASS	2	EPA 200.7	10/20/22	

NA-No EPA Limit is established for this parameter.

Attachment G: Well Water Quality Report (Page 3 of 3)



6245 Harrison Drive, Suite 4, Las Vegas, NV 89120

(702) 321-8315 Phone

(702) 597-2098 Fax

Email: veritaslabs@msn.com

CLIENT COMPANY NAME: Universal Engineering Science
CLIENT PROJECT NAME: **6855 Deer Springs Way**
CLIENT PROJECT NUMBER: 4040.2200144.0000
VERITAS LAB ORDER ID: V22K049

ANALYTICAL RESULTS

CLIENT SAMPLE ID: **Well-01 B** DATE/TIME SAMPLED: 11/7/22 8:17
VERITAS SAMPLE ID: V22K049-01 DATE/TIME RECEIVED: 11/7/22 12:53

Matrix: Drinking Water**Analysis: Microbiological**

PARAMETER	RESULT	EPA Limit	UNITS	PASS/FAIL	DF	METHOD	DATE ANALYZED	SUB LAB/ QUAL
Coliforms, Total (100ml)	ABSENT	ABSENT	CFU/100 ml	PASS	1	Mod. Colitag	11/7/22	
E. Coli (100ml)	ABSENT	ABSENT	CFU/100 ml	PASS	1	Mod. Colitag	11/7/22	

Analysis: Total Inorganics

PARAMETER	RESULT	EPA Limit	UNITS	PASS/FAIL	DF	METHOD	DATE ANALYZED	SUB LAB/ QUAL
Nitrate, Total (as N)	10	10	mg/L	FAIL	5	EPA 300.0	11/7/22	

Attachment H: Quote for Tree Removal from Center Cut Landscaping (Page 1 of 4)



Proposal

34328

Date

10/16/2024

Customer	Location
6855 Deer Springs Way Las Vegas, NV 89131	Shawn Danoski 6855 Deer Springs Way Las Vegas, NV 89131

Description

TREE REMOVAL - \$4,580

- Cut down 2 large Pecan trees to 2" or lower stump.
- Labor, equipment, and dump fees are included

STUMP GRINDING (optional) - \$925

- Stump grind both stumps to approximately 4" below grade
- This will not remove any underground roots, but will be safe to do around the septic tank.
- Labor, equipment, and dump fees are included

Center Cut Landscaping will always exercise meticulous care in all our work. Please understand that despite our best efforts, we cannot guarantee the precise location of underground objects such as pipes or wires. Therefore, we are unable to assume responsibility for any associated costs resulting from potential damage during contracted tasks, such as irrigation installation, tree/shrub planting, stump grinding, objects damaged indirectly by heavy equipment on the surface, or by the dropping of heavy objects. Rest assured, we take industry-standard precautions and we are committed to assisting with any concerns promptly.

In the event that the job is not completed by the end of the calendar month, you may receive an invoice for the portion of the project completed in that month. The remaining balance will be billed as the work is completed

Item

All items listed above in description

Subtotal	\$5,505.00
Sales Tax	\$0.00
Total	\$5,505.00

Attachment H: Quote for Tree Removal from Center Cut Landscaping (Page 2 of 4)

			10/16/2024
Shawn Danoski	Date	Contractor	Date

Terms and Conditions

Proposal Valid: This proposal is valid for 30 days from the date above. We reserve the right to adjust pricing after that time to reflect changes in cost.

Payment Terms: Payment due 30 days from completion unless otherwise specified. A late fee of 18% will be charged on all past due amounts.

Concealed Conditions: Concealed conditions which may lead to a change order.

Warranty: Warranty only valid if Center Cut is maintaining the landscape at the above mentioned property. Shrubs are warranted for 3 months and trees are warranted for 1 year. Aside from unforeseen conditions.

Trip Charge: If access to the property or work location is denied at no fault of the contractor's, then there may be an additional trip charge applied to this work order for the added drive time.

Attachment H: Quote for Tree Removal from Center Cut Landscaping (Page 3 of 4)



Attachment H: Quote for Tree Removal from Center Cut Landscaping (Page 4 of 4)



Attachment I: Public Notice



PUBLIC NOTICE

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, April 24, 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 Shawn and Amber Danoski ("Petitioners"), to allow existing trees to remain within 10 feet of the existing septic system (SNHD Permit # ON0027243) on the property located at 6855 W Deer Springs Way, Las Vegas, NV 89131, APN 125-22-703-001.

The variance is requested to allow the Petitioners 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 trees to encroach on the septic system.

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 April 23, 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

April 8, 2025
Date



DATE: April 24, 2025

TO: Southern Nevada District Board of Health Members

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

SUBJECT: District Health Officer Report

Legislative Update

On Friday, April 4, the Senate Committee on Finance and Assembly Committee on Ways and Means, Subcommittees on Human Services held their budget closing hearing. Included in the budget was the \$15 million Public Health Improvements Budget, non-categorical funding that is allocated on a per capita basis. This fund preserves Senate Bill 118 funding (allocated during the 2023 legislative session) and is the only non-categorical funding allocated to public health agencies through the state.

As the Southern Nevada Health District, along with its state and local partners, continues to navigate the recent claw back of federal funds and the potential loss of additional funding, these non-categorical funds provide the agency with the flexibility to respond to emerging needs.

The budget bill will be sent to the full-money committees for final approval towards the end of the session.

Measles Update

On April 7, the Centers for Disease Control and Prevention issued a health advisory about the expanding measles outbreak to health care providers. The advisory states that between January 1 and April 4, 2025, has been notified of 607 confirmed cases in the United States. Most cases are occurring among unvaccinated children and adolescents, and three measles deaths have been reported this year; one in an unvaccinated adult in New Mexico and two in unvaccinated children in Texas.

The Southern Nevada Health District has plans in place to respond to measles cases in Clark County, as well as related exposures, and is working with its partners to ensure the community is prepared in the event a case or cases are identified. The last case of measles in a Clark County resident was reported in 2018, and the last reported exposure occurred in 2024.

The CDC and Health District recommend the MMR vaccination as the best protection against measles and its complications. For more information and to access the full CDC alert, go to <https://www.cdc.gov/han/2025/han00522.html#print>.

Community Health Assessment Meeting

The Southern Nevada Health District is accepting registrations for the Community Health Assessment (CHA) Prioritization Meeting, scheduled for Wednesday, April 30. The meeting will be held from 9 a.m. to 12:30 p.m. in the Red Rock Conference Room at the Health District's main facility, located at 280 S.

Decatur Blvd., Las Vegas, NV 89107. Virtual attendance via Microsoft Teams is also available. To register, go to tinyurl.com/2025CHAPriority.

The CHA provides an overview of the community's current health status and highlights available resources to improve health, based on data collection and analysis. The upcoming meeting will address key areas identified in the three core CHA assessments in Clark County:

- Community Partner Assessment
- Community Context Assessment
- Community Status Assessment

The goal of the prioritization meeting is to identify the top health issues in Southern Nevada for the next five years. These priorities will help drive sustainable improvements in health and quality of life for all community members, as outlined in the Community Health Improvement Plan (CHIP).

Each health issue will be measured by:

- Severity (how serious it is to the community)
- Effective Interventions (what interventions are available to improve health)
- Its importance (how important this issue is to Southern Nevada)

For more information on the CHA and CHIP process, go to [Phase 4: Identifying and prioritizing strategic issues - NACCHO](#). Additional information is available from the Centers for Disease Control and Prevention at [Community Planning for Health Assessment: CHA & CHIP | Public Health Gateway | CDC](#)

World TB Day

The Southern Nevada Health District called attention to the global impact of tuberculosis as it commemorated World TB Day on March 24. Across the globe, 1.25 million people died of TB and another 10.8 million became ill with the disease in 2023. While global efforts to combat TB have saved 79 million lives since 2000, the COVID-19 pandemic and other factors have reversed years of progress.

The United States has one of the lowest TB disease case rates in the world, but data indicate the number of TB disease cases nationwide grew from 8,300 cases in 2022 to 9,615 in 2023, a significant 15.8% increase. Nevada had 86 active cases of TB in 2023, up from 62 in 2022. In Clark County, there were 76 active TB cases in 2023 and 67 in 2024. Alarming, TB-associated deaths in Clark County nearly doubled, increasing from six in 2023 to 11 in 2024. With the theme, "Yes! We Can End TB: Commit, Invest, Deliver," World TB Day was a global call for hope, urgency and accountability in the fight against the planet's deadliest infectious disease.

TB is caused by the *Mycobacterium tuberculosis* bacterium, which can be spread through the air when infected individuals cough or speak. The bacteria usually attack the lungs but can attack any part of the body such as the brain, spine or kidney.

Not everyone infected with TB bacteria becomes sick. Most people will develop latent TB infection (LTBI), a condition where the bacteria lives in the body without making a person sick. However, in other people, especially those with weak immune systems and conditions like diabetes, the bacteria can cause active TB disease, which can be deadly if not identified and treated appropriately.

As the leading provider of TB services in Southern Nevada, the Health District's [Tuberculosis Treatment and Control Clinic](#) offers comprehensive care to ensure that people with active TB disease or LTBI are treated and that those exposed to someone with active TB disease are properly evaluated. For more information about World TB Day, visit [About World TB Day | World TB Day | CDC](#) or www.who.int/campaigns/world-tb-day/2025.

Diabetes Classes

The Health District continues to offer free diabetes self-management, education, and support classes in both English and Spanish, available in person and online. These classes are provided year-round by the Office of Chronic Disease Prevention and Health Promotion at the Main Public Health Center, located at 280 S. Decatur Blvd., Las Vegas, NV 89107. Led by trained health educators, the classes help participants learn how to manage their blood sugar, stay active, and make healthier food choices.

Registration is now open for upcoming in-person classes. English-language classes will be held on Thursdays, May 15 and 22, from 10 a.m. to noon. Spanish-language classes are scheduled for Tuesdays, April 15 and 22, from 2 to 4 p.m., and Mondays, May 12 and 19, from 10 a.m. to noon.

To register, call (702) 759-1270, email gethealthy@snhd.org or complete the [Diabetes Self-Management Interest Form](#). Registration for Spanish-language classes is available at the [Viva Saludable](#) website.

To learn more about diabetes resources in Southern Nevada, go to [Get Healthy Clark County | Local Diabetes Resources](#) or [Viva Saludable | Recursos locales para la diabetes](#). For information about additional classes, events and programs offered by the Health District, visit the [Get Healthy Clark County Community Calendar](#).

Influenza Surveillance

Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other health care providers. In Clark County, as of March 22, 2025, for the 2024-2025 influenza season, 1,722 influenza-associated hospitalizations have been reported. Currently, there have been 82 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 4.5% during week 11 to 4.0% during week 12. Currently, Influenza A has been the predominant strain detected within the region. During week 12, 3.3% 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 minimal.

The Southern Nevada Health District will continue to update the public on the progression of the influenza season and encourage influenza vaccination for all people 6 months of age and older without contraindications. Weekly flu surveillance updates are available on the Health District website at www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/.

Community Meetings

Week ending 03/30:

Biweekly:

- Attended the CDC Response All-STLT Update call

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Commissioner Becker, MPT Gallo, Councilwoman Summers-Armstrong, Mayor Pro Tem Black, Councilwoman Larson, Scott Nielson, and May Hardy
- 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)

Quarterly:

- Participated in the Southern Nevada Health District Finance Committee meeting

Media/Interviews/Panelist/Presenter/Events:

- Interview with Mary Hynes (Review-Journal) regarding measles follow-up

Ad-hoc Meetings:

- Attended the Senate Committee on Health and Human Services – SB54, SB149, SB295, SB329
- Participated in the BCHC Members Call on COVID Rescissions

Week ending 03/23:

Biweekly:

- Participated in a meeting with the Epidemic Intelligence Services (EIS) Officer assigned to SNHD
- Participated in the BCHC Member Touch Base call
- Participated in the Legislative Working Group meeting

Monthly:

- Participated in the Southern Nevada Community Health Center Finance and Audit Committee meeting
- Participated in the Southern Nevada Community Health Center Governing Board meeting
- Participated in the Clark County Medical Society (CCMS) Board of Trustees meeting
- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Commissioner Kirkpatrick

Media/Interviews/Panelist/Presenter/Events:

- Interview with Mary Hynes (Review-Journal) regarding measles

Professional Development/Conferences:

- Attended the Executive Orders & Public Health Implications webinar facilitated by ChangeLab Solutions

Week ending 03/16:

Biweekly:

- Attended the CDC Response All-STLT Update call
- Attended the SNHD Disparities Grant Bi-Weekly Status meeting

Monthly:

- Attended the NV Pathogen Science Team Monthly meeting
- Attended the BCHC FHIR Forum meeting

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

Media/Interviews/Panelist/Presenter/Events:

- Interview with Grace Da Rocha (LV Sun) on new role as District Health Officer and plans/priorities for SNHD

Ad-hoc Meetings:

- Participated in the Southern Nevada District Board of Health special meeting

Week ending 03/09:

Biweekly:

- Participated in a meeting with the Epidemic Intelligence Services (EIS) Officer assigned to SNHD

Quarterly:

- Participated in a check-in call on the OT21-2103 grant with representatives from the Centers for Disease Control and Prevention (CDC)
- Presented at the State Board of Health meeting

Media/Interviews/Panelist/Presenter/Events:

- Interview with Anne Davis (KNPR State of Nevada) on plans and priorities for SNHD and introduction to the community

Professional Development/Conferences:

- Attended the Public Health Data Modernization session at the Healthcare Information and Management Systems Society, Inc. (HIMSS) Conference

Ad-hoc Meetings:

- Participated in a meeting with Dr. Theresa Cullen, Pima County Public Health Director, on SNHD' hard reduction initiatives (Overdose education and naloxone distribution, Test Strip distribution, Linkage to Action, Public Health Vending Machines, and Southern Nevada Post Overdose Response Team)
- Participated in a meeting with representatives from OCHIN, a nonprofit leader in health care innovation
- Participated in a meeting with representatives from eClinicalWorks



2024 Heat-associated Deaths & Emergency Department Visits Clark County, NV

Alexis Brignola, MPH

Epidemiologist

Office of Informatics and Epidemiology

Jeff Quinn, MPH

Public Health Preparedness Manager

Office of Public Health Preparedness

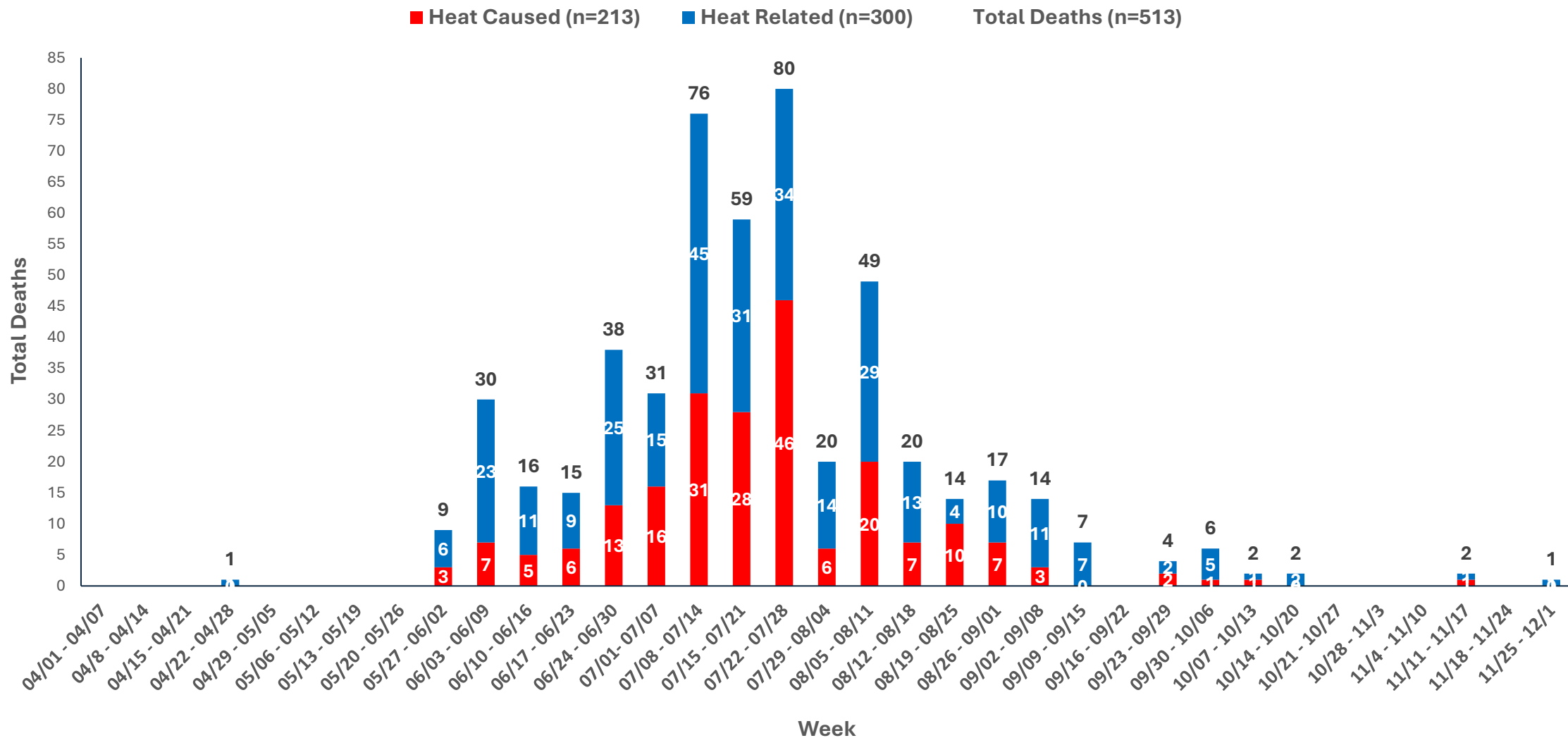
Heat-Associated Deaths

Heat-associated Deaths, 2024

Clark County, NV

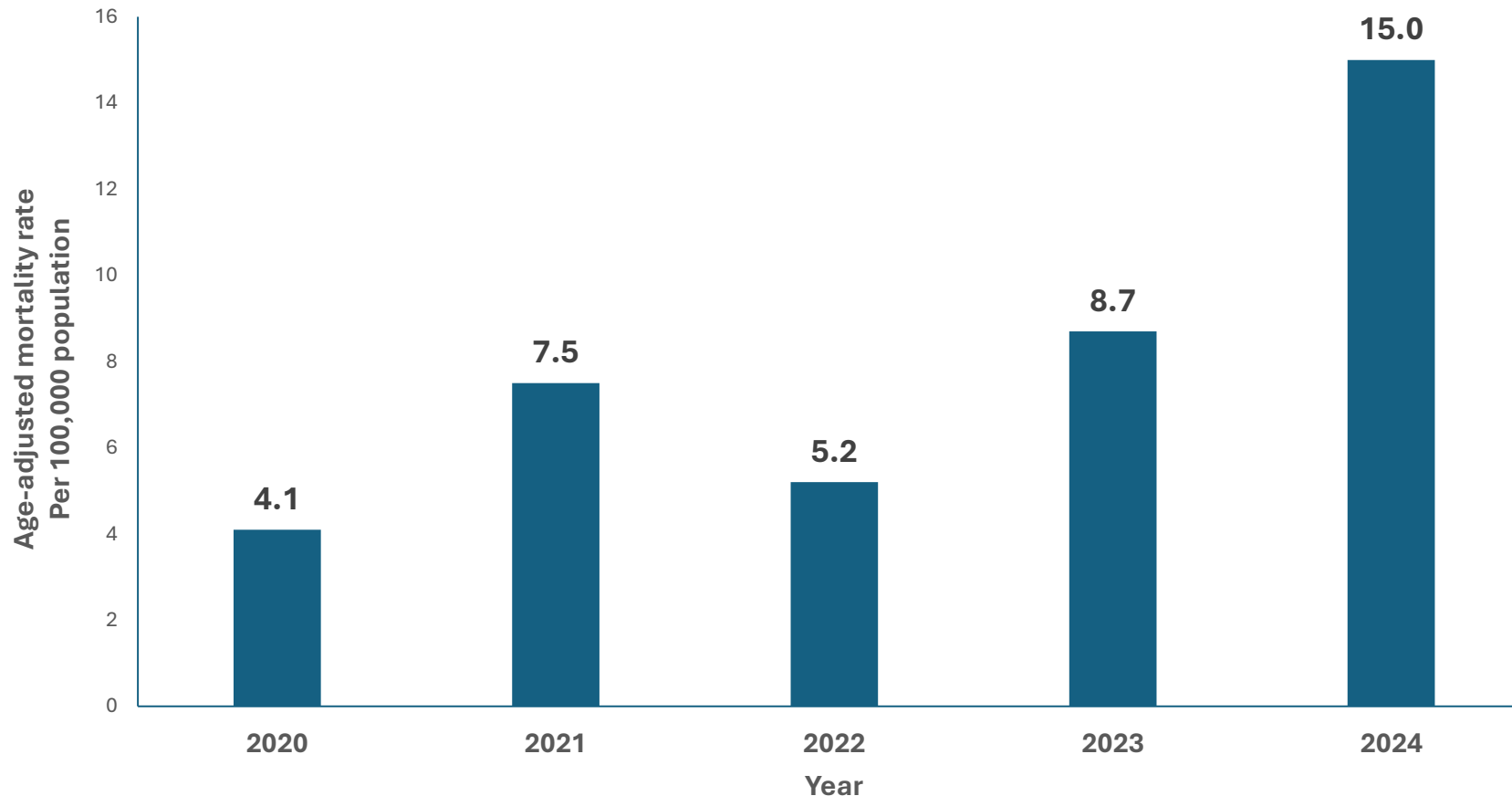
- 513 heat-associated deaths occurred in Clark County, NV
 - 526 reported by the Clark County Office of the Coroner/Medical Examiner
- 73% increase in deaths compared to 2023 (296)
- 23% non-Clark County residents

Heat-associated Deaths by Week, 2024

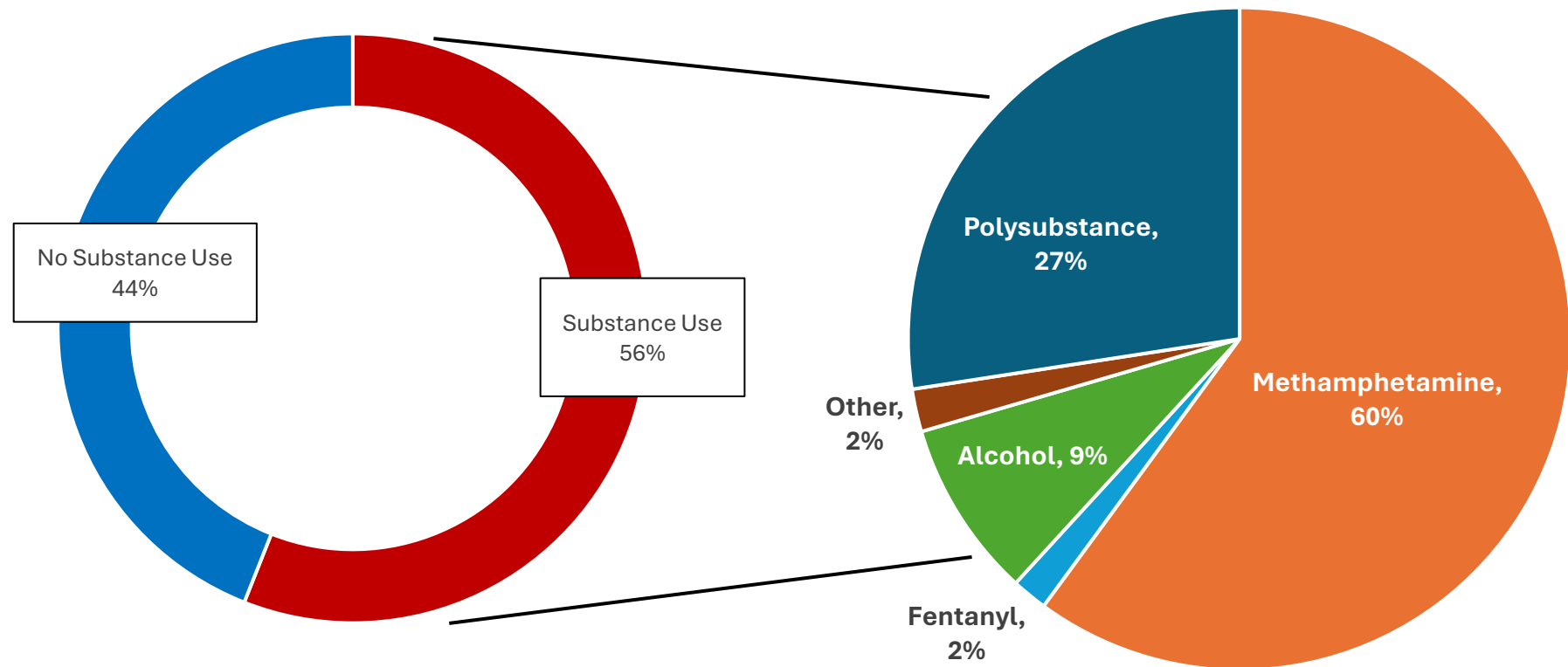


Heat-associated Deaths, 2024

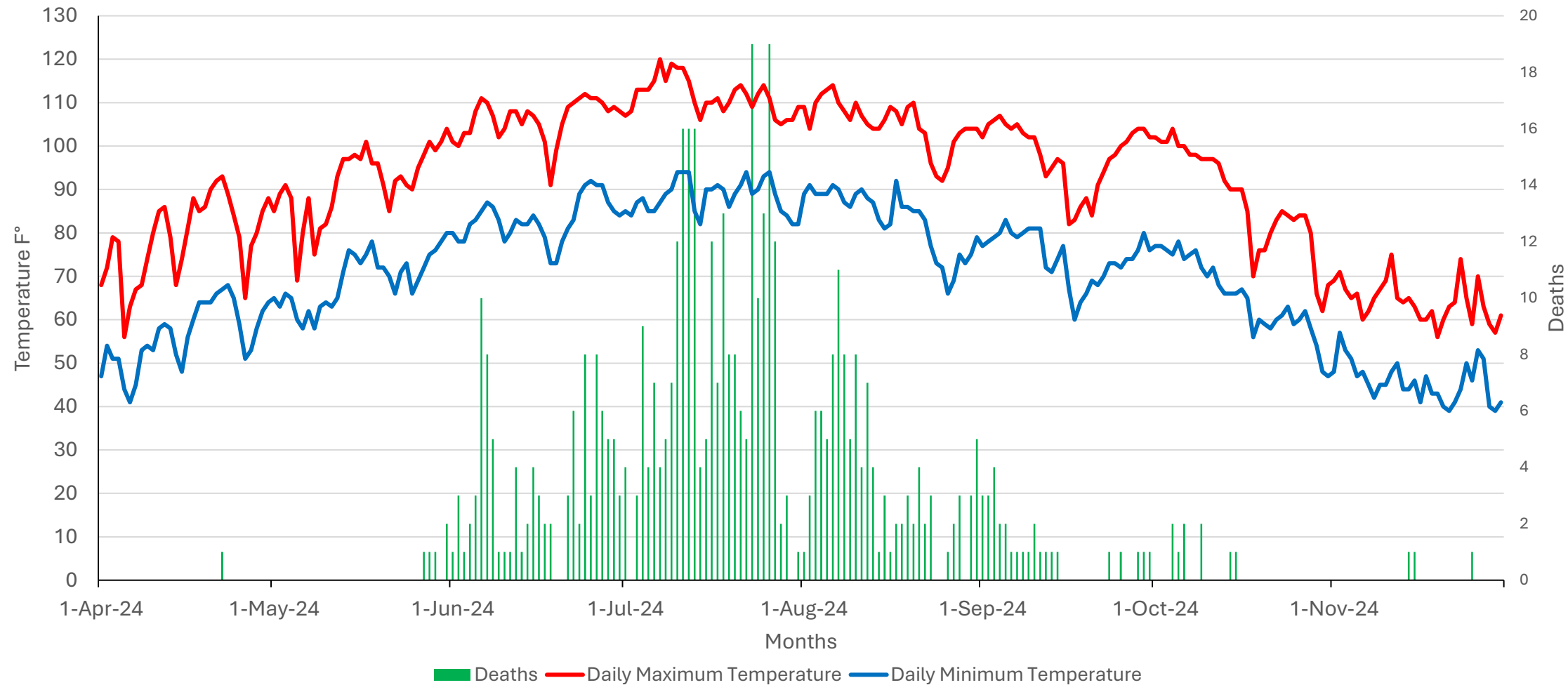
Age-adjusted mortality rate, Clark County Residents



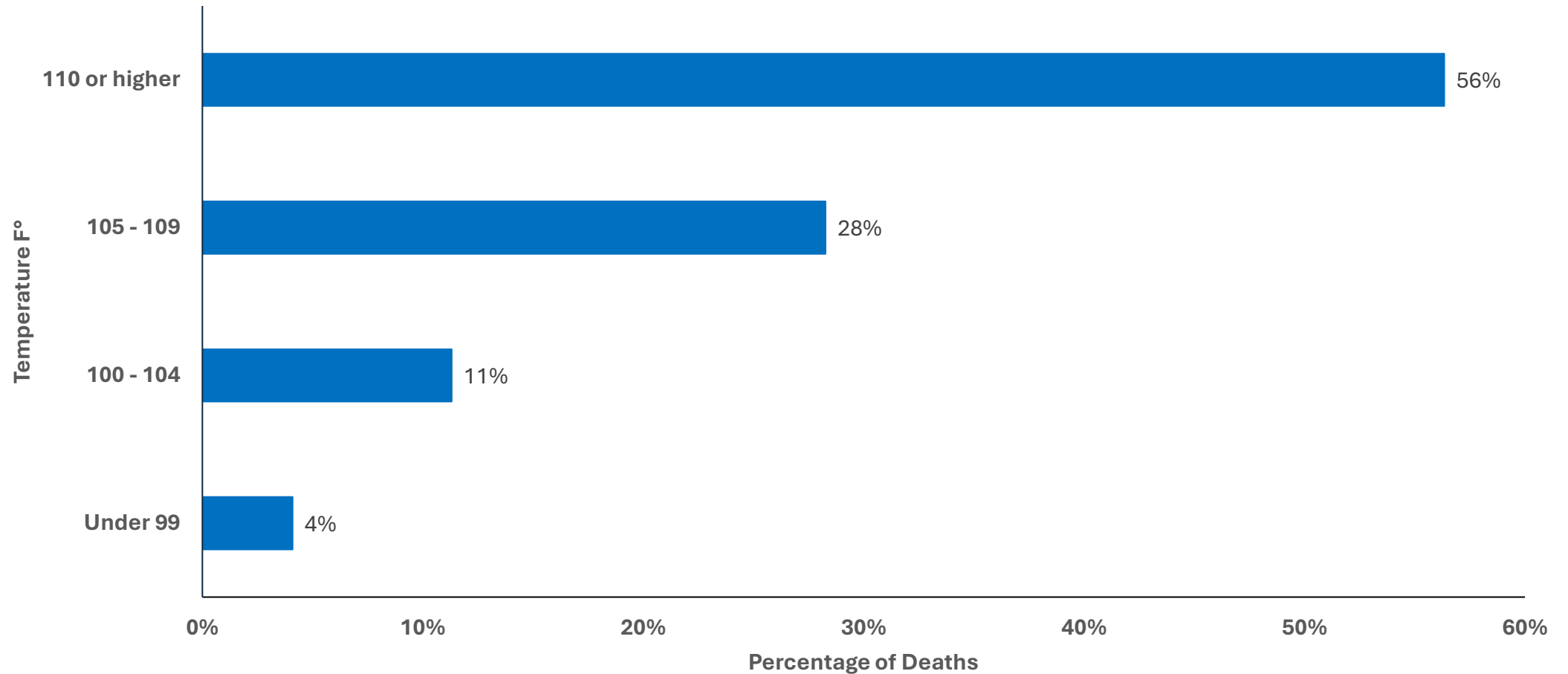
Heat-associated Deaths and Substance Use, 2024



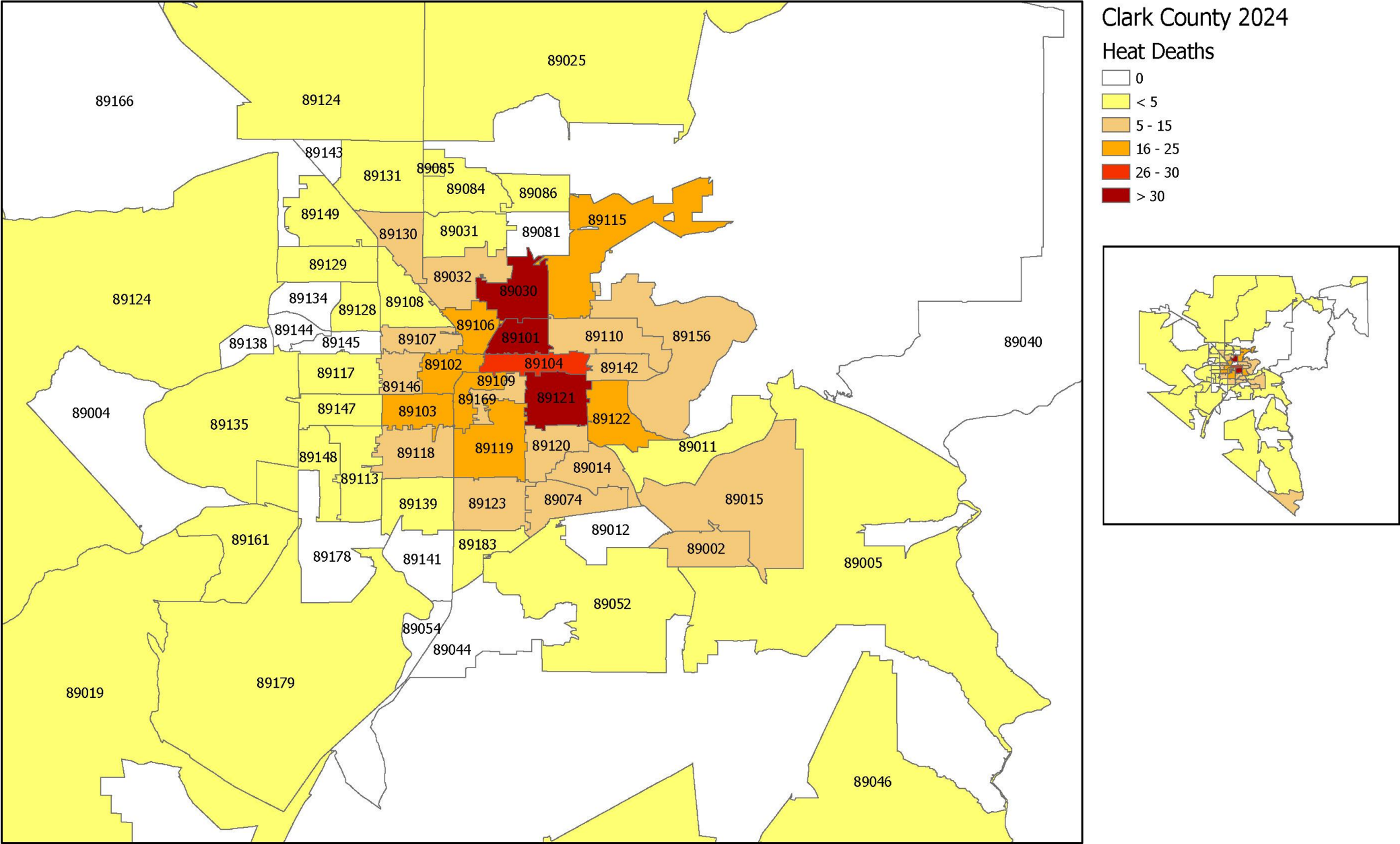
Heat-associated Deaths by Day and Maximum/Minimum Temperature, 2024



Heat-associated Deaths by Maximum Temperature

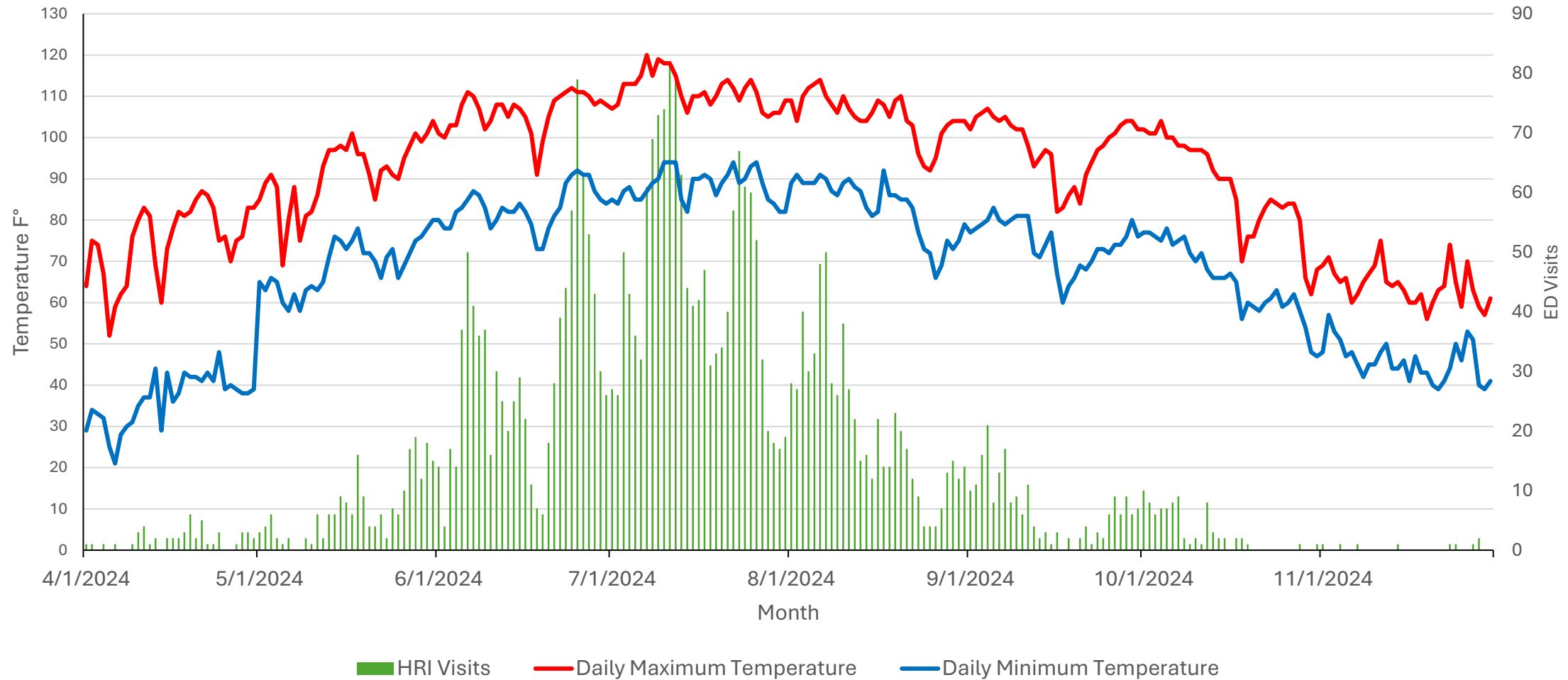


Location of heat injury by Clark County ZIP Code



Heat Emergency Department Visits

Emergency Department Heat Related Illness Visits by Day and Maximum/Minimum Temperature



Discussion, Conclusion, Recommendations

Discussion

- From 2020 through 2024, 90% of heat-associated deaths occur during summer months of June through August
 - Highest proportion in July 2024 (21 days) compared to July 2023 (17 days) at temperatures $\geq 110^{\circ}\text{F}$.
- ED visits also coincide with temperature increases/decreases.
- Males and individuals aged 45 to 64 years had most deaths and ED visits
- Greater than 50% of deaths involved substance use
- Individuals experiencing homelessness made up 34% of deaths
- ZIP codes with greatest percentage of heat injuries leading to death were 89101 (14.9%) ,89030 (7%), and 89121 (6.4%)

Conclusion

- Monitoring heat-related mortality and ED visits offers valuable insight into the importance of preventative measures during the summer months and periods of high temperatures in Clark County, NV.
- Vulnerable populations including older adults, individuals using substances, and those experiencing homelessness may experience the highest risk of heat illness, heat stroke and death.
- By identifying the highest risk factors, along with the location of greatest occurrence, further preventative measures, such as cooling stations, can be focused on these individuals and areas.

Recommendations

- With 56% of heat related deaths associated with substance use, greater focus should be placed on educating the community on the effects of substances and high temperatures
 - ZIP code location can assist the emergency response team with informative decision making and how they approach areas of high morbidity and mortality.
 - Piloting additional cooling centers, enhancing public health outreach to high risk locations, Desert Research Institute (DRI) heat lab work group meetings, extreme heat seminar meetings, and using the Medical Reserve Core (MRC), Community Emergency Response Team (CERT) and other volunteer groups to staff cooling or mobile centers from June through August.
 - Coordinate with law enforcement, the fire department, and emergency medical services to identify and assist vulnerable individuals during summer months
 - This report strongly supports further efforts to reduce heat related illness and mortality, and serves as a valuable resource for the community
-

Information Sharing, Coordination, and Mitigation Efforts

- Need improved Data collection to make informed decision making and evaluate mitigation strategies, Use AAR and Other Source Documents
- 2018: CASPER for Extreme Heat to gather information from public to improve emergency response plans and mitigation strategies: Shared survey with DRI for 2024-2025 Cooling Center Survey
- 2019: Southwest Practitioners Adaptation Network, Big Cities Coalition-Preparedness Directors: Share best practices
- 2022: Drought Workshop with State DPBH-THIRA and climate threats
- 2022: State of Nevada Ad Hoc Heat Preparedness working group-Information Sharing, collaboration opportunities
- 2023 Community Sustainability and Climate Action Plan Pg 35-39
 - Resilient & Healthy Community: Preparing Community for climate-driven emergencies through strengthened natural and social systems
 - Prepare for and reduce the impacts of climate hazards on Clark County Residents and visitors
 - Enhance emergency preparedness and response resources for all residents
 - Equitable access to resources and services for physical and mental health are provided to all community members
 - Natural spaces are protected, enhanced, and expanded to address the effects from a changing climate
 - 2030 and 2040 improvement metrics to measure progress
- 2023-present Heat Lab Working Group
- 2025: Extreme Heat Seminar Exercise-Southern Nevada Healthcare Preparedness Coalition
- Current Barriers and mitigation strategies: Access- Expanded Hours Cooling Stations, MRC/CERT/VOAD, transportation-Bus Passes, RTC PROTECT Grant, Tree Canopy Projects-reduce heat island etc.

Data Sources:

Mortality and Demographics: Nevada Electronic Death Registry System (EDRS) provided by the Nevada Department of Public and Behavioral Health Office of Analytics.

Population: State Demographer Vintage 2020, 2021 and 2023 estimates, population with group quarters

Age-adjusted mortality rates are calculated per 100,000 population and include: Clark County residents, homeless individuals identified as living within Clark County or homeless individuals with an unknown or missing FIPS code.

Centers for Disease Control and Prevention (CDC). About Extreme Heat.
https://www.cdc.gov/disasters/extremeheat/heat_guide.html. July 26th 2023.

Max/Min Temperature: National Weather Service. Past weather reported by Las Vegas WFO, NV.

Heat Associated Deaths: defined as those having an ICD-10 code of 'T67', 'X30', or identified as a heat associated death by the coroner or medical examiner in EDRS.

“Heat Caused” Deaths: Deaths in which a form of heat (ie. exposure, hyperthermia) is listed in Part I of the Cause of Death in the death certificate; either the immediate cause or part of the chain of events leading to immediate cause of death.

“Heat Related” Deaths: Deaths in which a form of heat (ie. exposure, hyperthermia) is listed in “Other Significant Conditions” or Part II of the death certificate but not listed in Part I.

Drug/Substance Use: defined as those having an ICD-10 code associated with the named drug or substance or if the substance is listed in Part I or Part II of the Cause of Death for those pending ICD-10 assignment.

Methamphetamine was identified using ICD-10 T43.6 and ‘Methamphetamine’ listed in Part I or Part II of the Cause of Death.

Homelessness: Data is provided by Clark County Office of the Coroner/Medical Examiner (CCCOME). The events not determined as homeless by the coroners office, but had an unknown home address in EDRS, were labeled as “unknown”.



280 S Decatur Blvd, Las Vegas, NV 89107



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



@SNHDinfo



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



@southernnevadahealthdistrict

Legislative Update

April 24, 2025

Public Health Funding

- **April 4: SB118 Public Health Budget Closing**
 - \$15 million statewide, per capita, non-categorical public health funding
- **SB423**
 - New base funding proposal for public health infrastructure
 - \$4,925,000 from Insurance Premium Tax collections
 - \$225,000 per county over the biennium
 - Promotes sustainable statewide investment

Key Bills that Passed First House

- **AB50** - Revises provisions relating to victims of a mass casualty incident. (Mass Casualty Database)
- **AB205** - Revises provisions governing sexual education. (Sexual Education Consent)
- **AB269** - Revises provisions relating to education. (Health Care Workforce)
- **AB360** - Revises provisions relating to testing for sexually transmitted diseases. (Syphilis Testing)
- **SB295** - Revises provisions related to food establishments. (Mobile Food Vendor)

Additional Bills

- **AB297** - Creates a program for the postnatal visitation of certain persons who have recently given birth. (Postnatal Visitation)
- **AB326** - Revises provisions relating to the designation of hospitals as centers for the treatment of trauma. (Trauma Designation)
- **AB352** - Revises provisions relating to businesses. (Cottage Cosmetics & Food)

SNHD INTERIM FINANCIAL REPORT

(UNAUDITED)

As of December 2024

(Includes Augmented Budget Approved January 2025)

Summary of Revenues, Expenses, and Net Position (as of December 31, 2024 – Unaudited)

Revenues

- General Fund revenue (Property Taxes, Charges for Services, Licenses/Permits & Other) is \$66.26M compared to a budget of \$57.12M, a favorable variance of \$9.14M.
- Special Revenue Funds (Grants) is \$26.74M compared to a budget of \$39.44M, an unfavorable variance of \$12.70M.
- Total Revenue is \$93.00M compared to a budget of \$96.56M, an unfavorable variance of \$3.56M.

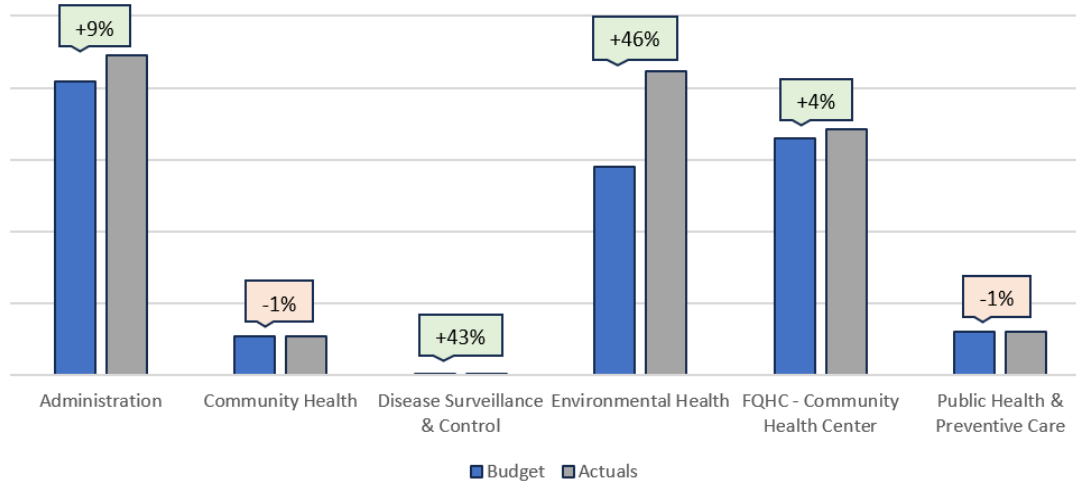
Expenses

- Salary, Tax, and Benefits is \$50.89M compared to a budget of \$51.68M, a favorable variance of \$790K.
- Other Operating Expense is \$32.55M compared to a budget of \$44.95M, a favorable variance of \$12.40M.
- Indirect Cost/Cost Allocation is \$0K compared to a budget of \$1.04M, a favorable variance of \$1.04M.
- Total Expense is \$83.44M compared to a budget of \$97.67M, a favorable variance of \$14.23M.

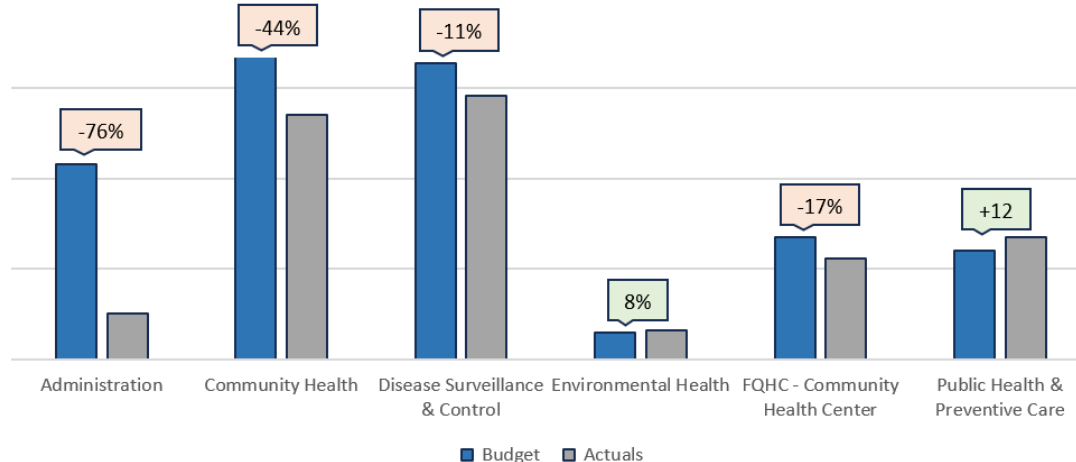
Net Position: is \$9.55M compared to a budget of (\$1.11M), a favorable variance of \$8.44M. (See Notes for Revenues and Expenses).

REVENUES

Operating Revenue



Special Revenue (Grants)



Division	Budget as of December 2024	Actual as of December 2024	Variance Favorable (Unfavorable)	% +/-
Operating Revenue (Charges, Fees, Taxes, etc.)				
Administration	\$ 20,405,284	\$ 22,260,536	\$ 1,855,252	9%
Community Health	2,690,892	2,658,086	(32,806)	-1%
Disease Surveillance & Control	15,000	21,391	6,391	43%
Environmental Health	14,496,636	21,192,803	6,696,167	46%
FQHC - Community Health Center	16,481,957	17,134,934	652,977	4%
Public Health & Preventive Care	3,029,122	2,991,670	(37,452)	-1%
SUBTOTAL	\$ 57,118,890	\$ 66,259,420	\$ 9,140,530	16%
Special Revenue (Grants)				
Administration	\$ 6,455,086	\$ 1,532,805	\$ (4,922,281)	-76%
Community Health	14,613,208	8,120,623	(6,492,585)	-44%
Disease Surveillance & Control	9,827,296	8,740,957	(1,086,339)	-11%
Environmental Health	883,124	949,567	66,442	8%
FQHC - Community Health Center	4,067,446	3,357,822	(709,623)	-17%
Public Health & Preventive Care	3,593,848	4,034,181	440,332	12%
SUBTOTAL	\$ 39,440,009	\$ 26,735,955	\$ (12,704,054)	-32%
TOTAL REVENUE	\$ 96,558,899	\$ 92,995,374	\$ (3,563,524)	-4%

NOTES:

- 1) DUE TO TIMING. ANNUAL FOOD PERMIT REVENUES BILLED ON JULY 1ST (~70% OF ANNUAL REVENUE FOR ENVIRONMENTAL HEALTH). OTHER MAJOR REVENUE BILLING WILL BE RECORDED IN JANUARY 2025.
- 2) GROUND WAS BROKEN ON LAB EXPANSION BUT MAJORITY OF SPENDING TO OCCUR IN SECOND HALF OF FISCAL YEAR.
- 3) REDUCTIONS IN COVID-RELATED TESTING DECREASED NEED FOR GRANT RELATED LAB SUPPLIES IN 1ST HALF OF FISCAL YEAR 2025 IMPACTING GRANT REIMBURSEMENTS.
- 4) BUDGET INCLUDES ADDITION OF NEW GRANTS FOLLOWING RECEIPT OF NOTICE OF AWARDS RECEIVED FOLLOWING ADOPTION OF FIRST BUDGET.

Revenues by Category

REVENUE BY CATEGORY	Administration	Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Public Health & Preventive Care	TOTALS BY CATEGORY
<i>Licenses & Permits</i>	\$ -	\$ 166,837	\$ -	\$ 21,012,788	\$ -	\$ -	\$ 21,179,625
<i>Property Taxes</i>	18,825,588	-	-	-	-	-	18,825,588
<i>Charges for Services</i>	1,407,795	2,488,213	20,000	-	16,295,928	2,363,890	22,575,824
<i>Intergovernmental</i>	1,532,805	8,120,623	8,740,957	949,567	3,357,822	4,034,181	26,735,955
<i>Investment Earnings</i>	1,913,360	-	-	-	-	-	1,913,360
<i>Other</i>	113,793	3,036	1,391	180,016	838,981	627,780	1,764,996
<i>Contributions</i>	-	-	-	-	25	-	25
TOTALS BY DEPT	\$ 23,793,341	\$ 10,778,709	\$ 8,762,347	\$ 22,142,370	\$ 20,492,756	\$ 7,025,850	\$ 92,995,374

Revenue Categorization

General Fund

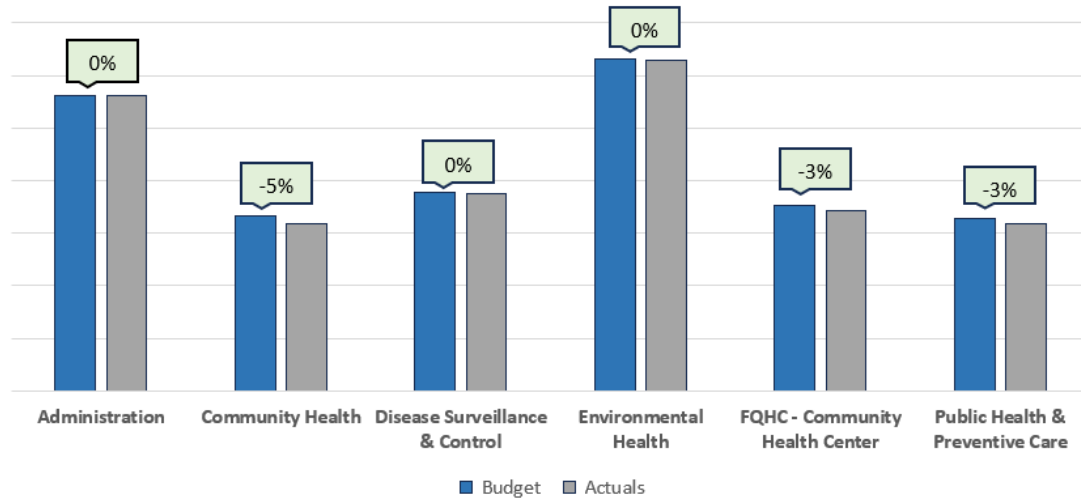
- *Property tax* – includes revenue from Clark County for property tax received.
- *Licenses/Permits* – includes revenue from Annual Fees, Plan Reviews, other regulatory fees.
- *Charges for Services* – includes revenue from Insurance billing, Medicaid, Birth & Death Certificates, etc.
- *Other Revenue*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

Special Revenue Fund

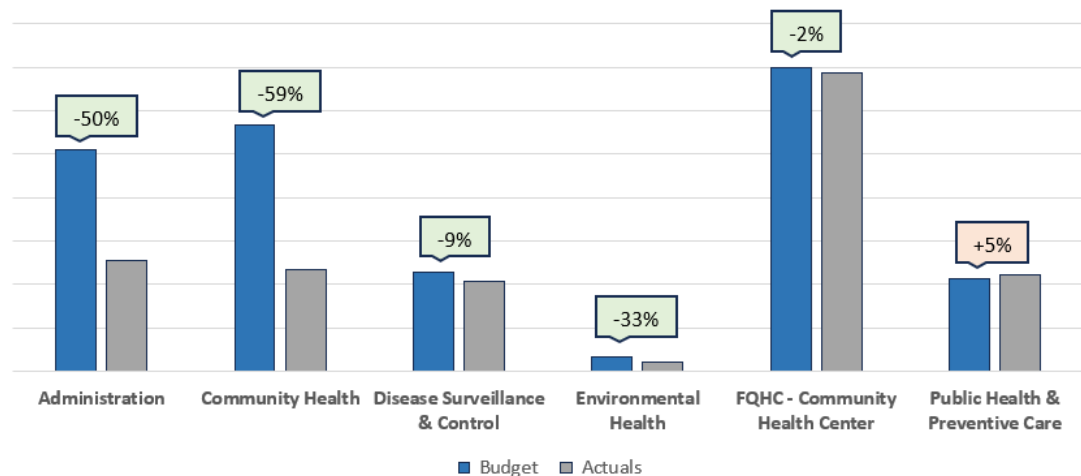
- *Federal Revenue* – includes direct federal grant revenue from U.S. Dept. of Health and Human Services, U.S. Dept. of Agriculture, and U.S. Dept. of Homeland Security
- *Pass-Thru Revenue* – includes revenue passed thru from NV Dept. of Health and Human Services, UNLV, and Clark County
- *State-Revenue*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

EXPENSES

Personnel Expenses



Other Operating Expenses



Division	Budget as of December 2024	Actual as of December 2024	Variance Favorable (Unfavorable)	% +/-
Employment (Salaries, Taxes & Benefits)				
Administration	\$ 11,236,555	\$ 11,244,766	\$ (8,211)	0%
Community Health	6,645,298	6,342,997	302,300	-5%
Disease Surveillance & Control	7,533,942	7,518,791	15,151	0%
Environmental Health	12,604,959	12,591,566	13,392	0%
FQHC - Community Health Center	7,074,753	6,832,050	242,703	-3%
Public Health & Preventive Care	6,579,548	6,364,607	214,940	-3%
SUBTOTAL	\$ 51,675,053	\$ 50,894,777	\$ 780,276	-2%
Other (Supplies, Contractual, Capital)				
Administration	\$ 10,188,159	\$ 5,108,468	\$ 5,079,691	-50%
Community Health	11,329,860	4,660,912	6,668,948	-59%
Disease Surveillance & Control	4,548,709	4,146,288	402,421	-9%
Environmental Health	683,507	459,414	224,093	-33%
FQHC - Community Health Center	13,954,339	13,713,539	240,800	-2%
Public Health & Preventive Care	4,247,665	4,459,348	(211,683)	5%
SUBTOTAL	\$ 44,952,240	\$ 32,547,970	\$ 12,404,270	-28%
Total Operating Expenses	\$ 96,627,293	\$ 83,442,747	\$ 13,184,546	-14%
Indirect Costs/Cost Allocations	\$ 1,044,416	\$ 0	\$ 1,044,416	-100%
Transfers IN	(3,175,566)	(2,467,203)	(708,363)	-22%
Transfers OUT	3,175,566	2,467,203	708,363	-22%
Total Transfers & Allocations	\$ 1,044,416	\$ -	\$ 1,044,416	-100%
TOTAL EXPENSES	\$ 97,671,709	\$ 83,442,747	\$ 14,228,962	-15%

NOTES:

- 1) LAB EXPANSION PROJECT CAPITAL EXPENSES ANTICIPATED TO OCCUR IN SUBSEQUENT PERIODS OF FISCAL YEAR.
- 2) REDUCTIONS IN COVID-RELATED TESTING CONTINUED TO DECREASE NEED FOR GRANT RELATED LAB SUPPLIES LEVELS IN 2ND QUARTER OF FISCAL YEAR 2025.

Expenses by Category

EXPENSE BY CATEGORY	Administration	Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Public Health & Preventive Care	TOTALS BY CATEGORY
<i>Salaries</i>	\$ 7,642,499	\$ 4,369,246	\$ 5,202,516	\$ 8,723,578	\$ 4,724,895	\$ 4,435,350	\$ 35,098,084
<i>Taxes & Benefits</i>	3,602,267	1,973,751	2,316,275	3,867,988	2,107,155	1,929,257	15,796,693
<i>Contractual</i>	4,197,116	2,458,242	2,016,416	188,177	621,156	1,359,573	10,840,680
<i>Indirect/Cost Allocation</i>	(12,091,443)	1,767,440	2,053,621	2,404,793	3,905,783	1,959,806	0
<i>Supplies</i>	359,866	1,849,879	1,972,893	91,679	12,460,089	3,001,404	19,735,811
<i>Property</i>	506,682	305,400	62,036	-	608,318	7,515	1,489,951
<i>Travel & Training</i>	44,805	47,391	94,944	179,557	23,976	90,856	481,528
TOTALS BY DEPT	\$ 4,261,791	\$ 12,771,350	\$ 13,718,701	\$ 15,455,773	\$ 24,451,371	\$ 12,783,762	\$ 83,442,747

Expense Categorization

Expenses (All Funds)



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

MEMORANDUM



Date: April 24, 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 – March 2025**

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Executive Summary

The Office of Communications issued four News Releases and staff produced creative designs for National Infant Immunization Week and the Mama and Papa Bear Clinic. 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. Facilities staff began deconstructing the interior of the NCS buildings. Health Cards served 10,812 total clients, including 2,361 clients renewing online. As of March 28, 2025, the Health District had 827 active employees. Human Resources arranged 61 interviews, extended five job offers (two declined) and onboarded five new staff. There were four terminations, two retirements, four promotions, one transfer and no demotions. Ten employment opportunities were posted.

Office of Communications

News Releases Disseminated:

- Dr. Lockett begins tenure as District Health Officer
- World TB Day raises awareness of global tuberculosis threat
- 2025 County Health Rankings released
- Reminder: Health District offers free diabetes classes

Press:

- Measles
- Street food vendors
- Real Water jury award
- Dr. Cassius Lockett begins tenure as District Health Officer
- County Health Rankings
- Pandemic 5th anniversary

Six hundred twenty-one news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in March. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at <https://media.southernnevadahealthdistrict.org/download/oc/202503-PI-report.pdf>.

Advertisements, Projects Completed and Social Media Summary:

In March, the Office of Communications developed creative designs for National Infant Immunization Week and worked with team members from the Maternal Child Health program to develop print materials for the Mama and Papa Bear Clinic. The Office of Communications responded to 140 public information email inquiries and handled 102 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 promoting the Strip Club (fentanyl and xylazine test strips), Manage Your Diabetes classes, Pop-Up Produce Stands, PrEP and PEP Education, National Native HIV/AIDS Awareness Day, World Tuberculosis Day, Healthy Start Program, National Poison Prevention Week, HPV vaccine survey, Health District After Dark, National Women and Girls HIV/AIDS Awareness Day, National Nutrition Month and Board of Health recognitions.

Community Outreach and Other:

- Community outreach events coordinated: 10
- Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families program clients processed: 15
- Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 160

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:

- March 6: State Efforts to Restore 340B Discounts in the Contract Pharmacy Setting Webinar
- March 10: Meeting with staff from Senator Cortez Masto’s Office
- March 11: Previewing the 2025 Annual Data Release—County Health Rankings
- March 13: SB118 Update Meeting
- March 14: Big Cities Health Coalition PIO/Communications Call
- March 18: SNCHC Governing Board Meeting
- March 19: Southern Nevada County Health Rankings
- March 19: CDC/National Public Health Information Coalition Monthly call
- March 20: Accreditation meeting
- March 27: Board of Health Meeting
- Recurring Legislative Update Meetings
- Recurring Nevada Public Health Association Policy Meetings
- Recurring “One Voice” Public Health Legislative Meeting
- Recurring 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

Monthly Work Orders	Feb 2024	Feb 2025		YTD FY24	YTD FY25	
Maintenance Responses	205	531	↑	1,510	3,363	↑
Electrical Work Orders	6	65	↑	77	314	↑
HVAC Work Orders	18	23	↑	169	436	↑
Plumbing Work Orders	9	24	↑	71	161	↑
Preventive Maintenance	28	119	↑	213	366	↑
Security Responses	2,519	2,642	↑	20,905	20,540	↓

Current Projects

Decatur Location

- Created secure enclosure for Immunization Clinic vaccines
- Installed patient self-check-in tablets at FQHC lobby
- Installed patient window Immunization lobby
- Installed filtered water fountain in Health Cards/Vital Records/ EMS suite

SNPHL Location

- Groundbreaking ceremony for expansion
- Began pump replacement project

Mesquite Location

- Expanded vaccine storage

Buffalo Location

- Installed Verkada video doorbell for increased suite security

Monthly Work Orders	Mar 2024	Mar 2025		YTD FY24	YTD FY25	
Maintenance Responses	209	529	↑	1,719	3,892	↑
Electrical Work Orders	6	48	↑	83	362	↑
HVAC Work Orders	16	62	↑	185	498	↑
Plumbing Work Orders	3	17	↑	74	178	↑
Preventive Maintenance	34	98	↑	247	464	↑
Security Responses	2,102	2,654	↑	23,007	23,194	↑

Current Projects

Decatur Location

- -Begin interior deconstruction of NCS buildings
- -Expand access controls through Immunizations for increased security
- -Installed electrical for septic lift stations
- -Completed replacement of RTU condensation drains

SNPHL Location

- Installed additional outlets; pending new instruments
- Completed pump/valve replacement

Fremont Location

- Installed modular tables in EH conference room
- Installed patient check-in kiosk in FQHC lobby
- Installed shades at patient check-in counter

Henderson Location

- Expanded office space for EH

Finance

Total Monthly Work Orders	Mar 2024	Mar 2025		YTD FY24	YTD FY25	
Purchase Orders Issued	508	506	↓	4,309	4,953	↑
Grants Pending – Pre-Award	3	3	=	38	35	↓
Grants in Progress – Post-Award	10	5	↓	102	79	↓

* 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 – March 2025						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
NH75OT000057-01-06, SNHD COVID-19 Health Disparities, Amendment #6 (cvdis_21)	F-CDC	3/24/2025	\$22,606,672	Termination notice issued	8.35	Project not expected to renew
State of Nevada, Office of State Epidemiology, COVID-19 Enhanced Detection (elcd2_24)	P-CDC	3/24/2025	\$5,663,652	Termination notice issued	19.90	Project not expected to renew
State of Nevada, Office of State Epidemiology, ELC Enhancing Detection Expansion (elcvd_25)	P-CDC	3/24/2025	\$21,067,205	Termination notice issued	23.25	Project not expected to renew
FPHPA006516-04-00, Family Planning Services, Year 3 of 5 (fp_24)	F-OASH	3/31/2025	\$21,067,205	End of budget period	11.15	FY2025 expected renewal
C8ECS44893-01-11, HRSA American Rescue Plan - Health Center Construction and Capital Improvements COVID-19 (hccvd_22)	F-HRSA	3/31/2025	\$600,474	End of project period	0.00	Project not expected to renew

Grants Expired – March 2025						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
State of Nevada Ryan White B Eligibility Services (hcrwbe24)	P-HRSA	3/31/2025	\$101,638	End of budget period	1.15	FY2025 expected renewal
State of Nevada Ryan White B Medical Case Management (hcrwbm24)	P-HRSA	3/31/2025	\$257,287	End of budget period	1.60	FY2025 expected renewal
State of Nevada Ryan White B Non- medical Case Management (hcrwbn24)	P-HRSA	3/31/2025	\$459,369	End of budget period	4.48	FY2025 expected renewal
State of Nevada Ryan White B Retention in Care (hcrwbr24)	P-HRSA	3/31/2025	\$87,639	End of budget period	1.10	FY2025 expected renewal

Grants Awarded – March 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, Public Health Preparedness, Amendment #1 (hppco_25)	P-ASPR	3/13/2025	7/1/2024	6/30/2025	\$158,939	Voluntary de- obligation of funds	0.00
PACT Coalition Prevention Framework Partnerships for Success, Year 1 of 5 (pfs_25)	O-PACT	3/19/2025	9/30/2024	9/29/2025	\$75,000	New effort	0.42
FPHPA006516- 04-00, Family Planning Services, year 4 of 5 (fp_25)	F-OASH	3/29/2025	4/1/2025	3/31/2026	\$948,021	FY2025 renewal	9.40

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 March, we averaged 76 “passing and paying” online renewal clients per day, with a total of 2,361 clients renewing online.

CLIENTS SERVED	Mar 2025	Feb 2025	Jan 2025	Dec 2024	Nov 2024	Oct 2024
FH Cards – New	5,368	5,365	6,026	4,368	4,826	6,946
FH Cards – Renewals	1,042	988	970	757	747	963
FH Cards – Online Renewals	2,361	2,024	2,468	1,709	1,988	2,475
Duplicates	517	514	671	447	478	569
CFSM (Manager) Cards	231	233	237	183	169	247
Re-Tests	1,195	1,210	1,402	1,030	1,037	1,519
Body Art Cards	98	99	117	83	85	125
TOTALS	10,812	10,433	11,891	8,577	9,330	12,844

Human Resources (HR)

Employment/Recruitment:

- 0 New job title for March
- 827 active employees as of March 28, 2025
- 5 New Hires, including 0 rehires and 0 reinstatements
- 4 Terminations, including 2 retirements
- 4 Promotions, 3 Flex-reclasses
- 1 Transfer, 2 Lateral Transfers
- 0 Demotions
- 38 Annual Increases
- 61 Interviews
- 5 Offers extended (2 offers declined)
- 10 Recruitments posted
- Turn Over Rates
 - Administration: 1.089%
 - Community Health: 0.00%
 - Disease Surveillance & Control: 0.00%
 - Environmental Health: 0.495%
 - Public Health & Preventive Care: 0.00%
 - FQHC: 0.865%

Temporary Employees

- 7 Temporary Staff
- 0 New Agency Temporary Staff Members (Express)
- 0 Agency Temporary Staff Members assignment ended

Employee/Labor Relations

- 0 Coaching and Counseling, 1 Verbal Warning, 0 Written Warnings, 0 Suspensions, 0 Final Written Warnings, 0 Terminations, 0 Probationary Releases
- 2 Grievances
- 0 Arbitrations
- 40 Hours of Labor Meetings (with Union)
- 40 hours investigatory meetings
- 2 Investigations
- 13 Complaints & Concerns
- 100 Hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 4

Interns

There were a total of 18 interns and 448 applied public health practice hours in March 2025.

Interns and Clinical Rotations	Mar 2025	YTD
Total Number of Interns ¹	18	117
Internship Hours ²	448	2,790

¹ Total number of students, residents, and fellows

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

Safety

- Inquiries – 122
- Investigations – 4

Training (In-Person and Online)

- Public Speaking Workshop, In Person (5 Attendees)
- Team Vital Signs Supervisor Debrief (5 Attendees)
- Life Orientations Team Debrief (6 Attendees)
- Leadership Development Program Cohort (5 Attendees)

New Hire Orientation

- March 3, 2025 – 1 New Hire
- March 17, 2025 – 3 New Hires
- March 31, 2025 – 1 New Hire

Informatics

EpiTrax

1. 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. Added new Novel Influenza A Contact Form. Updated NORS Outbreak form (pg 1-3). Fixed an error involving Prep form that showed multiple fields of the same type. Add A1C lab results for RVCT pdf generation and working on getting this PDF to show susceptibility table. Edit internet notification form on EpiTrax to allow emails to be captured. Continue coordinating with the NV State regarding the Mirth Channel and FHIR server to facilitate the integration of WebIZ data with EpiTrax. Review the case status of the Chronic Hep C cases. Updates to remove COVID-19 forms associated with encounters instead of events.
2. Continue working with OpenEMPI integration with EpiTrax system: Adding new fields and system property within EpiTrax. Create an automation process to integrate OpenEMPI person link with all persons in EpiTrax. Demo a preliminary staff workflow in OpenEMPI to manage person links with ACDC and ODS.

<i>EpiTrax Requests March 2025</i>	
<i>Total EpiTrax Requests Completed</i>	474
<i>Open EpiTrax Requests</i>	74

Data Warehouse

1. Continue to update and enhance data warehouse: Updated several table names for clarity for facilities. Creating Guide Documentation for Warehouse form question tables. Added column for pregnancy expected delivery date to events table. Assistance for warehouse queries for patients of multiple races.

Pentaho Report

1. Disease Counts by Gender and Age Groups for OOE diseases. RSV & COVID - Case Counts by MMWR Week Report. EpiTrax Workload Report - Count Groupings Rework.

<i>Pentaho Reports</i>	<i>March 2025</i>
<i>Updated</i>	2
<i>Created</i>	1

Electronic Message Staging Area (EMSA)

1. Continue to work on EMSA2, including mapping new codes, integrating incoming labs, data processing, and reviewing logic for exceptions and errors. Review the TB SNOMED mapping logic issue for the Acid-Fast Bacillus SNOMED result, which does not align with the current TB logic. Identify and handle the existing ELRs that are not processed by EMSA. Adjust the master process logic to allow the lab automation process with EMSA only when system messages are 30 records or fewer. If this limit is exceeded, a separate Mirth channel will take over the processing. This approach helps prevent master process timeouts and errors in the Mirth MP channel. Resolve the Hep B logic issue where cases with the same lab collection date but different test types incorrectly update the case status to confirmed. Examine the Syphilis DDOS

queue logic issue. The problem occurred because, during the lab attachment process, the investigator was not assigned to that event.

2. Conduct regular sessions to review message exceptions.
3. Continue processing eCRs from Intermountain Healthcare Inc in EMSA with ongoing mapping of exceptions for incoming messages.

ELRs	March 2025
Total Received	107,574
Total Processed	107,249
Under Review	591
Event Updated	17,642
Event Created	6,247

eCRs	March 2025
Total Received	82,489
Total Processed	452,052
Under Review	129,284
Event Updated	18,020
Event Created	1,154

Dashboard

1. ArcGIS dashboard: COVID-19, Flu and RSV dashboards data and captions updated. ETL moving all data. Working to combine MCAB and RSV data sets. Working to get ESSENCE for RSV and Flu currently In Review. Wastewater Concentration visualizations.
2. Continue developing eCW finance reports using Power BI platform per user input.

Southern Nevada Public Health Laboratory (SNPHL)

1. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) support.
2. Continue Laboratory Information System (LIS) Support and Maintenance.
3. Build Whole Genome Sequencing (WGS) reflexing rules
4. Continue SNPHL data warehouse cleanup and maintenance.
5. Orchard database restored to resolve an outstanding issue.
6. Build location, clinical questions, orderables for the Outreach system
7. Continue expanding the Outreach system to enhance efficient and timely specimen ordering and result delivery for partners.
8. Working with Orchard regarding software change requests regarding their systems billing setup.
9. Preparation for Server migration and Orchard version upgrade.
10. Gonococcal Isolate Surveillance Project (GISP/eGISP) reporting template changes to use Combatting Antimicrobial Resistant Gonorrhea and other STIs (CARGOS).
11. New result template layouts for susceptibility testing, and updated susceptibility orderables for Microbiology.
12. Built reports/data extracts for various data requests and Quality Assurance (QA).

Electronic Health Record (EHR) System

1. Maintain the system to support patient care and documentation, with configuration adjustments to enhance charting, reporting efficiency, and to accommodate new locations and services.
2. Continue data extraction and processing using Fast Healthcare Interoperability Resources (FHIR); collaborate with NV HIE and eCW on eCR and FHIR implementation.
3. Continue adopting Azara, the data warehouse and analytics platform. Supplemental information gathering for FPAR review.
4. Azara mappings/settings review to ensure accurate reporting.
5. Ryan White Services Report (RSR) submission completed.
6. Healthy Start Benchmarks discussion and review with Nevada Institute for Children's Research and Policy (NICRP).
7. Behavioral Health Module Build/Implementation.
8. SNAP Rapid Prevent Data upload to CDC.
9. UDS CPT/ICD validations.
10. Exploring electronic prior authorization for medications from within the EHR.
11. Technical components for electronic Case Reporting (eCR) submission completed.
12. Exploring interfacing Urinalysis instrumentation with the EHR.
13. Combatting Antimicrobial Resistant Gonorrhea and Other STIs (CARGOS) data alternative solution completed.
14. Continue working with Finance to optimize claims monitoring and reporting by utilizing the Datawarehouse and Data Visualization tools (Power BI).
15. Generate and review monthly reports for FQHC and Primary Care Center (10 reports)
16. Troubleshooting referral issues to the Smoking Quitline.
17. Exploring a new system for Direct Observed Therapy (DOT) and integrating it with the Electronic Health Record.
18. eCW Reports

<i>eCW Reports</i>	<i>March 2025</i>
<i>FQHC</i>	8
<i>PPC</i>	2
<i>Total</i>	10

Clark County Coroner's Office (CCCO)

1. Continue to provide support to CCCO on new Coroner and Medical Examiner Case Management System (CME) implementation, testing, data requests, and reports. Providing post go-live support.
2. Fulfill internal and external data requests using aggregated death data.
3. Provide reports and media requests for various agencies:
 - Metro - Drug related deaths
 - Consumer Product Safety Commission - Product related/recall deaths
 - CCSD - under 25 suicides
 - UMC - Hospital specific deaths
 - Exploring automation processes for data exchange with National Violent Death Registration System (NVDRS)

4. Participating in FHIR specification development with the Georgia Tech Research Institute (GTRI). Initiated flat file testing.
5. Working with the vendor to implement end user requests/enhancements, especially to include toxicology testing and investigative report edition after submission.
6. Working with CME vendor to correct data inconsistencies due to past bugs.
7. Smarty geocoding/address validation interface for integration into Census API code to increase success rate refactoring. Major refactoring of functionality to automate almost all portions of data fetching and processing.

Data Modernization Initiative (DMI)

1. Continue to work with the State on DMI project.
2. Continue to work with NV HIE on TECCA and FHIR flat file testing projects.
3. eCR project: Continue UMC/HCA/Intermountain Healthcare Inc error except handling and mapping new codes.
4. Continue working with AWS with a pilot project using AI with eCR message to extract important information.
5. Updated and submitted MMG TB/LTBI implementation spreadsheet include some sections that need clarification.
6. Planning for MMG Mump, Pertussis, and Varicella onboarding.

National Syndromic Surveillance Platform/Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

1. Continue to maintain and enhance syndromic surveillance system for new providers and future support.
2. Onboard four new Intermountain Healthcare clinics.
3. Explore ingestion of inpatient data from partner hospitals.

Staff Facilitated/Attended the following Trainings/Presentations

1. 03/03/2025 – 03/06/2025: HIMSS conference
2. 03/12/2025: Leveraging ML to analyze EHR Webinar from UNLV

Other Projects

1. Continue collaborating with the CDC to implement the TECCA 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. Refresh Vital Records Database with addition of new field.

9. Keep progressing the FBI project by reviewing the updated purpose data points from ACDC with the project's subject matter experts to finalize consensus before implementing them in a test site.
10. Revise the C2P Lab Requisition by changing the ordering provider from Dr. Leguen to Dr. Sugay.
11. Prepare the HAN multiple databases and the Excel file consolidation QA file for review.
12. Launched two QI project charters for ODTA: the Online Result Portal for NIST and the Needle Exchange Data Export.
13. Keep examining the issue with the iCircle mapping process.
14. Check the list of current reportable conditions in our online reporting form.
15. Finalized implementation plan and logic design for the new online ODS follow-up form
16. 2024 STD/GEPI reconciliation closeout.
17. Remap the gender identity for the NV State data export.
18. CSV data export per NV State requested for STD, communicable diseases, and labs data
19. Continue working on NV State data export for Hep A, B, and C question variables.
20. Calculate the total number of form submissions for the 2024 Tuberculosis (TB) Screening Questionnaire for ODS.
21. Working with the IT department to set up a new SAS/R server to replace the inadequate existing system, which is scheduled for retirement by the end of April.
22. eCW lab CAREWare upload.

Information Technology (IT)

Service Requests	Mar 2024	Mar 2025		YTD FY24	YTD FY25	
Service Requests Completed	1,070	996	↓	9,523	9,444	↓
Service Requests Opened	1,188	1,122	↓	10,653	10,642	↓

Information Services System Availability 24/7	Mar 2024	Mar 2025		YTD FY24	YTD FY25	
Total System	98.48	80.07	↓	98.73	84.05	↓

*Total Monthly Work Orders by Department	Mar 2024	Mar 2025		YTD FY24	YTD FY25	
Administration	270	306	↑	2,547	2,508	↓
Community Health	115	107	↓	1,028	935	↓
Environmental Health	204	163	↓	1,683	1,501	↓
**Primary & Preventive Care	218	154	↓	2,021	1,917	↓
**Disease Surveillance & Control	195	119	↓	1,378	1,219	↓
**FQHC	159	218	↑	1,489	1,974	↑
Other	16	5	↓	126	154	↑

	Mar 2024	Mar 2025		YTD FY24	YTD FY25	
First Call Resolution & Lock-Out Calls						
Total number of calls received	1,188	1,122	↓	10,653	10,642	↓

Workforce Team – Public Health Infrastructure Grant (PHIG)

Workforce Team

- Workforce engagements:
 - Monthly CDC Project Officer meeting was convened on March 12, 2025.
 - Monthly Position Review Committee cancelled for March 2025.
 - Prepared the March 2025 Hiring Plan for submission to CDC.
 - Participated in the NV Academy of Science meeting for March 2025.
 - Met with Finance PHIG accountants during this month for both Workforce (A1) and Foundational Capabilities (A2) and establish relationship with new accounting team.

CDC Requirements

- Entered Progress Reports and Performance Measures into the Public Health Infrastructure Virtual Engagement (PHIVE) platform by March 7, 2025.
- 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.
- ASTHO Pop-up session regarding the topics of Colorado Taxonomy Presentation and PHMC Comprehensive Job Description Presentation.

Performance Management

- Advised 10 Strategic Plan Team Leaders of red-light designations on a quarterly report of progress on their plan activities.
- Invested 3 hours of coaching and training on strategic plan activity to Team Leaders to ensure their status in the VMSG dashboard is accurate.
- Continuing in the Western Region Public Health & Primary Care Leadership Institute facilitated by faculty and staff from ASU-Tempe. The course consists of 24 contact hours with lectures, breakout sessions, and research around change management practices in public health. This will empower further growth in performance management within SNHD and our partners.
- Briefed the Health Executive Council on the current and future states of Quality Improvement (QI) and the Strategic Plan within SNHD.

Quality Improvement

- Met with Federally Qualified Health Center (FQHC) leadership to plan more documented QI in their space including future Kaizen events to gather leaders away from the clinical space to focus on QI.
- Attended the monthly meeting with NV State and local/tribal health department QI practitioners. Acquired a template from the state of Nevada for a Kaizen event to fulfil a request from FQHC to facilitate an event to document QI in their clinical space.
- Researching Lean Six Sigma Yellow Belt certification for the full SNHD executive team.
- Attended a 4-hour course in Design Thinking for Local Government to learn new ways of gaining consensus on current issues and acting for improvements. The course was offered by the Design School at Stanford University.
- The number of QI projects and 1-page Just Did It form grew by 50% this month.

- Provided 4 hours of SharePoint page development and User Acceptance Testing (UAT) was conducted to streamline data entry and provide usable information to all District staff desiring an overview of QI recent and in-flight projects.
- Planned PHIG funded consultant to visit the Public Health & Primary Care (PPC) and FQHC clinics to support documentation of QI efforts. Interventions will include observation, assistance with documentation in addition to formal training and review for subject matter experts in the PPC area. Office hours and support sessions are also planned for the DSC division supporting their growth in the QI area.

PHAB Reaccreditation

- Uploaded the Annual Report with our status as an agency and our chosen topic was the Express Testing program for STI testing of asymptomatic members of the community. Results of the program have been significant.
- ASTHO Accreditation Sustainability Learning Community – SNHD’s application has been selected to participate in the first cohort of the Building Capacity for Accreditation Sustainability Learning Community! SNHD demonstrated the need and capacity to benefit from this peer-to-peer and subject matter expert technical assistance.
- Convened three (3) hours of meetings with contributors to Public Health Accreditation Board (PHAB) documentation for Reaccreditation in Spring of 2027. Initial internal review of this documentation is set for fall of 2025.
- Met with PHAB officials regarding a Mock Site Visit planned for 2026. This will give us guidance on documentation before final submission.
- Participated in 3-hours of webinars from PHAB re: language changes in PHAB Reaccreditation manual in the Standards and Measures to align with current executive orders.
- Attended a 90-minute webinar from ChangeLab Solutions that acts as a clearing house for Public Health Law and policy monitoring. Strategies and research were provided on the large number of recent Executive Orders affecting public health across the US. PHAB has already removed a small number of requirements that could be deemed inappropriate by federal funders.
- Continued work with PHSS (Public Health Support Services) to refine their secondary data review of Access to Primary and Behavioral Health Care as presented by PHAB.

PHIG

- Maintained grant budget and managed expenses.
- Continued to develop quality working relationship with Finance Budget Analysts and Accountants for the PHIG budgets.
- Determined funding for Lean Six Sigma Black Belt training to augment Project Management (PM) and QI activities across the District.

Appendix A – Office of Communications

Media, Collateral and Community Outreach Services:

Media – Digital/Print Articles

Media - Broadcast stories

Collateral - Advertising/Marketing Products

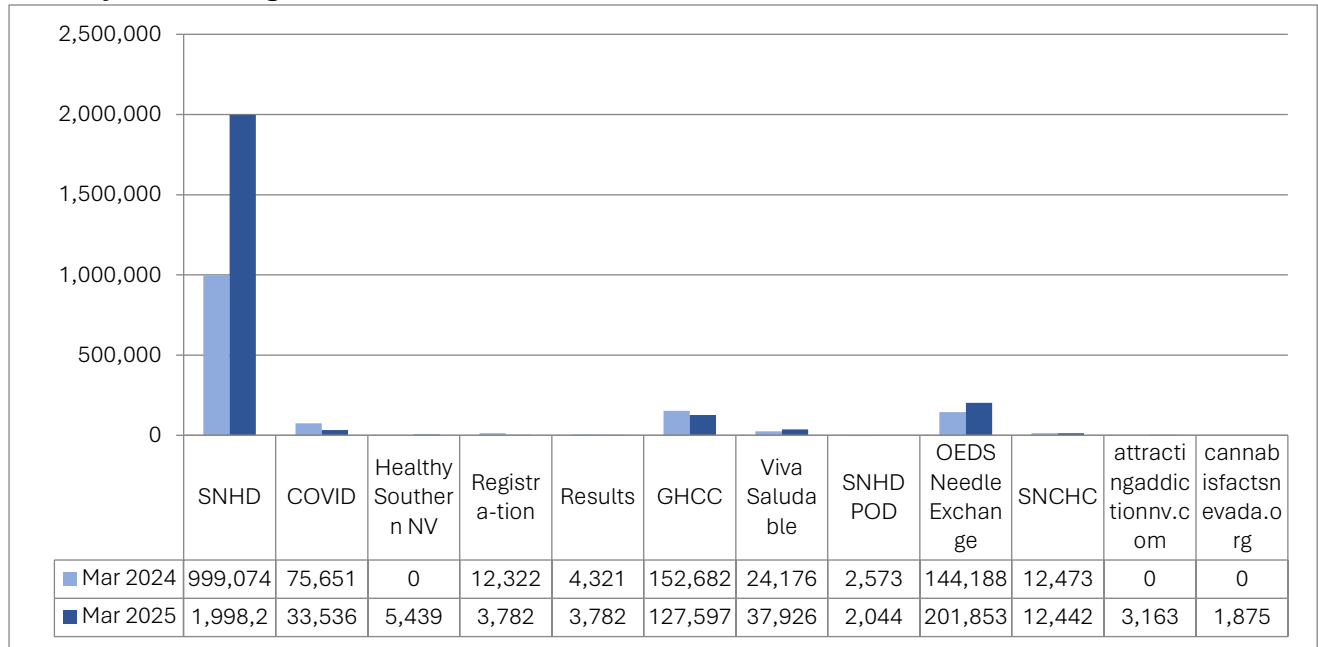
Community Outreach - Total Volunteers¹

Community Outreach - Volunteer Hours

Mar 2024	Mar 2025		YTD FY24	YTD FY25	
27	20	↓	319	281	↓
73	57	↓	953	832	↓
26	13	↓	192	245	↑
8	9	↑			
576	680	↑	5,486	6,034	↓

¹Total 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		Mar 2024	Mar 2025		YTD FY24	YTD FY25
Facebook SNHD	Followers	13,383	13,575	↑	N/A	N/A
Facebook GHCC	Followers	6,141	6,121	↓	N/A	N/A
Facebook SHC	Followers	1,648	1,630	↓	N/A	N/A
Facebook THNK/UseCondomSense	Followers	5,338	5,219	↓	N/A	N/A
Facebook Food Safety	Followers	163	175	↑	N/A	N/A
Instagram SNHD	Followers	4,470	5,066	↑	N/A	N/A
Instagram Food Safety	Followers	530	534	↑	N/A	N/A
Instagram GetHealthyCC	Followers	170	285	↑	N/A	N/A
*Instagram @Ez2stop	Followers	0	150	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	430	423	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,840	1,789	↓	N/A	N/A
X (Twitter) Food Safety	Followers	99	102	↑	N/A	N/A
X (Twitter) SNHDinfo	Followers	10,342	10,212	↓	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 – March 1, 2025 to March 14, 2025

PAYROLL EARNINGS SUMMARY

March 01, 2025 to March 14, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 318,203.13	\$ 1,926,899.15	\$ 6,277,068.60	\$ 9,058,929.17	69%	
ENVIRONMENTAL HEALTH	\$ 677,960.95	\$ 3,890,292.24	\$ 12,370,691.43	\$ 17,395,932.56	71%	
COMMUNITY HEALTH	\$ 302,254.23	\$ 1,837,026.84	\$ 5,834,341.87	\$ 9,106,716.49	64%	
DISEASE SURVEILLANCE & CONTROL	\$ 379,501.27	\$ 2,306,313.84	\$ 7,252,375.78	\$ 10,380,887.13	70%	
FQHC	\$ 366,532.99	\$ 2,206,182.37	\$ 6,780,302.56	\$ 9,701,463.62	70%	
ADMINISTRATION W/O ICS-COVID	\$ 588,649.89	\$ 3,727,693.34	\$ 11,597,313.49	\$ 15,310,550.82	76%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,633,102.46	\$ 15,894,407.78	\$ 50,112,093.73	\$ 70,954,479.79	71%	73%
FTE	830					
Regular Pay	\$ 2,320,882.24	\$ 12,331,395.69	\$ 40,193,971.21			
Training	\$ 177.40	\$ 14,946.08	\$ 89,822.92			
Final Payouts	\$ 25,443.67	\$ 199,962.63	\$ 357,543.50			
OT Pay	\$ 11,545.12	\$ 61,068.18	\$ 345,699.00			
Leave Pay	\$ 247,263.00	\$ 3,064,185.38	\$ 7,678,949.96			
Other Earnings	\$ 27,791.03	\$ 222,849.82	\$ 1,446,107.14			
TOTAL	\$ 2,633,102.46	\$ 15,894,407.78	\$ 50,112,093.73			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT

March 01, 2025 to March 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		4.00	206.17	Chacon, Yury	14.25 300.48
Ubando, Marjorie		6.50	335.04		
Galaviz, Monica		2.00	136.52		
Taitano, Kyomi		1.50	58.28		
Thede, Stacy		6.00	200.10		
Urena, Maite		4.00	130.02		
Kuahiwinui-McGuire, Brandon		2.00	63.26		
Thompson, Christopher		3.50	110.70		
Murphy, Melissa		4.25	161.15		
To, Helen		11.00	580.99		
Herrera Ortiz, Maria		6.00	200.10		
Total Administration		50.75	2182.33		14.25 300.48

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>
Thomas, Pamela		10.00	465.13	Barry, Nancy	1.88 64.43
Andrade, Jessica		9.00	349.71		
Atwood, Devin		4.00	168.03		
Total Community Health Services		23.00	982.87		1.88 64.43

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	73.51	Avalos, Mayra	2.63	116.41
Delarmente, Joannah	FP_24 NO MILEA	0.25	17.50	Villalobos, Yolanda	0.75	20.46
Loysaga, Jennifer		0.20	7.01	Manaloto, Xcelza	0.75	34.13
Bingham, Julie	FP_24 NO MILEA	0.50	34.13			
Carreon, Eduardo		0.50	33.26			
Calito, Maria	FP_24 NO MILEA	0.25	8.56			
Miller, Tanisha		1.50	51.39			
Ortega-Martinez, Leydi		0.15	5.00			
Total FQHC-Community Health Clinic		5.10	230.36		4.13	171.00

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>
Robles, Cynthia		12.00	602.29			
Arquette, Jocelyn		8.75	644.62			
Landini, Karleena		0.50	37.07			
Total Public Health & Preventative Care		21.25	1283.98		0.00	0.00

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Hall, Nancy		10.00	736.70	Cavin, Erin	0.75	33.26
Navarrete, George (Larry)		0.50	36.84	Blackard, Brittanie	0.75	26.41
Archie, Bonnie		0.50	23.26	Diaz-Ontiveros, Luz	3.38	112.93
Schamaun, Kris		5.00	257.72	Sripamong, Jacqueline	0.38	12.24
Billings, Jacob		2.50	184.18	Wade, Cynthia	1.50	48.96
Sheffer, Thanh		5.50	356.33	Ross, Alyssa	3.00	90.77
Woods, Heather		6.95	439.44	Hall, Alyssa	3.00	90.77
Piar, Diane		4.75	307.73	Gonzalez, Kimberly	4.50	136.15
Lett, Kendra		5.00	341.29	Hernandez, Lilian	5.25	154.72
Pontius, Kevin		4.00	252.91	Herrera Carlos	7.50	221.03
Lucas, Brianna		1.00	61.62	Hernandez Abel	1.50	44.21
Thompson, William B		3.25	195.30	Schuler Emalee	2.51	71.91
Cummins, Veronica		6.25	347.52			
Rakita, Daniel		4.50	220.34			
Michel, Guillermo		7.00	351.33			
Jones, Mallory		10.25	514.45			
Najera, Luisa		18.00	881.37			
Craig, Jill		3.50	171.37			
Gonzalez, Kimberly		10.00	453.83			
Vinh, Jonathan		2.50	110.51			
Decicco, Natalya		0.25	11.05			
Concepcion, Derrell Glen		1.25	55.25			
Grave De Peralta, Jelen	PH1EH_23 NO M	0.50	22.10			
Gamboa, Daidre		0.75	33.15			
Hernandez, Abel		6.00	265.24			
Total Environmental Health		119.70	6630.83		34.01	1043.34

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
O'Connor, Kelli	HIVPRV25	2.00	129.58			
Flournoy, Tiffany		0.50	30.05			
Eddleman, Tabby		1.25	75.12			
Total Disease Surveillance & Control		3.75	234.75		0.00	0.00

Combined Total		223.55	11545.12		54.26	1579.26
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Appendix C – Finance – Payroll Earnings Summary – March 15, 2025 to March 28, 2025

PAYROLL EARNINGS SUMMARY March 15, 2025 to March 28, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 319,627.58	\$ 2,246,526.73	\$ 6,596,696.18	\$ 9,058,929.17	73%	
ENVIRONMENTAL HEALTH	\$ 646,602.79	\$ 4,536,895.03	\$ 13,017,294.22	\$ 17,395,932.56	75%	
COMMUNITY HEALTH	\$ 322,688.15	\$ 2,159,714.99	\$ 6,157,030.02	\$ 9,106,716.49	68%	
DISEASE SURVEILLANCE & CONTROL	\$ 380,476.66	\$ 2,686,790.50	\$ 7,632,852.44	\$ 10,380,887.13	74%	
FQHC	\$ 356,754.55	\$ 2,598,536.73	\$ 7,172,656.92	\$ 9,701,463.62	74%	
ADMINISTRATION W/O ICS-COVID	\$ 601,973.60	\$ 4,329,666.94	\$ 12,199,287.09	\$ 15,310,550.82	80%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,628,123.33	\$ 18,558,130.92	\$ 52,775,816.87	\$ 70,954,479.79	74%	77%

FTE 827

Regular Pay	\$ 2,234,845.51	\$ 14,570,958.28	\$ 42,433,533.80
Training	\$ 65.80	\$ 15,011.88	\$ 89,888.72
Final Payouts	\$ -	\$ 230,845.36	\$ 388,426.23
OT Pay	\$ 12,848.98	\$ 73,917.16	\$ 358,547.98
Leave Pay	\$ 331,257.27	\$ 3,395,442.65	\$ 8,010,207.23
Other Earnings	\$ 49,105.77	\$ 271,955.59	\$ 1,495,212.91

TOTAL **\$ 2,628,123.33** **\$ 18,558,130.92** **\$ 52,775,816.87**

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT March 15, 2025 to March 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>
Munford, Elizabeth		1.25	64.43	Cardona, Anthony (Tony)	15.00 465.13
Keegan, Dahlia		20.00	1030.88		
Ubando, Marjorie		14.50	747.38		
Galaviz, Monica		11.00	750.83		
Taitano, Kyomi		6.50	252.56		
Thede, Stacy		2.75	91.71		
Masters, Christopher		4.00	130.02		
Maldonado, Julie		1.75	99.78		
Kuahiwinui-McGuire, Brandon		0.75	23.73		
Murphy, Melissa		5.50	208.55		
Herrera Ortiz, Maria		6.00	200.10		
Total Administration		74.00	3599.97		15.00 465.13

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>
Pouncy-Beecher, Tamiko		0.25	9.98	Barry, Nancy	1.50 51.54
Total Community Health Services		0.25	9.98		1.50 51.54

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Orea-Valencia, Mirelly		0.50	21.00	Avalos, Mayra	1.13	49.89
Del Rosario, Edna		0.25	12.24			
Anderson, Renita		0.50	22.10			
Bingham, Julie	FP_24 NO MILEA	0.50	35.00			
Humphreys, Sarah		1.00	33.35			
Carreon, Eduardo		0.25	16.63			
Total FQHC-Community Health Clinic		3.00	140.32		1.13	49.89

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>
Enzenauer, Lizette		14.25	812.52	Carpenter, Leslie	0.38	17.06
Arquette, Jocelyn		1.00	73.68	Espenilla, Marko Ruy	0.38	7.73
Gomez, Karen		0.25	8.77			
Aucalla, Gennesis		0.25	8.77			
Fisher-Armstrong, Gimmeko		11.00	473.65			
Landini, Karleena		1.50	111.21			
Total Public Health & Preventative Care		28.25	1488.60		0.75	24.79

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	9.75	432.40
Navarrete, George (Larry)		0.50	36.84	Robinson, Gary	3.38	149.68
Billings, Jacob		7.00	515.70	Ortiz-Rivera, Vanessa	3.00	129.58
Sheffer, Thanh		13.00	842.24	Valadez, Alexis	1.50	51.54
Lucas, Brianna		1.50	92.43	Sabandith, Vetahya	2.25	75.29
Walton, Shaunte		4.00	216.87	Wade, Cynthia	3.75	122.41
Cummins, Veronica		21.50	1195.47	Galvez, Alexis	11.63	379.48
Darang, Chase		2.00	103.09	Gonzalez, Kimberly	2.63	79.42
Rakita, Daniel		6.50	326.24	Hernandez, Abel	0.75	22.10
McCann, Alexandra		4.50	225.86			
Najera, Luisa		5.50	269.31			
Ross, Alyssa		3.00	136.15			
Ahmed, Maryam		4.50	220.34			
Santos-Perez, Itchel		1.50	68.07			
Vinh, Jonathan		2.00	88.41			
Decicco, Natalya		7.75	342.59			
Hernandez, Lilian		5.50	243.13			
Herrera, Carlos		5.00	221.03			
Nwaonumah, Nosa		11.00	486.26			
Hernandez, Abel		10.75	475.21			
Thompson, Deshawn		10.25	453.11			
Total Environmental Health		137.25	7295.05		38.63	1441.89

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>
Palmer, Treva		1.25	85.31			
Flournoy, Tiffany		1.25	75.12			
Fuqua, Matthew	COSSUP25	3.00	154.63			
Total Disease Surveillance & Control		5.50	315.06		0.00	0.00
Combined Total		248.25	12848.98		57.00	2033.25



Memorandum

Date: April 24, 2025

To: Southern Nevada District Board of Health

From: **Xavier Gonzales, PhD**, *Director, Community Health*
Cassius Lockett, PhD, *District Health Officer*

Subject: Community Health Division Monthly Activity Report – March 2025

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

A. Chronic Disease Prevention Program (CDPP)

The CDPP staff planned and implemented several activities to commemorate Heart Month in February and raise awareness of cardiovascular disease prevention and self-management strategies. Activities included:

- Heart of the Community Block Party. The event was held at the Martin Luther King Jr. Senior Center and included collaboration from 27 community partners. Activities included health screenings including a women's mobile health clinic, a 'Talk with a Doc' panel, physical activities, free haircuts from BSHOP partners, and activities for children. Over 100 people attended the event.
- Blood Pressure Screenings at BSHOP and BeSHOP locations with a special Go Red for Women screening at a BeSHOP partner.
- An appearance on the Healthier Tomorrow radio program to discuss heart disease and paid and earned social media to promote heart disease awareness, prevention and self-management.

Our **CDPP staff partnered with the Obodo Collective** to support the opening of the Obodo Greengrocer, a **small produce store** that also sells other grocery essentials. The grand opening was held in February and support from the community was overwhelming with a line around the block for people to get into the store and purchase produce. CDPP hosted a table at the grand opening providing nutrition education, resources and free BP checks. An **estimated 300 people attended** the grand opening. The **Obodo Greengrocer serves as one of the only locations in the Historic Westside to purchase fresh produce.** The Obodo

Greengrocer accepts SNAP/EBT and we are working with Together We Can, to make them an implementation site for the Double Up Food Bucks Program.

The Partners for a Healthy Nevada (PHN) meeting was held in February with 47 people in attendance. This meeting served to commemorate the 20th Anniversary of the PHN coalition. Dr. Lockett made opening remarks and in addition to regular agenda items, an advocacy training was provided by the Nevada Institute for Children's Research and Policy. During February, CDPP staff hosted three (3) Diabetes Self-Management Education & Support (DSMES) classes. Two (2) classes were provided in Spanish, and one class was provided virtually in English. A total of 27 people attended one of the classes.

B. **Tobacco Control Program (TCP) Update**

The SNHD TCP's youth vaping prevention initiative, BreakDown, partnered with the Nevada Interscholastic Athletic Association for their annual Athletic Director Conference. This event promoted the importance of tobacco-free lifestyles for youth, reaching Athletic Directors for high schools throughout Southern Nevada.

This month, staff conducted an educational training presentation for Communities in Schools coordinators on vaping prevention and how to address the use of e-cigarettes and other tobacco products among middle school students. Vaping prevention materials were distributed to thirteen (13) middle schools.

Our TCP's African American focused tobacco prevention initiative entitled, Because We Matter sponsored and participated in the Spring Preserves' Black History Month Festival on February 15th. This smoke-free event promoted community unity while providing valuable tobacco prevention resources and educational material to over 3,000 attendees.

In February, thirteen (13) local businesses implemented voluntary smoke-free policies in their establishments. Policies consist of minimum distance policies which limit smoking and vaping near entrances and exits to buildings.

Staff collaborated with the **Nevada State Apartment Association** to promote the smoke-free housing initiative at the annual Market Trends event. The event brings together multi-unit housing industry leaders including managers and owners through a one-day conference that seeks to empower, connect, and educate attendees on topics related to multi-unit housing. Strategic **distribution of smoke-free housing resources** included the direct placement of tailored resource packages on individual seats at the event site. Staff also tabled at the event to provide additional information and to directly connect with managers and owners. The event had over 300 attendees. The **TCP's online housing directory totals 65,095 smoke-free units**. Staff continues to work on obtaining updated information on properties to keep data on current master list up to date.

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

A. OEMSTS – March 2024 / 2025 Data

EMS Statistics	March 2024	March 2025	
Total certificates issued:	724	1085	↑
New licenses issued:	102	104	↑
Renewal licenses issued (recert only):	616	981	↑
Driver Only:	41	58	↑
Active Certifications: EMT:	877	886	↑
Active Certifications: Advanced EMT:	1831	1843	↑
Active Certifications: Paramedic:	2016	2141	↑
Active Certifications: RN:	70	78	↑

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 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 SNHD employees were FIT tested for personal protective equipment during the month of March.
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 continue to participate in NACCHO's Virtual Learning Collaborative for the Inclusion of MCH Populations in Emergency Preparedness and Response.
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 23rd.
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 15th at SNHD Main location.
2. Trainers provided ICS 300 training at Bureau of Reclamation March 13th – 21st, to support City of Las Vegas ICS training calendar throughout 2025.
3. CPR training was provided to six (6) SNHD staff on March 12th - 13th.
4. New Hire Orientation was not provided to ten (10) staff on March 19th.
5. Planners conducted the **Excessive Heat Seminar** on March 12th.
6. Our Planners developed the After-Action Report for Excessive Heat Seminar.
7. Trainers are planning for Introduction to Radiological/Nuclear WMP Operations (AWR-140) course at for SNHD on June 16th.
8. Senior Planners participate in SNHD's Website Committee.
9. Manager, Supervisor, and Senior Planner participate in NACCHO Chemical Workshop Planning Meeting.
10. OPHP staff attended the TEEX MGT 348 training in North Las Vegas.
11. Senior Planner and Supervisor coordinate with Clark County Fire on radiological incident response planning.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. Trainers and Clinical Advisor confirmed upcoming dates for First Receiver Decontamination Training at Henderson Hospital on March 5th. Planning continues for additional training at Centennial Hills Hospital on April 9th, UMC on May 19th, and Valley Hospital on May 28th.
2. Our Trainer finalized dates and locations for two TEEX trainings is 2026; Pediatric Disaster Response and Emergency Management; Medical Management of Chemical,

- Biological, Nuclear and Explosive (CBRNE) Events. Continued planning and advertisements will be forthcoming.
3. The Trainer confirmed the upcoming briefing from Nevada National Security Site (NNSS) for June SNHPC meeting.
 4. Planners and Clinical Advisor have finalized planning efforts for the Medical Response Surge Exercise 2025.
 5. Planners attended healthcare system partner's Emergency Management Committee Meetings.
 6. Planners attended the UMC Emergency Preparedness Meetings.
 7. SNHPC returned to a monthly scheduled basis, next meeting is on April 3rd.
 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.
 10. Planner, Readiness Response Coordinator, Clinical Advisor and Trainer attended "Human Trafficking Awareness & Prevention" briefing coordinated by Nevada National Security Site/MSST/SOAR Team on March 25th.
 11. Planners have started efforts for SNHPC August workshop.
 12. Planners completed Readiness Assessment and Training and Exercise Plan.
 13. Planner, Readiness Response Coordinator, Clinical Advisor, and Trainer completed HCC Readiness Plan which includes HCC T&E Plan and submitted to DPBHP.

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 for threat assessments on special event assessment rating (SEAR) 2, 3, and 4 events, such as St. Patrick's Day Parade and Celebration.
3. Participate in weekly counter terrorism analytic group (CTAG) meetings.
4. Develop appropriate connections to increase communication between SNHD, SNCTC and its partner organizations.
5. Collaborate with five (5) surrounding fusion centers on areas of public health concern. Produce and distribute monthly joint public health bulletins.
6. Provide SNHD Disease Surveillance and Control with white papers from fusion center sources for situation awareness.
7. Distribute information on major recalls.
8. Provide SNHD Security with training opportunities from federal partners.
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.
5. The OPHP team is revising scopes of work and budgets for FY2026 fiscal grant year. Current Budget assumptions are that we will be receiving level funding as a basis for estimating special revenue activities.

F. Medical Reserve Corps (MRC) of Southern Nevada:

1. The MRC Coordinator attended NACCHO PPAG meeting, MRC meetings, SNHPC meeting, planned training and activities for upcoming months, sent out newsletters, and continued to recruit and deactivate volunteers.
2. MRC Coordinator attended VOAD meeting at United Way offices and the Extreme Heat seminar at the UNLV extension.
3. MRC provided blood pressure checks and distributed preparedness information at Senior Resource Fair hosted by Henderson City Councilman Jim Seebock.

MRC Volunteer Hours FY2025 Q3

(Economic impact rates updated April 2024):

Activity	January	February	March
Training	36		
Community Event		8	6
SNHD Clinic			
Total Hours	36	8	6
Economic impact	\$1205.64	\$300.98	\$267.06

IV. VITAL RECORDS

- A. March is currently showing a **20% increase in birth certificate** sales in comparison to March 2024. **Death certificate** sales are currently showing a **2% decrease** in comparison to March 2024. SNHD received revenues of \$41,756 for birth registrations, \$29,995 for death registrations; and an additional \$10,120 in miscellaneous fees.

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

Vital Statistics Services	Mar 2024	Mar 2025		FY 23-24 (Mar)	FY 24-25 (Mar)	
Births Registered	1,901	1,887	↓	14,203	18,554	↑
Deaths Registered	1,730	1,880	↑	15,778	16,555	↑
Fetal Deaths Registered	20	15	↓	156	147	↓

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

Vital Statistics Services	Mar 2024	Mar 2025		FY 23-24 (Mar)	FY 24-25 (Mar)	
Birth Certificates Sold (walk-in)	42	3	↓	502	56	↓
Birth Certificates Mail	117	112	↓	1,145	1,048	↓
Birth Certificates Online Orders	3,750	4,629	↑	32,108	33,366	↑
Birth Certificates Billed	95	74	↓	998	992	↓
Birth Certificates Number of Total Sales	4,004	4,818	↑	34,753	35,462	↑
Death Certificates Sold (walk-in)	33	9	↓	315	207	↓
Death Certificates Mail	122	230	↑	1,331	1,413	↑
Death Certificates Online Orders	8,213	7,930	↓	68,553	71,158	↑
Death Certificates Billed	29	46	↑	322	384	↑
Death Certificates Number of Total Sales	8,397	8,215	↓	70,521	73,162	↑

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

Vital Statistics Sales by Source	Mar 2024	Mar 2025		FY 23-24 (Mar)	FY 24-25 (Mar)	
Birth Certificates Sold Valley View (walk-in)	1%	.1%		1.4%	.2%	↓
Birth Certificates Mail	2.9%	2.3%	↓	3.3%	3%	↓
Birth Certificates Online Orders	93.7%	96.1%	↑	92.4%	94.1%	↑
Birth Certificates Billed	2.4%	1.5%	↓	2.9%	2.8%	↓
Death Certificates Sold Valley View (walk-in)	.4%	.1%	↓	.4%	.3%	↓
Death Certificates Mail	1.5%	2.8%	↑	1.9%	1.9%	
Death Certificates Online Orders	97.8%	96.5%	↓	97.2%	97.3%	↑
Death Certificates Billed	.3%	.6%	↑	.5%	.5%	

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

Revenue	Mar 2024	Mar 2025		FY 23-24 (Mar)	FY 24-25 (Mar)	
Birth Certificates (\$25)	\$100,100	\$120,450	↑	\$868,825	\$886,550	↑
Death Certificates (\$25)	\$209,925	\$205,375	↓	\$1,763,025	\$1,829,050	↑
Births Registrations (\$13)	\$35,529	\$41,756	↑	\$302,302	\$300,885	↓
Deaths Registrations (\$13)	\$24,063	\$23,995	↓	\$203,567	\$210,883	↑
Convenience Fee (\$2)	\$7,906	\$9,330	↑	\$66,250	\$67,848	↑
Miscellaneous Admin	\$517	\$790	↑	\$5,940	\$6,125	↑
Total Vital Records Revenue	\$378,040	\$401,696	↑	\$3,209,909	\$3,301,341	↑

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	Mar 2024	Mar 2025		FY 23-24 (Mar)	FY 24-25 (Mar)	
Passport Applications	722	810	↑	5,830	6,455	↑
Revenue	Mar 2024	Mar 2025		FY 23-24 (Mar)	FY 24-25 (Mar)	
Passport Execution/Acceptance fee (\$35)	\$25,270	\$28,350	↑	\$204,050	\$225,925	↑

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 underserved.
 1. Per Executive Order 14222, **funding for the COVID Health Disparities Grant (CVDHE) was discontinued on March 24th**. This order halts all program activities under the no cost extension that was scheduled to end May 31st. This order halts all program activities under the no cost extension that was scheduled to end May 31st.
- 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	47	37
NAAT NG/CT	1427	1373
Syphilis	861	805
RPR/RPR Titers	136/58	134/52
Hepatitis Total	2444	2074
HIV/differentiated	820/30	736/20
HIV RNA	112	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 March, the average daily testing was 32 and the average turnaround time was 41 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.

- Monthly summary of COVID PCR/NAAT testing:

Month	# PCR & NAAT/#POS	Month	# PCR & NAAT/#POS
January	471/74	July	-----
February	656/55	August	-----
March	630/22	September	-----
April	-----	October	-----
May	-----	November	-----
June	-----	December	-----

- 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:

[illegible]

	WGS (PulseNet)	14	12	20										46
Salmonella	Salmonella Screen	3	6	14										23
	Salmonella Serotype	3	7	13										23
Shigella	Shigella Screen	2	5	3										10
	Shigella Serotype	2	4	3										9
STEC	STEC Screen	0	3	3										6
	STEC Serotype	0	0	1										1
Unknown	Stool Culture	1	5	1										7
Vibrio	Vibrio ID	0	0	0										0
	Vibrio Screen	1	0	0										1
Yersinia	Yersinia Culture/ID	1	0	0										1

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were four (4) samples for GI outbreak investigation in March.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In March, SNPHL performed six (6) 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	0									

3. SNPHL is clinically validated for **using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella** species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
4. SNPHL performed 20 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in March 2025.
5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 118 bacterial organisms have been identified in March.
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 March 2025, SNPHL has sequenced 14 SARS-CoV-2-positive RNA extracts.
8. 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	0									

9. 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 March, we tested a total of zero (0) mosquito pool samples. There were zero (0) positive WNV mosquito pool samples identified in March. Environmental Health released the test result to the public after we informed the test result to them.
10. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in March, a total of 47 clinical isolates, Neisseria gonorrhoeae thirteen (13) isolates and Neisseria meningitidis three (3) 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.

11. SNPHL performs *C. auris* PCR screening using Real-Time PCR platform. We performed a total of 1241 samples in March.

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. March 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. The state CLIA inspector is scheduled to conduct an inspection for the newly requested additional tests from our laboratory on Monday, April 28, 2025. Additionally, the CMS CLIA inspection will take place for renewal from April 8th – 10th.

6. 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 March, 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.
7. New influenza surveillance season showed that A/H3 and A/H1, and B/Victoria are major subtypes of influenza.
8. 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 March.
9. The new design may focus on building BSL-3 and Micro lab in the 2nd floor and leaving semi shell for the 1st floor in the Phase I project.
10. CDC rescinded the COVID fund on Monday, March 24th. The total amount of the grants, \$11,793,364.00 for the laboratory, has been terminated immediately.

F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

March SNPHL Services	2024	2025	
Clinical Testing Services ¹	5,228	6,564	↑
Epidemiology Services ²	944	324	↓
State Branch Public Health Laboratory Services ³	48	0	↓
All-Hazards Preparedness Services ⁴	8	6	↓
Environmental Health Services ⁵	13	0	↓

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

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

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

⁴ Includes Preparedness training, teleconferences, and Inspections.

⁵ Includes vector testing.

MEMORANDUM

Date: April 15, 2025

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, Chief Executive Officer, FQHC *RS*

Cassius Lockett, PhD, District Health Officer *CL*

Subject: Community Health Center FQHC Chief Executive Officer Report – March 2025

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.

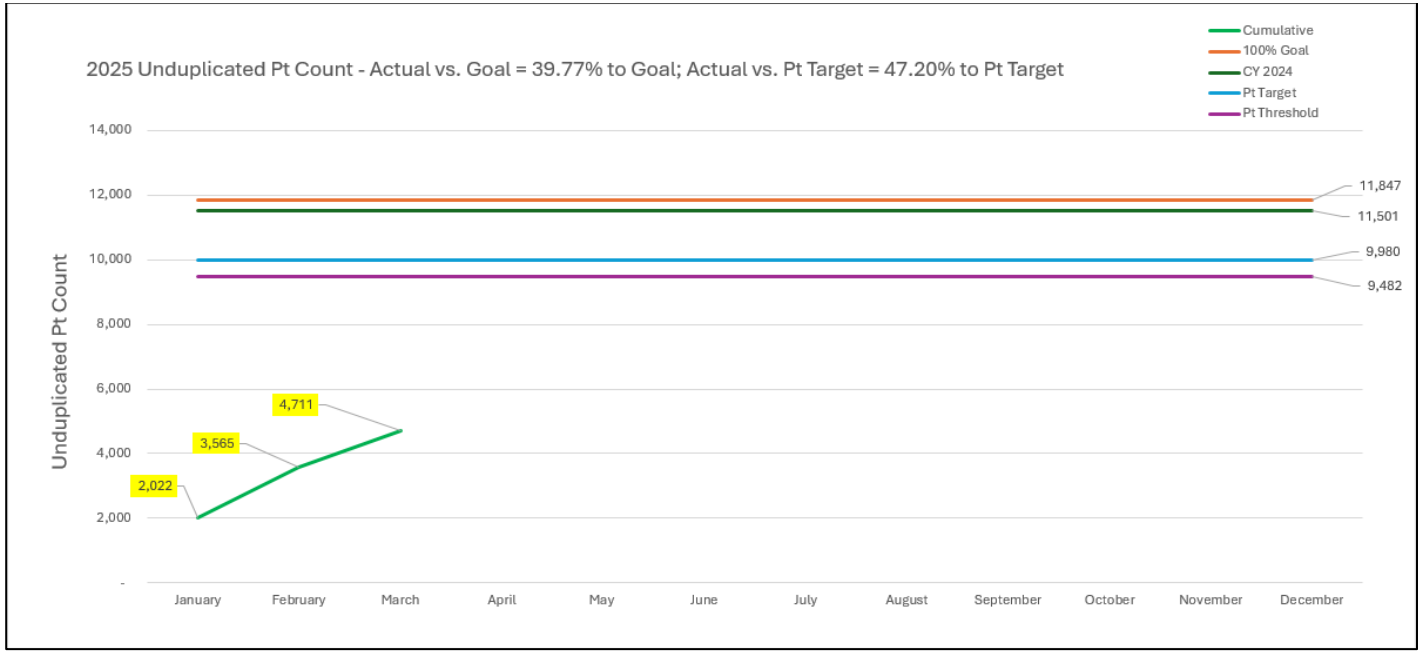
March Highlights

Administrative

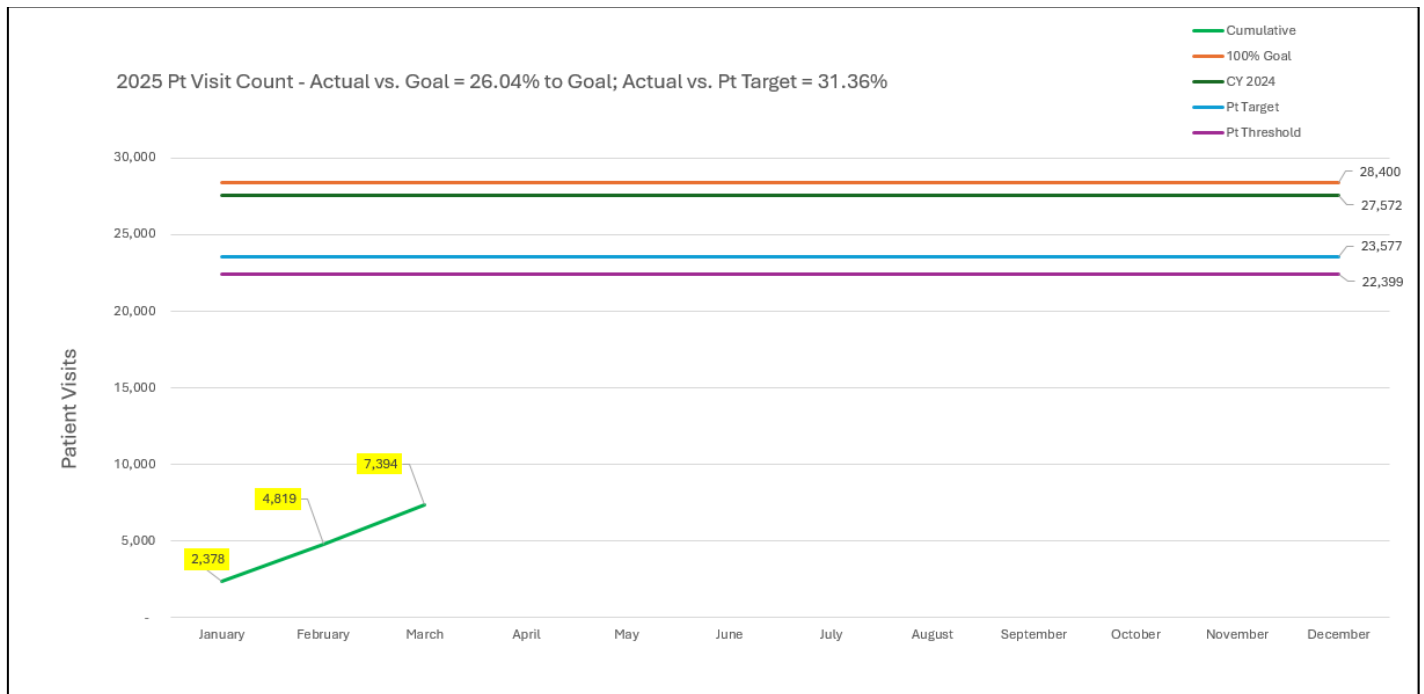
- The HRSA Operational Site Visit (OSV) was conducted on 4/8/25 – 4/10/25.
- The Nevada Family Planning program site visit is scheduled for April 30th
- The Title X Family Planning site visit is scheduled for September 2nd – 4th.
- The Title X Family Planning grant has been funded for an additional year at 45% of last year's amount.
- The health center has been notified by the pharmacy company Gilead that changes are being made to their program effective May 5th concerning several drugs used for HIV treatment and STD prevention.
- Health center staff participated in a District wide Organizational Vital Signs survey for the purpose of identifying areas where the organization is doing well supporting the workforce as well as opportunities for improvement.
- Two health center employees, a Medical Assistant and a Community Health Worker are recognized as SNHD's April employees of the month.

Access

Unduplicated Patients – March 2025



Patient Visits Count – March 2025



Provider Visits by Program and Site – March 2025

Facility	Program	MAR '25	MAR '24	MAR YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	783	482	38%	5,097	3,650	28%
Fremont	Family Health	443	274	38%	2,920	1,703	42%
Total	Family Health	1,226	756	38%	8,017	5,353	33%
Decatur	Family Planning	236	148	37%	1,392	1,278	8%
Fremont	Family Planning	199	97	51%	1,238	697	44%
Total	Family Planning	435	245	44%	2,630	1,975	25%
Decatur	Sexual Health	480	547	-14%	4,025	5,104	-27%
Fremont	Sexual Health	121	32	74%	1,026	82	
ASEC	Sexual Health		96		113	1,095	
Total	Sexual Health	601	675	-12%	5,164	6,281	-22%
Decatur	Behavioral Health	151	97	36%	1,019	1,122	-10%
Fremont	Behavioral Health	116	28		918	30	
Total	Behavioral Health	267	125	53%	1,937	1,152	41%
Decatur	Ryan White	253	221	13%	1,926	1,947	-1%
Fremont	Ryan White	28	16		184	41	
Total	Ryan White	281	237	16%	2,110	1,988	6%
FQHC Total		2,810	2,038	27%	19,858	16,749	16%

Pharmacy Services

	Mar-24	Mar-25		FY24	FY25		% Change YOY
Client Encounters (Pharmacy)	1,218	1,559	↑	12,050	12,846	↑	6.6%
Prescriptions Filled	1,925	2,681	↑	17,138	21,523	↑	25.6%
Client Clinic Encounters (Pharmacist)	39	100	↑	281	582	↑	107.1%
Financial Assistance Provided	20	41	↑	155	312	↑	101.3%
Insurance Assistance Provided	6	9	↑	52	96	↑	84.6%

- A. Dispensed 2,681 prescriptions for 1,559 clients.
- B. Pharmacist completed 100 client clinic encounters.
- C. Assisted 41 clients to obtain medication financial assistance.
- D. Assisted 9 clients with insurance approvals.

Family Planning Services

- A. The Family Planning program access was up 44% in March and is up 25% 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 have been implemented in response to this work.
- 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 several comprehensive site visits in April and September 2025. Work to prepare for the audit is under way.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 60 referrals between March 1st and March 31st. There were two (2) pediatric clients referred to the Medical Case Management program in March and the program received three (3) referrals for pregnant women living with HIV during this time.
- B. There were 738 total service encounters in the month of March provided by the Ryan White program Linkage Coordinator, Eligibility Workers, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 388 unduplicated clients served under these programs in March.
- C. The Ryan White ambulatory clinic conducted a total of 487 visits in the month of March: 37 initial provider visits, 197 established provider visits including 17 tele-visits (established clients). There were 33 nurse visits and 220 lab visits. There were 42 Ryan White services provided under Behavioral Health by the Licensed Mental Health Providers and the Psychiatric APRN during the month of March. There were 18 Ryan White clients seen by the Registered Dietitian under Medical Nutrition Services.
- D. The Ryan White clinic continues to provide Rapid StART services, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were six (6) patients seen under the Rapid StART Program in March.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC Sexual Health Clinic (SHC) clinic provided 1,096 unique services to 745 unduplicated patients in the month of March. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- B. The FQHC SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the Sexual Health and Outreach Prevention Programs (SHOPP) with the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services. The FQHC SHC refers pregnant patients with syphilis and patients needing complex STI evaluation and treatment to SHOPP for nurse case management services.
- C. One FQHC-SHC Nurses attended the employee skills fair.

Refugee Health Program (RHP)

Services provided in the Refugee Health Program for the month of March 2025.

Client required medical follow- up for Communicable Diseases	-
Referrals for TB issues	7
Referrals for Chronic Hep B	0
Referrals for STD	4
Pediatric Refugee Exams	18
Clients encounter by program (adults)	44
Refugee Health Screening for March 2025	62
Total for FY24-25	565

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.

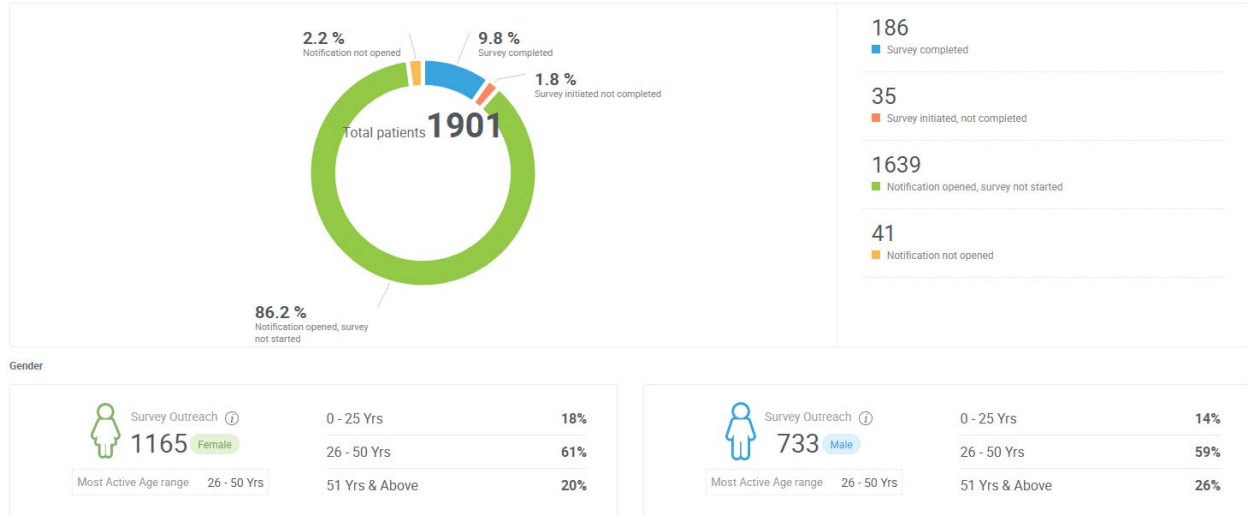
Patient Satisfaction: See attached survey results.

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.

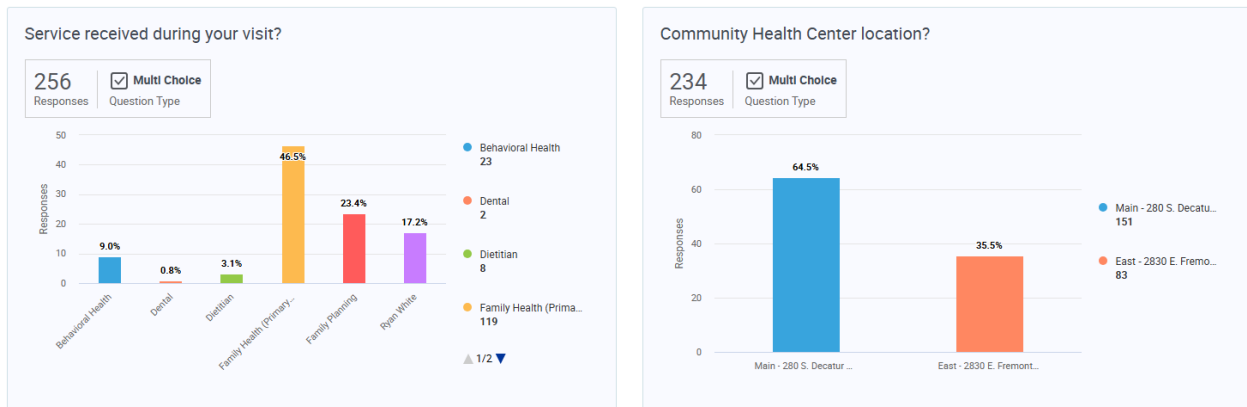
Southern Nevada Community Health Center

Patient Satisfaction Survey – March 2025

Overview



Service and Location

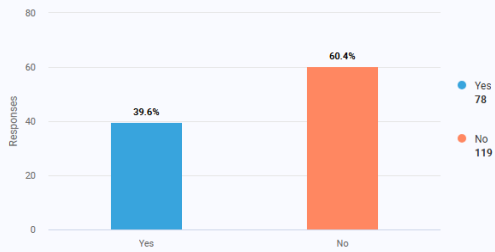


Provider, Staff, and Facility

Was your most recent visit for an illness, injury or condition that needed care right away?

197
Responses

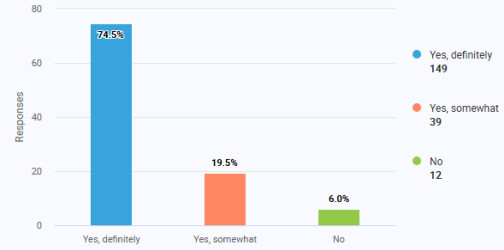
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Question Type



Was the recent visit as soon as you needed?

200
Responses

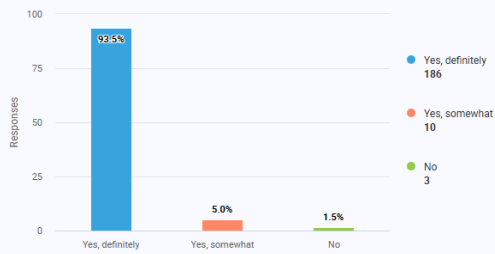
☒ Multi Choice
Question Type



During your most recent visit, did this provider explain things in a way that was easy to understand?

199
Responses

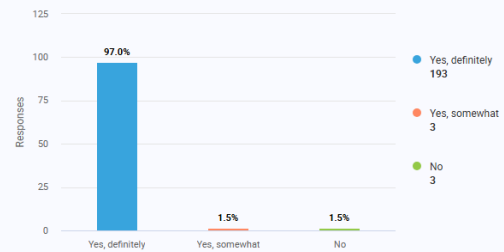
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Question Type



During your most recent visit, did this provider listen carefully to you?

199
Responses

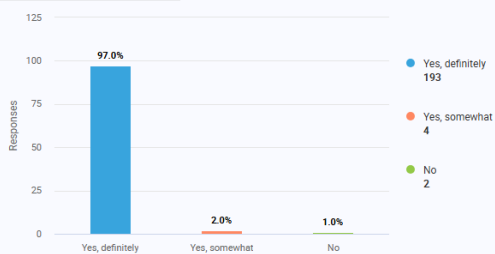
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Question Type



During your most recent visit, did this provider show respect for what you had to say?

199
Responses

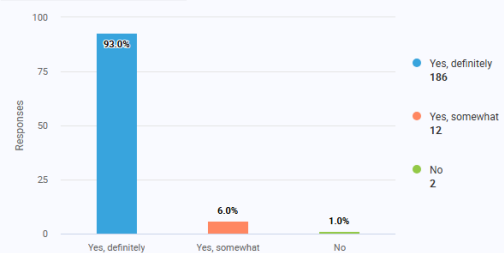
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Question Type



During your most recent visit, did this provider spend enough time with you?

200
Responses

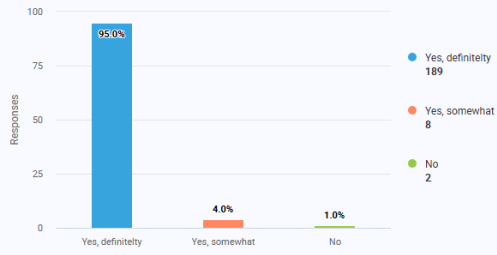
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Question Type



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

199
Responses

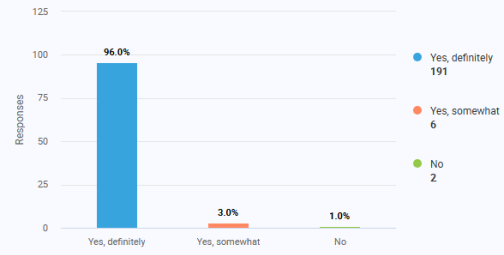
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Question Type



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

199
Responses

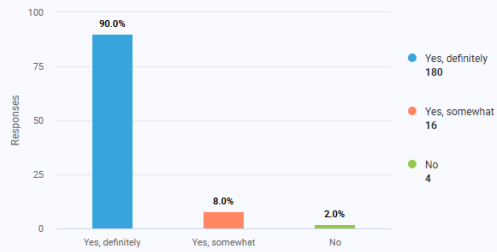
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Question Type



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

200
Responses

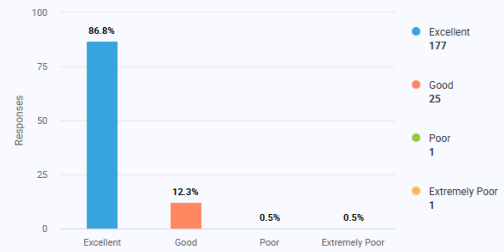
☒ Multi Choice
Question Type



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

204
Responses

☒ Multi Choice
Question Type

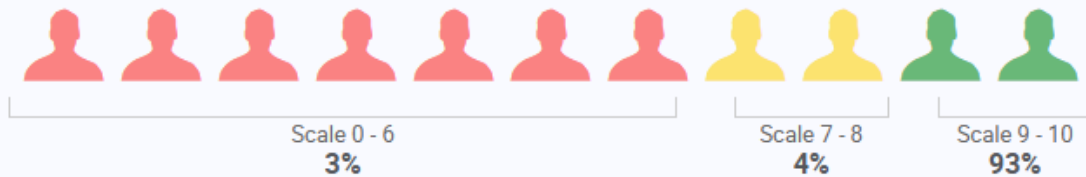


How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?

201
Responses

123 Numbers
Question Type

90 Net Promoter Score (NPS)



6

Scale 0 - 6

8

Scale 7 - 8

187

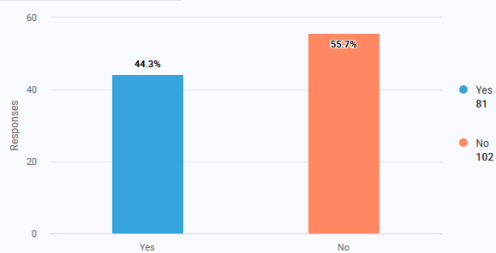
Scale 9 - 10

General Information

Do you have health insurance?

183
Responses

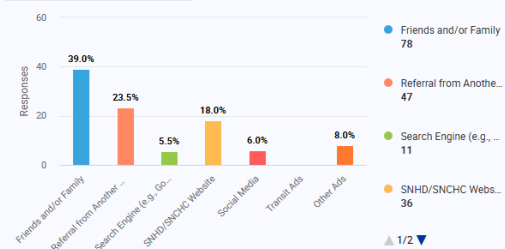
☒ Multi Choice
Question Type



How did you hear about us?

200
Responses

☒ Multi Choice
Question Type



Memorandum

Date: April 24, 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 – March 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.

	March 2024	March 2025		YTD 24	YTD 25	
Sexually Transmitted						
Chlamydia	1150	937	↓	3223	2774	↓
Gonorrhea	482	441	↓	1464	1143	↓
Primary Syphilis	13	9	↓	45	24	↓
Secondary Syphilis	22	7	↓	63	27	↓
Early Non-Primary, Non-Secondary¹	61	19	↓	158	74	↓
Syphilis Unknown Duration or Late²	139	73	↓	378	298	↓
Congenital Syphilis (presumptive)	1	0	↓	8	11	↑
Moms and Babies Surveillance³						
Pregnant Persons Living with HIV⁴	7	5	↓	11	16	→
Pregnant Syphilis Cases	16	5	↓	17	35	↑
Perinatally Exposed to HIV	1	2	↑	7	7	→
¹ Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary ² Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late ³ Counts under this section represent investigations conducted by ODS concerning pregnant persons with HIV or syphilis and do not reflect actual counts of cases diagnosed in the specified period. These investigations are aimed at monitoring and preventing adverse health outcomes, such as perinatal HIV transmission and congenital syphilis. ⁴ The count reflects ODS efforts around pregnant persons with HIV and is not a reflection of total number of pregnant persons with HIV in our community. Persons living with HIV who become pregnant is not a reportable condition in Clark County.						
Vaccine Preventable						

	March 2024	March 2025		YTD 24	YTD 25	
Haemophilus influenzae, invasive disease	2	1	↓	15	10	↓
Hepatitis A	1	0	↓	2	0	↓
Hepatitis B, acute	2	2	→	8	10	↑
Influenza	85	119	↑	504	977	↑
Pertussis	2	1	↓	23	8	↓
RSV	208	322	↑	1807	2059	↑
Enteric Illness						
Campylobacteriosis	19	10	↓	53	52	↓
Cryptosporidiosis	2	0	↓	9	2	↓
Giardiasis	5	1	↓	14	10	↓
Rotavirus	17	26	↑	29	51	↑
Salmonellosis	11	14	↑	30	32	↑
Shiga toxin-producing Escherichia coli (STEC)	7	0	↓	20	9	↓
Shigellosis	10	3	↓	38	14	↓
Yersiniosis	3	4	↑	12	10	↓
Other						
Carbapenem-resistant Enterobacterales (CRE)	59	39	↓	142	117	↓
Candida auris	265	98	↓	462	255	↓
Coccidioidomycosis	24	6	↓	65	54	↓
Hepatitis C, acute	1	2	↑	1	4	↑
Invasive Pneumococcal Disease	35	24	↓	97	91	↓
Lead Poisoning	17	9	↓	43	44	↑
Legionellosis	0	1	↑	3	4	↑
Lyme Disease	0	0	→	2	0	↓
Meningitis, aseptic	4	2	↓	7	4	↓
Meningitis, Bacterial Other	1	1	→	1	3	↑
Streptococcal Toxic Shock Syndrome (STSS)	3	2	↓	12	11	↓
New Active TB Cases Counted (<15 yo)	2	0	↓	2	0	↓
New Active TB Cases Counted (>= 15 yo)	7	4	↓	18	13	↓

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/ FUP ³
Chlamydia	17	0	42	0
Gonorrhea	11	0	26	0
Syphilis	15	6	187	1
HIV/AIDS (New to Care/Returning to Care)	16	13	91	2
Tuberculosis	31	0	9	0
TOTAL	90	19	355	3

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

3. ACDC COVID-19 Activities

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

4. Disease and Outbreak Investigations

- a. **Mpox:** As of March 31, 2025, Clark County had 322 cases of Mpox.
- b. **Gastrointestinal illness at a school:** On 3/9/25, ACDC was notified by CCSD of 6 ill students at an elementary school. ACDC teams partnered with OIE and EH. All reported ill people have had interviews completed or attempted with no additional illness reported since 3/9. One person was confirmed for Norovirus, there were an additional 9 probable cases. This investigation is completed.
- c. **Gastrointestinal illness at a school:** On 3/28/25, ACDC was notified by CCSD of 13 ill students at an elementary school. ACDC partnered with OIE and EH. All reported ill people have had interviews completed or attempted. Three stool kits were returned and all 3 were positive for Astrovirus and one of those was also positive for Sapovirus. There are currently 3 confirmed cases and 9 probable cases. This investigation is ongoing.
- d. **Influenza:** SNHD started the influenza surveillance for the 2024-2025 season on September 29, 2024. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, seasonal influenza activity continues to decline. Statewide, outpatient respiratory illness activity in Nevada is minimal. Locally, as of 3/22/2025, for the 2024 - 2025 influenza season, 1722 influenza-associated hospitalizations and 82 deaths associated with influenza were reported and processed, with 73.2% 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 April 2, 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 current public health risk of H5 influenza is low. There is no known person-to-person spread at this time. 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 March:

Naloxone Distribution	Agency	# of Naloxone doses distributed
3/4/2025	Clark County Library District	312
3/6/2025	SNHD - SHOPP	216
3/6/2025	NDOC - Casa Grande	24
3/13/2025	Vegas Party Favors	216
3/20/2025	Boyd Gaming	144
3/26/2025	City of Las Vegas Municipal Court Marshals	72
Total		984

- 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 March:

FTS Distribution		
03/05/2025	Veteran Affairs of Southern Nevada	300 Strips
03/05/2025	The Moorish Science Temple of America, Inc. Branch Temple No. 57	300 Strips
03/18/2025	SNHD Office of Disease Surveillance	300 Strips
03/18/2025	SNHD Community Health Workers	100 Strips
03/26/2025	SNHD L2A Team	100 Strips
Total FTS:		1,100 Strips

XTS Distribution		
03/05/2025	Veteran Affairs of Southern Nevada	300 Strips
03/05/2025	The Moorish Science Temple of America, Inc. Branch Temple No. 57	300 Strips
03/26/2025	SNHD L2A Team	100 Strips
Total XTS:		700 Strips

6. Prevention - Community Outreach/Provider Outreach/Education

- a. Ongoing promotion continues of the [Collect2Protect](#) (C2P) program, an online service for those requesting testing for gonorrhea, chlamydia, and at-home HIV test kits. The C2P program allows users to order an at-home HIV test kit conveniently and privately, at no cost and get their results at home. Test kits for chlamydia and gonorrhea are also available for a fee. Express Testing will also be available at SNHD's main public health center, 280 S. Decatur Blvd., Las Vegas, for those who are asymptomatic and would like to get tested and know their HIV status. ODS continues to work with OOC to help promote C2P on SNHD web sites, social media and with the help of community partners. The Center, 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. This month we were able to partner with Fantastic Indoor Swap Meet. located at 1717 S Decatur Blvd, Las Vegas, NV 89102. Our team was onsite March 29th with condoms, education materials, PrEP navigation services, HIV, syphilis, and HCV testing, as well as harm reduction supplies. Our continued collaboration and presence at events like these in the community is key to gaining community trust and to help destigmatize HIV/STI testing which is vital to ending the HIV epidemic.
- c. Distribution is ongoing - TB Surveillance developed a laminated flyer titled "Is it TB?" The content includes messaging that encourages providers to "think TB" when talking to their patients about their risks and symptoms. Additionally, there is reporting information and a QR code that links to the provider education training: <https://lp.constantcontactpages.com/su/p26ucWo/TBRRegistration>

B. High Impact HIV/STD/Hepatitis Screening Sites

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

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	Mar-24	Mar-25		YTD 24	YTD 25	
Outreach/Targeted Testing	1012	676	↓	2990	2934	↓
Clinic Screening (SHC/FPC/TB)	783	394	↓	2564	1625	↓
Outreach Screening (Jails)	244	274	↑	750	744	↓
Collect2 Protect	14	2	↓	33	16	↓
TOTAL	2053	1346	↓	6337	5319	↓
Outreach/Targeted Testing POSITIVE	6	1	↓	15	12	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	1	0	↓	5	1	↓
Outreach Screening (Jails, SAPTA) POSITIVE	1	0	↓	1	1	→
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	8	1	↓	21	14	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 03/12/2025: Leveraging ML to analyze EHR Webinar from UNLV; 30 people in attendance.
2. 03/05/2025: Facilitated Harm Reduction in the Field Training; 15 people in attendance; 14 ODS staff in attendance.
3. 03/05/2025: Facilitated Attorney General's Substance Use Response Group (SURG) on Prevention meeting as appointed representative from Clark County, NV; 20 people in attendance; 1 ODS Staff in attendance.
4. 03/07/2025: 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 in attendance.
5. 03/11/2025: Facilitated Overdose Response with Naloxone - Empowering Others; 5 people in attendance; 1 SNHD staff in attendance.
6. 03/12/2025: Presented on CredibleMind at the HPPG Quarterly Meeting; 22 people in attendance; 3 SNHD ODS staff in attendance.
7. 03/12/2025: Media interview on a podcast about public health, overdose prevention, and prescription drug monitoring program; 5 people in attendance; 1 SNHD attendee.
8. 03/12/2025: Presented with HDAD intern on Health District after Dark "Brain Health is Public Health" for "Healthier Tomorrow" for Power 88 radio; ~4 people in attendance; 2 SNHD staff in attendance.
9. 03/12/2025: Facilitated and attended SoN HPPG meeting; ~27 people in attendance; 7 SNHD staff in attendance.
10. 03/18/2025: Facilitated Overdose Response with Naloxone - Harmon Hospital; 12 people in attendance; 1 SNHD staff in attendance.
11. 03/19/2025: Facilitated and presented at the 2025 County Health Rankings and Roadmaps in collaboration with multiple offices; 92 people in attendance; 5 ODS staff in attendance.
12. 03/19/2025: Facilitated Empower Change Rapid HIV Testing Training; 12 people in attendance; 3 SNHD staff in attendance.
13. 03/20/2025: Facilitated Empower Change Rapid HIV Testing Training; 12 people in attendance; 4 SNHD staff in attendance.
14. 03/20/2025: Presented on SUID prevention at the Women and Children's Health Task Force; 24 people in attendance; 1 ODS Health Educator in attendance.
15. 03/26/2025: Facilitated Perinatal HIV Prevention Education; 43 people in attendance; 5 SNHD staff in attendance.
16. 03/26/2025: Facilitated Training on "Language and HIV" for Las Vegas TGA Planning Council Meeting; 27 people in attendance; 3 SNHD staff in attendance.
17. 03/26/2025: Facilitated FTS/XTS Train the Trainer for PACT Coalition; 7 people in attendance; 1 ODS staff in attendance.
18. 03/26/2025: Facilitated Overdose Response with Naloxone - Applegrove Treatment Center and Henderson Angels; 5 people in attendance; 1 SNHD staff in attendance.
19. 03/29/2025: Facilitated "Perinatal HIV and Congenital Syphilis" for Thrive: Long Term Survivor Summit A Woman's Journey; 28 people in attendance; 3 SNHD staff in attendance.

D. Office of Epidemiology

1. 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 and quarterly disease statistics
- d. Weekly Mpox case and vaccination report
- e. Ongoing monthly and quarterly reports for FOCUS HIV grant project
- f. Monthly NVDRS, SUDORS and NCLPP reports
- g. Outreach site HIV testing stats-weekly

- h. EPT report- weekly

2. Other Project Updates

- a. Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard
- b. CSTE EHI Access Workgroup Meeting
- c. 2025 SNHD Health Equity Report in progress
- d. Epi staff have reviewed 1 manuscript for possible publication from these analyses. Additionally, one abstract was reviewed and submitted to the Council of State and Territorial Epidemiologists Annual Meeting.

Disease Statistics

- 1. Communicable Disease Statistics: February 2025 disease statistics are below. Please note that these data are retrieved as of March 27, 2025. (see Table 1)

Table 1 Monthly Communicable Disease Statistics (February 2025)



February 2025: Clark County Disease Statistics*

Data as of 03/27/2025

Disease	2023		2024		2025	
	February	YTD	February	YTD	February	YTD
VACCINE PREVENTABLE						
COVID-19	3,691	8,426	1,088	4,417	577	1,568
Haemophilus influenzae, invasive	6	12	4	13	2	9
Hepatitis A	0	0	0	1	0	0
Hepatitis B, acute	2	2	4	6	4	8
Hepatitis B, chronic	73	138	124	219	95	182
Influenza	25	80	101	418	275	849
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	1	0	0
MPOX	0	2	0	1	0	0
Pertussis	2	6	7	21	3	7
RSV	131	538	480	1,599	727	1,736
SEXUALLY TRANSMITTED						
Chlamydia	970	2,021	1,014	2,073	914	1,837
Gonorrhea	479	950	506	982	312	702
HIV	27	67	47	96	24	54
Stage 3 HIV (AIDS)	10	30	14	30	10	22
Syphilis (Early non-primary, non-secondary)	46	108	52	97	31	54
Syphilis (Primary & Secondary)	50	102	40	73	20	35
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	1	0	0
Congenital Syphilis	8	19	4	7	4	11
ENTERICS						
Amebiasis	0	0	0	0	1	2
Campylobacteriosis	11	27	12	34	21	42
Cryptosporidiosis	1	2	4	7	1	2
Giardiasis	8	13	5	9	3	9
Rotavirus	3	5	9	12	12	25
Salmonellosis	13	27	7	19	14	18
Shiga toxin-producing <i>E. coli</i> (STEC)	2	7	3	13	6	9
Shigellosis	3	8	9	28	8	11
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	0	2	1	3
Yersiniosis	1	1	4	9	3	5
OTHER						
Coccidioidomycosis	28	49	18	41	23	47
Exposure, Chemical or Biological	0	1	0	1	0	0
Hepatitis C, acute	1	1	0	0	1	2
Hepatitis C, chronic	202	393	136	262	144	242
Invasive Pneumococcal Disease	25	54	23	62	30	67
Lead Poisoning	11	22	10	26	16	35
Legionellosis	3	5	3	3	1	2
Lyme Disease	0	0	1	2	0	0
Malaria	0	1	0	0	0	1
Meningitis, Aseptic	1	2	0	3	1	2
Meningitis, Bacterial Other	0	0	0	0	1	2
Meningitis, Fungal	0	0	0	1	0	0
Rabies, exposure to a rabies susceptible animal	29	58	19	61	29	61
Streptococcal Toxic Shock Syndrome (STSS)	3	7	6	9	4	9
Tuberculosis (Active)	6	9	4	11	6	9

*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: April 24, 2025

To: Southern Nevada District Board of Health

From: Christopher D. Saxton, MPH-EH, REHS, *Director of Environmental Health*
Cassius Lockett, PhD, *District Health Officer*

CS

[Handwritten signature]

Subject: Environmental Health Division Monthly Report

I. FOOD OPERATIONS PROGRAM

ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	Mar. 2024	Mar. 2025		FY 23-24	FY 24-25	
Routine Inspections	2,623	2,466	↓	18,999	19,400	↑
Reinspections	185	210	↑	1,387	1,508	↑
Downgrades	158	193	↑	1,310	1,402	↑
Closures	23	13	↓	119	117	↓
Special Events	84	82	↓	648	635	↓
Temporary Food Establishments & Tasting Event Booths	1,220	1,092	↓	6,893	6,745	↓
TOTALS	4,293	4,056	↓	29,356	29,807	↑

↑ (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. Buffet Asia, 2380 S. Rainbow Blvd.: On March 3, the facility was closed for an Imminent Health Hazard (IHH), pest infestation. The inspector documented 27 demerits. The facility was reinspected and reopened with zero demerits on March 6.

B. Sijie Special Noodle, 4821 Spring Mountain Rd.: On March 4, the facility was closed again at a change of permit holder (CPH) follow-up inspection when the

facility was being operated with the closed sign obscured. The facility was inspected and obtained approval from Plan Review staff to stock and operate on March 19.

- C. **Taqueria Buen Pastor, 1601 S. Las Vegas Blvd.:** On March 13, the unit was closed for two IHHs, no potable water or hot water and pest infestation. The inspector documented 27 demerits. The unit remains closed at this time.
 - D. **Las Music, 4821 Spring Mountain Rd.:** On March 14, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 22 demerits. The facility remains closed at this time.
 - E. **PK Oyster Bar, 900 E. Karen Ave.:** On March 17, the facility was closed for an IHH, pest infestation. The inspector documented 19 demerits. The facility was reinspected and reopened with zero demerits on March 19.
 - F. **LAS Jose Cuervo Tequileria C14, 5757 Wayne Newton Blvd.:** On March 18, the facility was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The floor sink near the entrance to the walk-in cooler was overflowing into the cook line and cold preparation kitchen areas. The inspector documented eight demerits. Floor sink plumbing was repaired overnight so the drains would function properly. The facility was reinspected and reopened with zero demerits on March 19.
 - G. **Purified Water To Go, 4155 S. Buffalo Dr.:** On March 18, the facility was closed due to an unapproved CPH inspection and an IHH, pest infestation. The inspector documented 18 demerits. The facility obtained a valid permit and was reinspected and reopened on March 26.
 - H. **Surf City Bar, 1435 W. Craig Rd.:** On March 20, the facility was closed for an IHH, pest infestation. The inspector documented eight demerits. The facility was reinspected and reopened with zero demerits on March 21.
 - I. **Beep Beep Burger, 3232 N. Durango Dr.:** On March 20, the unit was closed for two IHHs, sewage or liquid waste not disposed of in an approved manner and other conditions or circumstances that may endanger public health. The inspector documented 22 demerits. The operator submitted a Notice of Business Closure on March 21 and has requested to have the health permit deleted.
 - J. **Flamingo LV Hotel, 3555 S. Las Vegas Blvd.:** On March 24, the employee dining room food preparation permit was closed for an IHH, no hot water to the only handwash sink. The inspector documented 10 demerits. The facility was reinspected and reopened with zero demerits on March 25.
 - K. **Poker Palace Restaurant, 2757 N. Las Vegas Blvd.:** On March 25, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 27 demerits. The facility was reinspected and reopened with zero demerits on March 26.
 - L. **Spearmint Rhino Side Bar, 3340 S. Highland Dr.:** On March 29, the permitted area was closed for an IHH, pest infestation. The inspector documented three demerits. The permitted area remains closed at this time.
 - M. Staff closed 36 unpermitted food vending complaint investigations.
2. **Food Safety Assessment Meetings (FSAMs):**
An FSAM was held with the following operator: El Pollos Mobile Trailer, 1934 N. Decatur Blvd.
3. **Supervisory/Managerial Conferences:**
A. Conferences were held with the following facilities: Seafood City Supermarket – Grill City, 10405 S. Eastern Ave.; and Sijie Special Noodle, 4821 Spring Mountain Rd.

ENVIRONMENTAL HEALTH Outbreak Response – Fiscal Year Data

Outbreak Response	Mar. 2024	Mar. 2025		FY 23-24	FY 24-25	
Legionella Travel Associated Investigations	1	0	↓	13	13	→
Legionella Residential Investigations	2	0	↓	7	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.

5. Foodborne Illness Response:

- A. **Texas Roadhouse, 1380 E. Craig Rd.:** On March 3, staff responded to a confirmed case of campylobacter. Staff observed multiple risk factors that could lead to foodborne illness including improper handwashing practices, cross-contamination, and improper sanitizing of surfaces. The investigation resulted in a B downgrade. The facility was reinspected and passed with an A grade.
- B. **Parlour Coffee and Cooking, 1710 W. Horizon Ridge Pkwy.:** On March 4, staff responded to a confirmed case of salmonella. Staff observed multiple risk factors that could lead to illness including improper handwashing practices, improper control of food temperatures, refrigeration in disrepair, and cross-contamination from raw animal products. The investigation resulted in a B downgrade. The facility was reinspected and passed with an A grade.
- C. **Sushi Neko, 5115 Spring Mountain Rd.:** On March 5, staff responded to multiple reports of illness. Staff observed multiple risk factors that could lead to illness including food held at improper temperatures and food mislabeled on the restaurant menu. The investigation resulted in an A grade.
- D. **Sundance Grill, 3333 Blue Diamond Rd.:** On March 6, staff responded to a confirmed case of salmonella. Staff observed multiple risk factors that could lead to illness including improper handwashing practices and multiple foods held at improper temperatures due to refrigeration being in disrepair. The investigation resulted in a B downgrade. The facility was reinspected and passed with an A grade.
- E. **Raising Cane's, 4655 W. Charleston Blvd.:** On March 11, staff responded to a confirmed case of salmonella. Staff observed risk factors that could lead to illness including improper handwashing practices and cross contamination of foods from raw animal products. The investigation resulted in a B downgrade. The facility was reinspected and passed with an A grade.
- F. **Panda Express, 1740 W. Craig Rd.:** On March 11, staff responded to a confirmed case of Shiga toxin-producing E. coli (STEC). Staff did not observe any risk factors that could lead to illness. The investigation resulted in an A grade.
- G. **Chubby Cattle, 4525 Spring Mountain Rd.:** On March 12, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness including food held at improper temperatures and raw foods improperly stored. The investigation resulted in an A grade.

- H. Marsigliano's Pizzeria, 8125 W. Sahara Ave.:** On March 13, staff responded to a confirmed case of salmonella. Staff observed multiple risk factors that could lead to illness including barehand contact with ready-to-eat foods, foods held at improper temperatures, raw foods improperly stored, and improper sanitation of food contact surfaces. The investigation resulted in a C downgrade. The facility was reinspected and passed with an A grade.
- I. LAS Jose Cuervo Tequileria, 5757 Wayne Newton Blvd.:** On March 15, staff responded to multiple reports of illnesses. Staff did not observe any risk factors that could lead to illness. The investigation resulted in a closure for a sewage overflow that occurred during the inspection. The facility was reinspected and passed with an A grade.
- J. Buffet at Asia, 1518 E. Flamingo Rd.:** On March 18, staff responded to a confirmed case of Norovirus. Staff observed multiple risk factors that could lead to illness including possible employee contamination of consumer foods. The investigation resulted in a B downgrade. The facility was reinspected and passed with an A grade.
- K. Big Mamas Wings and Things, 2833 N. Green Valley Pkwy.:** On March 18, staff responded to a confirmed case of salmonella. Staff observed risk factors that could lead to illness including improper handwashing practices, foods held at improper temperatures, improper storage of foods, and improper cleaning and sanitizing of food contact surfaces. The investigation resulted in a B downgrade. The facility was reinspected and passed with an A grade.

II. SOLID WASTE AND COMPLIANCE

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

Illegal Dumping and Hearing Officer Process	Mar. 2024	Mar. 2025		FY 23-24	FY 24-25	
Notices of Violations (New & Remails)	6	4	↓	52	41	↓
Adjudicated Hearing Cases	0	1	↑	43	30	↓
Total Cases Received	78	77	↓	720	719	↓
Total Cases Referred to Other Agencies	21	12	↓	196	126	↓
Hearing Penalties Assessed	\$0	\$1,000	↑	\$103,250	\$43,000	↓

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	Mar. 2024	Mar. 2025		FY 23-24	FY 24-25	
Inspections	388	375	↓	2,390	2,274	↓

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

Underground Storage Tanks	Mar. 2024	Mar. 2025		FY 23-24	FY 24-25	
Compliance Inspections	82	87	↑	499	625	↑
Final Installation/Upgrade/Repair Inspections	6	4	↓	32	25	↓
Closure Inspections	2	1	↓	10	8	↓
Spill Report Investigations	0	0	→	11	17	↑

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

Permitted Disposal Facilities	Mar. 2024	Mar. 2025		FY 23-24	FY 24-25	
Inspections	16	14	↓	174	182	↑
Reinspections	2	0	↓	17	6	↓

III. VECTOR SURVEILLANCE

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

Vector Surveillance and Other EH Services	Mar. 2024	Mar. 2025		FY 23-24	FY 24-25	
West Nile Virus Surveillance Traps Set	2	56	↑	1,738	2,023	↑
West Nile Virus Surveillance Mosquitoes Tested	1	17	↑	2,805	1,686	↓
West Nile Virus Surveillance Submission Pools Tested	5	157	↑	57,222	20,696	↓
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	1	6	↑	688	147	↓
Public Accommodations Inspections	70	36	↓	416	219	↓
Public Accommodations Complaints	24	10	↓	234	155	↓
Mobile Home/Recreational Vehicle Park Inspections	37	36	↓	209	178	↓
Mobile Home/Recreational Vehicle Park Complaints	1	2	↑	16	17	↑

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** – Paper Recycling of Nevada; Nevada Department of Transportation; and Werdco Sand and Gravel
- 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); and Waste Grease (2)
- D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in April:**
None

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Mar. 2024	Mar. 2025		FY 23-24	FY 24-25	
Asbestos Permits Issued	82	68	↓	740	617	↓
Revised Asbestos Permits Issued	8	9	↑	61	67	↑

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Mar. 2024	Mar. 2025		FY 23-24	FY 24-25	
Tentative Maps-Received	7	24	↑	99	127	↑
Tentative Maps-Lot Count	679	1,871	↑	4,220	8,813	↑
Final Maps-Received	13	27	↑	180	161	↓
Final Maps-Lot Count	705	1,085	↑	6,797	6,202	↓
Final Maps-Signed	17	21	↑	187	147	↓
Final Maps (Signed)-Lot Count	811	784	↓	8,333	6,741	↓
Improvement Plans-Received	14	26	↑	165	149	↓
Improvement Plans-Lot Count	709	879	↑	5,997	6,024	↑
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	Mar. 2024	Mar. 2025		FY 23-24	FY 24-25	
Residential ISDS Permits	2	4	↑	54	40	↓
Commercial ISDS Permits	0	0	→	1	3	↑
Commercial Holding Tank Permits	5	3	↓	24	21	↓
Residential Tenant Improvements	11	22	↑	192	156	↓
Residential Certifications	0	0	→	3	0	↓
Compliance Issues	4	5	↑	71	66	↓

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	Mar. 2024	Mar. 2025		FY 23-24	FY 24-25	
Public Water System Sanitary Surveys	0	0	↓	47	52	↑
Public Water System Violations Issued	8	27	↑	112	98	↓

2. Safe Drinking Water Activity:

- A. Three *coliform* positive results were reported from routine monitoring events. Other than where noted, those samples were *E. coli* negative:
 - **Shetland Water District:** One routine wellhead sample was *coliform* positive. No additional well samples were triggered.
 - **North Las Vegas Utilities:** Two routine samples were *coliform* positive. The repeat samples were *coliform negative*.
- B. Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon; Laker Plaza; Red Rock Campground; Cowboy Trail Rides; Spring Mountain Youth Camp; and the Coyote Springs Golf Course.

V. SPECIAL PROGRAMS

ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

Special Programs	Mar. 2024	Mar. 2025		FY 23-24	FY 24-25	
School Facility Kitchen Inspections	85	75	↓	712	712	→
School Facility Kitchen Complaints	3	0	↓	7	3	↓
School Facility Inspections	108	100	↓	851	836	↓
School Facility Complaints	2	1	↓	32	34	↑
Summer Food Service Surveys	0	0	→	12	39	↑
Child Care Facility Inspections	49	28	↓	234	262	↑
Child Care Facility Complaints	7	0	↓	23	19	↓
Body Art Facility Inspections	15	30	↑	417	449	↑
Body Art Facility Complaints	6	2	↓	37	44	↑
Body Art Artist Special Event Inspections	2	6	↑	37	279	↑
Total Program Services Completed	277	242	↓	2,362	2,677	↑

1. Schools:

A. Del Sol Academy of the Performing Arts, 3100 E. Patrick Ln.: SNHD staff from Solid Waste and Special Programs responded to a complaint regarding a sewage spill near the outdoor football fields which also affected the inside of the school. Solid Waste staff, Clark County Water Reclamation staff, and school district plumbers addressed the outdoor sewage release. The plumbers were able to stop and contain the outside spill. Special Programs staff investigated the school interior, but that claim was not substantiated, and no further action was required.

2. Child Care:

A. Capstone Christian Academy, 985 E. Serene Ave.: During a routine inspection, staff saw that the health room cot was covered with absorbent material. Absorbent materials can retain moisture, creating an environment conducive to disease transmission. The person-in-charge (PIC) was directed to remove all absorbent materials and to use only non-absorbent coverings.

A. Mommy's Angels Childcare, 4270 S. Rainbow Blvd.: Staff responded to a report from the Office of Acute Communicable Disease Control regarding a child with confirmed STEC. Custodial staff and management were questioned about their sanitation practices and food policies. Facility staff were using adequate sanitation procedures, and the illness did not originate from food served at the facility. SNHD staff reviewed the illness and injury logs and found that no other children had similar symptoms. No additional follow-up was required.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

Food Pre-Permitting Services	Mar. 2024	Mar. 2025		FY 23-24	FY 24-25	
Food Safety Assessment Meetings	0	0	→	2	2	→
Total Pre-Permitting Services	1,201	1,157	↓	12,365	10,986	↓
New Project Submissions	248	413	↑	2,496	2,247	↓
Completed Projects	210	214	↑	2,908	2,119	↓
Total Service Requests Currently in Pre-Permitting	1,314	1,491	↑			

1. Enforcement Actions and Investigations:

- A. **Il Toro E La Capra, 6435 S. Decatur Blvd.:** During a final permitting inspection of the buffet, staff noticed that the drain lines for the steam tables were directly connected to sewer. SNHD Regulations require an air gap between the food equipment and the sewer system to preclude any backflow issues. The permit was not approved. A reinspection is still pending.
- B. **Wing It, 860 N. Rainbow Blvd.:** During a pre-permitting inspection, staff found that a three-compartment sink had been installed with no integral drainboards. SNHD Regulations require a three-compartment sink to have an integral drainboard on each side so that clean and dirty dishes can be separated during the ware washing process. The sink was replaced, and the permit was approved.
- C. **Palazzo Starbucks, 3325 S. Las Vegas Blvd.:** During a final remodel inspection, staff observed insufficient lighting over the espresso machines. SNHD Regulations require 50-foot candles of light where food handling occurs. Additionally, the slanted drying rack for the dish machine was installed over the three-compartment sink without a drain line. This would cause water to drain directly onto the clean, drying dishes below. The remodel was approved with stipulations to correct the issues prior to operating.
- D. **McDonald's, 6360 W. Charleston Blvd.:** During a routine inspection, staff observed an unapproved humidified holding cabinet in use. SNHD Regulations require a remodel permit when adding equipment that has plumbing lines to ensure that it is properly installed. The humidified holding cabinet was taken out of service and the PIC submitted a remodel application. The equipment was inspected by Plan Review staff, and the remodel was approved.
- E. **Urbane Cafe, 7710 S. Rainbow Blvd.:** During a final permitting inspection, staff found millwork cabinetry in areas that are subject to moisture. Wood products like laminate cabinetry can absorb moisture which can lead to potential pest harborage, mold growth, and non-cleanable surfaces. Options for corrective action were discussed, and the permit was approved with a stipulation to make the cabinetry impervious to moisture.
- F. **Mariana's Market #2, 3631 W. Sahara Ave.:** Plans were submitted for a new permit and remodel of an existing permit. The applicant requested an expedited inspection so the operator could use the new area for customers who practice Lent. The inspection was scheduled within one day and the health permits were approved for the food preparation and cooking areas.

- G. Wander Dawgs, 3850 S. Las Vegas Blvd.:** A final permitting inspection was conducted, and staff found a leak at the soda machine drain line, the ice machine door in disrepair, and insufficient lighting. SNHD Regulations require the plumbing system and equipment to be maintained in good repair and light levels to be at least 10-foot candles in food storage areas. The permit was approved with stipulations to correct the deficiencies prior to operating.
- H. Carniceria La Bonita, 2500 E. Desert Inn Rd.:** During a final permitting inspection, staff observed a cold holding display unit without an approved food shield on the customer side. The cold holding unit will contain unpackaged foods which could be subject to cross-contamination by customers. The permit was approved with a stipulation to install the food shield prior to operating.
- I. Crave Fried Chicken, 5006 S. Maryland Pkwy.:** A CPH inspection resulted in failure due to an excessive number of noncompliant items. Violations included non-operational equipment, unfinished plumbing, no paper towels for handwashing, and no sanitizer. SNHD Regulations require a facility to be in substantial compliance with the regulations for permit issuance. A reinspection is still pending.

VII. AQUATIC HEALTH PROGRAM

ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

Aquatic Health Operations	Mar. 2024	Mar. 2025		FY 23-24	FY 24-25	
Total Operation Inspections	838	650	↓	6,696	5,690	↓
Complaint Investigations	15	18	↑	217	200	↓
Inactive Body of Water Surveys	9	5	↓	67	64	↓
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	3	1	↓	18	34	↑
Total Program Services Completed	865	674	↓	6,998	5,988	↓

1. Aquatic Health Operations

- A. Peppertree Homeowner's Association (HOA), 699 Pepper Tree Cir.:** A routine inspection at the spa resulted in an IHH closure due to multiple violations. The spa's disinfection system was turned off while the spa was accessible to bathers and an enclosure gate did not self-close or self-latch. A non-functional disinfection system exposes bathers to pathogens that can make them sick. A gate that does not self-close and self-latch poses a drowning risk by allowing unattended children access to the area. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.
- B. Sunset Pointe Apartments, 2255 E. Sunset Rd.:** A routine inspection at the spa resulted in an IHH closure due to multiple violations. The spa had low chlorine and high pH. Inadequate disinfection exposes bathers to pathogens that can make them sick and high pH reduces the effectiveness of chlorine. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.
- C. Cabana Mobile Home Park (MHP), 5303 E. Twain Ave.:** A routine inspection at the pool resulted in an IHH closure due to a broken drain cover. A damaged drain cover is an entrapment hazard and increases the risk of drowning. A reinspection is still pending.

- D. Villas East Apartments, 5055 E. Charleston Blvd.:** A routine inspection at the pool resulted in an IHH closure due to multiple violations. The pool had high chlorine, a gap in the enclosure that measured greater than seven inches, and a broken drain cover. Gaps in the enclosure pose a drowning risk by allowing unattended children access to the pool area. High chlorine concentrations can cause skin, eye, and lung irritation. The gap was temporarily repaired. A reinspection is still pending.
- E. The Hudson HOA, 2407 Rainy Meadows Ave.:** A routine inspection at the pool resulted in closure due to the pool operating with an expired health permit while accessible to bathers. The permit holder is responsible for maintaining a health permit in good standing. The pool remains closed at this time.
- F. Cabana MHP, 5303 E. Twain Ave.:** A routine inspection at the pool resulted in an IHH closure due to a broken drain cover. A reinspection is still pending.
- G. Meadows MHP, 2900 S. Valley View Blvd.:** A routine inspection at the pool resulted in an IHH closure due to a broken drain cover. A reinspection is still pending.
- H. Mariner Shores Apartments, 2201 N. Buffalo Dr.:** A routine inspection at the spa resulted in an IHH closure due to low chlorine. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.
- I. Villas at Sunrise Mountain, 6360 E. Sahara Ave.:** A routine inspection at the pool resulted in an IHH closure due to multiple violations. The pool had low chlorine and high pH. A reinspection is still pending.
- J. Evora Apartments, 6111 S. Buffalo Dr.:** A routine inspection at the pool resulted in an IHH closure due to multiple violations. An enclosure gate did not self-close and self-latch and the pool had high pH. Following corrections, a reinspection was conducted the same day, and the pool was approved to reopen.
- K. Aviata Apartments, 2121 E. Warm Springs Rd.:** A routine inspection at the pool resulted in an IHH closure due to an enclosure gate that did not self-latch. Following corrections, a reinspection was conducted the same day, and the pool was approved to reopen.

ENVIRONMENTAL HEALTH Aquatic Health Plan Review Program - Fiscal Year Data

Aquatic Health Plan Review	Mar. 2024	Mar. 2025		FY 23-24	FY 24-25	
Total Pre-Permitting Services	584	533	↓	3,554	3,407	↓
New Project Submissions	170	208	↑	764	946	↑
Completed Projects	142	142	→	747	610	↓
Total Projects Currently in Plan Review	488	755	↑			

2. Aquatic Health Plan Review:

- A. Fora Apartments, 10224 Jeffreys St.:** Pre-plaster inspections for a new pool and spa were not approved due to violations related to the contrasting edge tile, depth markers, underwater lighting, chemical feed system, and aquatic facility enclosure. Facility representatives were provided with a list of required corrective actions. A reinspection is still pending.
- B. Apache Pines, 9552 W. Tropicana Ave.:** A plumbing inspection for a wading pool was not approved because the plumbing lines were incompatible with the chosen drain covers which could result in suction/entrapment risks. Facility representatives

are working with the contractor to either select new suction outlet fitting assemblies (SOFAs) or modify the plumbing. A reinspection is still pending.

- C. **Tahiti Village, 7200 S. Las Vegas Blvd.:** A final inspection at the lazy river for installation of new SOFAs on the motivation pumps was not approved. Staff were unable to calculate flow with the installed gauges. The gauges were replaced, and the lazy river was approved to reopen after staff received verification that flow was not exceeding the installed SOFAs.
- D. **Red Rock Casino, 11011 W. Charleston Blvd.:** At a major remodel final inspection, staff found that the filter had been replaced with an unapproved smaller filter, which could lead to insufficient flow and potential harm to bathers. The contractor was required to install the appropriately sized filter.
- E. **Silver Sevens Hotel and Casino, 4100 S. Paradise Rd.:** A final inspection for SOFA replacement and interior remodel resulted in a partial failure due to the lack of backflow prevention. The contractor submitted photographic proof the next day that a backflow prevention device had been installed/tested, and the facility was approved to operate.

VIII. TRAINING OFFICE

- 1. Training Office staff provided onsite intervention training to: Pier 88 Boiling Seafood and Bar, 2080 N. Rainbow Blvd.; Chowrastha Indian Eatery, 3999 S. Las Vegas Blvd.; The Parlour Coffee and Cooking, 616 E. Carson Ave.; Babystacks Café, 2400 N. Buffalo Dr.; Clove Indian Cuisine and Bar, 7090 S. Rainbow Blvd.; and Noodle Pot, 4215 Spring Mountain Rd.
- 2. Training Office staff released two Environmental Health Specialist trainees on March 14, Alexia Rivera Perez to the Spring Valley Office and Emalee Schuler to the Downtown Office.

IX. REGULATORY SUPPORT



- 1. Staff participated in or performed the following activities and participated in the following external meetings: attended Council for Food Protection (CFP) Pre-Conference Workshops and leadership meetings; Christine Sylvis, EH Supervisor, served as Executive Board Chair for the 2025 Biennial CFP meeting in Denver, Colorado on March 24-28; National Environmental Health Association Food Safety Program committee meeting; National Curriculum Standards Basic Core Competency Review; attended DiSC Training; and provided assistance with responses to pending legislation (AB352) regarding cottage food operations in Nevada,
- 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 plans.
- 3. Special Processes staff received five new submissions and released eight special process files. There are currently 29 files in review.
- 4. Label Review staff received 32 new submissions, released 25 label files consisting of 437 labels. There are currently 31 active files in review.
- 5. Cottage Food Operations staff completed 24 new registrations and 58 new inquiries, frequently with multiple follow-up inquiries per individual.

Memorandum



Date: April 24, 2025

To: Southern Nevada District Board of Health

From: Lourdes Yapjoco, MSN-PH, RN, CCM, Director of Public Health & Preventive Care 
-on behalf of Lourdes Yapjoco
Cassius Lockett, PhD, District Health Officer 

RE: PUBLIC HEALTH & PREVENTIVE CARE BOARD OF HEALTH REPORT – March 2025

I. Immunization Program

A. Immunization Program Activities

1. The public health centers continue to administer new trivalent Flu 2024-2025 formulation for the season which ends at the end of June 2025. A total 636 flu vaccines were administered between all four Immunization Public Health Centers.
2. For the month of March, there were 2,174 clients seen with 6,404 vaccines administered in all four Immunization PHCs.
3. There were 256 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.
6. Back-to-School (BTS) planning has commenced and ways to improve shorter wait times and processing is being reviewed.

B. Immunization Outreach Activities

1. Total outreach clinics in March -11 clinics, 596 vaccines were administered to 263 clients. The clinics were held at CCSD Family Support Center and in partnership with Help of Southern Nevada, Nevada Homeless Alliance, Boulder City Library, 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 - SNHD referral lists and vaccine information for children and adults are provided during outreach events.

II. Community Health Nursing

A. Nursing Education

There were no Nursing CEUs offered for the month of March.

B. Maternal Child Health

There were no newborn screenings and one lead referral in March. The Maternal Child Health (MCH) Nurse provides education, support, and community resources to nine active lead clients/families. One lead case was closed in March due to meeting the closure criteria. The MCH nurse worked at an immunization outreach clinic to provide vaccines to the community. She is also assisting in coordinating community group-based education events and performing nurse visits for the Health Start program.

C. Nurse Family Partnership (NFP)

The Southern Nevada Health District-Nurse-Family Partnership (NFP) has 153 active families. Sixty-four are currently participating in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Twenty-six families are participating through the Temporary Assistance for Needy Families (TANF) funding. Both grants are from the Nevada Division of Public and Behavioral Health. Nurse Family Partnership (NFP) Nurse Home Visitors continue to enroll first-time pregnant women referred by various community partners including WIC, Pregnancy testing site and prenatal providers. In March 2025, the program enrolled 11 pregnant moms, served a total of 102 families, and completed 129 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). Sixty-seven active families were served March 2025.

In-person program outreach was conducted at Volunteers in Medicine, Baby's Bounty, Nevada Prep Charter School, Olive Crest, Nevada Health Centers WIC (Gowan location), State of Nevada Department Regional Center, East Las Vegas Library, SNHD (Bonanza location). The program's Community Health Workers (CHWs) completed outreach at different DWSS locations.

The Healthy Start program has conducted and continues to plan more group educational events for the community. A Mama and Papa Bear Clinic will be held at SNHD on April 23, 2025, in collaboration with Molina Medicaid and The Children's Cabinet. At this event, members of the community will have access to a diaper bank and education stations relating to newborn health and safety, and toddler nutrition. The Healthy Start program is also planning a community baby shower on May 19, 2025, in collaboration with UHC HPN Medicaid. This is a baby shower open to any expecting mothers in the community. There will be a variety of community partners in attendance to provide education to the families, as well as raffle prizes for the mothers.

E. Embracing Fatherhood

In March 2025, there were 2 active families enrolled in Embracing Fatherhood of Southern Nevada. The program continues to connect with community partners to reach its focus audience, fathers and anyone stepping into a father's role. Embracing Fatherhood of Southern Nevada's Community Health Worker (CHW) provided several resources to its clients including a referral to Hope Link that assisted the father with permanent housing placement.

Outreach to promote the program was completed by the CHW at Dad Inc., Healthy Living Institute, East Valley Family Services, City of North Las Vegas- Dolores Huerta Resource Center, City of Henderson, Chicanos Por La Causa, Legal Aid, Mexican Consulate, Unity Way of Southern Nevada, Centennial Hills Hospital, Sunrise Children's Hospital, Summerlin Hospital and Mountain View Hospital.

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 238 screening encounters, including 34 Clients who were tested at Homeless Outreach events, and 23 at Fremont Friday clinics. The SHOPP team has also expanded to doing once weekly testing at the UNLV student center with our first clinic on 03/26/2025 testing 7 clients. The

partnership between SHOPP and AFAN will continue with doing outreaches as requested by AFAN, due to low testing volume SHOPP will no longer be doing bi-weekly testing at the AFAN clinic with our last clinic being 03/25/2025.

- 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 56 active clients and completed 1 educational community event.
- C. Members of SHOPP team attended educational classes on harm reduction in the field: wound care training, as well as Empower.
- D. SHOPP houses a Neurosyphilis Emergent Onsite Navigation (NEON) program which aims to provide critical linkage services to patients suspected of neurosyphilis. Two NEON referrals were received, 1 client was navigated and 1 client declined services at this 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.
- E. SHOPP also houses a Home Administered Treatment for Sexually Transmitted Infections (HATS) program. This program is specific to those who have barriers to getting into a clinic for treatment, such as experiencing homelessness or no transportation. With this program SHOPP and the SNHD DIIS team partner together to get those facing barriers treated for STIs. In the month of March, the team was able to start treatment, as well as do follow up treatments on 12 patients for STI's in the field.
- F. The SHOPP *Rapid PREVENT* program enrolled 2 clients this month with a total of 4 active clients. The three CHW's for this initiative work collaboratively with Express Testing to assess and provide linkage to care services.
- G. 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. During the month of March, the CHWs were able to enroll 3 clients in the program.

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 March 2025.

V. Employee Health Nursing – March 2025

- A. There were zero (0) SNHD employee who was tested for COVID-19. Zero (0) PCR tests conducted. Zero (0) tests from outside entities. Zero (0) employees tested positive for COVID.

B. Employee New Hire and Annual Tuberculosis (TB) testing continues, and annual catch-up TB testing is ongoing. Thirty-six (36) 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

➤ March 1 – March 31, 2025

Total employees vaccinated: 0

➤ 0 COVID-19 Updated booster

➤ 0 Influenza Vaccines.

➤ 0 Monkeypox Vaccines

➤ 0 other vaccines

Total vaccines given: 0

G. New Hire/ Onboarding: Five (5) new hires were onboarded.

H. Employee Health Nurse Accomplishments

A. Completed Exposure Control Plan update.

B. Instructed CPR class.

C. Started developing an Employee Health page on the intranet and an online event registration form for upcoming Skills Fairs.

D. Contributed to an article in the Dish and collaborated with the Office of Communications (OOC) to have a regular column in the Dish.

E. Completed OSHA Workplace Evaluation and Management Tools class.

I. Policies and procedures continue to be reviewed and updated.

PUBLIC HEALTH AND PREVENTIVE CARE

MONTHLY REPORT

March 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	1,183	692	263	36	0	0	27	9	235	2,445
Immunization Records Issued	176	66	14	0						256
Newborn Metabolic Screening	2	0	0	0						2
SHOPP	228						34			262
TB Treatment & Control	1,612									1,612
TOTAL	3,201	758	277	36	0	0	61	9	235	4,577

Client Encounters by Program

Program	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
Immunizations**	2,278	2,445	↑	28,721	26,150	↓
Immunizations Records Issued	256	256	→	2,643	3,223	↑
COVID-19 Vaccine Given*	365	387	↑	4425	3,713	↓
Newborn Met. Screening	0	2	↑	0	2	↑
SHOPP	232	262	↑	1,768	2,216	↑
TB Treatment & Control	1,634	1,612	↓	12,892	13,303	↑
SAPTA Services	34	^^	↑	233	^^	↑
TOTAL	4,799	4,964	↑	50,682	48,607	↓

^^ SAPTA grant ended 09/30/2024

Total Client Immunizations Administered by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquit e PHC	Laughlin	Mobile Clinic	Homeless Outreach	Targeted Populations	*Other BTS Clinic	TOTAL
Total Immunizations Administered ***	3,757	1973	586	88	0	0	64	21	675	7,164

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

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

*** New category added 07/01/2024

Total Client Immunizations Administered by Locations

Program	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
Total Immunizations Administered **	6,454	7,164	↑	67,930	76,804	↑

Immunization Program

Immunizations	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
Flu Vaccine Given	602	636	↑	5,927	8,493	↑
Gratis	95	48	↓	1,264	908	↓
COVID Vaccine*	296	387	↑	3,450	3,713	↑

*Given by Immunization Clinics

Vaccines for Children (VFC)	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
Number of VFC Compliance Visits	8	0	↓	53	40	↓
Number of IQIP Visits	11	7	↓	34	33	↓
Number of Follow Up Contacts	27	21	↓	271	276	↑
Number of Annual Provider Training	8	0	↓	47	45	↓
Number of State Requested Visits	27	16	↓	325	139	↓

	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
Perinatal Hepatitis B						
# of Expectant Women	24	15	↓	17	13	↓
# of Infants	68	56	↓	70	64	↓
Total # of Infants Delivered	1	2	↑	24	27	↑
New Cases	7	6	↓	41	36	↓
Closed Cases	2	10	↑	33	64	↑

Childcare Program	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
Childcare Audits	10	11	↑	87	65	↓
Baseline Immunization Rate	74%	82%	↑	78%	79%	↑
# of Final Audits	10	11	↑	87	65	↓
Final Immunization Rate	97%	98%	↑	95%	94%	↓
# of Records Reviewed	716	919	↑	7808	5621	↓

Covid-19 Vaccine Campaign **

	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
COVID-19 Vaccine Campaign						
# of COVID-19 Vaccines administered	365	n/a	↑	4,425	n/a	↑
# of Monkeypox Vaccine administered	26	n/a	↑	325	n/a	↑
# of Influenza Vaccine administered	252	n/a	↑	2830	n/a	↑
# of Healthcare Provider Compliance Visits	0	n/a	↑	4	n/a	↑
# of Newly Enrolled Healthcare Provider Education Sessions	0	n/a	↑	16	n/a	↑
# of Potential Healthcare Provider Recruitment Sessions	0	n/a	↑	48	n/a	↑
# of Healthcare Provider Contacts	93	n/a	↑	849	n/a	↑

****Program ended 12/31/2024**

Community Health Program

Nursing Field Services	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
MCH Team Home Visit Encounters	17	14	↓	92	123	↑

NFP (Team 1)	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
Referrals	11	22	↑	123	157	↑
Enrolled	10	11	↑	71	76	↑
Active	114	132	↑			

NFP (Expansion Team)	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
Referrals	10	5	↓	50	38	↓
Enrolled	3	1	↓	33	15	↓
Active	66	26	↓			

MCH	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
# of Referrals Received	4	6	↑	31	38	↑
# from CPS	3	5	↑	22	29	↑
# of Lead Referrals	0	1	↑	6	7	↑
# of Total Admissions	4	4	→	16	32	↑

EHB *	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
Referrals **	N/A	N/A	→	15	n/a	↑
Enrolled **	N/A	N/A	→	16	n/a	↑
Active	19	N/A	↑			

*Phasing to Healthy Start

Thrive by 0 – 3	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
Referrals	67	38	↓	508	315	↓
One-Time Home Visits	7	1	→	79	27	↓
Enrolled	3	1	↓	18	23	↑
Active	13	25	↑			

Healthy Start**	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
Referrals	6	29	↑	15	210	↑
Enrolled	1	12	↑	2	58	↑
Active	2	67	↑			

****New program as of 01/01/2024**

	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
Embracing Fatherhood***						
Referrals **	n/a	0	↓	n/a	3	↓
Enrolled **	n/a	0	↓	n/a	2	↓
Active	n/a	2	↓			

***New program as of 01/01/2025

Tuberculosis Program

Tuberculosis	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
Number of Case Management Activities*	278	328	↑	1,893	2,339	↑
Number of Monthly Pulmonary Specialist Clinic Clients Seen	33	34	↑	247	246	↓
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	34	106	↑	313	671	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	6	6	→	201	53	↓
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,256	1,284	↑	11,181	11,356	↑
*New EMR system- Counting only successful activities						

Sexual Health Outreach and Prevention Program (SHOPP)

SHOPP - Express Testing	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
# of Screening encounters	185	238	↑	1,554	1,951	↑
# of Clients Screened	185	238	↑	1,546	1,951	↑
# of Clients with positive STI identified	15	27	↑	143	185	↑
SHOPP- Linkage	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
# of clients referred to Linkage	19	24	↑	123	163	↑
# of clients linked to care	18	24	↑	93	159	↑
SHOPP- Congenital Syphilis Case Management Program (Nurse)	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
# of Referrals (pregnant, post-partum, infants)	8	4	↓	106	67	↓
# of Clients enrolled in CM	6	3	↓	72	46	↓
# of Active pregnant/ postpartum clients	44	39	↓			
# of Infants being followed	21	17	↓			
# of Provider/ Community trainings	4	1	↓	10	24	↑
SHOPP -Services for Unhoused Patients with Resources and Engagement in core (SURE)	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
# of Outreach events	n/a	6	^	n/a	47	^
SHOPP- Complex STI Navigation	Mar 2024	Mar 2025		FY 23-24	FY 24-25	
# of Clients referred	n/a	2	^^	n/a	36	^^
# of Clients navigated	n/a	1	^^	n/a	33	^^
# of Home administrered treatment of STI (HATS)	n/a	12	^	n/a	25	^

*Outreach started 03/01/2024

^ No data available

^^ No data available - data collecting began 12/01/2023

Non- cumulative