



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

May 22, 2025 – 9:00 a.m.

Meeting was conducted In-person and via Microsoft Teams

**Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B**

- MEMBERS PRESENT:** Marilyn Kirkpatrick, Chair – Commissioner, Clark County (*in-person*)
Scott Nielson, Vice-Chair – At-Large Member, Gaming (*in-person*)
Nancy Brune, Secretary – Council Member, City of Las Vegas (*via Teams*)
April Becker – Commissioner, Clark County (*in-person*)
Scott Black – Mayor Pro Tem, City of North Las Vegas (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)
Joseph Hardy – Mayor, City of Boulder City (*via Teams*)
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:** Pattie Gallo – Mayor Pro Tem, City of Mesquite
- ALSO PRESENT:** Andrew Acuna, Christopher Boyd, Deborah Kuhls, Bradley Mayer, Cameron Pfand, Lisa Rogge, Emily Sidebottom, Jeff Thomson, Nathan White
(In Audience)
- EXECUTIVE SECRETARY:** Cassius Lockett, PhD, District Health Officer
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- STAFF:** Adriana Alvarez, Kristen Anderson, Emily Anelli, Maria Azzarelli, Sean Beckham, Tawana Bellamy, Haley Blake, Murphy Boudreaux, Lori Bryan, Cory Burgess, Daniel Burns, Victoria Burris, Belen Campos-Garcia, Nicole Charlton, Andria Cordovez Mulet, Aaron DelCotto, Brandon Delise, Jason Frame, Kimberly Franich, Xavier Gonzales, Jacques Graham, John Hammond, Heather Hanoff, Amineh Harvey, Richard Hazeltine, Dan Isler, Danielle Jamerson, Jessica Johnson, Horng-Yuan Kan, Matthew Kappel, Theresa Ladd, Heidi Laird, Dann Limuel Lat, Josie Llorico, Randy Luckett, Blanca Martinez, Marco Mendez, Kimberly Monahan, Semilla Neal, Todd Nicolson, Brian Northam, Veralynn Orewyler, Kyle Parkson, Luann Province, Katarina Pulver, Emma Rodriguez, Larry Rogers, Alexis Romero, Kim Saner, Aivelhyn Santos, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer Sizemore, Cameron Smelcer, Randy Smith, Rosanne Sugay, Ronique Tatum-Penegar, Will Thompson, Rebecca Topol, Danielle Torres, Shylo Urzi, Jorge Viote, Donnie Whitaker, Edward Wynder, Lourdes Yapjoco, Merylyn Yegon, Lei Zhang

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:02 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. Dr. Cassius Lockett and Lei Zhang

- Co-authored the published article “*Towards Optimization of Community Vulnerability Indices for COVID-19 Prevalence*” in the BioMed Central (BMC) Public Health Journal

The Chair recognized Dr. Cassius Lockett and Lei Zhang for co-authoring the article, “*Towards Optimization of Community Vulnerability Indices for COVID-19 Prevalence*” in the BioMed Central (BMC) Public Health Journal. This study aimed to develop the community vulnerability index optimized for demographic-specific COVID-19 prevalence and apply it to Clark County. This study established that the incorporation of additional variables collectively contributed to its value in informing evidence-based policy decisions and guiding targeted interventions to mitigate the impact of COVID-19 on vulnerable communities. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this publication.

Member Summers-Armstrong joined the meeting at 9:05 a.m.

2. Overdose Education and Naloxone Distribution Program (Lori Bryan, Rebecca Cruz-Nañez, Brandon Delise, Jessica Johnson, Katarina Pulver)

- Best Program of the Year – Nevada Public Health Association

The Chair recognized the Overdose Education and Naloxone Distribution (OEND) program for being awarded the Best Program of the Year by the Nevada Public Health Association. The OEND program is a cornerstone of opioid overdose prevention in Clark County, which is dedicated to saving lives and empowering communities by increasing access to naloxone and providing comprehensive overdose prevention training.

Member Larson left the meeting at 9:07 a.m.

In 2024, the program experienced a remarkable 168% increase in naloxone distribution, providing over 85,000 doses across Clark County. This expansion was accompanied by a significant enhancement of overdose education efforts. By maximizing resource utilization, strengthening community partnerships, and prioritizing equitable distribution, the program is making a profound and measurable impact in the fight against opioid-related deaths. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this recognition.

Member Larson returned to the meeting at 9:08 a.m.

3. Southern Nevada Health District – May Employees of the Month

- Christopher Cooper and Yolanda Villalobos

The Board of Health recognized the May Employees of the Month; Christopher Cooper, Community Health Worker, and Yolanda Villalobos, Medical Assistant, 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 Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this recognition.

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

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

V. ADOPTION OF THE MAY 22, 2025 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Black, and carried unanimously to approve the May 22, 2025 Agenda, as presented.

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

- 1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** April 24, 2025 *(for possible action)*
- 2. 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)*
- 3. PETITION #32-25: Approval of the Interlocal Agreement between the Southern Nevada Health District and the City of North Las Vegas for acquisition and relocation of two modular structures;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Nielson, seconded by Member Bond, and carried unanimously to approve the May 22, 2025 Consent Agenda, as presented.

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

1. MEMORANDUM #05-25: Request for Approval of Renewal of Authorization of University Medical Center as a Level I Trauma Center and Level II Pediatric Trauma Center; direct staff accordingly or take other action as deemed necessary (*for possible action*)

John Hammond, EMS & Trauma System Manager, presented the Renewal of Authorization of University Medical Center (UMC) as a Level 1 Trauma Center and Level II Pediatric Trauma Center. Mr. Hammond advised that the approval from the Board of Health would allow UMC to request the renewal of designation from the Nevada Department of Public and Behavioral Health. Mr. Hammond confirmed that UMC complied with regulations, in good standings with the Health District, and continued to provide all the requirements based on its designation. Mr. Hammond further advised that staff and the Regional Trauma Advisory Board recommended that the Board of Health approve the renewal application.

Further to an inquiry from Member Bond, Mr. Hammond advised that the renewal authorization would be valid for three years.

The Chair opened for Public Comment.

Seeing no one, the Chair closed the Public Comment.

A motion was made by Member Black, seconded by Member Nemec, and carried unanimously to approve the Renewal of Authorization of University Medical Center as a Level I Trauma Center and Level II Pediatric Trauma Center.

2. Variance Request for an Existing Septic System, SNHD Permit #ON0018648, located at 4860 North Bonita Vista Street, Las Vegas, NV to allow the septic system to remain 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 existing septic system, SNHD Permit #ON0018648, located at 4860 North Bonita Vista Street, Las Vegas, NV to allow the septic system to remain on an undersized lot. Mr. Isler advised the property was being subdivided into four parcels, with the parcel with the existing septic system and residence being reduced to approximately 0.56 acres, being less than the required 1-acre. Mr. Isler advised that the Petitioner has an agreement for a sewer connection with the City of Las Vegas for the remaining three parcels. Mr. Isler shared that staff recommended approval of the variance, with conditions. Further to an inquiry from the Chair, Mr. Isler advised that the Petitioner wanted to continue using the existing house as a residence and therefore agreed to the septic system remaining now, but not upon the sale of the parcel.

The Chair opened for Public Comment.

Jeff Thomson, representative for the Petitioner, advised that he was available should the Board of Health have any questions, and that the property owner agreed to the staff's recommended conditions.

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

A motion was made by Member Becker, seconded by Member Bond, and carried unanimously to approve the Variance Request for an existing septic system, SNHD Permit #ON0018648, located at 4860 North Bonita Vista Street, Las Vegas, NV to allow the septic system to remain on an undersized lot, with the following conditions:

- 1. If, at any time, a community sewage system becomes available on Bonita Vista Street, the street adjacent to the property, the Petitioner and their successor(s) in interest shall connect to the public system, discontinue use of the ISDS, and properly abandon the ISDS in accordance with the most current SNHD ISDS Regulations.*
- 2. Petitioner and their successor(s) in interest shall comply with all operation and maintenance requirements outlined in the most current SNHD ISDS Regulations.*
- 3. This variance is not transferable to future property owners and does not guarantee replacement in the event of septic system failure. If the existing parent parcel is transferred to a new owner before the proposed Parcel Map MSM-23-600106 is recorded with the Clark County Recorder's Office, or if the child parcel on which the ISDS is located is transferred to a new owner at any time, this variance shall automatically expire and be of no further force or effect.*
- 4. If the proposed Parcel Map MSM-23-600106 is not recorded with the Clark County Recorder's Office within two years, this variance shall automatically expire and be of no further force and effect.*

VIII. REPORT / DISCUSSION / ACTION

There were no items heard.

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

The Chair requested the back-to-school vaccine flyer and master vaccination calendar be sent to the Board members so they could include in their newsletters. Member Summers-Armstrong requested the materials in English and Spanish.

Member Summers-Armstrong requested a presentation about the Salon Talk and Barbershop Talk programs. Dr. Lockett advised that the key staff member that developed the programs was not available to attend the June Board of Health meeting; however, the presentation has been scheduled for the July Board of Health meeting.

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

- DHO Comments

In addition to the written report, Dr. Lockett advised that in collaboration with community partners, the Health District released the 2025 Community Health Assessment (CHA) which can be found on the healthysouthernnevada.org website. The CHA was a comprehensive evaluation of Clark County's health needs, strengths, and available resources. Dr. Lockett encouraged everyone to read the CHA. On April 30th, the Health District and various community partners met to review the key health indicators and identify the most pressing public health issues in our community. As a result, the top three health priorities selected are: (i) Access to Care, (ii) Chronic Disease, and (iii) Public Health Funding. Dr. Lockett advised that in collaboration with the Health Executive Council, it was determined that substance use was an important health priority to be included in the Community Health Improvement Plan (CHIP). Dr. Lockett advised that recently the Centers for Disease Control and Prevention (CDC) released data indicating that drug overdose deaths declined almost 30% in the U.S., except for in South Dakota and Nevada. Dr. Lockett confirmed that a drug overdose update would be provided later in the meeting.

Dr. Lockett advised that, on May 6th, the Health District announced an investigation into cases of acute gastroenteritis associated with the consumption of certain frozen half-shell oysters from South Korea. Initially, five Clark County residents reported illnesses involving nausea, vomiting, and diarrhea. Subsequently, more cases were identified. The investigation is currently ongoing. However, two cases from two different restaurants tested positive for the norovirus. Norovirus is a non-enveloped, single-stranded RNA virus, which means that it is resistant to certain disinfectants and super infectious. It is common to cruise ships. The Health District is coordinating with the Nevada Department of Public and Behavioral Health, along with the Food and Drug Administration (FDA) and the California Department of Public Health, as the oysters entered through California ports of entry. During the investigation, it was discovered that there is a statistically significant association with the oysters compared to other food items. A full report on this investigation will be provided at the June Board of Health meeting.

Dr. Lockett advised that some Health District staff participated in the Walk Around Nevada, which celebrated its 20th anniversary. Walk Around Nevada, which is a free app encouraging activity, launched in 2005 and has had over 12,000 people participate. There is a collective log of over one million miles. Those that complete the program, which requires 1,442 miles, receive a t-shirt and spot in the Walk Around Nevada Hall of Fame. To date, the Health District has had approximately 300 participants.

With respect to measles, Dr. Lockett advised that, as of May 16th, the CDC reported 1,224 confirmed cases from 31 states, which did not include Nevada. Of the confirmed cases, 30% are under 5 years old, 38% are between 5-19 years old, 32% are greater than 20 years old, and 1% of the cases have an unknown age. Dr. Lockett noted that it was important to highlight that 96% of the confirmed cases are unvaccinated or their vaccination status was unknown. Further, 13% of the cases were hospitalized, mainly in Texas. Dr. Lockett advised that overall, the risk in the U.S. remains low at this time, and the trend case count was decreasing in wastewater detection. However, with the upcoming summer and fall travel, Dr. Lockett suggested that the community remain vigilant. Dr. Lockett further advised that the Health District and the Clark County School District (CCSD) performed a tabletop exercise to learn and support each other if there is a case identified in our community. Dr. Lockett reminded

everyone, as Member Hardy indicated at the last meeting, there is no magic medicine to treat measles, except to receive the Measles, Mumps, Rubella (MMR) vaccine.

Dr. Lockett advised that two news released would be issued today regarding multiple cases of Legionnaire's disease amongst guests who recently stayed at two separately hotels, The Grandview and South Point Hotel. Legionella is a bacteria virus, like norovirus, which causes Legionnaire's disease including severe pneumonia, shortness of breath, fever, and cough. Dr. Lockett advised that bacteria thrives in water systems that are stagnant. Dr. Lockett noted that the investigations involve two hotels that are unrelated, and remediation efforts are ongoing at both facilities. Dr. Lockett advised that both facilities were cooperating to make sure that their water systems were contamination free. Dr. Lockett advised that, to date, there have been five cases identified, with no deaths reported. Dr. Lockett further advised that a Health Alert would also be issued to medical providers to remain vigilant and look for additional cases.

Further to an inquiry from the Chair as to what is the CDC requirements to be considered an "outbreak," Dr. Lockett advised that if there are equal to two cases or more, within a year, it is considered an outbreak. Dr. Lockett advised that on May 15th both facilities were considered an outbreak internally.

Member Larson expressed concern due to the large senior population that frequents the South Point for various weekly activities and inquired how Legionnaires was contracted. Dr. Lockett advised that Legionnaires was contracted through aerosolization and mist from shower heads, water fountains, and any water source that creates a mist in the air. Dr. Lockett advised that the Environmental Health team can pinpoint the specific location through the various sampling strategies and techniques. Further, the Environmental Health team can mitigate exactly which areas to reduce exposure. Dr. Lockett further noted that a confidential survey will also be sent to guests at both locations to allow Health District staff to follow up if necessary.

The Chair noted that typically this situation involved a hotel room or group of rooms, and that the facilities normally have 5-6 different water systems so the specific contaminated water source could be deactivated quickly.

Member Hardy noted that Legionnaires could be treated with antibiotics and individuals should not delay care. Member Hardy noted that this was different from measles, where that is a vaccine for measles but not antibiotic.

The Chair inquired as to the Youth Photo Voice book, copies of which were provided to the Board of Health. Jessica Johnson, Health Education Supervisor, advised that the Youth Photo Voice book was part of the Community Health Assessment, wherein the Health District facilitated six focus groups, one including young people. This project was in collaboration with the Nevada Institute for Children's Research and Policy (NICRP), with a youth leader and youth participation from across the community to identify both strengths and challenges around physical and mental health. The Chair requested that copies of the book be sent to the elected officials in the community.

- Aquatic Health & Regulatory Update

Karla Shoup, Environmental Health Manager, provided an update on the Aquatic Health Program, Key Access and Risk Factor Surveys.

Further to an inquiry from the Chair, Ms. Shoup advised that for the last few years inspectors have been scheduled, which very few being unannounced, so the pool operators are aware of an upcoming inspection.

Ms. Shoup outlined the three main reasons for closing a pool, being an inadequate disinfect level, non-functional gates or breaches in the enclosure, and broken, unsecured or missing drain covers.

Member Nielson advised that last year he received calls regarding a small crack in a drain cover. Member Nielson advised that he thought pool operators now understood that there is a zero-tolerance policy regarding cracked drain covers. Member Nielson advised that pool operators were being proactive by having an inventory of drain covers in stock that would limit the time that a pool would need to be closed. Ms. Shoup noted that each drain cover has an expiration date, which needs to be tracked.

Further to an inquiry from the Chair regarding access to unstaffed properties, Ms. Shoup advised that as the current pool regulations currently refer to 'keys' being provided to allow access to the pool areas, the Health District inspectors interpret that to also include an access code or card.

Member Larson left the meeting at 9:57 a.m. and did not return.

Jeremy Harper, Environmental Health Supervisor, provided an update on the Plan Review Process.

Further to an inquiry from the Chair about the staff dedicated to remodels, Mr. Harper advised there are five staff solely dedicated to remodels, and approximately 70% of the models received this year were for drain covers. Mr. Harper advised that in the last 6-8 months, facilities have tried to be proactive, and many of the large resort properties have submitted plan reviews for all their aquatic venues to have drain covers replaced this winter. Mr. Harper advised that approximately 30% of the permitted aquatic venues have submitted plans for remodels, out of 5,100 permitted aquatic venues.

Further to an inquiry from Member Summers-Armstrong regarding the use of a trusted or trained contractor to assist staff and an expedited process and fee, Ms. Shoup advised the surges in plan review were typically short-term and the Health District inspectors were trained and versed in the Aquatic Health Regulations. Further, Ms. Shoup advised that expedited inspections were available, but not for plan reviews. The Chair noted that there had previously been discussion regarding an expedited process and fee; however, it was difficult to find the appropriate balance. Mr. Harper noted that there was a very small number of contractors building pools.

- 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:

- State Public Health Funding (previously referred to as SB118 funding) - \$15 million statewide, per capita, non-categorical public health funding; this would allocate \$10.7 over the biennium.
- SB423 – Base funding proposal for public health infrastructure; \$225,000 per county over the biennium

Ms. Rodriguez outlined the newly introduced bills from the Governor's Office:

- SB466 – Revises provisions governing the authority of the State Department of Agriculture relating to food and water. (Department of Agriculture Transfer)

Member Summers-Armstrong inquired whether the Health District would still be able to enforce local rules, once the supervisor was assigned to the Department of Agriculture. Ms. Rodriguez confirmed that was correct. Ms. Anderson-Fintak confirmed that all the Health District's regulations are approved by the state board of health, after they have been approved by this Board of Health. The change would require the regulations relating to food and water to be approved by the Department of Agriculture. Member Summers-Armstrong inquired whether the Department of Agriculture had the expertise that has been developed in the Department of Health and Human Services. Ms. Anderson-Fintak advised that part of SB466 included staff overseeing food and water from the Department of Health and Human Services would move to the Department of Agriculture.

- SB494 – Makes revisions relating to health and human services. (Nevada Health Authority)
- SB495 – Revises provisions relating to health care. (Health Care Workforce)

Ms. Rodriguez advised that AB50, which revises provisions relating to victims of a mass casualty incident (Mass Casualty Database), passed the Second House and was awaiting enrollment. The Chair commended Misty Robinson on the testimony provided in support of this bill.

Ms. Rodriguez outlined the following key bills still under consideration:

- 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)
- 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)
- SB295 – Revises provisions relating to food establishments. (Mobile Food Vendor)

Further to an inquiry from the Chair regarding enforcement of SB295, Ms. Rodriguez advised that there were many questions at the hearing on enforcement. Mr. Mayer advised that the language expressly allows an additional level of enforcement to confiscate equipment as part of the enforcement. The Chair stated the growing concern of mobile food vendors hiding

propane tanks around different venues. Member Summers-Armstrong raised growing concerns in Ward 5 with mobile food vendors. The Chair noted that meetings were held with sponsoring legislators for this bill wherein approximately 30 food truck owners attended and raised their concerns. Ms. Rodriguez noted that the Chamber of Commerce and the Nevada Resort Association also opposed this bill. Member Nielson noted the negative reflection on a tourist's experience coming to Las Vegas. Dr. Lockett confirmed the Health District's opposition to this bill.

- Drug Overdose Update

Brandon Delise, Senior Epidemiologist, provided an update on drug overdose deaths nationally and locally. Jessica Johnson, Health Education Supervisor, advised that she, and Mr. Delise, were part of the Clark County Opioid Task Force wherein gaps were identified that may be driving the persistent overdose increases. Ms. Johnson noted how the Health District was addressing the gaps, being (i) the opioid dashboard that is updated monthly with local data including drug check surveillance, (ii) linkage navigators in the Clark County Detention Centers and across five different partners, and (iii) partnering with the Foundation for Recovery. The Chair suggested that staff contact the Clark County School District, with the new superintendent.

Member Nemec left the meeting at 10:53 a.m. and did not return.

Member Summers-Armstrong inquired whether the Health District had a relationship with the Nevada Department of Corrections. Mr. Delise advised that the Health District works with the Nevada Department of Corrections for Naloxone training, which is done approximately three times a year.

Further to an inquiry from Member Bond, Mr. Delise advised that the data presented was only Clark County residents, and did not include tourists or temporary residents. Mr. Delise advised that the identifier for whether an individual was homeless was not accurate as an individual can claim a parent's or friend's residence. Mr. Delise further advised that the data shows that most overdoses are people that live in a residence, at a 3:1 ratio. Further, Mr. Delise advised that over the last few years overdoses have occurred within the 30-45 age group, with a recent high rate in the 60-65 age group. Further to an inquiry from the Chair, Mr. Delise advised that staff were working on accurately connecting EMS records and historical records with non-fatal overdose and fatal overdose, which should be available later this year.

Ms. Johnson noted that prevention programs were key and ensured that public safety partners and hospital partners were distributing Naloxone. Ms. Johnson advised that in 2024, the Health District did 83 training courses for over 1,300 people. Also in 2024, with nearly 100 partner agencies, the Health District distributed over 82,000 Naloxone doses; the distribution is on track this year to surpass last year's doses. The Chair noted that often more than one dose of Naloxone was needed. Mr. Delise advised that the Health District distributed the 4mg Naloxone nasal spray. Typically, 1-2 doses of the 4mg Naloxone brings back 85% of individuals who were overdosing, with the remaining 15% that may require three or more doses.

Ms. Johnson noted that the Health District distributes fentanyl and xylazine test strips to the community. In 2024, the Health District distributed over 122,000 test strips in partnership

with 54 agencies. Also, Ms. Johnson advised that the Health District instituted a mail-based distribution program, The Strip Club, for the test strips. Further, the Health District was the first in the continental U.S. to launch public health vending machines. Ms. Johnson further advised that the Health District started a 24/7 linkage for public safety at hospitals called the Southern Nevada Post Overdose Response Team (SPORT). Ms. Johnson also advised that the Health District was working with the Foundation for Recovery on an Overdose Ambassador Program, wherein they will go door-to-door in neighborhoods with elevated overdose risk and offer individuals Naloxone. Also, the Health District was working with county libraries to provide Naloxone kiosks.

Further to an inquiry from Member Bond on opioid settlement distribution, the Chair noted that many health districts/departments across the county did not receive opioid settlement funding. Dr. Lockett noted that the staff was doing a fantastic job and that funding sources were currently under review.

Member Black inquired whether the Health District had a capability of tracking utilization of Naloxone and the test strips, and whether there was concern about the shelf-life and loss of efficacy of the Naloxone. Mr. Delise advised that the Health District requests agencies to report if the doses provided to them are used, with approximately 5% of the Naloxone that is distributed does get reported of when it was used. Ms. Johnson noted that the best practice nationally was to provide Naloxone and the test strips without a lot of barriers. Ms. Johnson advised that the Health District strongly requests that the use is reported to the Health District, but it is not required. With respect to the shelf-life, Ms. Johnson advised that the Naloxone distribution team has worked with the agencies distributing Naloxone to encourage them to track the expiration date, along with the expiration dates being track by the Health District. Mr. Delise added that the Health District collects the Naloxone that will not be used in less than 6 months from expiry to be redistributed to agencies that consistently distribute Naloxone to a high-risk overdose group.

Member Brune left the meeting at 11:10 a.m. and did not return.

Further to an inquiry from Member Hardy regarding education that stimulants do not protect from an opioid overdose, Ms. Johnson advised that there was misconception, and education is provided in the overdose response training. Further, Ms. Johnson advised that education is provided on the death data about polysubstance use overdose, to ensure that they have an awareness, and that Naloxone is available to them.

XI. INFORMATIONAL ITEMS

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

XII. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held.

Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

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

XIII. ADJOURNMENT

The Secretary adjourned the meeting at 11:13 a.m.

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



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

May 22, 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/c909430b-1bde-422c-8442-86e4321ec658@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 575 383 414#

NOTE:

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

I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

1. Dr. Cassius Lockett and Lei Zhang

- Co-authored the published article “*Towards Optimization of Community Vulnerability Indices for COVID-19 Prevalence*” in the BioMed Central (BMC) Public Health Journal

2. Overdose Education and Naloxone Distribution Program (Lori Bryan, Rebecca Cruz-Nañez, Brandon Delise, Jessica Johnson, Katarina Pulver)

- Best Program of the Year – Nevada Public Health Association

3. Southern Nevada Health District – May Employees of the Month

- Christopher Cooper and Yolanda Villalobos

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 575 383 414#. 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 MAY 22, 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:** April 24, 2025 *(for possible action)*
2. **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)*
3. **PETITION #32-25: Approval of the Interlocal Agreement between the Southern Nevada Health District and the City of North Las Vegas for acquisition and relocation of two modular structures;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

1. **MEMORANDUM #05-25: Request for Approval of Renewal of Authorization of University Medical Center as a Level I Trauma Center and Level II Pediatric Trauma Center;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
2. **Variance Request for an Existing Septic System, SNHD Permit #ON0018648, located at 4860 North Bonita Vista Street, Las Vegas, NV to allow the septic system to remain on an undersized lot;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VIII. REPORT / DISCUSSION / 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
- Aquatic Health & Regulatory Update
- Legislative Update
- Drug Overdose Update

XI. INFORMATIONAL ITEMS

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

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

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 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

MAY 22, 2025



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** May 22, 2025


RE: *Approval of the Intrastate Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, and the Southern Nevada Health District*

PETITION 31-25


That the Southern Nevada District Board of Health *approves the Intrastate Interlocal Contract between Public Agencies, a Contract between the State of Nevada, Department of Conservation and Natural Resources, and the Southern Nevada Health District.*

PETITIONERS:

Daniel Isler, PE, REHS, *Environmental Health Supervisor of Safe Drinking Water Program* 

Daniel Burns, PE, REHS, *Manager of Environmental Health Engineering* 

Chris Saxton, MPH-EH, REHS, *Director of Environmental Health* 

Cassius Lockett, PhD, *District Health Officer* 

DISCUSSION:

The State of Nevada Department of Conservation and Natural Resources, specifically the Nevada Division of Environmental Protection (NDEP), is the state agency approved by the Environmental Protection Agency (EPA) to carry out the enforcement of federal regulations for public water systems (PWS) under the Safe Drinking Water Act. NDEP is looking for SNHD's continued participation in the Safe Drinking Water (SDW) program. SNHD's responsibilities for the SDW program include conducting and documenting sanitary surveys of existing community and noncommunity PWS at least once every three years, including permitted and unpermitted PWS, and PWS served by groundwater sources and selected purchased water (Groundwater Purchased or Surface Water Purchased) sources. Additionally, SNHD is responsible for conducting and documenting reinspection of non-compliant systems, including systems which fail to report corrective actions and corrective action plans. SNHD is responsible for issuing quarterly reports

for program activities to NDEP, entering Total Coliform monitoring results, and providing oversight and assistance to PWS in Clark County.

FUNDING:

NDEP will provide \$364,340 (\$182,170 per year) to SNHD for the period July 1, 2025, through June 30, 2027. No allowance has been made for cost increases from inflation.

CETS #:	30430
Agency Reference #:	DEP 25-049

INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada
Acting by and through its

Public Entity #1:	Department of Conservation and Natural Resources Nevada Division of Environmental Protection Bureau of Safe Drinking Water Hereinafter the "State"
Address:	901 S. Stewart St., Suite 4001
City, State, Zip Code:	Carson City, NV 89701-5429
Contact:	Raul Betancourt
Phone:	775-687-9555
Fax:	
Email:	rbetancourt@ndep.nv.gov

Public Entity #2:	Southern Nevada Health District Hereinafter the "Public Agency"
Address:	280 S. Decatur Blvd.
City, State, Zip Code:	Las Vegas, NV 89107-3902
Contact:	Donnie Whitaker
Phone:	702-759-1540
Fax:	
Email:	whitakerd@snhd.org

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

WHEREAS, it is deemed that the services hereinafter set forth are both necessary and in the best interests of the State of Nevada.

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. **REQUIRED APPROVAL.** This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. **DEFINITIONS**

TERM	DEFINITION
State	The State of Nevada and any State agency identified herein, its officers, employees and immune contractors.
Contracting Entity	The public entities identified above.
Fiscal Year	The period beginning July 1 st and ending June 30 th of the following year.
Contract	Unless the context otherwise requires, 'Contract' means this document titled Interlocal Contract Between Public Agencies and all Attachments or Incorporated Documents.

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3. **CONTRACT TERM.** This Contract shall be effective as noted below, unless sooner terminated by either party as specified in *Section 4, Termination*.

Effective From:	July 1, 2025	To:	June 30, 2027
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4. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in *Section 3, Contract Term*, provided that a termination shall not be effective until **30** days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. **NOTICE.** All communications, including notices, required or permitted to be given under this Contract shall be in writing and directed to the parties at the addresses stated above. Notices may be given: (a) by delivery in person; (b) by a nationally recognized next day courier service, return receipt requested; or (c) by certified mail, return receipt requested. If specifically requested by the party to be notified, valid notice may be given by facsimile transmission or email to the address(es) such party has specified in writing.
6. **INCORPORATED DOCUMENTS.** The parties agree that this Contract, inclusive of the following Attachments, specifically describes the Scope of Work. This Contract incorporates the following Attachments in descending order of constructive precedence:

ATTACHMENT A:	SCOPE OF WORK AND DELIVERABLES
ATTACHMENT B:	NDEP ADDITIONAL TERMS AND CONDITIONS

Any provision, term or condition of an Attachment that contradicts the terms of this Contract, or that would change the obligations of the State under this Contract, shall be void and unenforceable.

7. **CONSIDERATION.** The parties agree that the services specified in *Section 6, Incorporated Documents* at a cost as noted below:

\$182,170.00	per	Year
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Total Contract or installments payable at:	Monthly as invoiced by Public Agency
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Total Contract Not to Exceed:	\$364,340.00
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Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the result of legislative appropriation may require.

8. **ASSENT.** The parties agree that the terms and conditions listed in the incorporated Attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.
9. **INSPECTION & AUDIT**
- A. **Books and Records.** Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and document as are necessary to fully disclose to the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with all State and federal regulations and statutes.

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- B. **Inspection & Audit.** Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.
- C. **Period of Retention.** All books, records, reports, and statements relevant to this Contract must be retained a minimum three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.
10. **BREACH - REMEDIES.** Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs. It is specifically agreed that reasonable attorneys' fees shall not exceed \$150.00 per hour.
11. **LIMITED LIABILITY.** The parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. Actual damages for any State breach shall never exceed the amount of funds which have been appropriated for payment under this Contract, but not yet paid, for the fiscal year budget in existence at the time of the breach.
12. **FORCE MAJEURE.** Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, acts of public enemy, acts of terrorism, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.
13. **INDEMNIFICATION.** Neither party waives any right or defense to indemnification that may exist in law or equity.
14. **INDEPENDENT PUBLIC AGENCIES.** The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or constructed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.
15. **WAIVER OF BREACH.** Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.
16. **SEVERABILITY.** If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.
17. **ASSIGNMENT.** Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

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18. **OWNERSHIP OF PROPRIETARY INFORMATION.** Unless otherwise provided by law any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.
19. **PUBLIC RECORDS.** Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.
20. **CONFIDENTIALITY.** Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.
21. **FEDERAL FUNDING.** In the event, federal funds are used for payment of all or part of this Contract, the parties agree to comply with all applicable federal laws, regulations and executive orders, including, without limitation the following:
 - A. The parties certify, by signing this Contract, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to Executive Orders 12549 and 12689 and Federal Acquisition Regulation Subpart 9.4, and any relevant program-specific regulations. This provision shall be required of every subcontractor receiving any payment in whole or in part from federal funds.
 - B. The parties and its subcontractors shall comply with all terms, conditions, and requirements of the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder, including 28 C.F.R. Section 35, inclusive, and any relevant program-specific regulations.
 - C. The parties and its subcontractors shall comply with the requirements of the Civil Rights Act of 1964 (P.L. 88-352), as amended, the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions.)
 - D. Clean Air Act (42 U.S.C. 7401–7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251–1387), as amended. Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
22. **PROPER AUTHORITY.** The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in **Section 6, Incorporated Documents.**
23. **GOVERNING LAW – JURISDICTION.** This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the exclusive jurisdiction of and venue in the First Judicial District Court, Carson City, Nevada for enforcement of this Contract.
24. **ENTIRE AGREEMENT AND MODIFICATION.** This Contract and its integrated Attachment(s) constitute the entire agreement of the parties and as such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated Attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such Attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by the Office of the Attorney General.

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

<p>_____ Public Entity #1 Nevada Division of Environmental Protection Authorized Signature Date</p>	<p style="text-align: center;">Administrator</p> <p>_____ Title</p>
<p>By:</p> <p>_____ Public Entity #2 Southern Nevada Health District Authorized Signature Date</p>	<p style="text-align: center;">District Health Officer</p> <p>_____ Title</p>

APPROVED BY BOARD OF EXAMINERS

Signature – Board of Examiners

On: _____
Date

Approved as to form by:

Deputy Attorney General for Attorney General

On: _____
Date

Approved as to form by:

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

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

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**ATTACHMENT A
TO
INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES:
NEVADA DIVISION OF ENVIRONMENTAL PROTECTION AND
THE SOUTHERN NEVADA HEALTH DISTRICT**

SCOPE OF WORK

Southern Nevada Health District (SNHD), hereinafter referred to as Public Agency, agrees to provide the following services and reports to the Nevada Division of Environmental Protection (NDEP), hereinafter referred to as State:

1. The Public Agency agrees to perform the following services for existing and newly identified public water systems assigned within Clark County to assist the State with implementation of the federal Safe Drinking Water Act, for which the State is the designated primacy agency:
 - A. The Public Agency will develop a process to ensure public water system engineering plan review of the distribution piping water projects are performed in accordance with NAC 445A and NRS/NAC 278 for subdivision improvement plans.
 - B. Conduct and document sanitary surveys for public water systems assigned within Clark County as follows:
 - 1) Conduct and document sanitary surveys of new public water systems within one year after they have been activated. Conduct and document sanitary surveys of existing community and non-community public water systems at least once every three years, including permitted and unpermitted public water systems, served by groundwater sources and selected purchased water (Groundwater Purchased or Surface Water Purchased) sources. Additionally, conduct and document re-inspection of non-compliant systems, including systems which fail to report corrective actions and corrective action plans.
 - 2) Record the results of all sanitary surveys using Safe Drinking Water Information System (SDWIS) and/or the Safe Water Information Field Tool (SWIFT);
 - a. Mail / E-mail Sanitary Survey Report to public water systems with Significant Deficiencies within 30 days of the site visit. All other reports should be completed within 45 days of the site visit.
 - 3) Schedule with State personnel a minimum of three joint sanitary surveys annually.
 - 4) Verify the status of public water system operators for community and non-transient non-community water systems at the time of the sanitary survey; and
 - 5) Assist the State in the review and verification of public water systems' Vulnerability Assessment reports for accuracy based on information collected from Sanitary Surveys and subsequent site visits.
 - C. Once an unpermitted water system is discovered and until the system has been permitted by NDEP, Bureau of Safe Drinking Water (BSDW), the following types of activities will be performed by the Public Agency:
 - 1) Routine verification, on an agreed upon frequency, of the status of unpermitted water systems in Clark County.

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- 2) Issue initial written notification regarding water system status and their compliance milestones.
- 3) Document communications to the water system representatives regarding permitting milestones.
- 4) Conduct and document sanitary survey as noted in item 1.B.
- 5) Perform on-site follow-ups of deficiencies observed during the sanitary survey that are unresolved.
- 6) Update SDWIS compliance schedules and deficiency log.
- 7) Remind community PWS to prepare their annual consumer confidence reports.
- 8) Issue reminders of monitoring and reporting requirements.
- 9) Review water quality.
- 10) Coordinate with BSDW Engineering Branch regarding water projects, Plans to Operate and Plans to Permit.

D. Utilize the Safe Drinking Water Information System (SDWIS) for the following:

- 1) Review and update the inventory of public water systems assigned within Clark County on at least a quarterly basis.
- 2) Coordinate with State personnel to ensure that appropriate monitoring schedules are assigned, monitoring compliance determinations are made, and decisions are documented in the SDWIS for all public water systems.
- 3) Enter Total Coliform monitoring results and run compliance status for all public water systems for coliform, at least monthly, and
 - a. Generate Compliance reports for coliform, run compliance, enter enforcement codes for public notice and return to compliance, and send violation letters to public water systems.
 - b. Review Results Alert Reports, produced by State staff and delivered to Public Agency staff, for chemical monitoring. Coordinate any necessary monitoring schedule changes with State staff. When necessary, Public Agency will inform public water systems in writing of monitoring schedule changes or violations.
- 4) Enter sanitary survey information and associated observations into SDWIS and/or SWIFT and provide migration files for State SDWIS updates quarterly.
 - a. Within 120 days of sanitary survey report issuance, Generate Compliance reports, run compliance, enter enforcement codes for public notice and return to compliance, and send violation letters to public water systems.

E. Provide oversight and assistance to ensure public water systems assigned in Clark County comply with drinking water regulations.

- 1) Assist public water systems with issuance of Boil Water Orders, timely Tier 1 Public Notices, and other Public Notices to ensure that they are appropriate and consistent with regulations and

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established practices.

- 2) Work cooperatively with the State to prepare for implementation of new United States Environmental Protection Agency (USEPA) rules that have not been adopted at the state level. This may include activities such as contacting and informing public water systems of new requirements, providing data to the USEPA and assisting the USEPA with implementation of new federal rules prior to adoption by the State Environmental Commission.
 - 3) Conduct and document all requirements associated with Assessments under the Revised Total Coliform Rule (RTCR), as needed, to ensure that site visit, report and subsequent follow-up activities, including issuance of violations, are timely and consistent with regulations and developed procedures. State personnel will assist with training Public Agency personnel and documenting which Public Agency personnel are approved as Level 2 Assessors.
 - 4) Work collaboratively with the State to document the status of water projects, determine their impact on PWS compliance, and inform PWS of any associated modifications to compliance activities, using State tools (e.g., Planner Board) and associated procedures within established timeframes.
 - 5) Provide strategy to assist public water systems develop sampling plans.
- F. Assist State personnel in documenting public water system and/or engineering non-compliance leading to formal enforcement actions, as necessary. Assistance includes the issuance of first and second notices of violation(s) in an agreed upon format, drafting Finding of Alleged Violation, overseeing steps taken by the water system to achieve compliance with State ordered actions, and participation in show cause hearing as needed.
- G. Participate in training programs, provided at no cost by the State, such as the following programs:
- 1) SDWIS database and related tools such as the SWIFT sanitary survey tool.
 - 2) Sanitary Survey Training
 - 3) Backflow & Cross-Connection Training
 - 4) Consumer Confidence Report Training
 - 5) Lead & Copper Training
 - 6) Per- and poly-fluoroalkyl substances (PFAS)
 - 7) Vulnerability Assessment Reports Training
 - 8) Document Retention & Disposal Training
 - 9) Other PA training opportunities as available
- H. Assist the State in preparing reports on variance and exemption requests to be presented by State staff to the State Environmental Commission.
- I. Submit quarterly reports to the State within thirty days after the calendar quarter ends (January 30, April 30, July 30, and October 30). The quarterly report will include:
- 1) A financial report/invoice including a summary of program expenditures during the preceding quarter and fiscal year-to-date, by category.
 - 2) A summary of program activities during the preceding quarter including:
 - a. Information pertaining to all new public water systems added to the Public Agency public

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water system inventory.

- b. A listing of all unpermitted water systems, including their public water system name, public water system identification number, recent verification status update, and public water system status determination.
- c. A listing of all sanitary surveys conducted including public water system name, public water system identification number, date of the sanitary survey, date of sanitary survey report mailing/emailing, a notation as to whether or not a significant deficiency was observed, and a notation that migration files have been submitted.
- d. A list of all significant deficiency Corrective Action Plans approved or modified.
- e. A brief description of any actions taken as a result of Results Alert Report review.
- f. A brief description of any water system emergencies.
- g. The total number and brief description of engineering plan reviews for subdivision distribution piping.
- h. A listing of all public water system violations, grouped by type of violation, which includes the following information:
 - 1) The name and PWS ID# of each public water system;
 - 2) The type and level of violation incurred by the public water system;
 - 3) A list of any enforcement actions, remedial follow-up visits or violations of orders occurring during the quarter;
 - 4) The date and nature of the Public Agency response to violations, including where appropriate, the rationale for response;
 - 5) The date of resolution;
 - 6) Method of determining resolution; and
 - 7) Updates on actions taken during the previous quarter to address public water systems on the EPA Enforcement Targeting Tool with greater than 10 points.
- J. The Public Agency will maintain forms and applications for the Drinking Water State Revolving Fund and Grant Program, administered by the State, and will dispense information to Clark County public water systems that may be interested in these programs. To the extent resources allow, the Public Agency will participate in meetings and workshops concerning these programs.
- K. Adopt any local regulations, fees or ordinances needed by the Public Agency to fully implement the requirements of NRS 445A.800 to 445A.955 and regulations adopted pursuant thereto. Regulations adopted by the Public Agency pursuant to this section must not conflict with regulations adopted by the State Environmental Commission.
- L. The Public Agency will review the files currently in its possession and determine the disposition of the files in compliance with the State's records retention schedules. All files not needing to be in possession of the Public Agency will either, as appropriate, be disposed of in the appropriate manner or sent to the State for additional retention.

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- M. Coordinate with State personnel to schedule a comprehensive Drinking Water Program review at the Public Agency office when required by US Environmental Protection Agency.
2. The State will provide the Public Agency with the following:
- A. Information on any changes or additions to NRS or NAC that pertain to public water systems.
 - B. Training to Public Agency staff on federal and state laws and regulations and database systems utilized by the State, to the extent funding allows and in excess of the attached budget.
 - C. Coordinating with and assisting the Public Agency in the review of distribution piping for subdivisions.
 - D. Assistance is also provided in response to public water systems and public queries as they pertain to program goals, policies and regulations, and public health concerns.
 - E. Providing technical assistance to the Public Agency, as necessary, to bring public water systems into compliance with drinking water standards and engineering requirements.
 - F. Computer software, to the extent funding allows, including but not limited to, SDWIS, SWIFT.
 - G. Update emergency response contacts and phone numbers when changes occur and contact the Public Agency when necessary for emergencies at:
 - 1) SNHD Safe Drinking Water Program, 702-759-1320 during business hours (M-F), or
 - 2) SNHD Standby, 702-759-1600, on Friday – Sunday evenings and holidays.
 - H. Upon request of the Public Agency, a list of Clark County public water system certified operators.
 - I. Perform data entry into SDWIS for Public Water System water quality data that is not Total Coliform data (i.e., "Chemical Data").
 - J. The State will assist community water systems with reviewing annual Consumer Confidence Reports (CCR). The Public Agency will assist the State by providing timely information to ensure the required elements reported in the CCR are consistent with compliance information reported to the Public Agency prior to their issuance.
3. The Public Agency and State agree to meet at least twice each year during the term of this agreement to review their respective programs and discuss any changes needed to improve coordination between the programs.
4. The State will endeavor to identify and pursue additional funding opportunities to increase the contract amount. When such funding is secured, the State agrees to process a contract amendment for current and/or future fiscal years.

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5. The Public Agency agrees to adhere to the following budget:

July 1 - June 30			YEAR 1	YEAR 2
			NDEP	NDEP
			Total	Total
<u>Personnel</u>				
Environmental Health Specialist II (85%)				
FY26 Salary	\$92,245.00	85%	\$78,408.00	
FY27 Salary	\$95,934.00	80%		\$76,747.00
Administrative Assistant (15%)				
FY25Salary	\$62,830.00	15%	\$9,425.00	
FY27 Salary	\$66,977.00	15%		\$10,047.00
Environmental Health Supervisor (5%)				
FY26 Salary	\$107,402.00	5%	\$5,370.00	
FY27 Salary	\$114,491.00	5%		\$5,725.00
Environmental Health Specialist I/II (7.0 / 7.5%)				
FY26 Salary	\$65,720.00	7%	\$4,600.00	
FY27 Salary	\$70,057.00	7.5%		\$5,254.00
TOTAL SALARIES			\$97,803.00	\$97,773.00
FRINGE BENEFITS				
FY26 Salary	\$97,803.00	46.36%	\$45,342.00	
FY27 Salary	\$98,124.00	46.36%		\$45,328.00
TOTAL PERSONNEL			\$143,145.00	\$143,101.00
<u>Equipment and Supplies</u>				
Postage and Office supplies			\$353.00	\$397.00
<u>Travel</u>				
Personal Vehicle Mileage	150	\$0.67	\$101.00	\$101.00
TOTAL DIRECT EXPENSES			\$143,599.00	\$143,599.00
<u>Indirect Cost Rate</u>				
NDEP Allowable FY26 (26.86%)	\$143,599.00	26.86%	\$38,571.00	
NDEP Allowable FY27 (26.86%)	\$143,599.00	26.86%		\$38,571.00
<u>TOTAL BUDGET</u>			\$182,170.00	\$182,170.00

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ATTACHMENT B TO

INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES: NEVADA DIVISION OF ENVIRONMENTAL PROTECTION AND THE SOUTHERN NEVADA HEALTH DISTRICT

NDEP ADDITIONAL TERMS & CONDITIONS

1. For contracts utilizing federal funds, the Nevada Division of Environmental Protection (NDEP) shall pay no more compensation per individual (including any subcontractors) than the federal Executive Schedule Level 4 daily rate (exclusive of overhead). This limitation as defined in 2 CFR § 1500.10 applies to consultation services of designated individuals with specialized skills who are paid at a daily or hourly rate. The current Level 4 rate is **\$93.85** per hour.
2. ***NDEP shall only reimburse the Contractor for actual cash disbursed.*** Invoices may be provided via email or facsimile and must be received by NDEP no later than forty (40) calendar days after the end of a month or quarter except:
 - at the end of the fiscal year of the State of Nevada (June 30th), at which time invoices must be received by the first Friday in August of the same calendar year;
 - at the expiration date of the grant, or the effective date of the revocation of the contract, at which times original invoices must be received by NDEP no later than thirty-five (35) calendar days after this date.

Failure of the Contractor to submit billings according to the prescribed timeframes authorizes NDEP, in its sole discretion, to collect or withhold a penalty of ten percent (10%) of the amount being requested for each week or portion of a week that the billing is late. The Contractor shall provide with each invoice a detailed fiscal summary that includes the approved contract budget, expenditures for the current period, cumulative expenditures to date, and balance remaining for each budget category. If match is required pursuant to paragraph 3 below, a similar fiscal summary of match expenditures must accompany each invoice. The Contractor shall obtain prior approval to transfer funds between budget categories if the funds to be transferred are greater than ten percent (10%) cumulative of the total Contract amount.

3. If match is required, the Contractor shall, as part of its approved Scope of Work or Workplan and budget under this Contract, provide third party match funds of not less than: **\$ N/A**. If match funds are required, the Contractor shall comply with additional record-keeping requirements as specified in 48 CFR 31.2 (which, if applicable, is attached hereto and by this reference is incorporated herein and made part of this contract).
4. Unless otherwise provided in the Scope of Work or Workplan, the Contractor shall submit quarterly reports or other deliverables within ten (10) calendar days after the end of each quarter.
5. At the sole discretion of NDEP, payments will not be made by NDEP unless all required reports or deliverables have been submitted to and approved by NDEP within the Scope of Work /Workplan agreed to.
6. Any funds obligated by NDEP under this Contract that are not expended by the Contractor shall automatically revert back to NDEP upon the completion, termination or cancellation of this Contract. NDEP shall not have any obligation to re-award or to provide, in any manner, such unexpended funds to the Contractor. The Contractor shall have no claim of any sort to such unexpended funds.

CETS #:	30430
Agency Reference #:	DEP 25-049

7. For contracts utilizing federal funds, the Contractor shall ensure, to the fullest extent possible, that at least the “fair share” percentages as stated below for prime contracts for construction, services, supplies or equipment are made available to Disadvantaged Business Enterprise (DBE) organizations owned or controlled by Minority Business Enterprise (MBE) or (Women Business Enterprise (WBE).

	MBE	WBE
Construction	2%	2%
Services	1%	2%
Supplies	1%	1%
Equipment	1%	1%

The Contractor agrees and is required to utilize the following seven affirmative steps:

- a. Include in its bid documents applicable “fair share” percentages as stated above and require all of its prime contractors to include in their bid documents for subcontracts the “fair share” percentages;
 - b. Include qualified MBEs and WBEs on solicitation lists;
 - c. Assure that MBEs, and WBEs are solicited whenever they are potential sources;
 - d. Divide total requirements, when economically feasible, into small tasks or quantities to permit maximum participation of MBEs, and WBEs;
 - e. Establish delivery schedules, where the requirements of the work permit, which will encourage participation by MBEs, and WBEs;
 - f. Use the services and assistance of the Small Business Administration and the Minority Business Development Agency, U.S. Department of commerce as appropriate; and
 - g. If a subcontractor awards contracts/procurements, require the subcontractor to take the affirmative steps in subparagraphs a. through e. of this condition.
8. The Contractor shall complete and submit to NDEP a Minority Business Enterprise/Woman Business Enterprise (MBE/WBE) Utilization Report (EPA Form 5700-52A) within fifteen (15) calendar days after the end of each federal fiscal year (September 30th) for each year this Contract is in effect and within fifteen (15) calendar days after the termination date of this Contract.
9. Unless otherwise provided in the Scope of Work or Workplan Attachment A, when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with funds provided under this Contract, the Contractor shall clearly state that funding for the project or program was provided by the Nevada Division of Environmental Protection and, if applicable, the U.S. Environmental Protection Agency. The Contractor will ensure that NDEP is given credit in all approved official publications relative to this specific project and that the content of such publications will be coordinated with NDEP prior to being published.
10. Unless otherwise provided in the Scope of Work or Workplan Attachment A, all property purchased with funds provided pursuant to this Contract is the property of NDEP and shall, if NDEP elects within four (4) years after the completion, termination or cancellation of this Contract or after the conclusion of the use of the property for the purposes of this Contract during its term, be returned to NDEP at the Contractor’s expense.

Such property includes but is not limited to vehicles, computers, software, modems, calculators, radios, and analytical and safety equipment. The Contractor shall use all purchased property in accordance with local, state and federal law, and shall use the property only for Contract purposes unless otherwise agreed to in writing by NDEP.

CETS #:	30430
Agency Reference #:	DEP 25-049

For any unauthorized use of such property by the Contractor, NDEP may elect to terminate the Contract and to have the property immediately returned to NDEP by the Contractor at the Contractor's expense. To the extent authorized by law, the Contractor shall indemnify and save and hold the State of Nevada and NDEP harmless from any and all claims, causes of action or liability arising from any use or custody of the property by the Contractor or the Contractor's agents or employees or any subcontractor or their agents or employees.

For any project involving new or replacement equipment acquired, in whole or in part, using federal funding sources under a subgrant, the Subgrantee is subject to the terms and conditions set forth in 41 CFR § 105-71.132, which contains provisions that govern the title, use, and disposal of the equipment. Equipment means tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

11. The Contractor shall use recycled paper for all reports that are prepared as part of this Contract and delivered to NDEP. This requirement does not apply to standard forms.
12. The Contractor and any subcontractors shall obtain any necessary permission needed, before entering private or public property, to conduct activities related to the Scope of Work or Workplan. The property owner will be informed of the program, the type of data to be gathered, and the reason for the requested access to the property.
13. Nothing in this Contract shall be construed as a waiver of sovereign immunity by the State of Nevada. Any action brought to enforce this contract shall be brought in the First Judicial District Court of the State of Nevada. The Contractor and any of its subcontractors shall comply with all applicable local, state and federal laws in carrying out the obligations of this Contract, including all federal and state accounting procedures and requirements established in 2 CFR 1500 EPA Uniform Administrative Requirements, Cost Principles, and audit requirements for federal awards. The Contractor and any of its subcontractors shall also comply with the following:
 - a. 40 CFR Part 7 - Nondiscrimination in Programs Receiving Federal Assistance From EPA
 - b. 40 CFR Part 29 - Intergovernmental Review of EPA Programs and Activities.
 - c. 40 CFR Part 31 - Uniform Administrative Requirements for Grants and Cooperative Agreements To State and Local Governments;
 - d. 40 CFR Part 32 – Government-wide Debarment and Suspension (Non-procurement) And Government-wide Requirements for Drug-Free Workplace (Grants);
 - e. 40 CFR Part 34 - Lobbying Activities;
 - f. 40 CFR Part 35, Subpart O - Cooperative Agreements and Superfund State Contracts For Superfund Response Actions (Superfund Only); and
 - g. The Hotel and Motel Fire Safety Act of 1990.






TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** May 22, 2025

RE: Interlocal Agreement between the Southern Nevada Health District and The City of North Las Vegas.

PETITION #32-25

That the Southern Nevada District Board of Health *approves the interlocal agreement for acquisition and relocation of modular structures between the Southern Nevada Health District and the City of North Las Vegas.*

PETITIONERS:

Dr. Cassius Lockett, *District Health Officer* 
Kim Saner, *Deputy District Health Officer- Administration* 
Sean Beckham, *Chief Facilities Officer* 

DISCUSSION:

The City of North Las Vegas shall acquire the two modular structures from SNHD at no cost.

FUNDING:

The City of North Las Vegas shall be responsible for all costs associated with the disassembly, transportation and reassembly of the structures

INTERLOCAL AGREEMENT FOR ACQUISITION AND RELOCATION OF MODULAR STRUCTURES

This Interlocal Agreement for Acquisition and Relocation of Modular Structures (“Agreement”) is made and entered into as of the date of the last signature affixed hereto (“Effective Date”) by and between the City of North Las Vegas, a Nevada Municipal corporation (“City”) and the Southern Nevada Health District, a political subdivision of the State of Nevada (hereinafter referred to as (“SNHD”) for the purpose of the acquisition of surplus modular structures components and their relocation.

RECITALS

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

WHEREAS, SNHD is the public health entity for Clark County, Nevada and is organized pursuant to Nevada Revised Statutes (NRS) Chapter 439, has jurisdiction over all public health matters in Clark County, Nevada, and is governed by the Southern Nevada District Board of Health; and

WHEREAS, SNHD purchased two (2) modular structures during the COVID-19 pandemic with Federal Emergency Management Agency (“FEMA”) funds but the structures are no longer needed by the SNHD; and

WHEREAS, One modular structure is 108’ x 48’ (“Asset #1”) and the other is 36’ x 36’ (“Asset #2”) (collectively, the “Assets”) and SNHD has offered these structures, including associated air conditioning and electrical transformer and panels, to the City at no cost; and

WHEREAS, at its own risk, the structures are to be reduced to modular components by the City and its qualified sub-contractor (“Sub-Contractor”), thereby removing the Assets from SNHD’s property at 280 S. Decatur, Las Vegas, Nevada, 89107 (“Removal Site”) and transporting same to a City location for reassembly by City and its Sub-Contractor.

NOW, THEREFORE, the parties mutually agree to the following terms and conditions:

SECTION 1 SCOPE OF WORK

1.1. The City shall acquire the two modular structures from SNHD at no cost and the City shall be responsible for all costs associated with the disassembly, transportation and reassembly of the structures.

1.2. The City shall ensure the removal of these structures from SNHD’s property located at 280 South Decatur Boulevard Las Vegas, NV 89107 no later than October 31, 2025.

1.3. SNHD shall cooperate with the City to facilitate the disassembly, transportation, and re-
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SNHD Reference C2500137

assembly of the Assets, including providing reasonable access to the property and any necessary assistance to ensure the timely and efficient relocation of the structures. For avoidance of doubt, SNHD employees will not participate in the labor required to disassemble, transport, and/or reassemble the Assets.

SECTION 2 TERM

This Agreement shall commence on the Effective Date and will continue to be in effect until the modular structures have been relocated to the City of North Las Vegas ("Term"), unless earlier terminated in accordance with the terms herein.

SECTION 3 NOTICES

Any notice required under this Agreement must be submitted in writing and sent U.S. Mail, postage prepaid, or by hand delivery, and directed to the appropriate party as follows:

Attn: Contract Administrator, Legal Dept.
Southern Nevada Health District
280 S Decatur Blvd.
Las Vegas, Nevada 89107

Attn: City Manager
City of North Las Vegas
2250 Las Vegas Blvd., North
North Las Vegas, NV 89030

SECTION 4 TERMINATION

Either party may terminate this Agreement without cause, upon ninety (90) days written notice to the other party.

SECTION 5 AMENDMENT

The Agreement shall not be modified, amended, or altered except by written agreement of the parties.

SECTION 6 SEVERABILITY

Should any part of this Agreement be rendered void, invalid, or unenforceable by any court of competent jurisdiction for any reason, such determination shall not render void, invalid, or unenforceable under any other part of this Agreement.

SECTION 7
NO EXPRESS OR IMPLIED WARRANTY

7.1 Except as expressly set forth herein, SNHD makes no representations or warranties of any kind, express or implied, with respect to the physical condition of the Assets, or any other matter and, in particular, SNHD makes no express or implied warranty of merchantability or fitness for a particular purpose.

SECTION 8
NO FUTURE OBLIGATIONS

It is specifically recognized and agreed by all parties hereto, that this Agreement is not to be interpreted or constructed as establishing a precedent for any further agreement, covenant or commitment on the part of any party hereto and should be considered a stand-alone document without establishing any future obligations, other than as described herein, on the part of any party hereto.

SECTION 9
NO THIRD PARTY BENEFICIARY

This Agreement is intended only to benefit the parties hereto and does not create any rights, benefits, or causes of action for any other person, entity or member of the general public.

SECTION 10
ASSIGNMENT

No assignment of rights, duties or obligations of this Agreement shall be made by either party without the express written approval of the other party.

SECTION 11
LIMITED LIABILITY

Subject to the limitation of law, and to the extent allowed by law, each party shall be responsible for the acts or omissions, negligent or intentional, of its officers, directors, agents, representatives, members and employees, as a result of, or arising out of this Agreement. Neither party waives any rights or defenses to indemnification that may exist in law or equity.

SECTION 12
INDEPENDENT CONTRACTOR

SNHD and the City are independent entities and nothing contained in this Agreement shall be construed or deemed to create a relationship of employer and employee or principal and agent or any relationship other than that of independent parties, contracting with each other solely for the purpose of carrying out the provisions of this Agreement.

SECTION 13
GOVERNING LAW AND VENUE

The laws of the State of Nevada govern the validity, construction, performance and effect of this Agreement, without regard to conflicts of law. All actions shall be initiated in the courts of Clark County, Nevada or the federal district court with jurisdiction over Clark County, Nevada.

SECTION 14
ASSESSMENT, INSURANCE, AND KEY PERSONNEL

14.1 **Assessment.** Prior to removal of the Assets from the Removal Location, the City will assess the Assets and the land beneath them at the Removal Location to determine whether removal without incident is achievable, and will plan the removal process accordingly to ensure appropriate safety measures are applied.

14.2 **Insurance.** City will provide and maintain at its own expense a program of self-insurance or insurance in commercially reasonable amounts calculated to protect itself from any and all claims of any kind or nature for damage to property or personal injury, including death, made by anyone, that may arise from activities performed by this Agreement, whether these activities are performed by the City, or anyone directly or indirectly engaged or employed by the City. Likewise, City will ensure that Sub-Contractor and any other entity directly or indirectly engaged or employed by the City for the purpose of performing Agreement-related work at the Removal Location are adequately insured in a similar manner, and in accordance with any applicable federal, state, and local laws.

14.3 **Key Personnel.** SNHD's Chief Facilities Officer or their designee shall be the overall manager of this Agreement, will assign all tasks and due dates for all work, and be the single point-of-contact for resolution of Agreement related issues Scott Jarvis, Manager, Engineering Services (jarviss@cityofnorthlasvegas.com), shall be the single point of contact for the City.

[The remainder of this page is left intentionally blank. Signature page to follow.]

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

City of North Las Vegas,
a Nevada municipal corporation

Southern Nevada Health District,
a political subdivision of the State of Nevada

By: _____
Micaela Rustia-Moore, City Manager

By: _____
District Health Officer
Cassius Lockett, PhD

Date: _____

Date: _____

ATTEST:

By: _____
Jackie Rodgers, City Clerk

Approved as to form:

Approved as to form:

This document is approved as to form.
SNHD signatures to be affixed after
approved by the Southern Nevada District
Board of Health.

By: _____
Andy Moore, City Attorney





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



Memorandum #05-25

Date: May 22, 2025

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Stacy Johnson, MSN, RN, *Regional Trauma Coordinator* 
John Hammond, BS, Paramedic, EMS & Trauma System Manager 
Xavier Gonzales, PhD, MSPH, CHWI, *Director of Community Health* 
Cassius Lockett, PhD, *District Health Officer* 

Subject: Request for Approval of Renewal of Authorization of University Medical Center as a Level I Trauma Center and Level II Pediatric Trauma Center

I. BACKGROUND:

In accordance with Clark County Trauma Regulation 300.200 any hospital that desires renewal of designation as a center for the treatment of trauma in Clark County shall first request renewal of authorization from the Board. The hospital must show that it continues to meet the requirements of the Trauma Regulations, as well as demonstrate its capacity, capability and commitment to provide trauma services and to contribute to the current and future needs of the trauma system.

II. RECOMMENDATION:

Upon receipt and review of the application for renewal of authorization as a center for the treatment of trauma, the Office of Emergency Medical Services & Trauma System recommends the Board approve University Medical Center's request as a Level I Trauma Center and Level II Pediatric Trauma Center based on their demonstrated willingness to submit trauma data to SNHD and the State Trauma Registry; to actively participate in the Regional Trauma Advisory Board and EMS/Trauma Performance Improvement activities; to provide standard financial information to assist in the assessment of the financial stability of the trauma system; and to comply with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma.

III. CONDITIONS:

The attached application for renewal of authorization as a Level I Center for the Treatment of Trauma and Level II Pediatric Center for the Treatment of Trauma has been unanimously approved by the Regional Trauma Advisory Board (RTAB). The RTAB and staff recommend Board approval of the renewal of authorization under the condition that University Medical Center shall apply to the State Health Division for renewal of their designation, which includes verification by the American College of Surgeons.

JH:nc

Attachments:

- A. University Medical Center's Application for Renewal of Authorization as a Level I Center for the Treatment of Trauma and Pediatric Level II Center for the Treatment of Trauma



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

Name of Institution: University Medical Center

Street Address: 1800 West Charleston BLVD.

City: Las Vegas State: NV Zip Code: 89102

Telephone: 702-383-2092 FAX: 702-383-3733 E-Mail: lisa.rogge@umcsn.com

Owner of Facility: Clark County

Street Address: 1800 West Charleston Boulevard

City: Las Vegas State: NV Zip Code: 89102

Telephone: 702-383-3860 FAX: 702-383-2067 E-Mail: _____

Hospital Administrator/Director: Mason VanHouweling

Contact Person for Application Processing: Lisa Rogge

Telephone: 702-383-2092 FAX: 702-383-3733 E-Mail: lisa.rogge@umcsn.com

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

☒ Level I

☐ Level II

☐ Level III

☐ Pediatric Level I

☒ Pediatric Level II

Date of original designation: Level II 8/1989; Level I 1/1999; Peds Level II 10/2007

Date of last renewal of designation: March 2025 2022

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

There have been no changes in the hospitals capacity to provide trauma services in the past designation period.

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

There have been no changes in the hospitals capabilities to provide trauma services in the community during the past designation period.

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

There have been no changes to the hospital's commitment to serving this community.

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

University Medical Center of Southern Nevada continues to serve this community and its visitors. We do so by providing the regions highest level trauma care with a focus on patient outcomes. This facility is actively partnered with the University of Nevada Las Vegas Medical schools and several area nursing schools working to help train caregivers for the future of the community. We continue to strive to serve this community with education and outreach that will answer the the needs of those we serve.

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

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

☒ Yes ☐ No

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

☒ Yes ☐ No

3. Provided standard financial information to assist in the assessment of the financial stability of the trauma system, when requested.

☒ Yes ☐ No

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

☒ Yes ☐ No

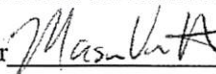
I have read and completed the application to the best of my ability and attest to the fact the information provided is true and complete to the best of my knowledge.

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

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

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

Signature of Hospital Administrator or Owner



Date: 3/11/25

Printed Name of Hospital Administrator or Owner: Mason VanHouwelling

Title of Person signing the Application: CEO



Memorandum

Date: May 22, 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 #ON0018648, located at 4860 North Bonita Vista Street, Las Vegas, NV to allow the septic system to remain on an undersized lot.

I. BACKGROUND:

Lee Pinheiro Team, LLC, Owner ("Petitioner"), is requesting a variance to create a minor subdivision (parcel map) of the property located at Assessor's Parcel Number (APN) 125-32-804-001, also known as 4860 North Bonita Vista Street, Las Vegas, NV 89149 ("Subject Property"), and to allow the existing individual sewage disposal system and private well to remain in use.

Petitioner requests a variance from Section 11.21.1 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* ("SNHD ISDS Regulations"), which requires a minimum of one acre "for the installation of an individual sewage disposal system where the water supply is from a well serving only that property."

SNHD reviews all minor subdivision maps submitted to the Clark County Public Works Department Map Team and provides technical comments to property owners, if necessary. During its review of the Petitioner's proposed minor subdivision map MSM-23-600106 ("Parcel Map"), SNHD determined that the resulting parcel containing the existing septic system and private well will have a total land area of approximately 0.56 acre (24,248 square feet), which is less than the required minimum of 1.0 acre (43,560 square feet).

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:

"This is an existing home that has been operating via the existing septic system since 1989. Once the property is subdivided, it will still comply with all setback requirements. Sewer is not currently available within 400 feet of the property."

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

"The cost to remove the existing septic system, the cost to connect to sewer (approximately \$75,000 based on the typical \$150/ft of sewer price), and the cost of traffic control would cause an undue burden on the property owner."

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

"Approval of the variance will allow the property owner to safely continue to use the existing septic system as they have since 1989. Approval of the variance will cause no negative impact to the existing septic system. The owner will continue to adhere to existing SNHD rules & regulations."

Examination of the Clark County Assessor's records and parcel genealogy show that the Petitioner is the second owner of the Subject Property and obtained it in May 2023. The property has not been improved since the adoption of the current SNHD ISDS Regulations in 2009.

The Subject Property is depicted in Attachment D as APN 125-32-804-001 (highlighted in yellow) of the Assessor's Parcel Map. An analysis of the surrounding area shows that there are 113 private and quasi-municipal wells and 351 permitted septic systems within a square mile of the Subject Property.

Petitioner's proposed Parcel Map is included as Attachment E. Petitioner proposes that the existing single-family residence, which will be located on the newly-created Parcel 1, will continue to be served by the existing septic system and private well, while the remaining lots (Parcels 2, 3, and 4) will be served by the City of Las Vegas Sewer and Las Vegas Valley Water District. The proposed Parcel 1 will have an area of approximately 0.56 acre, which is smaller than the minimum lot size of 1.0 acre required by the SNHD ISDS Regulations. Petitioner has already entered into a Sewer Connection Agreement with the City of Las Vegas for Parcels 2, 3, and 4, which is included as Attachment G.

The existing septic system has been in operation since 1989. It appears to be functioning adequately and complies with all other regulations. Petitioner conducted a water quality analysis of the property's well water in March 2025, and the results did not indicate any contamination. The locations of the existing septic system and well are shown in Attachment F, and the water quality results are included as Attachment I.

II. RECOMMENDATION:

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

III. CONDITIONS:

If approved, staff recommend the following conditions:

1. If, at any time, a community sewage system becomes available on *Bonita Vista Street*, the street adjacent to the property, the Petitioner and their successor(s) in interest shall connect to the public system, discontinue use of the ISDS, and properly abandon the ISDS in accordance with the most current SNHD ISDS Regulations.
2. Petitioner and their successor(s) in interest shall comply with all operation and maintenance requirements outlined in the most current SNHD ISDS Regulations.
3. This variance is not transferable to future property owners and does not guarantee replacement in the event of septic system failure. If the existing parent parcel is transferred to a new owner before the proposed Parcel Map MSM-23-600106 is recorded with the Clark County Recorder's Office, or if the child parcel on which the ISDS is located is transferred to a new owner at any time, this variance shall automatically expire and be of no further force or effect.
4. If the proposed Parcel Map MSM-23-600106 is not recorded with the Clark County Recorder's Office within two years, this variance shall automatically expire and be of no further force and effect.

Attachments:

- A. Variance Candidate Application
- B. Justification Letter
- C. Authorization Letter
- D. Assessor's Parcel Map for APN 125-08-507-001
- E. Proposed Parcel Map MSM-23-600106
- F. Bonita Vista and Verde Septic System Exhibit
- G. Sewer Connection Agreement
- H. Well Driller's Report (Well Log #60385)
- I. Well Water Quality Report
- J. Public Notice

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



VARIANCE CANDIDATE WORKSHEET

PART I:

ESTABLISHMENT INFORMATION

Name of Facility/ Establishment: Bonita Vista & Verde
Health Permit Number: _____ Date of Inquiry: _____
Name of Operator/ Agent: Taney Engineering
Address of Operator/ Agent: 6030 S. Jones Blvd. Las Vegas, NV 89118
Contact Information of Operator/ Agent:
Office Phone: 702-362-8844 Cell Phone: n/a
Fax Number: n/a Email Address: emilys@taneycorp.com
If corporation, the name/ title of individual to sign for Variance document:
Name: Robert Cunningham
Title: Authorized Signatory

OWNER INFORMATION

Name of Property Owner: Lee Pinheiro Team, LLC.
Address of Property Owner: 3775 E. Sahara Ave. Las Vegas, NV 89104
Contact Information of Property Owner: Lee Pinheiro
Office Phone: n/a Cell Phone: 702-219-9006
Fax Number: n/a Email Address: leepingarrow@gmail.com

PROPERTY INFORMATION

Property Address: 4860 N. Bonita Vista St. Las Vegas, NV 89149
Assessor's Parcel Number (APN): 125-32-804-001
Describe location within larger facility (i.e. hotel/casino/resort, etc.):
Single family residential subdivision located at the SEC of N. Bonita Vista St. & W. Verde Way.

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

Once property is subdivided per parcel map MSM-23-600106, the lot in which the septic system will remain will be under 1 acre in size and therefor be in violation of code section 11.21.1: "A minimum area of one (1) acre (43,560 square feet), including public streets and alleys, or other right-of-way or easements, or any portion thereof abutting on, running through or within a building site, is required for the installation of an individual sewage disposal system where the water supply is from a well serving only that property."

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

PART II:

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

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

This is an existing home that has been operating via the existing septic system since 1989. Once the property is subdivided, it will still comply with all setback requirements. Sewer is not currently available within 400 feet of the property.

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

The cost to remove the existing septic system, the cost to connect to sewer (approximately \$75,000 based on the typical \$150/ft of sewer price), and the cost of traffic control would cause an undue burden on the property owner.

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:

Approval of the variance will allow the property owner to safely continue to use the existing septic system as they have since 1989.

Approval of the variance will cause no negative impact to the existing system. The owner will continue to adhere to existing SNHD rules & regulations.

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)

May 22, 2025

Attachment B: Justification Letter



TANEY ENGINEERING

6030 SOUTH JONES BLVD. #100

LAS VEGAS, NV 89118

TELEPHONE: 702-362-8844

FAX: 702-362-5233

May 21, 2025

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

From: Taney Engineering
6030 S. Jones Blvd.
Las Vegas, NV 89118

Re: 4860 N. Bonita Vista St. APN #125-32-804-001

To whom this may concern:

Taney Engineering, on behalf of Lee Pinheiro Team, LLC hereby make application and petition the Southern Nevada District Board of Health for a variance to the Regulations Governing Individual Sewage Disposal and Liquid Waste Management Section 10 and Nevada Department of Environmental Protection Policy.

This variance request is made to permit an ISDS to remain on a lot with a septic density greater than the maximum for a conventional septic system.

The legal description of said property is APN # 177-01-811-032, further described as:

THE NORTHWEST QUARTER (NW 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) OF SECTION 32, TOWNSHIP 19 SOUTH, RANGE 60 EAST, M.D.B. & M.

EXCEPTING THEREFROM ANY INTEREST IN THE NORTH 30 FEET, THE WEST 30 FEET, AND THAT CERTAIN SPANDREL AREA AS CONVEYED TO CLARK COUNTY, NEVADA, IN THE DEED RECORDED SEPTEMBER 17, 1987 IN BOOK 870917, INSTRUMENT NO. 00562, OF OFFICIAL RECORDS, CLARK COUNTY, NEVADA.

Lee Pinheiro Team, LLC has owned the property since 2023 and wishes to apply for this variance to allow the property to be subdivided into a total of 4 lots via a parcel map. In the process of doing this, lot 1 (where the existing house & septic system is located), will be reduced to approximately 0.5 acres in size and thus be in violation of code 11.20.1 for lot size requirement.

If you have any questions or need any additional information, please do not hesitate to contact this office.

Sincerely,

Emily Sidebottom
Project Coordinator
Taney Engineering

May 22, 2025

Attachment C: Authorization Letter

Authorization Letter

March 20, 2025

Southern Nevada Health District
280 S. Decatur Blvd.
P.O. Box 3902
Las Vegas, Nevada 89127

I, Lee Pinheiro Team, LLC do hereby authorize Taney Engineering to make application for a septic system variance in the matter of 4860 N. Bonita Vista St., Las Vegas, Nevada, Assessor's Parcel Number 125-32-804-001. Also, in the event that I cannot be present at the May 22, 2025 Southern Nevada District Board of Health meeting, Taney Engineering is authorized to speak on my/our behalf. However, we understand that both of us must sign both the letter of request and variance order.


(Owner)

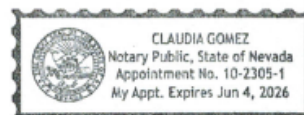
STATE OF NEVADA

COUNTY OF Clerk

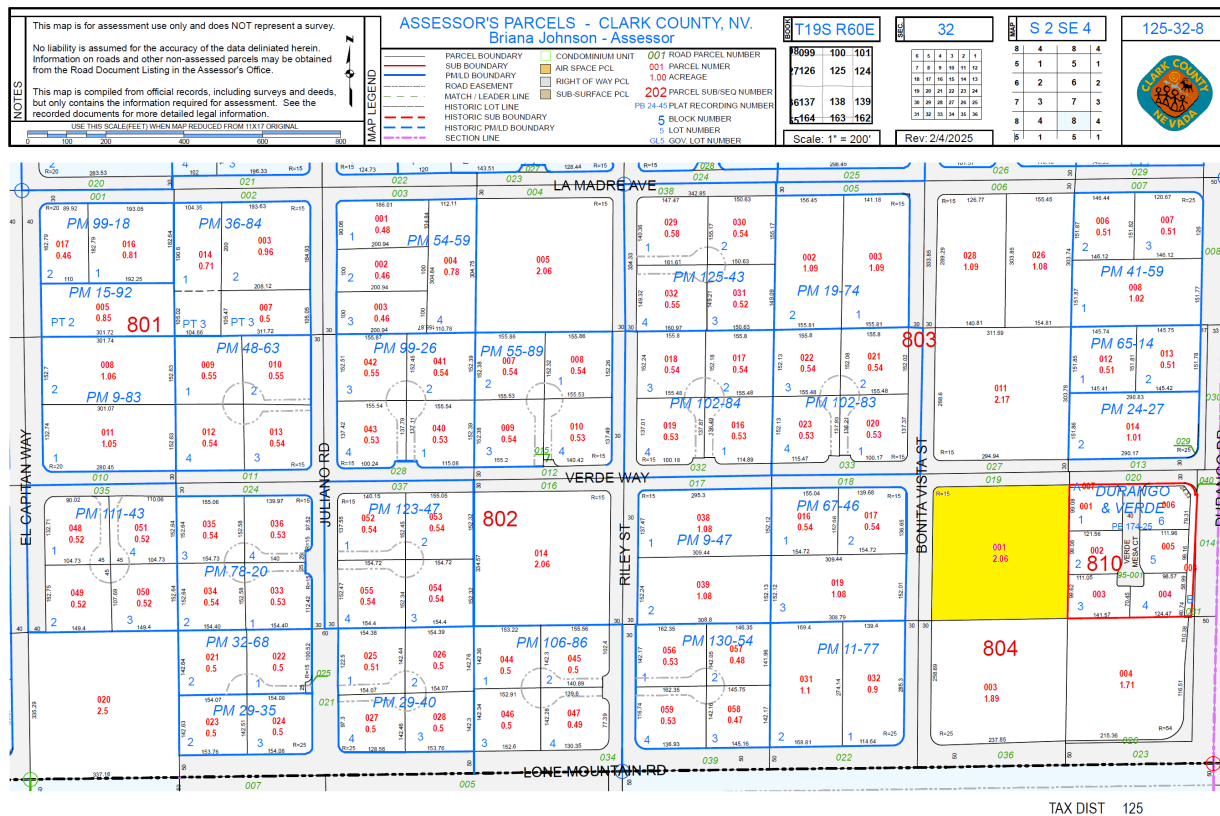
This instrument was acknowledged before me on March 24, 2025 by
Leonardo Cordeiro Pinheiro as Manager of Lee Pinheiro Team, LLC.

Claudia Gomez
Notary Public Signature

My commission expires: 06/04/26



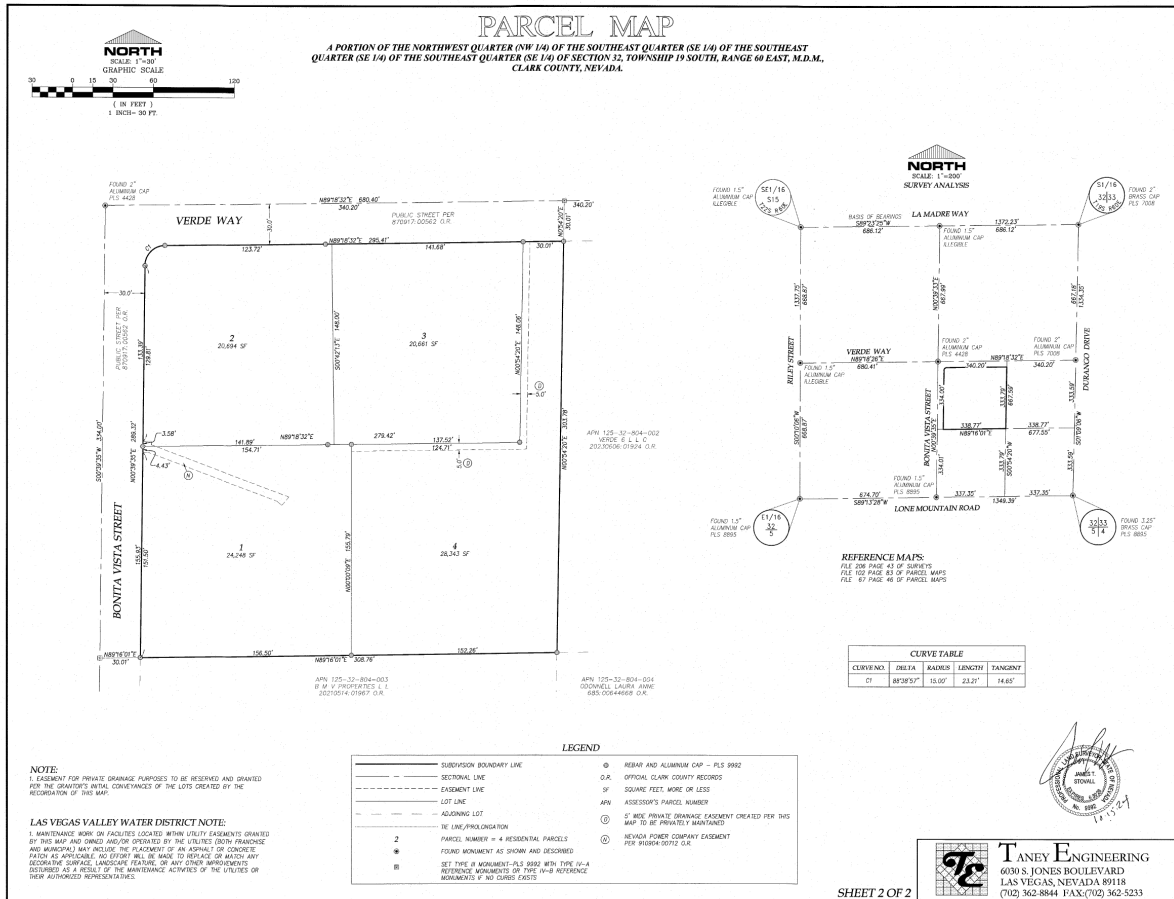
Attachment D: Assessor's Parcel Map for APN 125-32-804-001



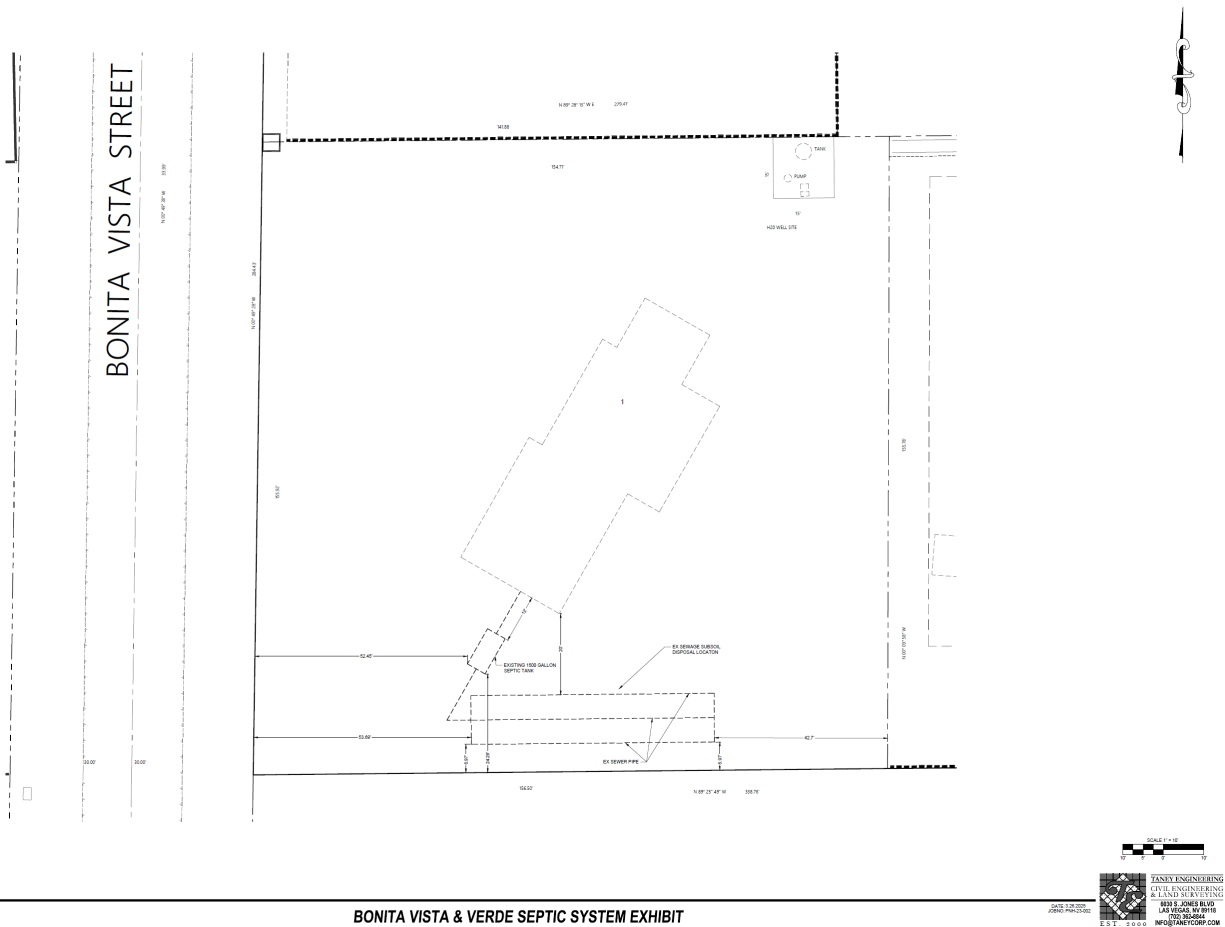
TAX DIST 125

[illegible]

Attachment E: Proposed Parcel Map MSM-23-600106 (Page 2 of 2)



Attachment F: Bonita Vista & Verde Septic System Exhibit



Attachment G: Sewer Connection Agreement (Page 1 of 3)

APN: 125-32-804-001

WHEN RECORDED MAIL & SEND
TAX STATEMENTS TO:

Attn: Director
Department of Building and Safety
City of Las Vegas
495 S Main Street
Las Vegas, NV 89101

Inst #: 20241024-0003103
Fees: \$42.00
10/24/2024 03:56:23 PM
Receipt #: 5724006
Requestor:
CITY OF LAS VEGAS BUILDING
Recorded By: WIHD Pgs: 13
Debbie Conway
CLARK COUNTY RECORDER
Src: MAIL
Ofc: MAIN OFFICE

▲ Space Above for Recorder's Use Only ▲

SEWER CONNECTION AGREEMENT

THIS SEWER CONNECTION AGREEMENT (the "Agreement") made and entered into this
day of September 2024, by and between the CITY OF LAS VEGAS, a
Nevada municipal corporation (the "City"), and Leonardo Pinheiro, a individual (the "Owner").

RECITALS

WHEREAS, Owner owns fee title to the real property, Assessor's Parcel Number 125-32-804-001, (the "Property") depicted on Exhibit A, attached hereto and incorporated herein by this reference;

WHEREAS, the Owner has applied to the City to connect the Property to the City's sewage collection system for the proposed development of the Parcel (the "Project") as further described herein; and

WHEREAS, the City is able to and desires to furnish sewer service to the Property that is situated outside the corporate limits of the City.

NOW, THEREFORE, in consideration of the mutual terms, conditions, and covenants set forth below, the parties hereby agree as follows:

AGREEMENT

1. City hereby allows the Owner to connect the development on the Property to the City's sewage collection system at the nearest and most practical connection point, as determined by the City in its sole discretion.

2. Owner agrees to pay to the City the sum of money to be determined by the City based on the proposed development of the Property and prior to the issuance of the Building Permit for the Project. The Project more specifically consists of the following:

Three (3) Single Family Dwellings

3. It is mutually understood and agreed that the sewer lines, laterals, and other necessary sewer improvements to connect the development on the Property to the existing City sewer main shall be installed at the Owner's sole cost and expense, and in conformance with the laws and administrative regulations of the City, as they may be amended from time to time.

May 22, 2025

Attachment G: Sewer Connection Agreement (Page 2 of 3)

4. It is mutually understood and agreed that the Owner shall pay the applicable quarterly sewer service charge based on the amount of the then prevailing annual sewer service charge. The first such quarterly payment shall be made upon the connection of the Property to the City's sewage collection system, and each subsequent payment shall be paid as billed by the City.
5. It is mutually understood and agreed that this Agreement shall be recorded in the Public Records of Clark County, Nevada and shall constitute a covenant running with the land and shall be in full force and effect and be binding upon the undersigned Owner, its heirs, legal representatives, estates, grantees and assigns, and successors in interest to the Property, including any parcels created by the further subdivision of the Property.
6. All subsequent purchasers of the Property, including any parcels created after further subdivision, shall be informed of the existence of this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representatives the day and year first above written.

"CITY"

CITY OF LAS VEGAS, NEVADA

By: _____

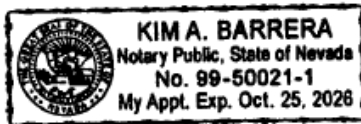
Steven R. Ford
Deputy City Manager

APPROVED AS TO FORM: John S. Ridilla
Chief Deputy City Attorney

By: John S. Ridilla 9/11/24
Deputy City Attorney Date

STATE OF NEVADA)
)ss.
COUNTY OF CLARK)

This instrument was acknowledged before me on the 17 day of September, 2024, by
Steven R. Ford as the Deputy City Manager of the City of Las Vegas.



By: _____

Notary Public

[SIGNATURES CONTINUED ON NEXT PAGE]

Attachment G: Sewer Connection Agreement (Page 3 of 3)

SEWER CONNECTION AGREEMENT

Signature Page (continued)

"OWNER"

LEONARDO PINHEIRO

By: [Signature]

Name: LEONARDO PINHEIRO

Title: OWNER

STATE OF Nevada)
COUNTY OF Clark)ss.

This instrument was acknowledged before me on the 16th day of July, 2024, by
Leonardo Cordeiro Pinheiro as the Owner of

125-32-804-001.



By: Claudia Gomez
Notary Public

Log No. 100385
 Permit No. _____
 Basin _____

Please complete this form in its entirety

NOTICE OF INTENT NO. 8668

3. TYPE OF WORK		4. PROPOSED USE			5. TYPE WELL								
New Well	<input checked="" type="checkbox"/>	Recondition	<input type="checkbox"/>	Domestic	<input checked="" type="checkbox"/>	Irrigation	<input type="checkbox"/>	Test	<input type="checkbox"/>	Cable	<input type="checkbox"/>	Rotary	<input checked="" type="checkbox"/>
Deepen	<input type="checkbox"/>	Other	<input type="checkbox"/>	Municipal	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Stock	<input type="checkbox"/>	Other	<input type="checkbox"/>		

8. WELL CONSTRUCTION

Diameter 12 3/4 inches Total depth 400 feet
 _____ inches
 _____ inches

Casing record 8 3/4

Weight per foot _____ Thickness 188

Diameter	From	To
<u>8 3/4</u> inches	<u>0</u> feet	<u>400</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes ☒ No ☐ Type Concrete

Depth of seal 50 feet

Gravel packed: Yes ☒ No ☐

Gravel packed from 50 feet to 400 feet

Perforations:

Type perforation Perforated

Size perforation 1/4 x 5"

From <u>400</u>	feet to <u>370</u>	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet

9. WATER LEVEL
 Static water level: 300 feet below land surface
 Flow: 2.0 G.P.M. 2.0 P.S.I.
 Water temperature: Cold °F Quality: Good

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Bruce Robinson
Contractor

Address HCR 65 Box 72612 Contractor

Nevada Contractor's license number 89041
issued by the State Contractor's Board 15972

Nevada contractor's driller's number
issued by the Division of Water Resources 944

Nevada driller's license number issued by the
Division of Water Resources, the on-site driller... 942

Signed Bruce K. Kasper
By driver performing actual drilling on site or contractor

Date 12-9-90

Pump RPM	G.P.M.	Draw Down	After Hours Pump

G.P.M. 20 Draw down 60 feet 10 hours
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours

Attachment I: Well Water Quality Report



5580 Mill Street, Suite 100, Reno, NV 89502 | Phone: 775.284.3970 | Fax: 866.755.7619
NV Laboratory ID: NV00923 | EPA Laboratory ID: NV00923

Laboratory Report Identification: 0325201

Company/Client: Water Well Services

Contact: Dan Woody

Address: 6475 W Gary Ave

City: Las Vegas

State: NV

Zip: 89139

Phone: 702-361-3340

Email: DanWoody@wwslv.com

Submission Date: 3/26/2025

Sampling Site: Well Head

Project: N/A

Reference Number: N/A

PO Number: N/A

Sampled By: Client

Client Sample Identification: 4860 N Bonita Vista Street

Sampling Date: 3/25/2025

Laboratory Sample Identification: 0325201-1

Matrix: Aqueous

Water Panel

General Chemistry	Results	Units	EPA Limits	Reporting Limits	Method	Analysis Date
pH (at 25 °C)	7.29	S.U.	6.50 - 8.50	~	SM 4500H+ B	3/26/2025
Conductivity (at 25 °C)	520	umhos/cm	~	~	SM 2510 B	3/26/2025
Color	5	cu	~	5	SM 2120B	3/26/2025
Turbidity	ND	NTU	~	0.5	SM2130 B	3/26/2025
Alkalinity (as CaCO3)	186	mg/L	~	2.0	SM 2320 B	3/26/2025
Total Dissolved Solids (TDS)	400	mg/L	500	3.7	Calculation	~
Hardness (as CaCO3)	277	mg/L	~	0.1	Calculation	~

277 mg/L Hardness = 16 Grains Per Gallon (GPG)

Anions

Bicarbonate	227	mg/L	~	2.4	SM 2310 B	3/26/2025	Bicarbonate	3.720	meq/L
Fluoride	ND	mg/L	4.0	0.50	EPA 300.0	3/31/2025			
Chloride	19.5	mg/L	250	0.10	EPA 300.0	3/31/2025	Chloride	0.551	meq/L
Nitrate + Nitrite as Nitrogen	2.95	mg/L	10.0	0.10	EPA 300.0	3/31/2025	Nitrate as Nitrogen	0.211	meq/L
Sulfate	45.4	mg/L	250	0.10	EPA 300.0	3/31/2025	Sulfate	0.946	meq/L
Silicate	7.75	mg/L	~	0.50	EPA 200.7	3/28/2025	Silicate	0.129	meq/L

Cations

Sodium	4.53	mg/L	~	0.05	EPA 200.7	3/28/2025	Sodium	0.197	meq/L
Potassium	1.11	mg/L	~	0.05	EPA 200.7	3/28/2025	Potassium	0.028	meq/L
Calcium	61.3	mg/L	~	0.05	EPA 200.7	3/28/2025	Calcium	3.065	meq/L
Magnesium	30.3	mg/L	~	0.05	EPA 200.7	3/28/2025	Magnesium	2.525	meq/L

Total Anion (meq/L) 5.557

Total Cation (meq/L) 5.815

Trace Metals

Arsenic	ND	mg/L	0.010	0.010	EPA 200.7	3/28/2025
Barium	0.08	mg/L	2.00	0.05	EPA 200.7	3/28/2025
Copper	ND	mg/L	1.30	0.05	EPA 200.7	3/28/2025
Iron	0.11	mg/L	0.30	0.05	EPA 200.7	3/28/2025
Manganese	ND	mg/L	0.05	0.05	EPA 200.7	3/28/2025
Zinc	ND	mg/L	5.00	0.05	EPA 200.7	3/28/2025
Boron	ND	mg/L	~	0.05	EPA 200.7	3/28/2025
Lead	ND	mg/L	0.015	0.015	EPA 200.7	3/28/2025

Anion/Cation Ion Balance 0.977

Your water meets EPA primary and secondary standards (limits) unless otherwise noted. This report is to be used for informational purposes only (not to be used for compliance purposes).

Primary Standards are health concerns.
Secondary Standards are NOT health concerns.

Microbiology (Present/Absent)

Total Coliform	Absent	P/A	~	SM9221D	3/26/2025
E Coli	Absent	P/A	~	SM9221D	3/26/2025

References

mg/L: Milligrams/Liter (ppm)
mg/kg: Milligrams/Kilogram (ppm)
ppm: Parts per million

ND: Not Detected at RL
RL: Reporting Limit (calculation: RL = DF * DL)
DL: Detection Limit
DF: Dilution Factor

* Flag:
J: Below RL and above DL.
OL: Over Laboratory Established Limits.
* Contract Laboratory

Hold time for pH is 15 minutes from time of sampling.

Reported analytical results relate only to the item(s) tested or to the sample(s) as received by the laboratory.

Laboratory Report Identification: 0325201



Attachment J: Public Notice



PUBLIC NOTICE

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, May 22, 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 Lee Pinheiro Team, LLC and Taney Engineering ("Petitioners"), to split by minor subdivision (parcel map) the property located at 4860 North Bonita Vista Street, Las Vegas, NV 89149, APN 125-32-804-001, into four lots, and to allow an existing individual sewage disposal system to remain on one of the resulting lots.

The variance request is made to allow Petitioners to obtain approval for a minor subdivision that will cause an existing septic system to be not in compliance with the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management*. The variance will allow the existing septic system to remain 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 May 21, 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
Director of Environmental Health

May 6, 2025
Date



DATE: May 22, 2025

TO: Southern Nevada District Board of Health Members

FROM: Cassius Lockett, PhD, District Health Officer 

SUBJECT: District Health Officer Report

2025 Community Health Assessment

The Southern Nevada Health District, in collaboration with community partners, has released the 2025 Community Health Assessment (CHA), a comprehensive evaluation of Clark County's health needs, strengths and available resources. The assessment is available on the [Healthy Southern Nevada website](#).

As part of the prioritization process, the Health District and community members met on April 30 to review key health indicators and collectively identify the most pressing public health issues in Clark County. Based on this collaborative assessment, the top three health priorities selected are:

1. Access to Care
2. Chronic Disease
3. Public Health Funding

Additional community meetings are planned this summer to continue the development of the Community Health Improvement Plan (CHIP) which will guide future public health strategies.

The CHA serves as a foundational element of public health by supporting its three core functions: assessment, policy development, and assurance. It serves as a vital tool for identifying health challenges and assets, informing policy and evaluating public health efforts. The overarching goal is to achieve health equity by identifying urgent health issues in the community and aligning resources to support healthier outcomes.

During the assessment process, common themes emerged from the feedback provided by the community participants, including:

- Social Determinants of Health
- Access to Care
- Mental Health
- Chronic Disease
- Public Health Funding
- Environmental Factors
- Substance Use
- Infectious Disease

The assessment process incorporates three key evaluations: the Community Partner Assessment, the Community Context Assessment and the Community Status Assessment. This work was conducted using the Mobilizing Action through Planning and Partnerships (MAPP) framework developed by the National Association of County and City Health Officials. MAPP is a community-driven strategic process that encourages collaboration and data-informed decision-making.

The 2025 CHA is designed to inform the public, stakeholders and organizations about the current health status of Clark County residents. Its findings will help to identify strategic priorities and the development of a CHIP, which will direct health initiatives and interventions for the next three to five years.

For more information on the CHA and CHIP process, go to [Mobilizing for Action through Planning and Partnerships \(MAPP\) – 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](#).

Foodborne Illness Investigation

On May 6, the Health District announced it was investigating cases of acute gastrointestinal illnesses linked to the consumption of certain frozen half-shell oysters from South Korea. At that time, five Clark County residents had reported becoming ill after consuming oysters associated with the investigation. Since the Health District's announcement, additional reports of illness have been received, and the investigation is ongoing.

The Health District is working with the Nevada Division of Public and Behavioral Health and the Food and Drug Administration in connection with the investigation. Additionally, the California Department of Public Health has been notified, as the oysters were imported through California ports of entry.

People who were ill experienced symptoms such as vomiting, diarrhea, nausea and stomach pain. Other symptoms can include fever, chills, headache, muscle aches and fatigue.

The oysters in question were not shipped to grocery stores. The product was available to restaurants and can be identified as follows:

Processor Name: JBR (KR-15-SP)
Harvest Location: Designated Area No. 1, Republic of Korea
Harvest Date: Jan. 6, 2025
Best Before: Jan. 6, 2027
Lot Code: B250106

People who ate oysters during April and experienced acute gastrointestinal illness can complete the foodborne illness complaint form at www.southernnevadahealthdistrict.org/Health-Topics/foodborne-illness-complaint-form/ or call (702) 759-1300. Those who are currently ill are urged to contact their health care provider. To prevent spread to others, the Health District encourages thorough hand washing with soap and water, plus cleaning and disinfecting contaminated surfaces using a bleach-based household cleaner.

Walk Around Nevada Program Celebrates 20th Anniversary

The Health District is celebrating the 20th anniversary of Walk Around Nevada, a free, interactive program that has had more than 12,000 participants since its launch in 2005. The Walk Around Nevada program has been recognized as a Model Practice Program by the National Association of County and City Health Officials.

The web-based program, available at [GetHealthyClarkCounty.org](https://www.gethealthyclarkcounty.org) and as a mobile app, allows users to log their miles or steps and track their progress as they virtually “walk” across the state. An activity conversion chart also helps participants turn various physical activities into miles or steps — so no matter how a person moves, they are always making progress.

As participants make their way through the program, they reach virtual geographic milestones that unlock pop-up windows with historical facts, destination stories and tips to help build healthy habits. Participants who complete the virtual 1,442 mile trek around the Silver State are eligible for a free t-shirt and recognition in the Walk Around Nevada Hall of Fame on the [GetHealthyClarkCounty.org](https://www.gethealthyclarkcounty.org) website. To date, about 300 participants have each walked at least 1,442 miles, collectively logging more than one million miles.

For more information about the Walk Around Nevada program, or to access all the programs and resources offered by the Health District’s Office of Chronic Disease Prevention and Health Promotion, go to [www.GetHealthyClarkCounty.org](https://www.gethealthyclarkcounty.org).

Soda Free Summer Challenge

The Southern Nevada Health District’s Office of Chronic Disease Prevention and Health Promotion has launched its annual Soda Free Summer Challenge, now underway through August 31. The campaign encourages everyone to choose healthier beverages in favor of soda and other sugary drinks.

Sugar-sweetened beverages—including popular choices like sodas, energy drinks, fruit drinks, and sweetened coffees and teas—are a leading source of added sugars in the American diet. A standard 12-ounce soda can contain up to 10 teaspoons of sugar. Added sugars contribute to issues such as obesity, type 2 diabetes, cardiovascular disease and tooth decay.

Nationally, 63% of youth and 49% of adults report having sugary drinks once daily or more. On average, children consume more than 30 gallons of sugary drinks per year, enough to fill an entire bathtub. The average American consumes approximately 17 teaspoons of added sugar each day. Adolescents (12-19 years old) are the highest consumers of sugar-sweetened beverages. In Clark County, 13.2% of adolescents drank one can, bottle or glass of soda at least once per day during 2023, up from 11.4% in 2019.

According to the American Heart Association, men should consume no more than 9 teaspoons of added sugar per day. For women, the recommended daily maximum is 6 teaspoons. Adults and children are encouraged to limit sugary drinks and opt for healthier alternatives including water, unsweetened tea and plain milk.

Consumers are advised to read nutrition labels to determine how much added sugar is included in their drinks. For more information on sugary drinks and the Soda Free Summer Challenge visit [www.GetHealthyClarkCounty.org](https://www.gethealthyclarkcounty.org) or [www.VivaSaludable.org](https://www.vivasaludable.org).

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 getthehealthy@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 April 26, 2025, for the 2024-2025 influenza season, 1,826 influenza-associated hospitalizations have been reported. Currently, there have been 99 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) increased from 2.9% during week 16 to 3.0% during week 17. Currently, Influenza A has been the predominant strain detected within the region. During week 17, 2.2% of outpatient visits reported nationally through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to respiratory illness. This percentage is below 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 05/04:

Monthly:

- Participated in the Nevada Association of Local Health Officials (NALHO) meeting
- Participated in the Nevada Public Health Foundation Board of Directors meeting

Quarterly:

- Participated in the Nevada Primary Care Association Policy Committee meeting

Ad-hoc Meetings:

- Attended a meeting with Julia Peek, Melissa Bullock, Kyle Devine and SNHD staff regarding Healthcare Associated Infections
- Attended a meeting with Debra Solt from Vegas PBS to discuss their programs and services
- Attended a meeting with Rosemary Brock from EISC Lab Data Automation to discuss their services
- Attended a meeting with Diego Trujillo from Las Vegas HEALS
- Attended a meeting with Paniz Rahmani from GT Molecular regarding wastewater surveillance and testing

Week ending 04/27:

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Councilwoman Brune, Mayor Pro Tem Gallo, Mayor Pro Tem Black, Councilwoman Summers-Armstrong, Councilwoman Larson, Scott Nielson, Bobbette Bond, and Mayor 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)

Ad-hoc Meetings:

- Attended a meeting with Melissa Jones from the Bay Area Regional Health Inequities Initiative (BARHII) regarding their national membership
- Attended a meeting with Attorney General Ford and executive directors of FQHCs in Nevada
- Attended a meeting with Erik Enke from Myers and Stauffer regarding the Prospective Payment Systems (PPS) rate for the Southern Nevada Community Health Center

Week ending 04/20:

Monthly:

- 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

Quarterly:

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

Ad-hoc Meetings:

- Attended a meeting with Senator Cortez Masto

Week ending 04/13:

Biweekly:

- Attended the CDC Response All-STLT Update call

Ad-hoc Meetings:

- Attended the HRSA Operational Site Visit – Entrance Conference
- Attended the HRSA Operational Site Visit – Scope of Services Session
- Attended the HRSA Operational Site Visit – Clinical Staffing Session
- Attended the Senate Committee on Health and Human Services –SB423
- Attended the HRSA Operational Site Visit – Bylaws Review and Board Authority Session

- Attended the HRSA Operational Site Visit – Contracts and Subawards Session
- Attended the HRSA Operational Site Visit – Exit Conference

Week ending 04/06:

Ad-hoc Meetings:

- Attended the Big Cities Health Coalition Legal Discussion
- Attended a meeting with Congressman Steven Horsford to discuss public health programs and public health infrastructure



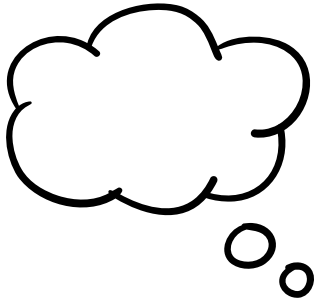
Aquatic Health & Regulatory Updates



AGENDA

- **AQUATIC HEALTH PROGRAM (AHP) UPDATES**
- **KEY ACCESS (2025)**
- **RISK FACTOR SURVEYS**
- **HOW PLAN REVIEW IS AFFECTED BY FEDERAL CHANGES**

AHP UPDATES



OVER 50% OF AQUATIC FACILITIES IN CLARK COUNTY ARE TWO TO THREE DECADES OLD OR OLDER.



OVER 50% OF CLOSURES CORRECTED ON SITE WITH REDUCED FEES



**WORKING WITH AQUATIC FACILITIES:
COLLABORATION & COMPLIANCE**



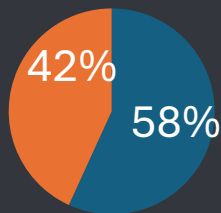
CHALLENGES BEYOND OUR CONTROL: ADDRESSING INDUSTRY STRUGGLES

INADEQUATE DISINFECTANT LEVELS

LOW levels won't "kill" germs, which allows them to spread resulting in poor water quality.

HIGH levels pose various health risks, lung irritation, skin & eye irritation.

DISINFECTION CLOSURES

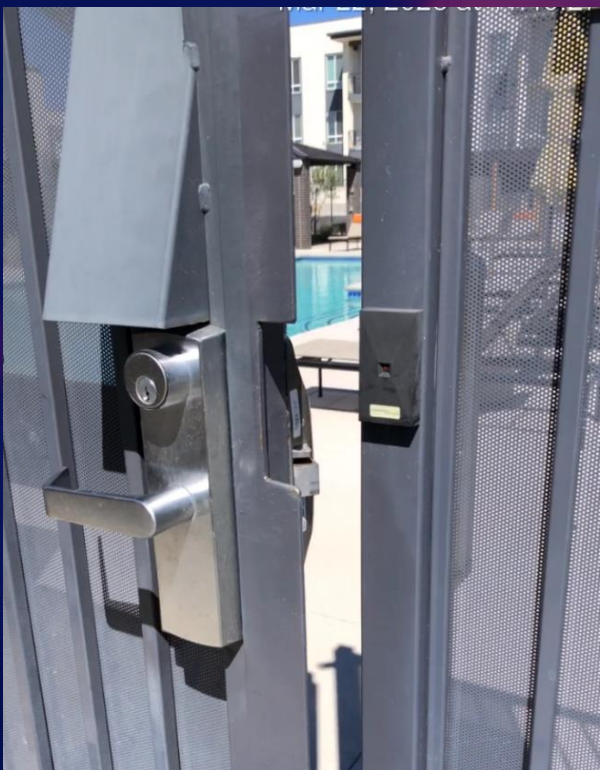


■ W/O AUTOMATION ■ WITH AUTOMATION



NON-FUNCTIONAL GATES OR BREACHES IN THE ENCLOSURE

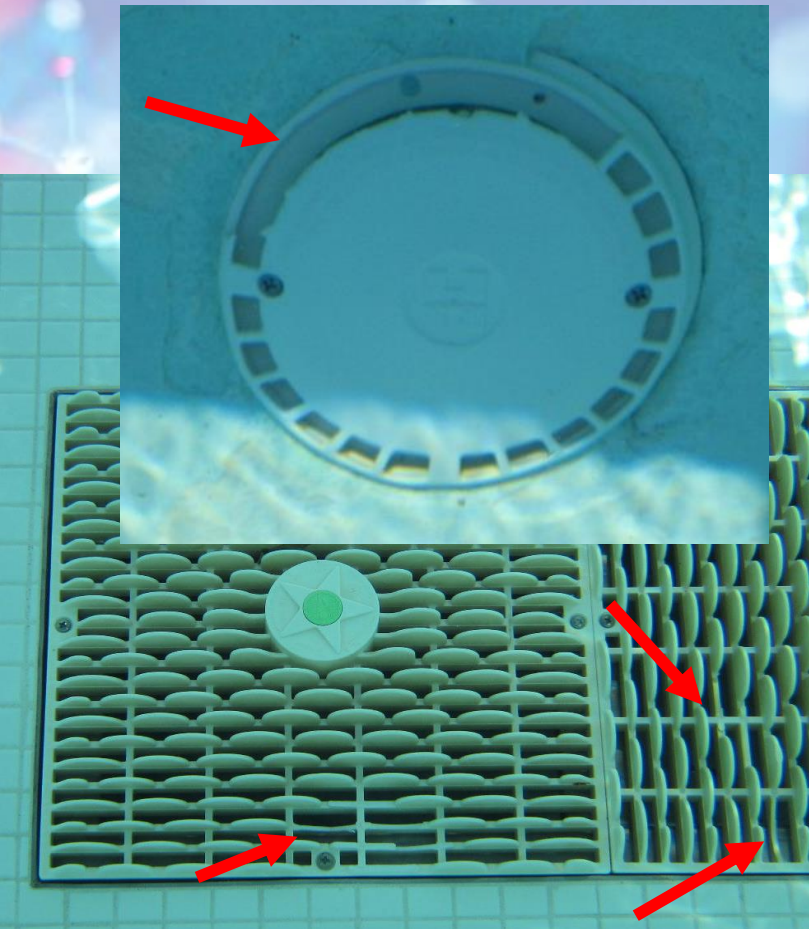
Gates that don't self-close and self-latch or large gaps in or below a fence can allow unattended children to access a venue, posing a drowning risk.





**Broken, unsecured,
or missing drain
covers**

**Risk of hair, limb, body
suction, evisceration,
and mechanical
entrapment**



- WARNING!** – Failure to remove pressure test plugs and/or plugs used in winterization of the pool/spa from the suction outlets can result in an increased potential for suction entrapment as described above.
- WARNING!** – Failure to keep suction outlet components clear of debris, such as leaves, dirt, hair, paper and other material can result in an increased potential for suction entrapment as described above.
- WARNING!** – Suction outlet components have a finite life. The cover/grate should be inspected before each use of facility and replaced at least every five years or if found to be damaged, broken, cracked, missing, not securely attached or missing screws. **DO NOT** use facility until corrected!

Key Access to Unstaffed Properties

- **5-501 Inspection Authority 5-501.1** Upon presenting proper identification, the **HEALTH AUTHORITY** shall have the right of access, entrance, inspection, and investigation of any **AQUATIC FACILITY** permitted by these Regulations.
- **5-501.2** Unless a **QUALIFIED OPERATOR** is available onsite all day, keys must be provided to allow access to the **AQUATIC VENUE**, pump room, **HYGIENE FACILITY**, and any other related areas.

HIGH RISK SURVEYS





WHY?

- To ensure bather health and safety
- To observe factors that could lead to non-compliance and provide appropriate guidance
- To allow facilities and inspectors additional time for Q&A
- NOT meant to be punitive, but closures can still happen

WHAT ARE THEY?

- One or more extra site visits in addition to the routine inspection
- Inspectors will focus on risk factors such as:
 - Lifeguards and attendants
 - Operation of slides, wave pools, lazy rivers, etc.
 - Water quality
 - Security and operational plans



WHO SHOULD EXPECT THESE?

Facilities currently in the administrative process (previous supervisory and/or managerial conferences due to a history of non-compliance)

Facilities that have risk factors such as:

- Lifeguards
- High bather load
- Security plans
- Waiver/variance conditions
- Activity pools
- Alternative water treatment systems or microbiological testing for water quality
- Primary use by children or medically compromised persons

Plan Review Workloads

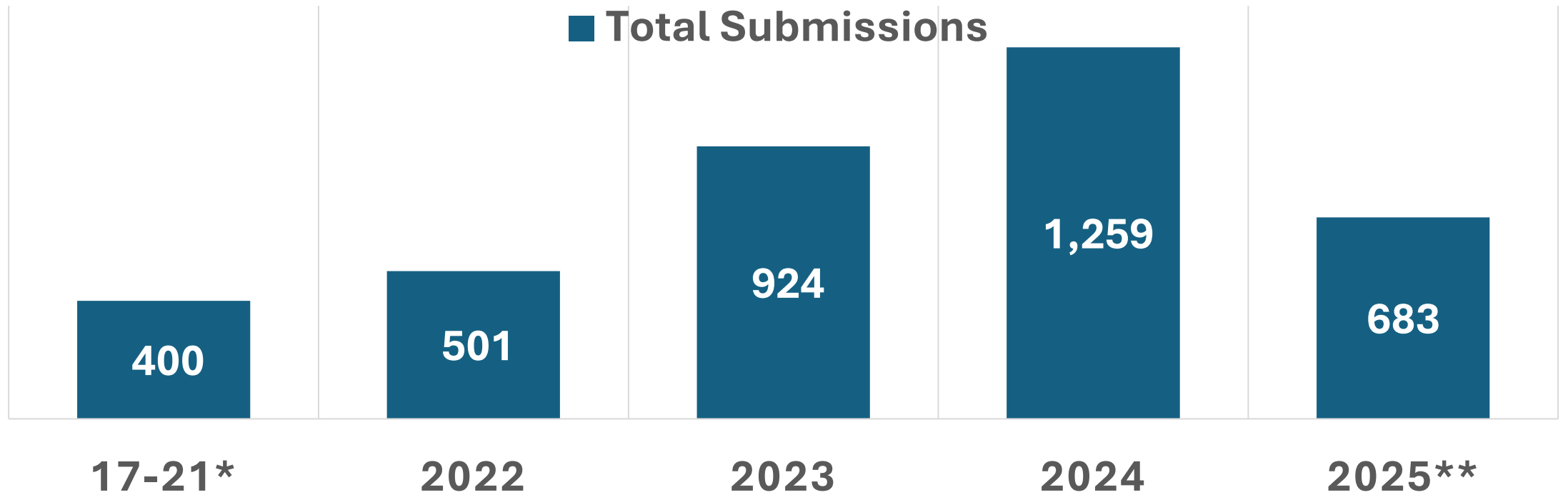
Increase in Remodel Submissions



Remodel Submissions

- Increased workloads leading to increased wait times for reviews
- 4 – 6 weeks between application submission and review is typical
- Venue must remain closed from start of work until final remodel approval
- SOFAs make up 70% of projects submitted in 2025

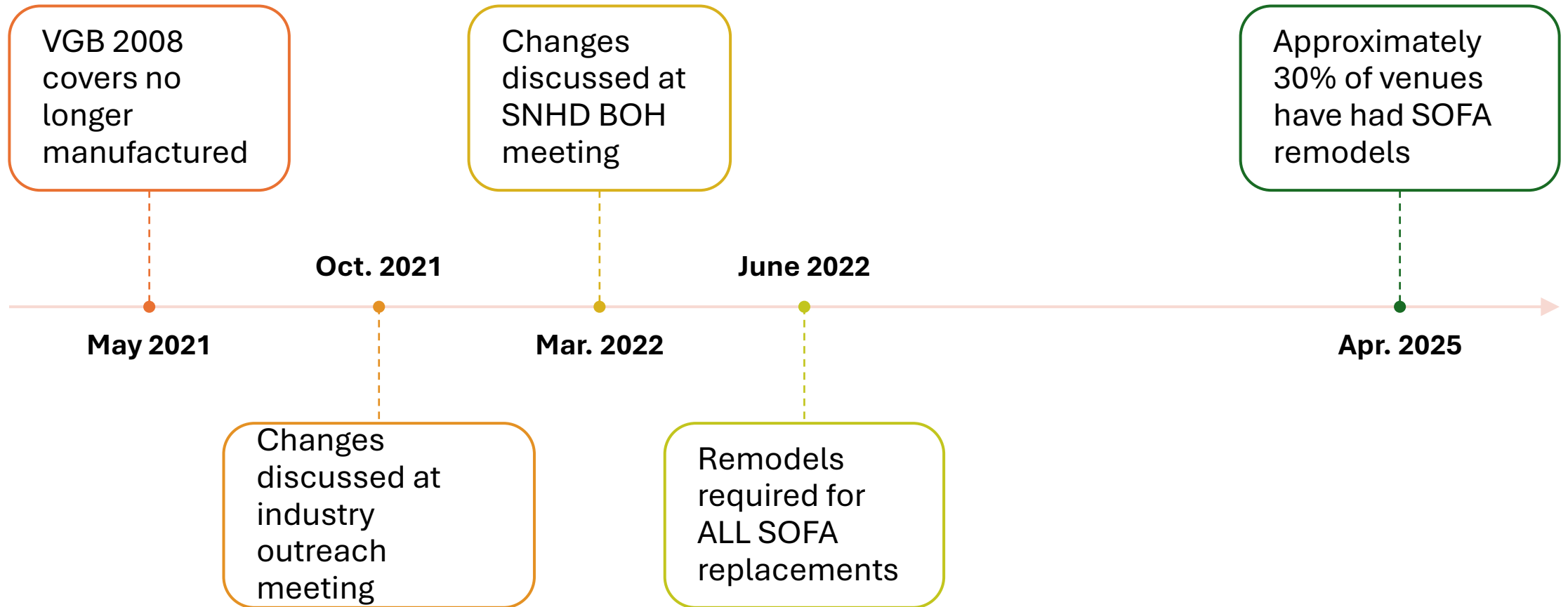
Increase in Workloads



*Average

**Projects submitted between Jan 1 and Apr 30

SOFA Timeline



SOFA Remodels

VGB 2008 to VGBA 2017 standard change requires all new SOFAs to be tested to new requirements

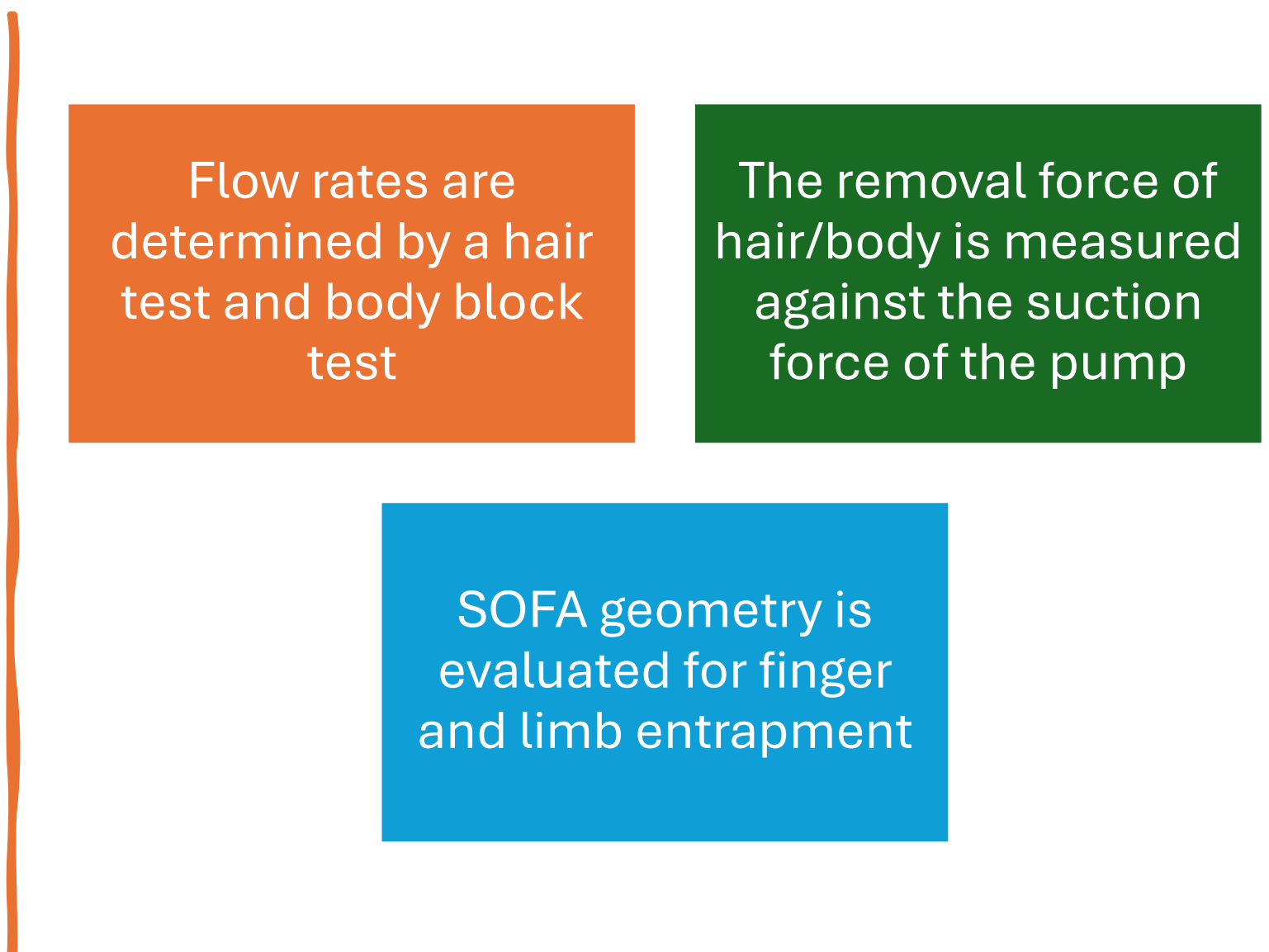
Remodels required for any change from 2008 to 2017 SOFA – “like-for-like” is not possible

Exact plumbing configuration in venue must be reviewed and inspected

Flow rating is dependent on pipe size and plumbing configuration

The maximum flow rating of the SOFA must exceed the maximum system flow of the pump

SOFA Testing



A vertical orange line on the left side of the diagram separates the title from the testing steps. Three colored boxes (orange, green, and blue) are arranged to the right of the line, each containing a step in the SOFA testing process. The orange box is at the top left, the green box is at the top right, and the blue box is at the bottom center.

Flow rates are determined by a hair test and body block test

The removal force of hair/body is measured against the suction force of the pump

SOFA geometry is evaluated for finger and limb entrapment

Entrapment Testing

Figure 17: Hair test approach

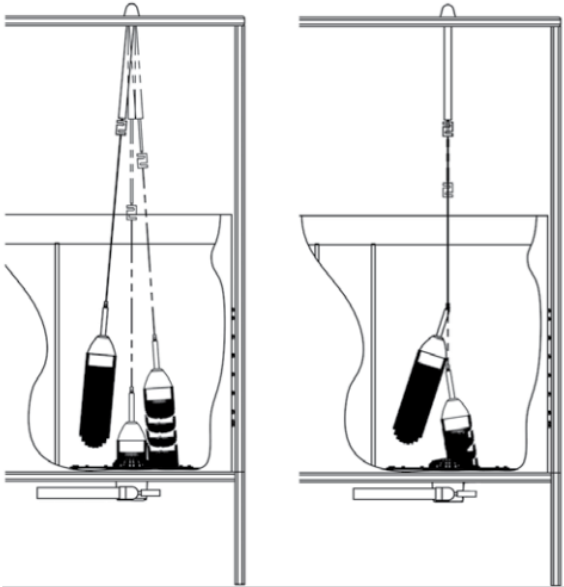


Figure 18: Body blocking element (BBE)

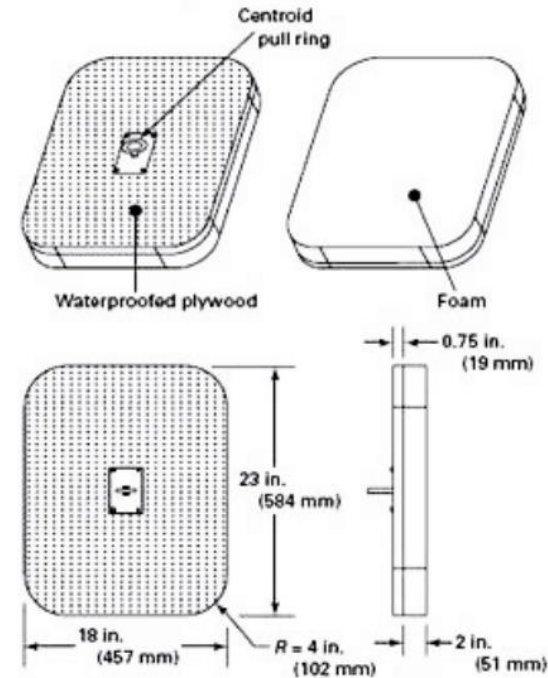
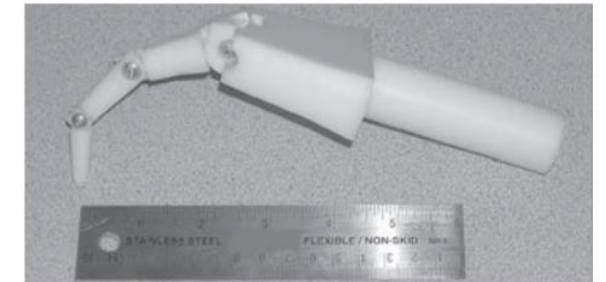


Figure 20: Photograph of "UL Articulated Probe"



Strategies Implemented

Program staff increased from 6 reviewers to 8

5 staff members dedicated solely to remodel projects

Shifted workloads from Plan Review to Operational team

Increased number of reviews completed per week

Accommodate expedited inspection requests when available

Reduced the number of inspections required in certain scenarios

Top 3 Reasons for Closure

SOFA's/DRAIN COVERS



A damaged drain cover poses an entrapment hazard and increases the risk of drowning

WATER CHEMISTRY



Inadequate disinfection exposes bathers to pathogens that can make them sick

ENCLOSURES



Failure to maintain a functional enclosure poses a drowning risk by allowing unattended children access to the area



Questions?

Legislative Update

May 22, 2025

Public Health Funding

- **State Public Health Funding**

- \$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

Newly Introduced Bills from the Governor's Office

- **SB466** - Revises provisions governing the authority of the State Department of Agriculture relating to food and water. (Dept. of Ag. Transfer)
- **SB494** - Makes revisions relating to health and human services. (Nevada Health Authority)
- **SB495** - Revises provisions relating to health care. (Health Care Workforce)

Passed Second House – Awaiting Enrollment

- **AB50** - Revises provisions relating to victims of a mass casualty incident. (Mass Casualty Database)

Key Bills Still Under Consideration (Slide 1 of 2)

- **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)
- **AB326** - Revises provisions relating to the designation of hospitals as centers for the treatment of trauma. (Trauma Designation)

Key Bills Still Under Consideration (Slide 2 of 2)

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



Current US Drug Overdose Data Update

Brandon Delise, MPH CIC – Sr Epidemiologist

Jessica A Johnson, MPH CHES CPS – Health Education Supervisor

Division of Disease Surveillance and Control

May 22, 2025

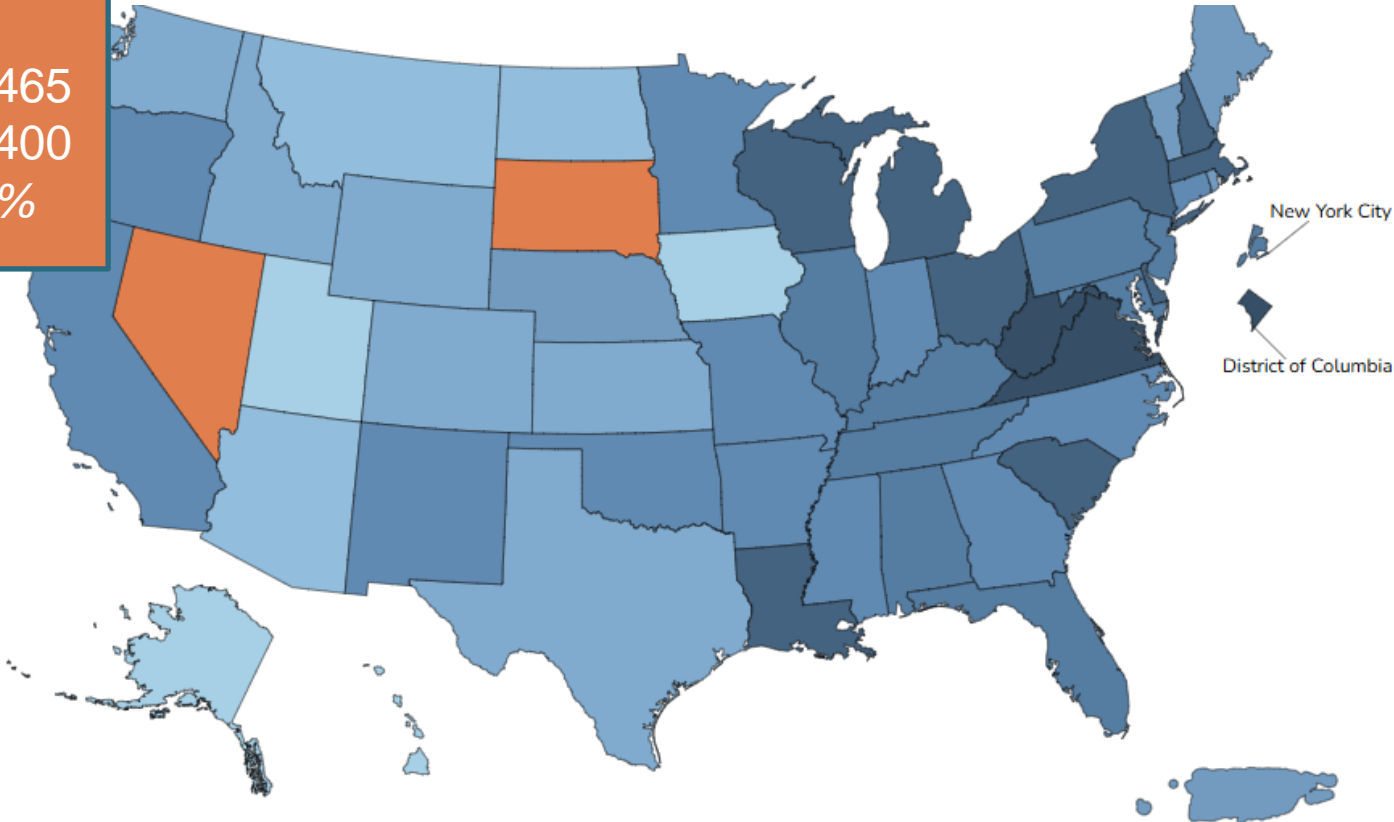
Percent Change in Reported 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: 12/2023 to 12/2024

Nevada

Reported cases 2024: 1465

Reported cases 2023: 1400

Percent change +4.64%



Percent Change for
United States

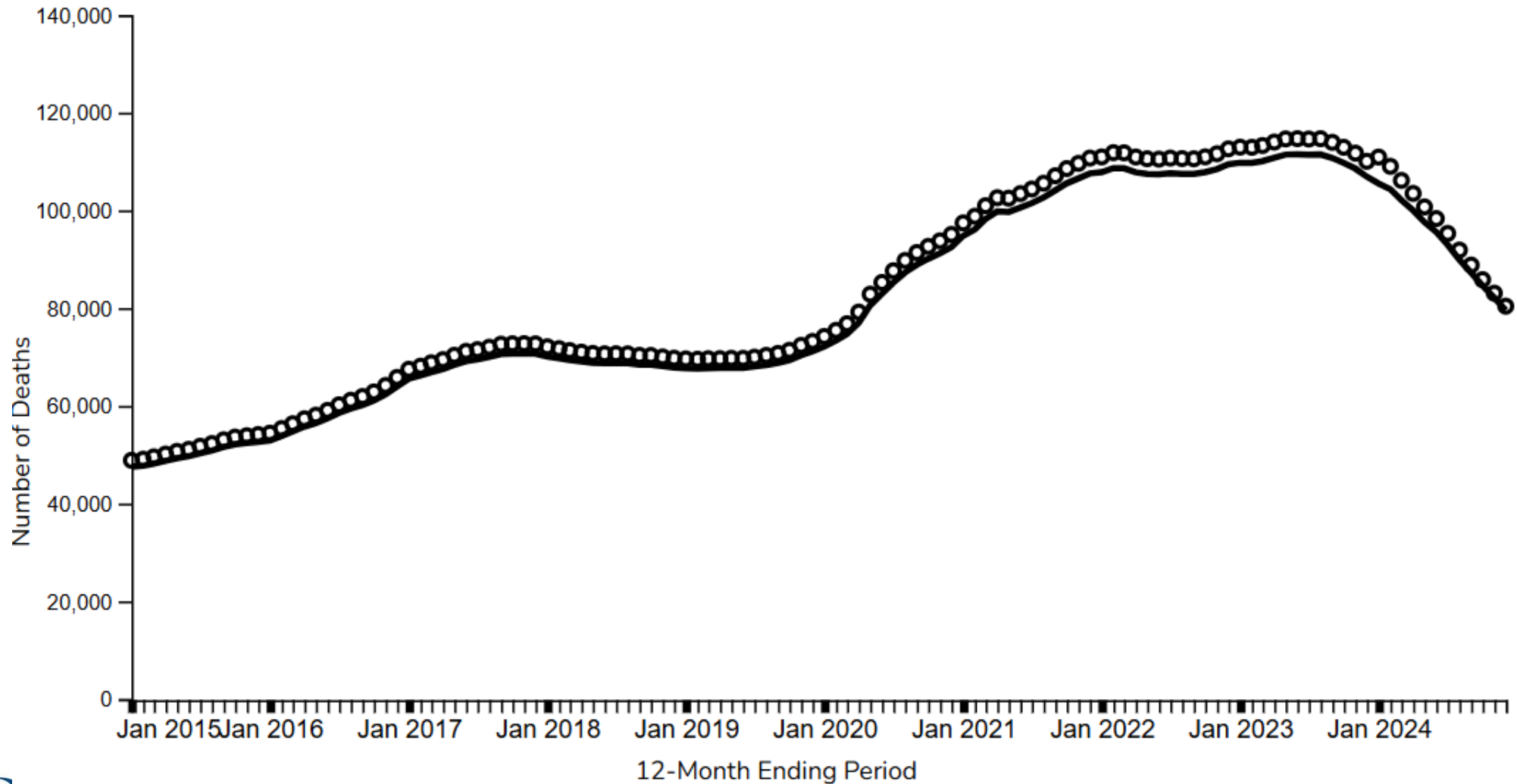
-25.6



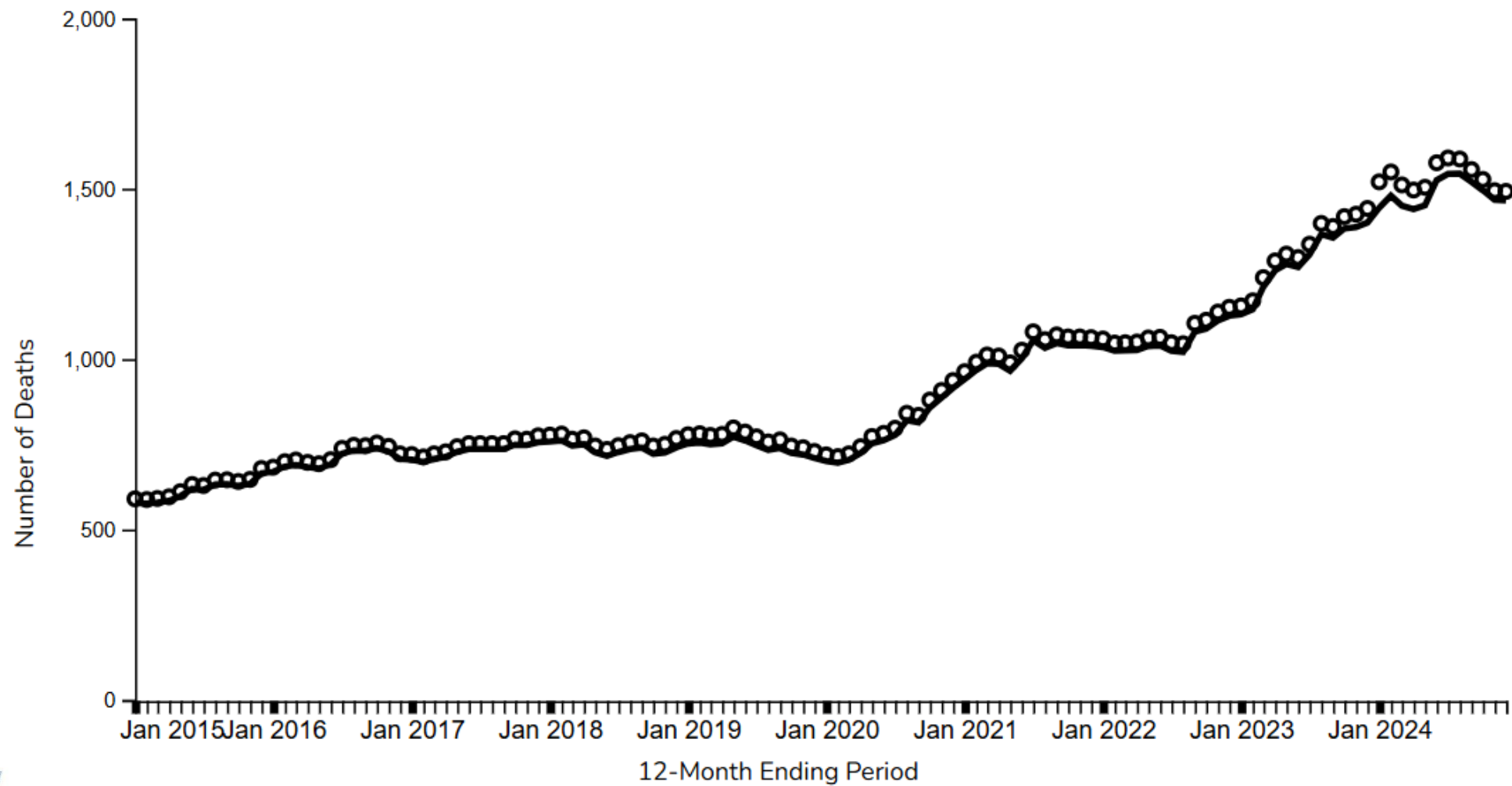
Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods



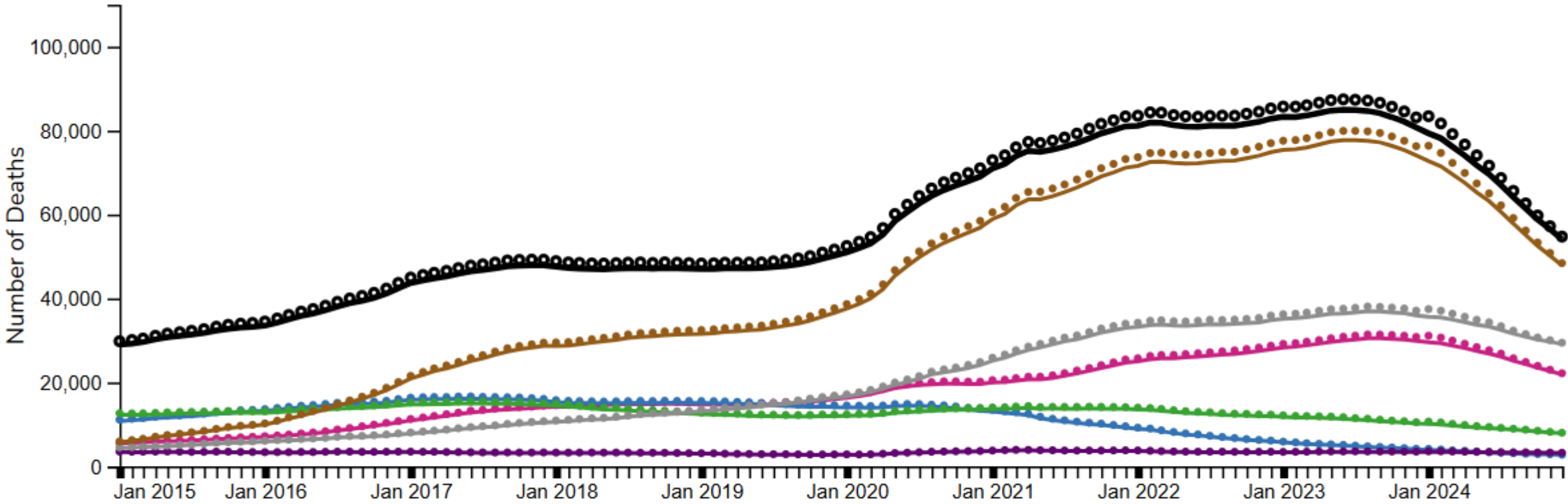
National 12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths



Nevada 12 Month-ending Provisional Counts of Drug Overdose Deaths



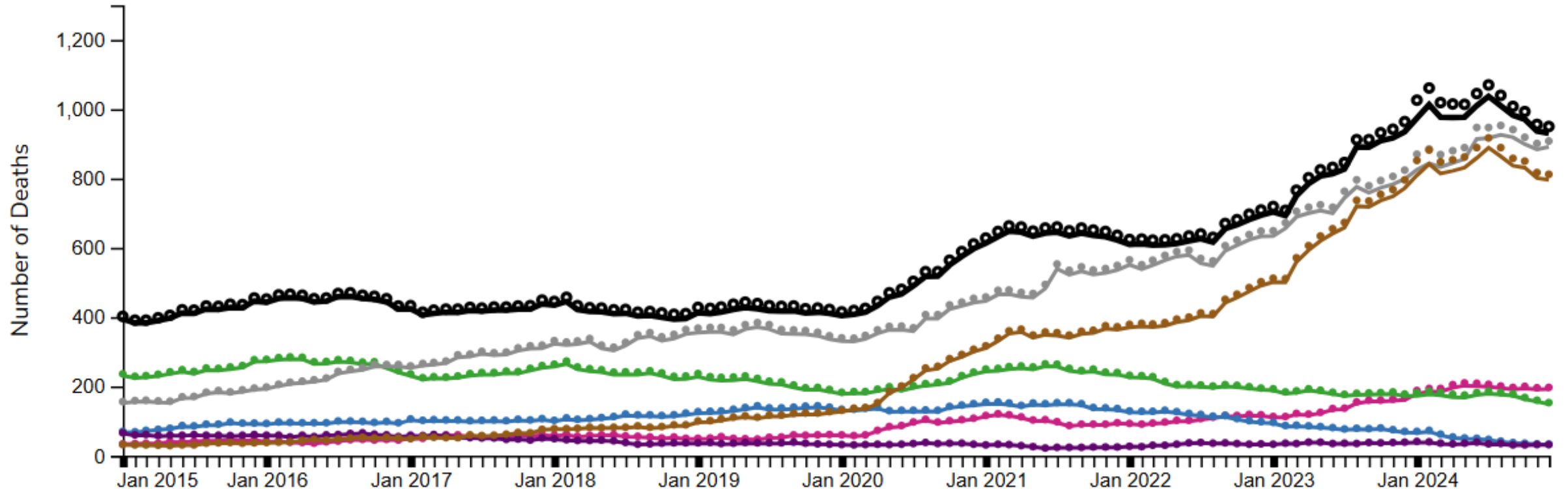
National 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class



Legend for Drug or Drug Class

Cocaine (T40.5)	Psychostimulants with abuse potential (T43.6)
Heroin (T40.1)	Synthetic opioids, excl. methadone (T40.4)
Methadone (T40.3)	
Natural & semi-synthetic opioids (T40.2)	
Opioids (T40.0-T40.4,T40.6)	

Nevada 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class



Legend for Drug or Drug Class

Cocaine (T40.5)

Heroin (T40.1)

Methadone (T40.3)

Natural & semi-synthetic opioids (T40.2)

Opioids (T40.0-T40.4, T40.6)

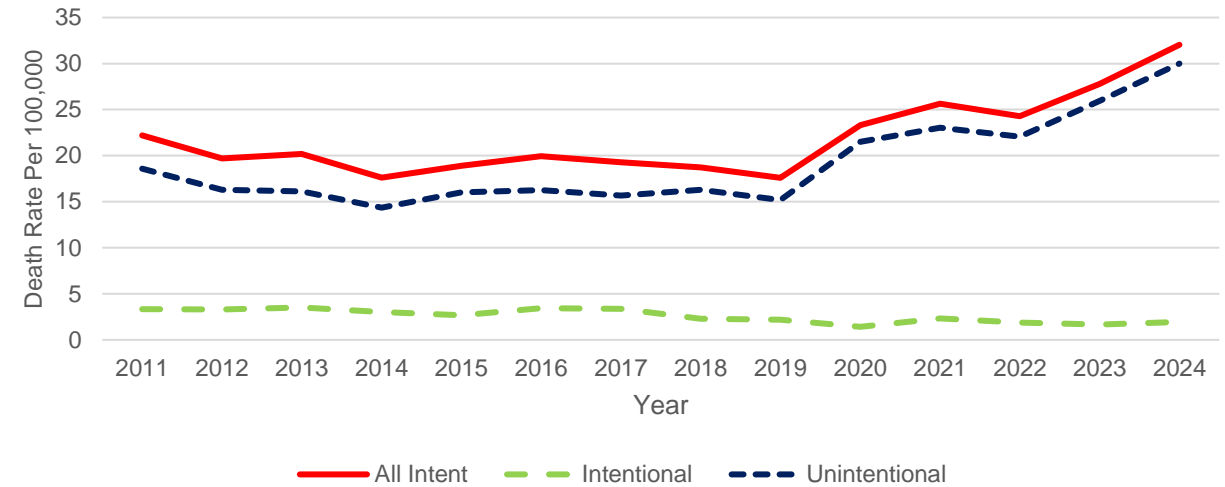
Psychostimulants with abuse potential (T43.6)

Synthetic opioids, excl. methadone (T40.4)

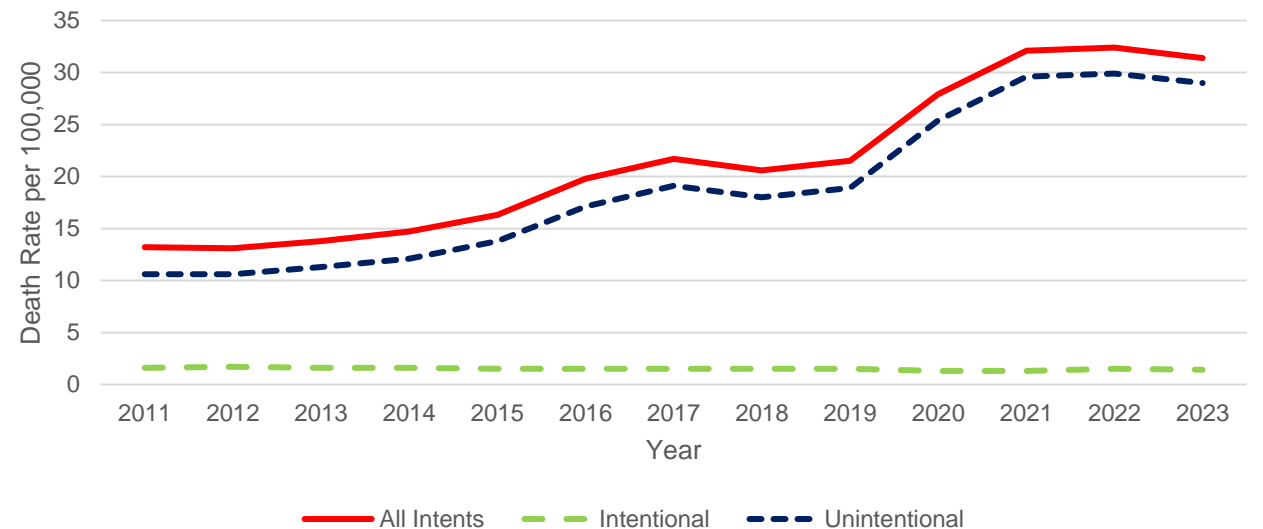
Drug Overdose Death Rates: Clark County vs. USA

- The majority of fatal drug overdoses in Clark County and across the US are unintentional, including those involving fentanyl.
- Clark County has seen **sharp increase** in overdose deaths since 2019, mirroring national patterns but with local variations in timing.

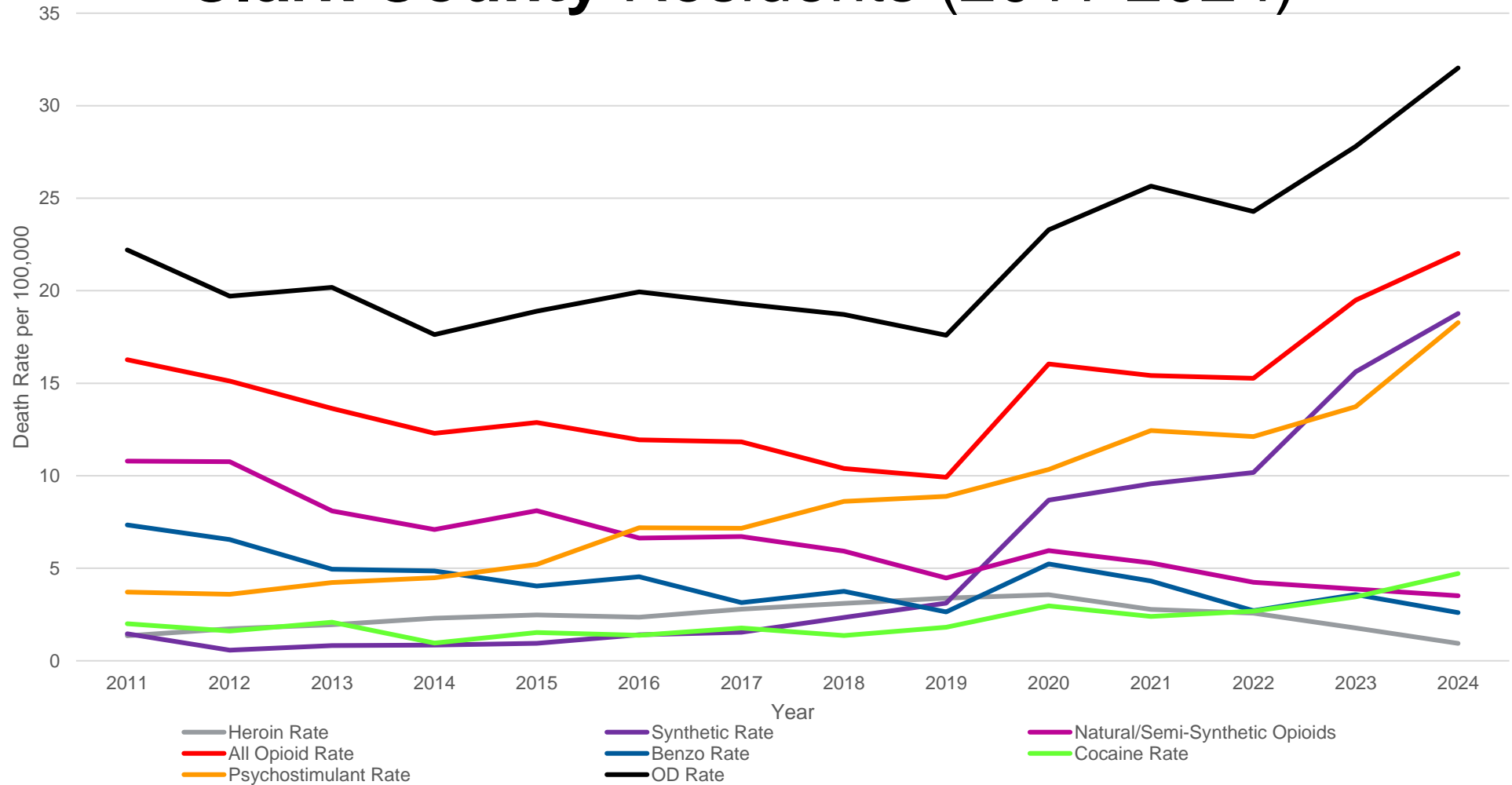
Age-Adjusted Drug Overdose Death Rate per 100,000
Among **Clark County** Residents by Drug Class (2011-2024)



Age-Adjusted Drug Overdose Death Rate per 100,000
Among **US** Residents By Drug Class (2011-2023)



Age-Adjusted Drug Overdose Death Rate per 100,000 by Drug Class Among Clark County Residents (2011-2024)



What is driving this persistent increase in overdose deaths in Southern Nevada?

- Non-pharmaceutical fentanyl/analogues in the local drug supply
- Adulteration of local drug supply with adulterants (e.g., xylazine)
- Increase in overdose deaths from stimulants (e.g., methamphetamine)
- Social determinants of health like lack of permanent housing, unemployment, recent incarceration
- Co-morbidity of heat-related deaths and overdose deaths
- Lag in reporting overdose death data which challenge real time response efforts

Clark Co Opioid TF – Summary of identified Gaps

Workforce

- Mental Health, Family Services
- Peer support
- Pay structures, lack of reimbursements
- Treatment center capacity for services

Training

- Burnout prevention, trauma informed care
- Project ECHO participation
- Stigma in help seeking

Service and Treatment

- Lack of funding for naloxone kits and need for increased distribution
- Delay in ability to get treatment
- Lack of weekend/after hours resources
- Lack of community-based youth programs
- Outreach to unhoused populations
- Lack of education on polysubstance use

Service and Treatment, cont.

- Lack of alternative therapy for chronic pain
- Lack of long-term recovery supports

Access to Resources

- Housing
- Transportation
- Rural Access
- Funding for treatment

Lack of Data

- No central repository for medical records
- Access to the Prescription Drug Monitoring Program (PDMP)
- Lag times in mortality reporting
- Law enforcement drug testing, screening
- Missing local behavioral health data

Current SNHD and Community Partner Efforts

ODTA:LOCAL (CDC)

- Data dashboard
- Drug checking surveillance
- Linkage navigators
- Peer support
- Outreach at 'hot spots'
- Test strip education and distribution
- Vending machines
- Media campaign
- So NV Opioid Advisory Council

COSSUP (BJA)

- SPORT 24/7 Overdose Response
- Naloxone for public safety
- LVMPD LIMA partnership

SOR (SAMHSA)

- Naloxone kiosk
- Mail-based naloxone expansion
- Overdose ambassadors
- Juvenile education
- Syndemic response for infectious disease prevention
- Post incarceration follow up and linkage
- Media campaign

FR-CARA (SAMHSA)

- Naloxone training for first responders and community
 - Training of trainers
- Naloxone distribution

Strengthening SNHD's Response: Critical Next Steps

- Current landscape
 - Current programs showing impact in data surveillance, linkage to care, and harm reduction
 - Federal funding uncertainty, state support not specifically allocated to substance use
 - SNHD only big city not receiving opioid settlement funding
- Strategic priorities
 - Sustain existing programs that provide critical surveillance and intervention
 - Bridge funding gaps to prevent service interruptions
 - Strengthen harm reduction initiatives, linkage to care networks with demonstrated successes
- Expansion opportunities with additional resources
 - Extending linkage programs to additional public safety and hospital settings
 - Implement low barrier treatment access to reduce time between intervention and treatment
 - Enhance post-overdose outreach capacity in high-burden communities
 - Expand mobile outreach services in reach and frequency

Contact Information

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Jessica Johnson
johnsonjes@snhd.org

Thank you!

Acknowledgements



- Dr. Lockett
- Dr. Mangla
- Victoria Burris
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- Rebecca Cruz-Nanez
- Jenny Gratzke
- Tiffany Flournoy
- Anthony Asay
- Katarina Pulver
- Lori Bryan
- Lisa Cole
- Samantha Hamilton
- Jeffrey Alvarez
- Nicol McNee
- Bethany de Los Reyes
- Impact Exchange
- PACT Coalition
- Foundation for Recovery
- The Center
- Nevada Institute for Children's Research and Policy
- Roseman's EMPOWERED program
- Rescue Agency
- NV HIDTA
- LVMPD LIMA
- NV Dept of Health and Human Services
- People who receive services from our programs

MEMORANDUM



Date: May 22, 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 – April 2025**

Executive Summary	1
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Appendix C – Finance – Payroll Earnings Summary – April 12, 2025 to April 25, 2025	19

Executive Summary

The Office of Communications issued six News Releases and ran ad campaigns to promote National Infant Immunization Week and the Sexual Health campaign. Legislative Affairs staff participated in UNR School of Public Health Day at the Nevada Legislature, discussions with key legislators and advocating for public health support in Nevada. Legislative Affairs staff continued to monitor bill progress and monitored Assembly and Senate committee hearings on legislation affecting the Health District. Facilities staff began remodeling the Environmental Health area to increase workstations. Maintenance staff received the Mobile Elevated Work Platform (MEWP) certification. Health Cards served 11,784 total clients, including 2,525 clients renewing online. As of April 25, 2025, the Health District had 829 active employees. Human Resources extended two job offers and onboarded one new staff. There were three terminations, one retirement, two promotions, no transfers and one demotion. One employment opportunity was posted.

Office of Communications

News Releases Disseminated:

- Reminder – Health District offers free diabetes classes
- Sexually Transmitted Infection Awareness Week observed April 13-19
- Community Health Assessment meeting to set public health priorities
- Walk Around Nevada celebrates 20th anniversary
- Health District promotes childhood vaccinations during National Infant Immunization Week
- Southern Nevada Health District honors Public Health Hero

Press:

- Measles
- Infant immunizations
- Diabetes self-management classes
- LVAC litigation
- STI testing

Six hundred and ninety news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in April. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at <https://media.southernnevadahealthdistrict.org/download/oc/202504-PI-report.pdf>.

Advertisements, Projects Completed and Social Media Summary:

In April, the Office of Communications ran ad campaigns to promote National Infant Immunization Week and the Sexual Health campaign. Staff provided product support for the Office of Chronic Disease Prevention and Health Promotion, Environmental Health and Administration. The Office of Communications responded to 140 public information email inquiries and handled 100 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 Passport Fair, Pop-Up Produce Stands, Health Equity Chats, Charlas de Equidad en Salud, National Public Health Week, National Infant Immunization Week, Mama and Papa Bear Clinic, Walk Around Nevada, Earth Day, STD Awareness Month, Public Health Hero Award and Board of Health recognitions.

Community Outreach and Other:

- Community outreach events coordinated: 5
- Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families program clients processed: 24
- Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 175

Legislative Affairs Update:

- Participated in UNR School of Public Health Day at the Nevada Legislature in Carson City, featuring a Health District table, discussions with key legislators, and advocacy for public health support in Nevada.
- Monitored bill progress through key legislative deadlines.

- Engaged with staff to discuss legislative matters and gather insights on potential impacts.
- Coordinated with key stakeholders to discuss legislative impacts.
- Prepared testimony and fact sheets for key legislation.
- Monitored and attended Assembly and Senate committee hearings on legislation affecting the Health District.
- Engaged with staff to discuss legislative matters and gather insights on potential impacts.

Meetings and Events of Note:

- April 1: Bridge Grant project activities meeting
- April 3: Street Vendor Concerns Meeting
- April 3: Meeting with Congressman Steven Horsford
- April 7: Participated in UNR School of Public Health Day at Nevada Legislature
- April 7: Public Health Week employee breakfast
- April 10: Accreditation meeting
- April 11: Big Cities Health Coalition/PIO/Communications Meeting
- April 16: Back-to-School Planning meeting
- April 22: Chemical Workshop facilitated by NACCHO
- April 23: Mama and Papa Bear clinic event
- April 24: Board of Health Meeting
- April 24: Public Health Hero Award
- April 29: Accreditation meeting
- April 30: Bridge Grant/REACH meeting
- April 30: Community Health Assessment (CHA) Prioritization 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	Apr 2024	Apr 2025		YTD FY24	YTD FY25	
Maintenance Responses	196	541	↑	1,915	4,433	↑
Electrical Work Orders	8	53	↑	72	415	↑
HVAC Work Orders	10	33	↑	82	531	↑
Plumbing Work Orders	6	13	↑	61	191	↑
Preventive Maintenance	28	121	↑	195	585	↑
Security Responses	2,207	2,620	↑	25,214	25,814	↑

Current Projects

Decatur Location

- Remodel Environmental Health to increase office space
- Created secure parking space for mobile clinic for Office of Disease Surveillance
- Completed MEWP (mobile elevated work platform) certification for Maintenance staff
- Expanded workspace in Vital Records
- Installed speed limit signs
- Assisted in receiving over 6,000 doses of Naloxone

Finance

Total Monthly Work Orders	Apr 2024	Apr 2025		YTD FY24	YTD FY25	
Purchase Orders Issued	651	564	↑	5,020	5,517	↑
Grants Pending – Pre-Award	5	10	↑	43	45	↑
Grants in Progress – Post-Award	16	11	↓	118	90	↓

* 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 – April 2025						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
State of Nevada, Hepatitis Prevention and Control (aduhep24)	P-CDC	4/30/2025	\$26,904	End of project period	0.15	The renewal for FY2025 is in progress
UNLV, BioWatch Environment Air Sample Testing (envspl25)	UNLV	4/30/2025	\$17,790	End of budget period	1.00	Expected FY2025 renewal

Grants Awarded – April 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, Tobacco Merchant Retail (tob2rt25)	P-SAMHSA	4/30/2025	10/1/2024	9/30/2025	\$36,375	New effort	0.00
Ryan White HIV/AIDS Part A, Transitional Grant Area, Medical, Core	P-HRSA	4/23/2025	3/1/2025	2/28/2026	\$280,500	FY2025 renewal	10.85

Grants Awarded – April 2025							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
and Support Services (rwa_25)							
State of Nevada, Office of State Epidemiology, COVID-19 Enhanced Detection (elcd2_24)	P-CDC	4/11/2025	1/1/2024	3/24/2025	\$5,663,562	Termination due to removal of funding	19.90
State of Nevada, Office of State Epidemiology, ELC Enhancing Detection Expansion (elcud_25)	P-CDC	4/11/2025	8/1/2024	3/24/2025	\$21,067,205	Termination due to removal of funding	23.25
State of Nevada, State Opioid Response (sor_25)	P-SAMHSA	4/7/2025	1/1/2025	9/29/2025	\$883,944	New effort	3.00
State of Nevada, Public Health Preparedness Program - Carryover (phpco_25)	P-CDC	4/7/2025	7/1/2024	6/30/2025	\$270,262	FY2024 Carryover in FY2025 approval	1.40

Contracts Awarded – April 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, Division of Environmental Protection, Underground Storage Tanks, year 1 of 4 (ust_26)	P-NVEPA	4/30/2025	7/1/2025	6/30/2026	\$250,000	FY2025 renewal	1.98

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 April, we averaged 84 “passing and paying” online renewal clients per day, with a total of 2,525 clients renewing online.

CLIENTS SERVED	Apr 2025	Mar 2025	Feb 2025	Jan 2025	Dec 2024	Nov 2024
FH Cards – New	5,877	5,368	5,365	6,026	4,368	4,826
FH Cards – Renewals	1,172	1,042	988	970	757	747
FH Cards – Online Renewals	2,525	2,361	2,024	2,468	1,709	1,988
Duplicates	589	517	514	671	447	478
CFSM (Manager) Cards	215	231	233	237	183	169
Re-Tests	1,280	1,195	1,210	1,402	1,030	1,037
Body Art Cards	126	98	99	117	83	85
TOTALS	11,784	10,812	10,433	11,891	8,577	9,330

Human Resources (HR)

Employment/Recruitment:

- 0 New job title for April
- 829 active employees as of April 25, 2025
- 1 New Hires, including 0 rehires and 0 reinstatements
- 3 Terminations, including 1 retirement
- 2 Promotions, 2 Flex-reclasses
- 0 Transfer, 0 Lateral Transfers
- 1 Demotions
- 61 Annual Increases
- 0 Interviews
- 2 Offers extended
- 1 Recruitments posted
- Turn Over Rates
 - Administration: 0.000%
 - Community Health: 1.02%
 - Disease Surveillance & Control: 0.000%
 - Environmental Health: 0.997%
 - Public Health & Preventive Care: 0.00%
 - FQHC: 0.000%

Temporary Employees

- 6 Temporary Staff
- 0 New Agency Temporary Staff Members
- 0 Agency Temporary Staff Members assignment ended

Safety

- Inquiries – 39
- Investigations – 2

Employee/Labor Relations

- 2 Coaching and Counseling, 4 Verbal Warnings, 0 Written Warnings, 0 Suspensions, 0 Final Written Warnings, 0 Terminations, 1 Probationary Release
- 2 Grievances
- 0 Arbitrations
- 50 Hours of Labor Meetings (with Union)
- 60 hours investigatory meetings
- 4 Investigations
- 22 Complaints & Concerns
- 100 Hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 3

Interns

There were a total of 19 interns and 548 applied public health practice hours in April 2025.

Interns and Clinical Rotations	Apr 2025	YTD
Total Number of Interns ¹	19	123
Internship Hours ²	588	3,378

¹Total number of students, residents, and fellows

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

Training (In-Person and Online)

- Public Speaking Workshop, In Person (11 Attendees)
- Team Vital Signs Supervisor Debrief for Microbiology, Clinical, and Virology Lab at SNPHL (22 Attendees)

New Hire Orientation

- April 14, 2025 – 1 New Hire

Informatics

A. 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.
 - Finished and went live with the NORS Outbreak form.
 - Addressed the issue for the repeat section not showing when exporting to PDF case report.

- Updated the Measles form in EpiTrax with new PEP questions and risk level questions.
 - Added TB Molecular DST fields to the TB form.
 - Developed new Foodborne Illness form pending review.
 - Resolved issue with daylight saving time when documenting any current time in all date fields.
 - Released TB RVCT PDF susceptibility form and A1c test results.
 - Go-live with WebIZ integration with EpiTrax, pending vaccine and manufacturer code condition mapping review.
 - Prepare the Measles contact list import process into EpiTrax for a possible outbreak.
 - Updated Hep C case status per Epidemiologist QA line list.
 - Added Mycobacterium lepromatosis organism for Hansen's disease (Leprosy) condition.
 - Updated EpiTrax logic by adding “Detected”, “Presumed Reactive”, and “Repeatedly Reactive” for event onset date calculation logic.
 - Updated wording from “Event Date” to “Event Onset Date” to keep data dictionary consistency.
 - Continued reviewing FBI for clarification on some of the data fields, EpiTrax form has been developed in EpiTrax test server for review
2. Continue working with OpenEMPI integration with EpiTrax system: Refined the find people logic in EpiTrax to integrate with OpenEMPI. Updated EMSA2 to identify people logic to consume the new result from the EpiTrax API, that also includes OpenEMPI properties. Demonstrate to the ACDC and ODS team on the OpenEMPI user interface. Updated OpenEMPI matching configuration to match with current workflow.

EpiTrax Requests	March 2025	April 2025
Total EpiTrax Requests Completed	474	489
Open EpiTrax Requests	74	77

B. 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. Adding an automation process to cross check with ICD code for non-reportable condition and move those eCR ICD that in Pending, Entry, and Exception queues to gray list.
2. Conduct regular sessions to review message exceptions.
3. Fully onboarding Intermountain Healthcare Inc in EMSA.

ELRs	March 2025	April 2025
Total Received	107,574	111,563
Total Processed	107,249	110,858
Under Review	591	699
Event Updated	17,642	19,158
Event Created	6,247	5,912

eCRs	March 2025	April 2025
Total Received	82,489	308,283
Total Processed	452,052	110,234
Under Review	129,284	350,019
Event Updated	18,020	2,661
Event Created	1,154	472

C. Data Warehouse

1. Add "Middle Eastern/North African" to patient_event_race table.
2. Updated warehouse tables for approximate age field.
3. STD Counts Logics Updates for pre 2022 cases.
4. Finished Guide Documentation for Warehouse form question tables for Weekly Warehouse Usability Workgroup.

D. Pentaho Report

1. STD Morbidity Counts - Updating CS and TB Count Logic
2. PHEP Report - Update for medical facilities table name updates
3. RSV & COVID Cases by MMWR Week
4. EpiTrax Workload Report - 2nd Version for a different group summary
5. Planning for Zero Suicide Risk Screener pending live data for review/development
6. No Activity Report Criteria Update pending workflow discussion

Pentaho Reports	March 2025	April 2025
Updated	2	5
Created	1	1

E. Dashboard

1. Respiratory disease ArcGIS dashboard: COVID-19, Flu and RSV dashboards updated per feedback and data pipeline/update schedule established.
2. Power BI finance billing dashboard: Added a new service date range and fiscal year field.

F. Southern Nevada Public Health Laboratory (SNPHL)

1. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) support.
2. Ongoing Laboratory Information System (LIS) Support and Maintenance.
3. Ongoing SNPHL data warehouse cleanup and maintenance.
4. Continue expanding the Outreach system to enhance efficient and timely specimen ordering and result delivery for partners.
5. Add location, clinical questions, orderables for the Outreach system.
6. LIMS and lab preparation for Clinical Laboratory Improvement Amendments (CLIA) for state inspections.
7. Standardized coding for clinical tests (Chemistry, Hematology, Urinalysis) for instrument interfaces.

G. 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. Ongoing review of Clinical Quality Management (CQM) and calculations to ensure accuracy and quality improvement.
4. Complete Electronic Case Reporting (eCR) implementation and waiting for APHL approval.
5. Build new Resources for SHC Express Testing.
6. Implement Behavioral Health Module in the HER.
7. Modify Healthy Start configuration to comply with new federal directives.
8. Modify OB History Walk-in template to capture OB History of patients.
9. Continue working with Finance to optimize claims monitoring and reporting by utilizing the Datawarehouse and Data Visualization tool (Power BI).
10. Generate and review monthly reports for FQHC and Primary Care Center (8 reports).
11. Implement a new system (Scene) for Direct Observed Therapy (DOT) and integrate it with eCW.
12. Implement Chronic Care Management/Principal Care Management (CCM/PCM) module.

eCW Reports	March 2025	April 2025
FQHC	8	4
PPC	2	4

EHR Reports	April 2025
Requests Completed	8
Requests Opened	18

H. 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:
 - DEA – Quarterly reports: Prescription, street, and predatory drug deaths
4. Assist Public Information Officer with location and release of high-profile deaths.
5. Continue to work with the vendor to implement end user requests/enhancements, including user requirements and end user testing.
6. Continue to work with CME vendor to correct data inconsistencies due to past bugs for reporting purposes.

I. 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. Deployed DIBBS query connector service in our test environment, pending configuration set up.
6. Re-submitted MMG TB/LTBI implementation spreadsheet pending CDC response.
7. Started test scenario case worksheet for TB/LTBI cases.

8. Started Implementation spreadsheet for MMG, Mump, Pertussis, and Varicella.
9. Started adding PHIN VADS for Mump, Pertussis, and Varicella in NMI.

J. 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. Continue onboarding four new Intermountain Healthcare clinics. Expected completion Fall 2025.
3. Explore ingestion of inpatient data from partner hospitals.

K. Contracts

1. Develop a Data Sharing Agreement with UNLV

L. Other Projects

1. Maintain and enhance the iCircle web application, including user account support, site maintenance, and data corrections and updates.
2. Review manuscripts from the UNLV Base Model project.
3. Support the Epidemiology and Surveillance programs, Office of EMS/Trauma System, Finance, and Clinical Services with various data requests, data exports, and report generation.
4. Continue to work with Rocky Mountain Poison Control to re-establish the data feed from their new system.
5. Configure order/results interface for Measles to be able to send them electronically between NSPHL and SNPHL.
6. Implemented ticketing system to efficiently log and track Informatics requests
7. Updated and prepare HAN Access file from user feedback for another review
8. Export Collect2Protect/Express Testing Online Results user query log for Evaluation Web process to check with this data for "Result Provided" EvaluationWeb data mapping
9. Assisting users that has issue with new SAS/R server when running SAS or R code
10. Continue online STI referral/follow up process design and discussion with Epi and ODS
11. Start requesting and follow up with the Antibigram data from facilities for 2022 – 2024 data
12. Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard
13. Support the PILLARS team member for access to HIE standardized data
14. Start developing an ODTA harm reduction display and CSV data export
15. Update CSV export process per NV State request for Hepatitis diseases.
16. Case status and positive lab reconciliation with NV State.
17. Resolved an issue with the patient deduplication process where an address linked to a person marked for deletion still had dependencies with other lab records. The process has been updated to correctly reflect the matched person.

M. National and State Meetings/Workshops

1. CSTE EHI Access Workgroup Meeting CSTE Electronic Laboratory and Disease Reporting Subcommittee Call
2. CSTE eCR Consensus Criteria Workgroup
3. CSTE Electronic Laboratory and Disease Reporting Subcommittee Call
4. CSTE - CDC Frontline Tools workgroup
5. DMI LC Monthly Call
6. BCHC Data Modernization Work Group

7. OPHDST-STLT DataConnection
8. Sync with EpiTrax NV Team
9. Statewide Syndromic Surveillance Monthly Workgroup

Information Technology (IT)

Service Requests	Apr 2024	Apr 2025		YTD FY24	YTD FY25	
Service Requests Completed	1,080	1,110	↑	10,603	10,554	↓
Service Requests Opened	1,208	1,204	↓	11,861	11,846	↓

Information Services System Availability 24/7	Apr 2024	Apr 2025		YTD FY24	YTD FY25	
Total System	97.61	80.99	↓	97.40	82.52	↓

Total Monthly Work Orders by Department	Apr 2024	Apr 2025		YTD FY24	YTD FY25	
Administration	347	322	↓	2,894	2,830	↓
Community Health	118	90	↓	1,146	325	↓
Environmental Health	171	169	↓	1,854	1,670	↓
Primary & Preventive Care	183	217	↑	2,204	2,134	↓
Disease Surveillance & Control	213	154	↓	1,591	1,373	↓
FQHC	131	235	↑	1,620	2,209	↑
Other	9	13	↑	135	167	↑

First Call Resolution & Lock-Out Calls	Apr 2024	Apr 2025		YTD FY24	YTD FY25	
Total number of calls received	1,208	1,204	↓	11,861	11,846	↓

Workforce Team – Public Health Infrastructure Grant (PHIG)

Workforce Team

- Workforce engagements:
 - Provided DHO with PHIG talking points for a meeting with Congressman Steven Horsford.
 - Monthly CDC Project Officer meeting was convened on April 9, 2025.
 - Monthly Position Review Committee cancelled due to hiring freeze, April 1, 2025.
 - Prepared the April 2025 Hiring Plan for submission to CDC; added Health Equity team (4 FTE) and IT members (2 FTE) back on PHIG funding.
 - Participated in the NV Academy of Science meeting for April 2025.
 - Continue to work with accountants for A1/A2 to update and correct current PHIG budgets.
 - Prepared and met with DHO for monthly 1:1 meeting – providing updates and discussing potential course on CDC Train using PHIG funds.
 - Participated in a webinar re: Cyber Resilience: Prepare for Impact.

- Participated and updated the HEC on ongoing and upcoming requirements for the PHIG.
- Participated in the SNHD OPHP Chemical Tabletop Exercise (TTX).

CDC Requirements

- Requested/Received Progress Reports and Performance Measures into the Public Health Infrastructure Virtual Engagement (PHIVE) platform for update by April 30, 2025 – added column to capture quick wins in each program.
- Received EH/Aquatics Progress Report (PR) for April's update to PHIVE.
- Received Credible Mind Progress Report for April's update to the PHIVE.
- Received Laboratory PR for April's update to the PHIVE.

Performance Management

- Logged 6 contact-hours of virtual classroom time and 2 hours of asynchronous work for the Western Region Public Health & Primary Care Leadership Institute course. Outcomes of the course include change management principles applied to public health. SNHD is growing a performance and measurement mindset and building this coalition has a better chance of success when this coursework is applied.
- Invested 11 hours of analysis and reporting on the progress of the District Strategic Priorities. This is the first year to use the VMSG Dashboard system and some opportunities exist in structuring goals and activities to provide more useful reporting in the system. The current Dashboard indicates:
 - 7% of the 221 current activities supporting the Strategic Priorities are shown as Gold or Complete.
 - 74% of activities are Green or on schedule.
 - The remaining activities classified as Yellow and Red are likely to be overstated due to ongoing adjustments of our activities and measurement structure in the new dashboard system. This system will be truer and more useful as upgrades are made to our input.
- Met with the Health Equity team to review their current Departmental Strategic Plan and discuss options for making their plan official.
 - This would be the second Department or Program to define their own strategic plan that is in line with SNHD Strategic Plan. The FQHC is the only other program with a plan currently published.

Quality Improvement

- Designed and delivered a Just Did It virtual workshop for DSC division. 87% of attendees were either Satisfied or Very Satisfied with the training. The remainder of respondents were neutral.
- Built the proposal and PO for a QI Practitioner to visit the PPC and FQHC clinics seeking opportunities to build more QI documentation into our workflows. They will also assist in classroom training and office hours to support District Staff in current or future QI projects including documentation. There will be a focus on the DSC Division as the largest contributor, so far, to our collection of QI projects.
- Kicked off the first meeting for a new QI project under the Safety Officer.
- Secured a visit by a local Lean Six Sigma (LLS) to the Health Executive Council to discuss the value of attaining an LLS Yellow Belt certification. Certification would take a full day and be funded by PHIG in support of building a quality mindset.

PHAB Reaccreditation

- 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.

- Provided 21 person-hours of review and coaching for PHAB documentation contributors.
- Began the first three sessions of Building Capacity for Accreditation Sustainability Learning Community cohort facilitated by ASTHO. SNHD is one of 5 departments in the US chosen to participate in the first offering of its kind.
 - The learning community will be structured around:
 - Monthly group calls, when all participants will have the chance to come together with peers and share what they have been working on; and,
 - Individual TA calls with ASTHO, to receive guidance and technical assistance on the agency's specific accreditation sustainability goals.
 - The Boundary Spanning Leadership workshop is also part of the offering to expose our group to frameworks for working across "silos" or different work groups towards a common goal like our Accreditation.
- Participated with partners and community members in the Community Health Assessment (CHA) Prioritization meeting.
 - Two of the three priorities that came from this collaboration line up to the current SNHD Strategic Priorities. Access to Care and Public Health Funding are priorities in common between the two bodies of work.
- Continued planning for QI Consultant visit in mid-May.
- Time will be spent in our clinics looking for opportunities to tie in more QI documentation.
- Office hours and classroom training will also be held supporting current and future work in QI projects.

PHIG

- Continued to maintain and monitor impacts to the grant budget and constantly managed expenses.

Appendix A – Office of Communications

Media, Collateral and Community Outreach Services:

Media – Digital/Print Articles

Media - Broadcast stories

Collateral - Advertising/Marketing Products

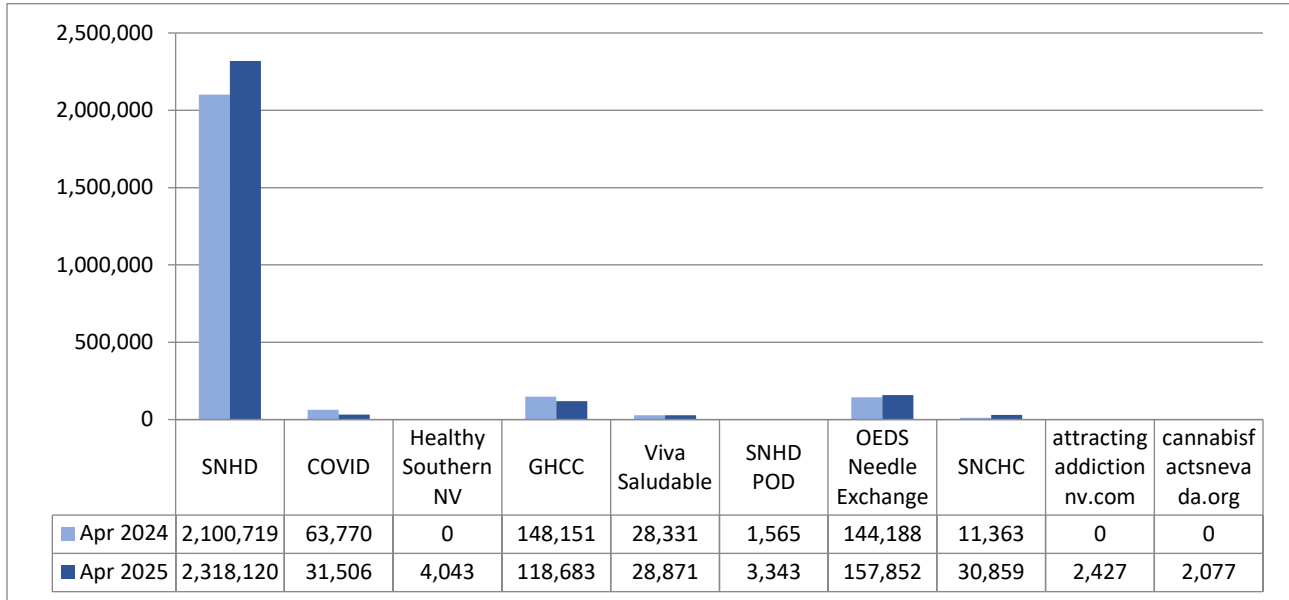
Community Outreach - Total Volunteers¹

Community Outreach - Volunteer Hours

	Apr 2024	Apr 2025		YTD FY24	YTD FY25	
Media – Digital/Print Articles	45	29	↓	364	310	↓
Media - Broadcast stories	132	89	↓	1,085	921	↓
Collateral - Advertising/Marketing Products	30	15	↓	222	260	↑
Community Outreach - Total Volunteers ¹	8	8				
Community Outreach - Volunteer Hours	590	576	↓	6,076	6,610	↑

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.

-Reporting Health Southern Nevada monthly views in April 2025.

-No longer tracking the COVID-19 results and Registration websites.

Social Media Services		Apr 2024	Apr 2025		YTD FY24	YTD FY25
Facebook SNHD	Followers	13,408	13,607	↑	N/A	N/A
Facebook GHCC	Followers	6,134	6,113	↓	N/A	N/A
Facebook SHC	Followers	1,646	1,629	↓	N/A	N/A
Facebook THNK/UseCondomSense	Followers	5,332	5,206	↓	N/A	N/A
Facebook Food Safety	Followers	163	177	↑	N/A	N/A
Instagram SNHD	Followers	4,491	5,123	↑	N/A	N/A
Instagram Food Safety	Followers	530	536	↑	N/A	N/A
Instagram GetHealthyCC	Followers	178	288	↑	N/A	N/A
*Instagram @Ez2stop	Followers	0	150	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	427	418	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,841	1,757	↓	N/A	N/A
X (Twitter) Food Safety	Followers	103	100	↓	N/A	N/A
X (Twitter) SNHDinfo	Followers	10,340	9,996	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	341	343	↑	N/A	N/A

****SNHD added to TikTok in September 2024**

Appendix B – Finance – Payroll Earnings Summary – March 29, 2025 to April 11, 2025

PAYROLL EARNINGS SUMMARY March 29, 2025 to April 11, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 317,853.22	\$ 2,564,379.95	\$ 6,914,549.40	\$ 9,058,929.17	76%	
ENVIRONMENTAL HEALTH	\$ 644,232.73	\$ 5,198,378.07	\$ 13,678,777.26	\$ 17,395,932.56	79%	
COMMUNITY HEALTH	\$ 310,420.74	\$ 2,470,135.73	\$ 6,467,450.76	\$ 9,106,716.49	71%	
DISEASE SURVEILLANCE & CONTROL	\$ 382,033.42	\$ 3,068,823.92	\$ 8,014,885.86	\$ 10,380,887.13	77%	
FQHC	\$ 357,790.33	\$ 2,956,327.06	\$ 7,530,447.25	\$ 9,701,463.62	78%	
ADMINISTRATION W/O ICS-COVID	\$ 598,120.13	\$ 4,927,787.07	\$ 12,797,407.22	\$ 15,310,550.82	84%	
ICS-COVID General Fund		\$ -	\$ -		0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -			
TOTAL	\$ 2,610,450.57	\$ 21,185,831.80	\$ 55,403,517.75	\$ 70,954,479.79	78%	81%

FTE

827

Regular Pay	\$ 2,325,393.10	\$ 16,896,351.38	\$ 44,758,926.90
Training	\$ 4,988.92	\$ 20,000.80	\$ 94,877.64
Final Payouts	\$ 786.83	\$ 247,535.99	\$ 405,116.86
OT Pay	\$ 12,852.93	\$ 86,770.09	\$ 371,400.91
Leave Pay	\$ 239,218.94	\$ 3,635,548.55	\$ 8,250,313.13
Other Earnings	\$ 27,209.85	\$ 299,624.99	\$ 1,522,882.31
TOTAL	\$ 2,610,450.57	\$ 21,185,831.80	\$ 55,403,517.75

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT March 29, 2025 to April 11, 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		1.50	77.31		
Ubando, Marjorie		10.50	541.21		
Galaviz, Monica		11.50	784.96		
Plair, Tonia		18.00	1026.36		
Thede, Stacy		2.00	66.70		
Masters, Christopher		16.25	528.19		
Ines, Heinrich		1.25	40.64		
Murphy, Melissa		6.50	246.46		
To, Helen		3.50	184.87		
Herrera Ortiz, Maria		7.00	233.44		
Total Administration		78.00	3730.14		0.00 0.00

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

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Orea-Valencia, Mirelly		1.75	73.52	Avalos, Mayra	0.75	33.26
Valdes-Ayala, Beatriz	FPNV_25	1.25	51.14	Bingham, Julie	1.50	69.99
Romero, Esther		2.00	88.41	Carreon, Eduardo	0.75	33.26
Morala, Dennis	HCRHP_25	0.53	36.18	Dimaya, Katherine	1.13	45.07
Manaloto, Xcelza		0.15	10.50			
Manaloto, Xcelza	FP_25 NO MILEA	0.15	10.50			
Humphreys, Sarah		0.15	5.00			
Petersen, Desiree		0.20	9.08			
Total FQHC-Community Health Clinic		6.18	284.33		4.13	181.58

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>
Chongtai, Loriza		0.25	19.39	Calderon, Aracely	1.13	34.89
Panganiban, Sheila		1.25	87.49			
Guerrero, Grisly	GSSHC_25	9.50	409.06			
Espenilla, Marko Ruy		0.25	7.73			
Stockwell, Paul	NVEHE_25	9.50	388.65			
Total Public Health & Preventative Care		20.75	912.32		1.13	34.89

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Hall, Nancy		10.00	736.70	Whiting-Green, Willandra	3.00	126.46
Taylor, George		3.50	232.83	Sharif, Rabea	0.75	31.61
Sheffer, Thanh		15.25	988.01	Ortiz-Rivera, Vanessa	4.50	194.36
Piar, Diane		3.25	210.56	Ramakrishnan, Veena	5.25	210.32
Walton, Shaunte		2.00	108.44	Nguyen, Linda	2.00	84.30
Cummins, Veronica		4.50	250.21	Smith, Jess	0.38	14.25
Michel, Guillermo		3.75	188.21	Diaz-Ontiveros, Luz	4.88	163.12
Calzado, Neil		4.50	225.86	Sripamong, Jacqueline	6.00	195.86
Wells, Jordan		6.75	338.79	Wade, Cynthia	1.13	36.72
Najera, Luisa		5.50	269.31	Ross, Alyssa	6.75	204.22
Jufar, Lydia		1.50	73.45	Frillarte, Eugene	1.50	45.38
Ross, Alyssa		1.50	68.07	Galvez, Alexus	7.88	257.07
Ahmed, Maryam		4.25	208.10	Hall, Alyssa	9.00	272.30
Gonzalez, Kimberly		2.25	102.11	Erickson, Sarah	10.13	306.34
Vinh, Jonathan		3.50	154.72	Hernandez, Abel	3.00	88.41
Concepcion, Derrell Glen		0.75	33.15	Schuler, Emalee	4.88	143.67
Hernandez, Lilian		1.50	66.31			
Herrera, Carlos		8.00	353.65			
Roberts, Jamie		12.15	537.10			
Hernandez, Abel		12.50	552.57			
Thompson, Deshawn		1.50	66.31			
Total Environmental Health		108.40	5764.46		71.00	2374.40

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	6.00	388.73	Hamilton, Samantha	6.00	163.64
Ewing, Tabitha	HIVPRV25	7.75	490.01			
Ewing, Tabitha		2.25	142.26			
Herrera, Reyna	HIVPRV25	6.00	351.00			
Alvarez, Jeffrey	HIVPRV25	7.50	284.38			
Burgess, Glenn	HIVPRV25	4.00	195.86			
Baltazar, Josephine	HIVPRV25	7.00	309.44			
Total Disease Surveillance & Control		40.50	2161.68		6.00	163.64

Combined Total	253.83	12852.93	82.25	2754.51
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Appendix C – Finance – Payroll Earnings Summary – April 12, 2025 to April 25, 2025

PAYROLL EARNINGS SUMMARY April 12, 2025 to April 25, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 315,251.30	\$ 2,894,842.54	\$ 7,245,011.99	\$ 9,058,929.17	80%	
ENVIRONMENTAL HEALTH	\$ 642,552.47	\$ 5,877,535.61	\$ 14,357,934.80	\$ 17,395,932.56	83%	
COMMUNITY HEALTH	\$ 310,597.33	\$ 2,804,859.09	\$ 6,802,174.12	\$ 9,106,716.49	75%	
DISEASE SURVEILLANCE & CONTROL	\$ 386,213.52	\$ 3,479,937.98	\$ 8,425,999.92	\$ 10,380,887.13	81%	
FQHC	\$ 360,358.06	\$ 3,327,362.26	\$ 7,901,482.45	\$ 9,701,463.62	81%	
ADMINISTRATION W/O ICS-COVID	\$ 609,007.37	\$ 5,588,294.58	\$ 13,457,914.73	\$ 15,310,550.82	88%	
ICS-COVID General Fund		\$ -	\$ -		0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -			
TOTAL	\$ 2,623,980.05	\$ 23,972,832.06	\$ 58,190,518.01	\$ 70,954,479.79	82%	85%

FTE 829

Regular Pay	\$ 2,321,362.31	\$ 19,217,713.69	\$ 47,080,289.21
Training	\$ 2,096.49	\$ 22,097.29	\$ 96,974.13
Final Payouts	\$ -	\$ 247,535.99	\$ 405,116.86
OT Pay	\$ 17,243.21	\$ 104,013.30	\$ 388,644.12
Leave Pay	\$ 243,332.24	\$ 3,878,880.79	\$ 8,493,645.37
Other Earnings	\$ 39,945.80	\$ 502,591.00	\$ 1,725,848.32
TOTAL	\$ 2,623,980.05	\$ 23,972,832.06	\$ 58,190,518.01

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT April 12, 2025 to April 25, 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		1.00	51.54			
Ubando, Marjorie		6.00	309.26			
Plair, Tonia		22.00	1254.44			
Masters, Christopher		3.25	105.64			
Castelo, Michael		6.00	279.08			
Urena, Maite		12.70	412.82			
Maldonado, Julie		2.00	114.04			
Ines, Heinrich		11.25	365.70			
Murphy, Melissa		5.00	189.58			
Herrera Ortiz, Maria		6.50	216.77			
De Lisle, Ricky		0.50	18.46			
Hall, Nancy		22.00	1620.76			
Total Administration		98.20	4938.09		0.00	0.00

COMMUNITY HEALTH SERVICES						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Emry, Yvonne		9.00	378.08	Barry, Nancy	0.38	12.89
Abruzzo, LeeAnne		9.00	315.61			
Chaingan, Carlo		5.00	162.53			
Total Community Health Services		23.00	856.22		0.38	12.89

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Del Rosario, Edna		0.25	12.24	Avalos, Mayra	0.75	33.26
Anderson, Renita		0.75	33.15	Romero, Esther	0.38	11.05
Total FQHC-Community Health Clinic		1.00	45.39		1.13	44.31

PUBLIC HEALTH & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Homer, Ann Marie		0.25	14.25	Calderon, Aracely	0.75	23.26
Chongtai, Loria		0.50	38.79	Johnson, Jessica L	11.25	524.95
Arquette, Jocelyn		11.50	868.99	Carpenter, Leslie	1.13	51.19
Gomez, Karen		0.50	17.53	Young, Maita	10.50	489.95
Nagai, Sage		0.25	17.06	Espenilla, Marko Ruy	5.00	103.04
Garcia, Ruby		11.00	340.05			
Espenilla, Marko Ruy		0.50	15.46			
Total Public Health & Preventative Care		24.50	1312.13		28.63	1192.39

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>
Billings, Jacob		2.00	147.34	Santiago, Anthony	4.88	216.20
Sheffer, Thanh		12.00	777.45	Sharif, Rabea	7.50	316.14
Woods, Heather		6.00	379.36	Blackard, Brittanie	9.00	316.90
Piar, Diane		14.50	939.42	McCann, Alexandra	4.50	150.57
Ortiz-Rivera, Vanessa		4.50	291.54	Jones, Mallory	10.50	351.33
Pontius, Kevin		3.00	194.36	Sripramong, Jacqueline	2.25	73.45
Walton, Shaunte		1.00	54.22	Craig, Jill	2.25	73.45
Blackard, Brittanie		0.25	13.20	Galvez, Alexus	6.75	220.34
Rakita, Daniel		4.75	238.40	Hall, Alyssa	12.00	363.07
Diaz-Ontiveros, Luz		4.75	238.40	Decicco, Natalya	9.00	272.30
Calzado, Neil		4.50	225.86	Herrera, Carlos	1.13	33.15
Jones, Mallory		10.00	501.91	Hernandez, Abel	4.88	143.67
Thein, Kelsey		2.75	138.02	Schuler, Emalee	2.63	77.36
Wells, Jordan		2.75	138.02	Ramos, Anabel	0.75	21.53
Brown, Tevin		2.50	125.48			
Najera, Luisa		14.75	722.23			
Wade, Cynthia		6.75	330.51			
Ahmed, Maryam		4.50	220.34			
Gonzalez, Kimberly		3.50	158.84			
Concepcion, Derrell Glen		7.00	309.44			
Roberts, Jamie		5.75	254.18			
Nwaonumah, Nosa		9.50	419.95			
Hernandez, Abel		13.00	574.67			
Thompson, Deshawn		7.25	320.49			
Total Environmental Health		147.25	7713.63		78.01	2629.45

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Johnson, Monique	HIVPRV25	6.75	415.93	Grandt, Nicole	10.50	420.64
Raman, Devin	PHEPR25	2.50	184.19	Harris, Diana	10.50	309.44
Ewing, Tabitha		6.00	379.36			
Ewing, Tabitha	HIVPRV25	6.75	426.79			
Herrera, Reyna		5.00	292.50			
Herrera, Reyna	HIVPRV25	7.00	409.50			
Bravo Rosas, Jazmin	HIVPRV25	6.75	269.48			
Total Disease Surveillance & Control		40.75	2377.75		21.00	730.08

Combined Total		334.70	17243.21		129.13	4609.12
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Memorandum

Date: May 22, 2025

To: Southern Nevada District Board of Health

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

Subject: Community Health Division Monthly Activity Report – April 2025

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

A. Chronic Disease Prevention Program (CDPP)

Our CDPP's annual **Slam Dunk Health** program wrapped up in March. The program, which operates in partnership with the Las Vegas Aces and the Clark County School District, encourages physical activity and healthy eating among elementary school aged children. **This year, 523 CCSD classrooms in 104 elementary schools signed up for the program, reaching over 12,200 students.**

Representatives from the Las Vegas Aces will be visiting the grand prize-winning classroom in April.

CDPP worked with **the Greater Youth Sports Association** to provide opportunities for youth at two (2) schools in the Pathways from Poverty area to participate in sports during the 2024 - 2025 school year.

- **78 students participated in three (3) sports: basketball, soccer, and track**
- The program provides coaching, equipment, uniforms, and mentoring to youth participants
- Over 95% of the participants qualified for Free/Reduced Lunch

The 2025 **Pop-Up Produce Stands** kicked off in March. Two (2) Pop-Up Produce Stands are planned for March, April, and May, September, October, and November. The March Pop-Ups sold over **133 pounds** on produce. Pop-Ups are held at the RTC's Bonneville Transit Center to help serve those with transportation barriers to accessing healthy foods.

The CDPP staff led a grocery store tour at Marketon in March to provide guidance on how to read food labels and shop healthily on a budget. The tours are provided in Spanish by our bilingual Health

Educator/Registered Dietitian. Four people participated in the tour. Additional tours are scheduled for May.

During March, CDPP staff **provided three (3) Diabetes Self-Management, Education & Support classes**. Two (2) of the classes were provided in Spanish and one (1) was provided in English. A total of 26 people participated in one of the classes.

B. Tobacco Control Program (TCP) Update

The **SNHD Tobacco Control Program's youth vaping prevention initiative, BreakDown**, has hosted **over 20 'lunch-time takeover' events at public high schools** in Southern Nevada this spring. At these events, staff shared information about the health risks of vaping and encouraged vape-free lifestyles. **Over 25,000 students** participated in these events.

TCP staff have been collaborating with local, state, and national partners on numerous policy issues including heated tobacco products, tobacco registries, pricing strategies, and secondhand smoke exposure. TCP staff are monitoring and providing technical assistance and education on tobacco bills during the Nevada legislative session.

Staff attended the College of Southern Nevada's Health and Wellness Fair to promote the adoption of a comprehensive tobacco-free campus policy.

Staff participated in the Intermountain Health Community Health Pediatric Meeting and conducted tobacco educational outreach to a variety of healthcare & community health locations focused on pediatric health. Additionally, staff conducted educational outreach about the Nevada Tobacco Quitline and the e-referral system to the following healthcare facilities.

Staff participated in several community outreach events where they distributed information regarding tobacco policy and cessation in the African American and Latino community. Events included: Black Family Wellness Expo at Craig Ranch Park, Rims and Rhythms, Youth Symposium, Roll-Up Cinema, Mater Academy Mountain Vista-STEAM Multicultural school-wide event, Women's Day Health & Education Resources Expo at the East Las Vegas Community Center.

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

A. Regional Trauma Advisory Board

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

The Board discussed legislative bills that affect the trauma centers. The Board also reviewed the 4th Quarter 2024 trauma transport data, as well as approved the nominations for Non-standing RTAB member seats for terms that will expire June 30th. The Board also approved the re-authorization application from UMC as a Level I Trauma Center and Level II Pediatric Trauma Center.

B. OEMSTS – April 2024 / 2025 Data

EMS Statistics	April 2024	April 2025	
Total certificates issued:	79	90	↑
New licenses issued:	52	37	↓
Renewal licenses issued (recert only):	0	6	↑
Driver Only:	36	59	↑
Active Certifications: EMT:	876	914	↑
Active Certifications: Advanced EMT:	1836	1852	↑
Active Certifications: Paramedic:	2034	2162	↑
Active Certifications: RN:	72	81	↑

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. OPHP planners are developing a Recovery Annex based on lessons learned from real world events and exercises.
2. Staff continued collaborating with Clark County an Impacted Persons Database. Currently working with community partners such as Las Vegas Resiliency Center for extension of services and other limited uses of the minimal necessary patient 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 end of month.

3. OPHP continued to review and revise plans, threat response guides, and both internal and external training.
4. The Planners continue to review and revise the CHEMPACK, Nuclear and Radiation, Administrative Preparedness, Mass Care Support, and Highly Infectious Disease plans.
5. 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.
6. Sixteen SNHD employees were FIT tested for personal protective equipment during the month of April.
7. Planners perpetuated revision of SNHD Basic EOP and Direction and Control Annexes.
8. 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.
9. Planners continued work on the development of the 2026 preparedness calendars and are in the process of getting them ordered.
10. Staff continue to participate in NACCHO's Virtual Learning Collaborative for the Inclusion of MCH Populations in Emergency Preparedness and Response.
11. Senior Planner participated in Resources & Supply Chain Work Group. 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.
12. Planning staff held an Interim Planning Meeting for a tabletop exercise scheduled for June 23rd.
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. Planners are developing the After-Action Report for the **Excessive Heat Seminar**.
2. CPR training was provided to nine (9) SNHD staff on April 9th - 10th.
3. Staff presented at the Resort Emergency Management Working group.
4. OPHP 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. Planning continues for the next round by the end of this quarter, June date TBD.
5. OPHP continued to support the City of Las Vegas ICS 400 training this month on April 15th – 16th at CCFC Station 18.
6. New Hire Orientation was not scheduled for April, the next training will be on May 21st.
7. Our Trainers continue planning for Introduction to Radiological/Nuclear WMP Operations (AWR-140) course at SNHD on June 16th.
8. Senior Planners participate in SNHD's Website Committee.

9. The Supervisor and Senior Planner participate in NACCHO Chemical Workshop Planning Meeting.
10. Senior Planner and Supervisor coordinate with Clark County Fire on radiological incident response planning.
11. Trainers attended Radiological Assistance Program Team for Emergency Response (RAPTER) annual training and exercise at Department of Energy NFO facility to support SNHD and SNHPC radiological incident response.
12. Senior Planner and Clinical Advisor attend AAST Disaster Committee - Hospital Disaster Preparedness: Pediatric Perspectives and 25NV-0574 HCV13 (Non-Resident) Healthcare Facility Mass Fatality Management seminars.
13. Senior Planners and Planners attended ICS Position Specific Training on April 15th.
14. Staff attended the NACCHO Chemical Response Workshop Tabletop Exercise on April 22nd.
15. Senior Planner participated in the LAS In-Person & Virtual Tabletop Exercise (TTX) - Automated Train System (ATS) Complex Incident Response.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. Our Senior Planner and Clinical Advisor participated in the NHA Measles Outbreak Exercise.
2. Dates and locations for Pediatric Disaster Response and Emergency Management and Medical Management of Chemical, Biological, Nuclear and Explosive (CBRNE) Events confirmed for 2026. We have ongoing planning and preparation.
3. Trainers and Clinical Advisor confirmed upcoming dates for First Receiver Decontamination Training at UMC on May 19th.
4. The Trainer confirmed the upcoming briefing from Nevada National Security Site (NNSS) for the June 5th SNHPC meeting.
5. Trainers attended RAPTER annual training and exercise to support planning for healthcare inclusion next fiscal year.
6. Planners attended healthcare system partner's Emergency Management Committee Meetings.
7. Planners attended the UMC Emergency Preparedness Meetings.
8. 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.
9. Planners continue efforts for the SNHPC August workshop.
10. Our Senior Planner and Clinical Advisor participate as advisors in Mountain View Hospital's Emergency Management Full Scale Community Wide MCI-Decontamination Drill with an influx of patients.
11. A Senior Planner and Clinical Advisor conducted initial coordination for Hospital Area Command Full Scale Exercises to be held in October.

12. Senior Planner and Clinical Advisor participated in the Federal Coordinating Center Workshop.

C. Fusion Center Public Health Analyst:

1. Disseminating 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. Providing 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. Participating in weekly counter terrorism analytic group (CTAG) meetings.
4. Developing appropriate connections to increase communication between SNHD, SNCTC and its partner organizations.
5. Collaborating with five (5) surrounding fusion centers on areas of public health concern. Produce and distribute monthly joint public health bulletins.
6. Providing SNHD Disease Surveillance and Control with white papers from fusion center sources for situation awareness, such as Department of Homeland Security bulletin on Oropouche virus.
7. Distributing information on major recalls.
8. Evaluating restricted access material for potential impact and mitigation by SNHD.

D. Grants and Administration:

1. 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.
2. OPHP continues to monitor and review grant spending.
3. Our manager continues to participate in leadership training with SNHD contractors.
4. OPHP staff continue to complete budget activities for SNHD finance and coordination of quarterly progress reports for state.
5. The OPHP Manager continues to represent Community Health Division management on various SNHD working group committees.

E. 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. The MRC volunteers provided first aid and distributed preparedness calendars at the annual MS Walk Las Vegas fundraiser for the MS Society. This event has raised over \$93,518.84 to date.
3. MRC provided blood pressure checks and distributed preparedness information at a Community Health Fair hosted by Eta Eta Eta chapter of the Chi Eta Phi Sorority at the West Las Vegas Library. Some high readings were found and advised to seek care.

4. Our MRC and EMS office hosted Stop the Bleed training for eleven (11) MRC volunteers.

MRC Volunteer Hours FY2025 Q4

(Economic impact rates updated April 2025):

Activity	April	May	June
Training	11		
Community Event	22		
SNHD Clinic			
Total Hours	33		
Economic impact	\$1,361.91		

IV. VITAL RECORDS

- A. April is currently showing a **1.5% increase in birth certificate** sales in comparison to April 2024. **Death certificate** sales are currently showing a **1.6% decrease** in comparison to April 2024. SNHD received revenues of \$24,648 for birth registrations, \$29,995 for death registrations; and an additional \$10,143 in miscellaneous fees.

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

Vital Statistics Services	April 2024	April 2025		FY 23-24 (Apr)	FY 24-25 (Apr)	
Births Registered	1,864	2,213	↑	20,012	20,767	↑
Deaths Registered	1,948	1,805	↓	17,726	18,360	↑
Fetal Deaths Registered	17	16	↓	173	163	↓

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

Vital Statistics Services	April 2024	April 2025		FY 23-24 (Apr)	FY 24-25 (Apr)	
Birth Certificates Sold (walk-in)	22	9	↓	524	65	↓
Birth Certificates Mail	121	150	↑	1,266	1,198	↓
Birth Certificates Online Orders	3,613	3,671	↑	35,721	37,037	↑
Birth Certificates Billed	147	135	↓	1,145	1,127	↓
Birth Certificates Number of Total Sales	3,903	3,965	↑	38,656	39,427	↑
Death Certificates Sold (walk-in)	31	21	↓	346	228	↓
Death Certificates Mail	185	206	↑	1,516	1,619	↑
Death Certificates Online Orders	8,431	8,285	↓	76,984	79,443	↑
Death Certificates Billed	48	41	↓	370	425	↑
Death Certificates Number of Total Sales	8,695	8,553	↓	79,216	81,715	↑

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

Vital Statistics Sales by Source	April 2024	April 2025		FY 23-24 (Apr)	FY 24-25 (Apr)	
Birth Certificates Sold Valley View (walk-in)	.6%	.2%	↓	1.4%	.2%	↓
Birth Certificates Mail	3.1%	3.8%	↑	3.3%	3%	↓
Birth Certificates Online Orders	92.6%	92.6%		92.4%	93.9%	↑
Birth Certificates Billed	3.8%	3.4%	↓	3%	2.9%	↓
Death Certificates Sold Valley View (walk-in)	.4%	.2%	↓	.4%	.3%	↓
Death Certificates Mail	2.1%	2.4%	↑	1.9%	2%	↑
Death Certificates Online Orders	97%	96.9%	↓	97.2%	97.2%	
Death Certificates Billed	.6%	.5%	↓	.5%	.5%	

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

Revenue	April 2024	April 2025		FY 23-24 (Apr)	FY 24-25 (Apr)	
Birth Certificates (\$25)	\$97,575	\$99,125	↑	\$966,400	\$985,675	↑
Death Certificates (\$25)	\$217,375	\$213,825	↓	\$1,980,400	\$2,042,875	↑
Births Registrations (\$13)	\$34,333	\$33,826	↓	\$336,635	\$334,711	↓
Deaths Registrations (\$13)	\$25,584	\$24,648	↓	\$229,151	\$235,531	↑
Convenience Fee (\$2)	\$7,668	\$7,542	↓	\$73,918	\$75,390	↑
Miscellaneous Admin	\$578	\$813	↑	\$6,518	\$6,938	↑
Total Vital Records Revenue	\$383,113	\$379,779	↓	\$3,593,022	\$3,681,120	↑

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	April 2024	April 2025		FY 23-24 (Apr)	FY 24-25 (Apr)	
Passport Applications	759	739	↓	6,589	7,194	↑
Revenue	April 2024	April 2025		FY 23-24 (Apr)	FY 24-25 (Apr)	
Passport Execution/Acceptance fee (\$35)	\$26,565	\$25,865	↓	\$230,615	\$251,790	↑

V. HEALTH EQUITY

- A. The Health Equity program works towards establishing community partnerships and collaborations to increase the capacity of communities to address health disparities.
1. On April 30, 2025, the Health Equity program participated in the Senior Health and Wellness community outreach sponsored by Archwell Health and hosted at West Flamingo Senior Center. During this event, the HE team had encounters with 90 senior citizens and provided information on:
 - a. SNHD programs and services and distributed health equity resources materials.
 - b. Low cost FQHC and primary care services, including behavioral health services.
 - c. Vaccination services and adult vaccination schedules.
 - d. Get Healthy Clark County programs and resources.
 - e. Birth and death certificate records and passport services.
- B. Also on April 30, 2025, Health Educator Grissel Oliveros, partner with the **One Project**, a local non-profit organization **dedicated to eliminating food insecurity in the Las Vegas Valley** to facilitate the workshop Intro to Health Equity and Disparities. This workshop provides participants base knowledge on the concept of health equity and how social determinants contribute to health disparities. The workshop was attended by 20 One Project team members.

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	48	40
NAAT NG/CT	1897	1504

Syphilis	1064	870
RPR/RPR Titers	166/63	142/55
Hepatitis Total	3381	2401
HIV/differentiated	935/28	786/22
HIV RNA	144	121

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 April, the average daily testing was nine (9) and the average turnaround time was 40 hours from collection date to release of the report.
- IT created easy patient accession and direct report verification from SNPHL LIMS into SNHD patient report portal.
- Incorporate high throughput instruments such as Eppendorf 5073 automation of specimen fluid handling station.
- Since the script problem of Tecan instrument cannot be resulted by manufacture, we asked SNHD Contracts and SNHD Purchasing to discuss with manufacture to return this instrument if it is feasible.

Monthly summary of COVID PCR/NAAT testing:

Month	# PCR & NAAT/#POS	Month	# PCR & NAAT/#POS
January	471/74	July	-----
February	656/55	August	-----
March	630/22	September	-----
April	195/22	October	-----
May	-----	November	-----
June	-----	December	-----

5. Reportable disease reports:

- SNPHL continues to perform routine testing of reportable disease specimens submitted by community stakeholders. Isolates tested are reported to OEDS on a weekly basis to aid in disease investigation, and SNPHL and OEDS coordinate with CDC PulseNet if required.

Yersinia	Yersinia Culture/ID	1	0	0	2									3
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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 April.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In April, SNPHL performed two (2) 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	1								

3. SNPHL is clinically validated for **using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella** species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
4. SNPHL performed 20 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in April 2025.
5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 150 bacterial organisms have been identified in April.
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 April 2025, SNPHL has sequenced eight (8) 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	26								

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 April, we tested a total of 114 mosquito pool samples. There were zero (0) positive WNV mosquito pool samples identified in April. 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 April, a total of 48 clinical isolates, *Neisseria gonorrhoeae* thirteen (13) isolates and *Neisseria meningitidis* two (2) 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 1362 samples in April.

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. April 2025 SNPHL Activity Highlights:

1. SNPHL maintains a consistent supply of Viral Transport Medium (VTM) for COVID collection kits, even after the cessation of ELC COVID funding. The reagents for PCR and WGS are expected to be depleted by August 2025.
2. Proficiency tests of WSLH Bordetella, WSLH Legionella, CAP IDR-Infectious Disease, Respiratory BIOFIRE, ID3-NAA Respiratory Limited, CAP AHIV Anti-HIV 1/2nad GI panel, BIOFIRE are 100% grade.
3. The clinical health laboratory purchased three (3) instruments for clinical testing to enhance the community health services. The State CLIA conducted an inspection of these newly added tests on Thursday, May 1st. The inspection report, detailing any deficiencies, will be accessible online within two weeks, and we have a period of 14 days to complete any necessary corrections.
4. 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 April, 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.

5. New influenza surveillance season showed that A/H3 and A/H1, and B/Victoria are major subtypes of influenza.
6. 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 April.
7. 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.
8. CDC rescinded the COVID fund on Monday, April 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

April SNPHL Services	2024	2025	
Clinical Testing Services ¹	5,522	5,362	↓
Epidemiology Services ²	540	314	↓
State Branch Public Health Laboratory Services ³	0	0	
All-Hazards Preparedness Services ⁴	7	6	↓
Environmental Health Services ⁵	409	140	↓

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

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

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

⁴ Includes Preparedness training, teleconferences, and Inspections.

⁵ Includes vector testing.

MEMORANDUM

Date: May 20, 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 – April 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.

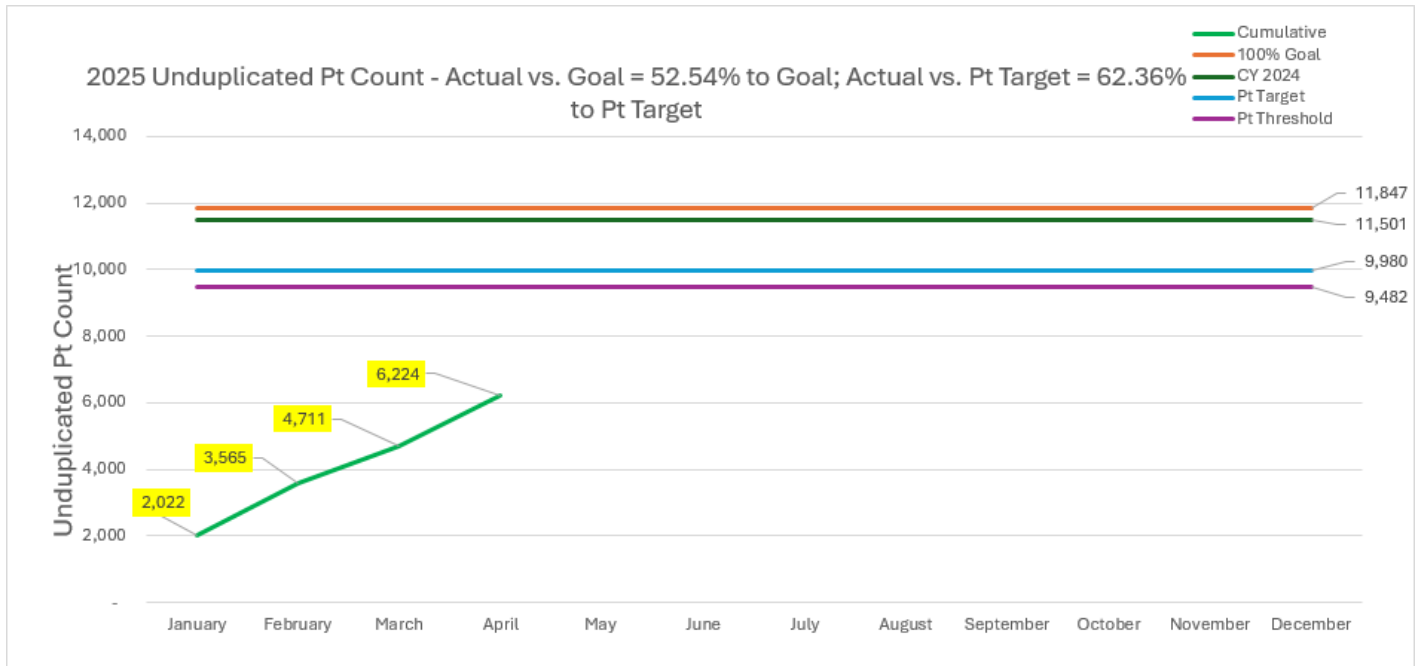
April Highlights

Administrative

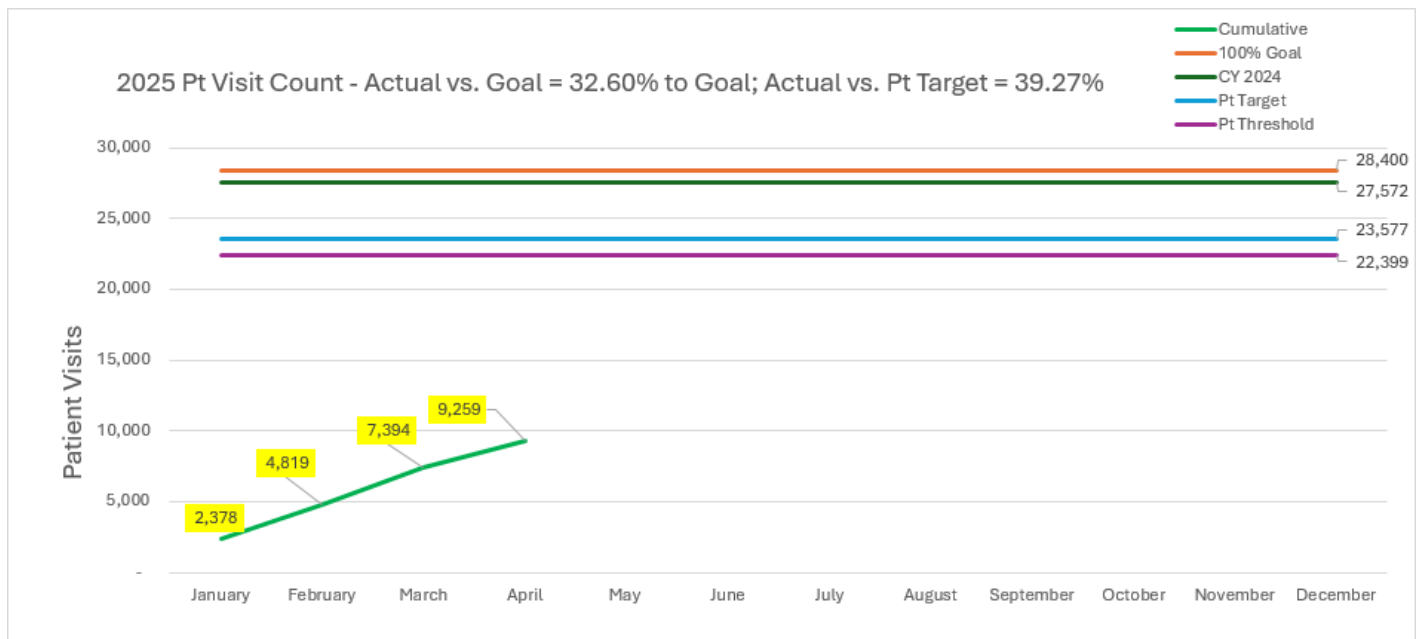
- The HRSA Operational Site Visit (OSV) conducted on 4/8/25 – 4/10/25 yielded six findings. The health center's initial corrective action submitted on April 30th cleared two of the six findings. On May 7th, the health center submitted corrective actions to clear the remaining four findings. The outcome of the May 7th submission is pending.
- The Nevada Family Planning program site visit on April 30th was successfully completed with no findings.
- The Title X Family Planning site visit is scheduled for September 2nd – 4th.
- A new Medicaid dashboard report has been created and will be included in the monthly board report going forward.
- 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 increased engagement. This is the third consecutive year the survey tool has been used. The health center's 2025 survey results show positive progress between 2024 and 2025 across all climate drivers (key indicators) that support improved performance outcomes. Those climate drivers include motivation, trust, execution, change, and teamwork. Similarly, the health center had improvements in all performance outcome areas, including retention, productivity, customer focus, and future success.
- There are seven vacant positions on a recruitment freeze. Recruitment of a new clinical staff physician for the Fremont location is underway.
- Two health center employees, a Medical Assistant and a Community Health Worker are recognized as SNHD's May employees of the month.

Access

Unduplicated Patients – April 2025



Patient Visits Count – April 2025



Provider Visits by Program and Site – April 2025

Facility	Program	APR '25	APR '24	APR YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	886	627	29%	5,983	4,277	29%
Fremont	Family Health	534	329	38%	3,454	2,032	41%
Total	Family Health	1,420	956	33%	9,437	6,309	33%
Decatur	Family Planning	187	201	-7%	1,579	1,479	6%
Fremont	Family Planning	191	143	25%	1,429	840	41%
Total	Family Planning	378	344	9%	3,008	2,319	23%
Decatur	Sexual Health	610	571	6%	4,635	5,675	-22%
Fremont	Sexual Health	170	45	74%	1,196	127	
ASEC	Sexual Health		115		113	1,210	
Total	Sexual Health	780	731	6%	5,944	7,012	-18%
Decatur	Behavioral Health	191	144	25%	1,210	1,266	-5%
Fremont	Behavioral Health	136	90		1,054	120	
Total	Behavioral Health	327	234	28%	2,264	1,386	39%
Decatur	Ryan White	264	248	6%	2,190	2,195	0%
Fremont	Ryan White	19	11		203	52	
Total	Ryan White	283	259	8%	2,393	2,247	6%
FQHC Total		3,188	2,524	21%	23,046	19,273	16%

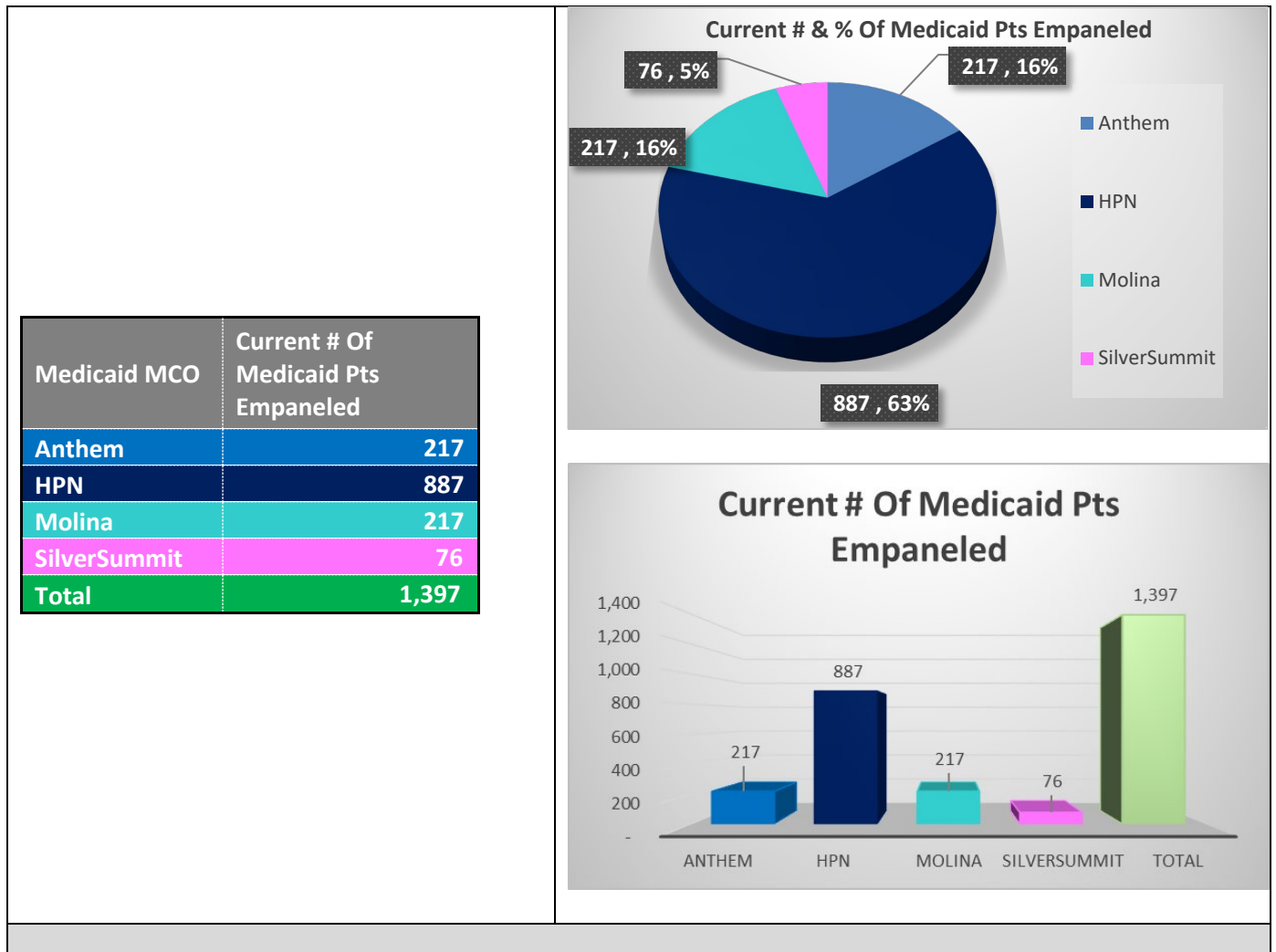
Pharmacy Services

	Apr-25	Apr-24		FY25 YTD	FY24 YTD		% Change YOY
Client Encounters (Pharmacy)	1,725	1,388	↑	14,571	13,438	↑	8.4%
Prescriptions Filled	3,133	2,249	↑	24,656	19,387	↑	27.2%
Client Clinic Encounters (Pharmacist)	63	56	↑	645	337	↑	91.4%
Financial Assistance Provided	32	25	↑	344	180	↑	91.1%
Insurance Assistance Provided	11	10	↑	107	62	↑	72.6%

- A. Dispensed 3,133 prescriptions for 1,725 patients.
- B. The pharmacist completed 63 patient clinic encounters.
- C. Assisted 32 patients to obtain medication financial assistance.
- D. Assisted 11 patients with insurance approvals.

Medicaid Managed Care Organization (MCO)

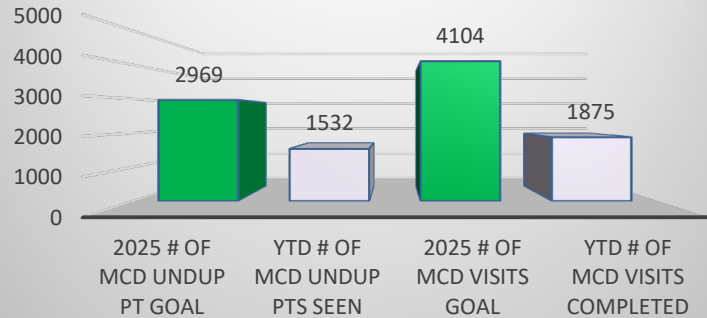
2024	
YTD (April 2024) # of Medicaid Unduplicated Pts Seen	2,827
# of Medicaid Pts Assigned to SNCHC	0
# of Empaneled Pts Not Yet Seen	474
2024 Goal of Medicaid Visits	2,831
YTD (April 2024) # of Medicaid Visits	3,908
% of Medicaid Pts Seen to Goal	138.04%
Average # of Medicaid Visits per Unduplicated Pt	1.38



2025 # of MCD Undup Pt Goal	2,969
YTD # of MCD Undup Pts Seen	1,532
% of Unduplicated Pts to Goal	51.60%
# of Medicaid Pts Assigned to SNCHC	1,410
# of Empaneled Pts Not Yet Seen	?

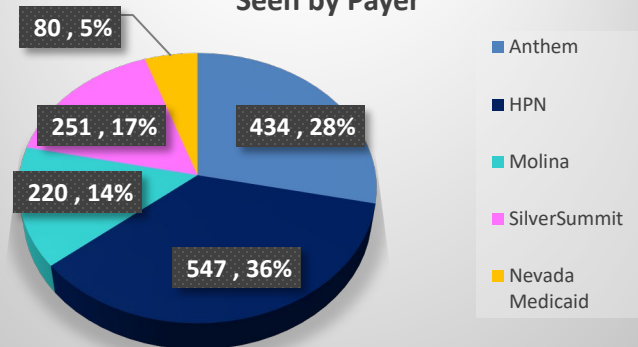
2025 # of MCD Visits Goal	4,104
YTD # of MCD Visits Completed	1,875
% of Medicaid Pts Visits to Goal	45.69%
Average # of Medicaid visits per undup pt	1.22

2025 MCD Undup Pts & MCD Visits Goals vs Actuals

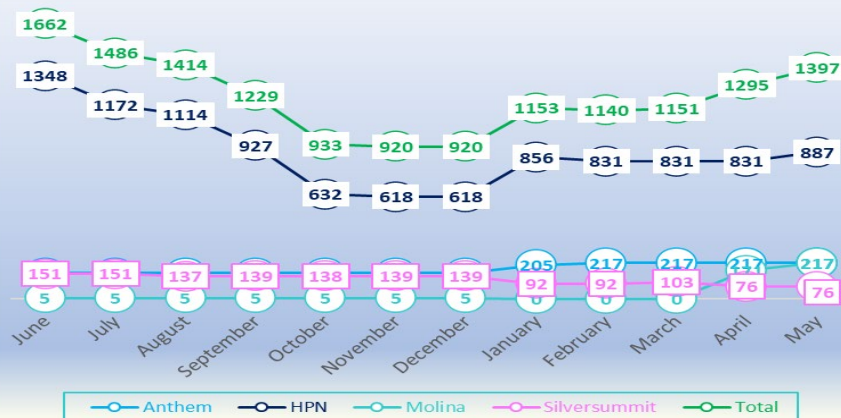


2025 # of Unduplicated MCD Pts Seen	
Anthem	434
HPN	547
Molina	220
SilverSummit	251
Nevada Medicaid	80
Total	1,532

Current # & % Of Unduplicated Medicaid Pts Seen by Payer



MCO EMPANELMENT COMPARISON



Family Planning Services

- A. Family Planning program access was up 9% in April and is up 23% 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. A new lunch break schedule was implemented to increase access to care during the middle of the day. New metrics are being tracked focused on the percentage of appointments scheduled per provider per day as well tracking the third next available appointment by new and established appointments. The data will be used to make additional fine tuning to the appointment schedules.
- B. The program is going through a rebranding process to increase access to care to those most in need and provide more comprehensive sexual health services. This rebranding includes redefining the program as a provider of sexual and reproductive health services. Health center providers are receiving Family Planning specific training to support this transition.
- C. The program is scheduled for a comprehensive Title X site visit in September 2025. Work to prepare for the audit is under way.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 75 referrals between April 1st and April 30th. There were two (2) pediatric clients referred to the Medical Case Management in April and the program received one (1) referral for a pregnant woman living with HIV during this time.
- B. There were 623 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 336 unique clients served under these programs in April.
- C. The Ryan White ambulatory clinic provided a total of 552 visits in the month of April, including: 23 initial provider visits, 237 established provider visits including 8 tele-visits (established clients). There were 27 nurse visits and 265 lab visits. There were 58 Ryan White services provided under Behavioral Health by the licensed mental health practitioners and the Psychiatric APRN during the month of April. There were 10 Ryan White clients seen by the Registered Dietitian under Medical Nutrition Services.
- D. The Ryan White clinic continues to provide Rapid StART services, with a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were five (5) patients seen under the Rapid StART Program in April.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 1,629 unique services to 865 unduplicated patients for the month of April. 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 the evaluation and treatment of neurosyphilis. The SHC collaborates with the Public Health & Preventive Care (PPC) - Sexual Health and Outreach Prevention Programs (SHOPP) on the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services. The FQHC-SHC refers pregnant patients with syphilis and patients needing complex STI evaluation and treatment to PPC SHOPP for nurse case management services.
- C. Two (2) FQHC-SHC Nurses attended the employee skills fair in April.

Refugee Health Program (RHP)

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

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	11
Referrals for TB issues	3
Referrals for Chronic Hep B	0
Referrals for STD	3
Pediatric Refugee Exams	2
Clients encounter by program (adults)	37
Refugee Health Screening for April 2025	39
Total for FY24-25	604

Eligibility and Insurance Enrollment Assistance

Patients in need of 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.

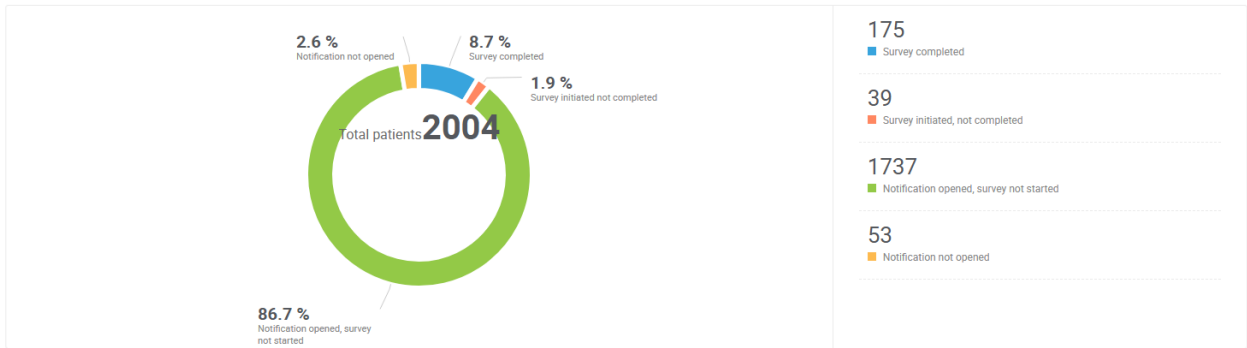
Patient Satisfaction: See attached survey results.

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.

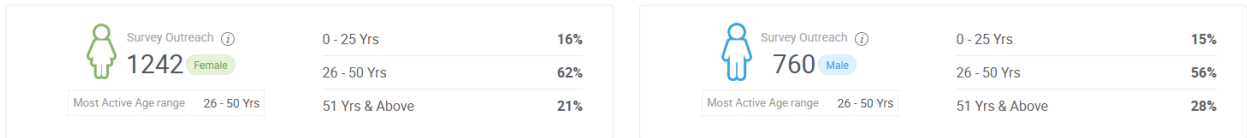
Southern Nevada Community Health Center

Patient Satisfaction Survey – April 2025

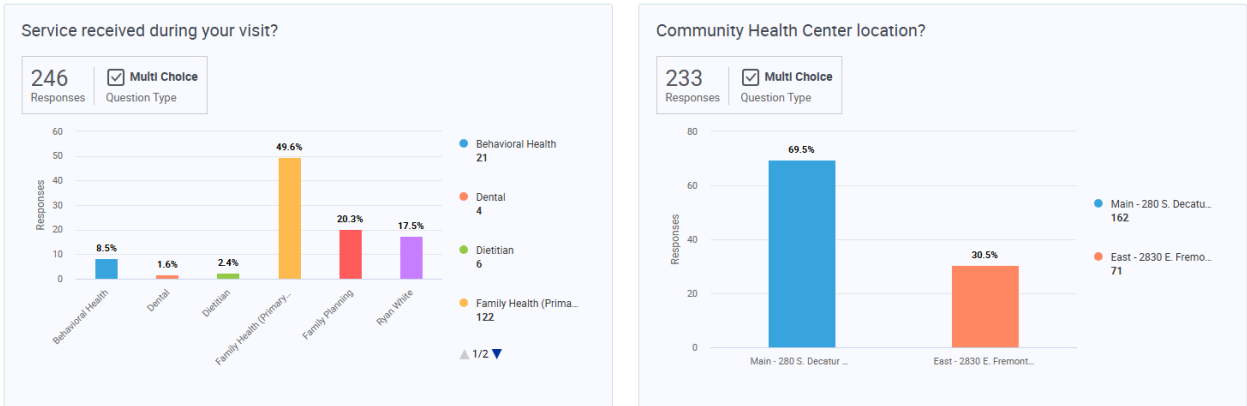
Overview



Gender



Service and Location

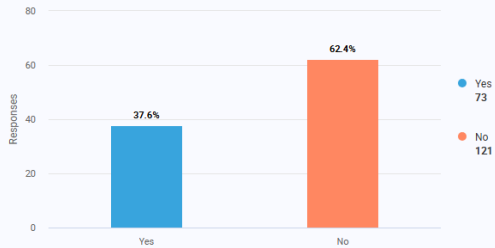


Provider, Staff, and Facility

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

194
Responses

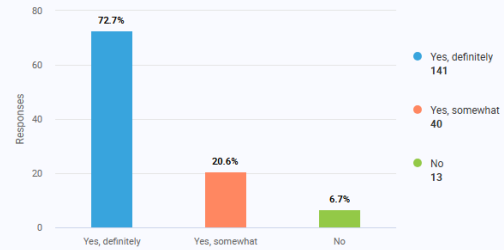
☒ Multi Choice
Question Type



Was the recent visit as soon as you needed?

194
Responses

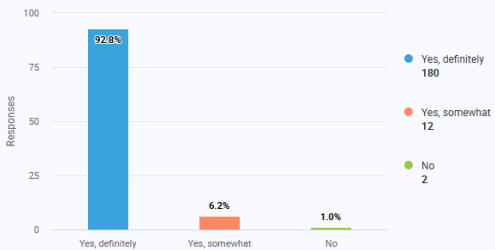
☒ Multi Choice
Question Type



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

194
Responses

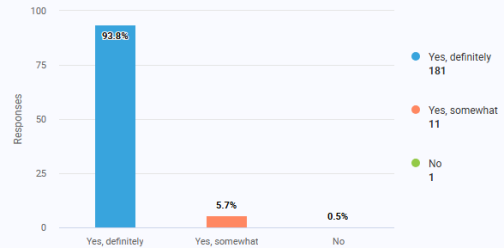
☒ Multi Choice
Question Type



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

193
Responses

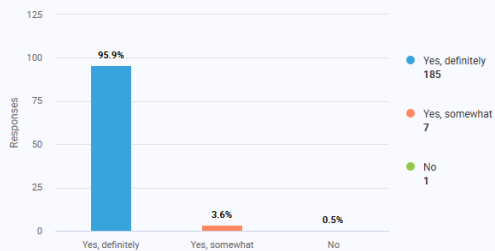
☒ Multi Choice
Question Type



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

193
Responses

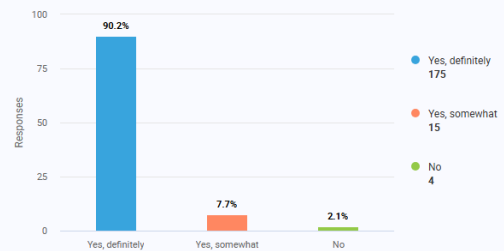
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Question Type



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

194
Responses

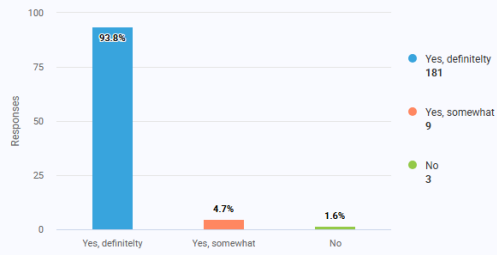
☒ Multi Choice
Question Type



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

193
Responses

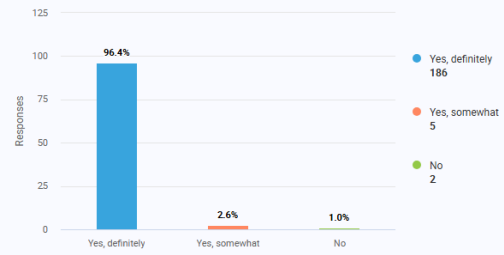
☒ Multi Choice
Question Type



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

193
Responses

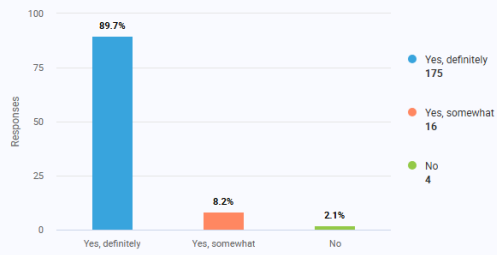
☒ Multi Choice
Question Type



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

195
Responses

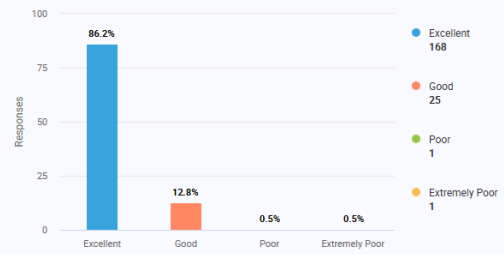
☒ Multi Choice
Question Type



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

195
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?

194

Responses

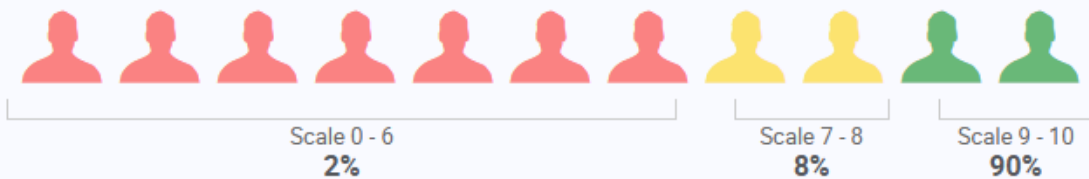
123

Numbers

Question Type

88

Net Promoter Score (NPS)



3

Scale 0 - 6

16

Scale 7 - 8

175

Scale 9 - 10

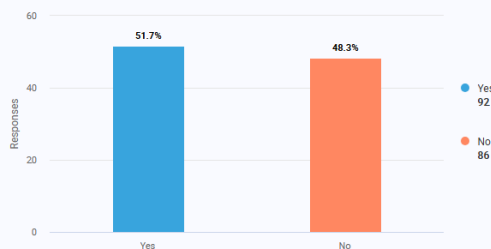
General Information

Do you have health insurance?

178

Responses

☒ Multi Choice
Question Type

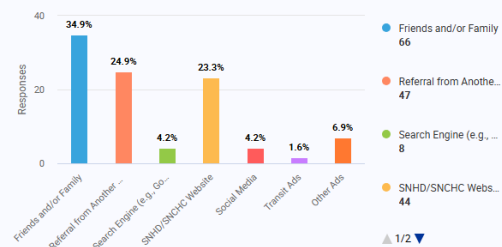


How did you hear about us?

189

Responses

☒ Multi Choice
Question Type





Memorandum

Date: May 22, 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 – April 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.

	April 2024	April 2025		YTD 24	YTD 25	
Sexually Transmitted						
Chlamydia	1012	940	↓	4204	3706	↓
Gonorrhea	396	372	↓	1824	1502	↓
Primary Syphilis	13	4	↓	57	33	↓
Secondary Syphilis	27	6	↓	95	32	↓
Early Non-Primary, Non-Secondary¹	67	23	↓	228	114	↓
Syphilis Unknown Duration or Late²	129	113	↓	511	452	↓
Congenital Syphilis (presumptive)	6	3	↓	14	15	↑
Moms and Babies Surveillance³						
Pregnant Persons Living with HIV⁴	6	4	↓	24	20	↓
Pregnant Syphilis Cases	14	14	→	47	52	↑
Perinatally Exposed to HIV	1	2	↑	14	9	↓

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.

	April 2024	April 2025		YTD 24	YTD 25	
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						
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)	0	0	→	2	0	↓
New Active TB Cases Counted (>= 15 yo)	3	9	↑	18	24	↑

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	28	0	54	0
Gonorrhea	11	0	29	0
Syphilis	16	2	148	0
HIV/AIDS (New to Care/Returning to Care)	34	2	92	0
Tuberculosis	108	0	8	0
TOTAL	197	4	331	0
¹ Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient) ² Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms ³ OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters Fup= Investigations initiated to follow up on previous reactors, partners, or clusters				

3. ACDC COVID-19 Activities

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

4. Disease and Outbreak Investigations

- a. **Mpox:** As of April 30, 2025, Clark County had 322 cases of Mpox.
- b. **Gastrointestinal illness at local restaurants:** On 4/25/25, ACDC was notified of a foodborne illness complaint and coordinated with EH and OIE. SNHD is investigating multiple restaurants and have found a possible association with oysters. Two people were confirmed Norovirus. This investigation is ongoing.
- c. **Gastrointestinal illness at a hotel:** On 4/30/25, ACDC was notified of a foodborne illness report of 3 individuals who were ill after attending a conference held at a local hotel. ACDC partnered with OIE and EH. Case finding efforts were deployed to determine other ill attendees. All reported ill people have had interviews completed or attempted. Two stool kits were returned and both were positive for Norovirus. This investigation is closed.
- 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 05/03/2025, for the 2024 - 2025 influenza season, 1852 influenza-associated hospitalizations and 101 deaths associated with influenza were reported and processed, with 74.3% 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 05/15/2025, 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 April:

Naloxone Distribution	Agency	# of Naloxone doses distributed
April 2025	45 Various Agencies	5,907
Total		5,907

- 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 April:

FTS Distribution		
4/1/2025	SNHD L2A Team	300
4/2/2025	SNHD L2A Team	200
4/2/2025	City of Henderson	600
4/2/2025	Naph Care at CCDC	300
4/2/2025	Hope Christian Health Center	300
4/2/2025	Henderson Equality Center	300
4/2/2025	SNHD Pharmacy	300
4/3/2025	SNHD Community Health Workers	300
4/7/2025	SNHD Office of Disease Surveillance	200
4/9/2025	Trac-B/Impact Exchange	15000
4/9/2025	UNLV Student Health Center	600

4/9/2025	Sin City Sisters of Perpetual indulgence Inc	300
4/9/2025	Comprehensive Treatment Center	300
4/10/2025	SNHD L2A Team	200
4/16/2025	HIV Consortium	200
4/16/2025	SNHD Office of Disease Surveillance	200
4/16/2025	Fifth Sun Project	200
4/16/2025	Happy Camper Overdose Response	200
4/17/2025	Trac-B/Impact Exchange	400
4/23/2025	Signs of Hope	300
Total FTS:		20,700 Strips

XTS Distribution		
4/2/2025	SNHD L2A Team	100
4/2/2025	City of Henderson	800
4/2/2025	Naph Care at CCDC	300
4/2/2025	Hope Christian Health Center	300
4/2/2025	Henderson Equality Center	300
4/3/2025	SNHD Community Health Workers	300
4/7/2025	SNHD Office of Disease Surveillance	200
4/9/2025	UNLV Student Wellness Center	600
4/9/2025	Sin City Sisters of Perpetual Indulgence Inc	300
4/16/2025	HIV Consortium	200
4/16/2025	SNHD Office of Disease Surveillance	100
4/16/2025	Happy Campers Overdose Response	200
4/17/2025	Trac-B/Impact Exchange	400
4/23/2025	Signs of Hope	300
4/23/2025	SNHD L2A Team	300
Total XTS:		4,700 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 again partner with UMC for their annual Spring Family Wellness Event held April 5th, 2025 at the Clark County Government Center. Our team was onsite with condoms, education materials, PrEP navigation services, HIV, syphilis, and HCV testing, as well as harm reduction supplies. We would additionally like to highlight our participation April 12th at the 4th annual Eta Eta Eta Sorority Community Health Fair held at the West Las Vegas Library located at 951 W Lake Mead Blvd. Las Vegas, NV 89106. We provided the same testing, prevention, educational, and harm reduction services listed above. 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	April-24	April-25		YTD 24	YTD 25	
Outreach/Targeted Testing	1002	686	↓	3992	4187	↑
Clinic Screening (SHC/FPC/TB)	956	452	↓	3520	2189	↓
Outreach Screening (Jails)	291	234	↓	1025	978	↓
Collect2 Protect	14	2	↓	18	19	↑
TOTAL	2263	1374	↓	8584	7373	↓
Outreach/Targeted Testing POSITIVE	3	2	↓	18	20	↑
Clinic Screening (SHC/FPC/TB) POSITIVE	2	0	↓	7	1	↓
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	1	2	↑
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	5	2	↓	26	23	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

1. April 1, 2025: Facilitated training on CS clinical education session at Southern Hills hospital L&D, PP and NICU; 23 people in attendance; 3 SNHD staff in attendance
2. April 2, 2025: Facilitated safeTALK as a trainer for SNHD; 12 attendees; 2 ODS attendees
3. April 2, 2025: Facilitated Perinatal HIV Prevention Education; 39 attendees; 5 ODS attendees
4. April 4, 2025: Facilitated the Clark County Children's Mental Health Consortium (CCCMHC) monthly meeting as the current Chair; 46 people attending; 2 SNHD ODS staff attendees.
5. April 4, 2025: Attended the Big Cities Health Coalition Violence Prevention Workgroup meeting; 60 people in attendance; 1 SNHD ODS staff attendee
6. April 7, 2025: Attended HIV Epidemic Workgroup Monthly Meeting; 27 attendees; 4 ODS Staff
7. April 8 – May 13, 2025: Project ECHO, University of Nevada Reno online series: series of 6 noon programs to address Syphilis for Primary Care: OIE faculty facilitator for 6 Tuesdays and presenter on April 8 (State of Syphilis in Nevada), April 22 (Complications of Syphilis: Signs and Symptoms Across All Stages) (average of 70 participants across different sessions)
8. April 8-9, 2025: Attended and presented at the Nevada Public Health Conference; 80 people in attendance; 4 ODS Staff in attendance.
9. April 9, 2025: Co-chaired Attorney General's Substance Use Response Group (SURG) meeting as appointed representative from Clark County, NV; 60 attendees; 1 ODS Staff.
10. April 9, 2025: Presented "NV HIV Policy and Legislative Overview" to Tabletop; 37 attendees; 10 ODS Staff
11. April 10, 2025: Presented at NACCHO Syphilis community of practice meeting; 50 people in attendance; 3 ODS staff in attendance
12. April 10, 2025: Facilitated Infant Sleep Workgroup meeting; 10 people in attendance; 3 ODS Health Educator attendees
13. April 14, 2025: Presented to the Public Health Advisory Board (PHAB) on the results of the 3 community health assessments (CHA) reports on behalf of Carmen; 25 attendees, 1 ODS Staff member.
14. April 15, 2025: Facilitated training on CS clinical education session at Summerlin hospital L&D; 24 people in attendance; 3 ODS staff in attendance
15. April 15, 2025: Facilitated national Public Health Vending Machine (PHVM) Round Table; 20 people in attendance; 1 ODS Staff in attendance.
16. April 15, 2025: Attended the Clark County Children's Mental Health Consortium Public Awareness Workgroup meeting; 12 people in attendance; 2 SNHD ODS staff attendees
17. April 17, 2025: Facilitated SNOAC Quarterly meeting on opioids and overdose prevention; 50 attendees; 4 ODS Staff.
18. April 17, 2025: Presented on CredibleMind at the Southern Nevada Human Trafficking Task Force Victim Service Committee Meeting; 25 people in attendance; 1 SNHD ODS staff attendees
19. April 18, 2025: Presented on CredibleMind at the Southern Nevada Consortium Meeting; 25 people in attendance; 3 SNHD ODS staff attendees
20. April 20 – 24, 2025: Attended RX and Illicit Drug Summit in Nashville, TN
21. April 22 – 25, 2025: Attended Evaluating EHE Implementation Workshop.
22. April 22, 2025: Facilitated on demand training Syphilis 101; 1 person in attendance; 1 HE in attendance
23. April 23, 2025: Facilitated Joint NNHPPG and SoN HPPG; 51 attendees; 7 ODS Staff
24. April 29, 2025: Facilitated Harm Reduction Symposium Training; 15 people in attendance; 4 ODS staff in attendance
25. April 29 – 30, 2025: Attended National Latinos Conference on HIV, HCV, and Substance Use; 2 ODS Staff in attendance; 1 OIE staff presented and facilitated a workshop on Rapid Start of HIV Antiretrovirals (69 attendees)
26. April 30, 2025: Facilitated, presented, and attended SNHD Community Health Assessment (CHA) Prioritization Meeting; 175 attendees; 5 ODS Staff.

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
- i. Weekly Arbovirus Update (seasonal)

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

Disease Statistics

1. Communicable Disease Statistics: March 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 (March 2025)

Disease	2023		2024		2025	
	March	YTD	March	YTD	March	YTD
VACCINE PREVENTABLE						
COVID-19	3,436	11,862	608	5,025	536	2,126
Haemophilus influenzae, invasive	0	12	2	15	1	10
Hepatitis A	0	0	1	2	0	0
Hepatitis B, acute	2	4	2	8	2	10
Hepatitis B, chronic	92	230	112	331	96	279
Influenza	12	92	85	503	137	996
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	1	0	0
MPOX	0	2	0	1	0	0
Mumps	0	0	2	2	0	0
Pertussis	0	6	2	23	5	12
RSV	44	582	208	1,807	339	2,078
SEXUALLY TRANSMITTED						
Chlamydia	1,159	3,260	1,090	3,192	906	2,766
Gonorrhea	450	1,441	450	1,428	426	1,130
HIV	60	128	57	156	33	107
Stage 3 HIV (AIDS)	12	41	13	45	13	41
Syphilis (Early non-primary, non-secondary)	49	159	55	161	30	87
Syphilis (Primary & Secondary)	54	155	38	112	17	56
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	1	0	0
Congenital Syphilis	3	22	1	8	1	12
ENTERICS						
Amebiasis	1	1	1	1	1	3
Campylobacteriosis	18	45	19	53	11	53
Cryptosporidiosis	0	2	2	9	0	2
Giardiasis	6	19	5	14	4	13
Rotavirus	3	8	17	29	30	55
Salmonellosis	15	42	11	30	25	43
Shiga toxin-producing <i>E. coli</i> (STEC)	1	8	7	20	2	11
Shigellosis	8	16	10	38	9	20
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	1	1	1	3	0	4
Yersiniosis	1	2	3	12	5	12
OTHER						
Coccidioidomycosis	28	77	24	65	18	71
Exposure, Chemical or Biological	0	1	0	1	0	1
Hepatitis C, acute	0	1	1	1	1	3
Hepatitis C, chronic	222	614	132	395	213	455
Invasive Pneumococcal Disease	30	84	35	97	24	91
Lead Poisoning	20	42	17	43	17	52
Legionellosis	4	9	0	3	3	6
Listeriosis	0	0	1	1	0	0
Lyme Disease	0	0	0	2	1	1
Malaria	1	2	0	0	0	1
Meningitis, Aseptic	1	3	4	7	2	4
Meningitis, Bacterial Other	1	1	1	1	2	4
Meningitis, Fungal	0	0	1	2	0	0
Rabies, exposure to a rabies susceptible animal	25	83	16	77	59	121
Streptococcal Toxic Shock Syndrome (STSS)	3	10	3	12	2	11
Tuberculosis (Active)	5	14	9	20	6	15

*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.

1. Quarterly Communicable Disease Statistics (Quarter 1 2025)

Disease	2023		2024		2025		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison
	Qtr 1	YTD	Qtr 1	YTD	Qtr 1	YTD	Qtr 1 (2020-2024 aggregated)	Qtr 1 (2025)	Change b/t current & past 5-year
VACCINE PREVENTABLE									
COVID-19	11,862	11,862	5,025	5,025	2,126	2,126	802.11	29.19	JX
Haemophilus influenzae, invasive	12	12	15	15	10	10	0.14	.	-
Hepatitis A	0	0	2	2	0	0	0.05	.	-
Hepatitis B, acute	4	4	8	8	10	10	0.09	.	-
Hepatitis B, chronic	230	230	331	331	279	279	3.74	3.83	↑
Influenza	92	92	503	503	998	998	5.60	13.68	↑X
Influenza-associated pediatric mortality	0	0	1	1	1	1	.	.	-
Meningococcal disease (N meningitidis)	0	0	1	1	0	0	.	.	-
MPOX	2	2	1	1	0	0	.	.	-
Mumps	0	0	2	2	0	0	.	.	-
Pertussis	6	6	23	23	12	12	0.19	0.16	↓
RSV	582	582	1,807	1,807	2,078	2,078	16.35	28.53	↑X
SEXUALLY TRANSMITTED									
Chlamydia	3,260	3,260	3,192	3,192	2,766	2,766	56.78	37.98	JX
Gonorrhea	1,441	1,441	1,428	1,428	1,130	1,130	26.33	15.52	JX
HIV	127	127	154	154	107	107	2.05	1.47	JX
Stage 3 HIV (AIDS)	39	39	40	40	41	41	0.66	0.56	↓
Syphilis (Early non-primary, non-secondary)	159	159	161	161	87	87	2.55	1.19	JX
Syphilis (Primary, Secondary)	155	155	112	112	56	56	2.75	0.77	JX
CONGENITAL CONDITIONS									
Hepatitis C, Perinatal Infection	0	0	1	1	0	0	.	.	-
Congenital Syphilis	22	22	8	8	0	0	73.28	.	-
ENTERICS									
Amebiasis	1	1	1	1	3	3	.	.	-
Campylobacteriosis	45	45	53	53	53	53	0.57	0.73	↑
Cryptosporidiosis	2	2	9	9	2	2	0.08	.	-
Giardiasis	19	19	14	14	13	13	0.23	0.18	↓
Rotavirus	8	8	29	29	55	55	0.34	0.76	↑X
Salmonellosis	42	42	30	30	43	43	0.61	0.59	↓
Shiga toxin-producing E. coli (STEC)	8	8	20	20	11	11	0.24	.	-
Shigellosis	16	16	38	38	20	20	0.30	0.27	↓
Vibriosis (Non-cholera Vibrio species infection)	1	1	3	3	4	4	.	.	-
Yersiniosis	2	2	12	12	12	12	0.07	0.16	↑
OTHER									
Coccidioidomycosis	77	77	65	65	71	71	0.88	0.97	↑
Exposure, Chemical or Biological	1	1	1	1	1	1	.	.	-
Hepatitis C, acute	1	1	1	1	3	3	.	.	-
Hepatitis C, chronic	614	614	395	395	455	455	13.33	6.25	JX
Invasive Pneumococcal Disease	84	84	97	97	91	91	1.30	1.25	↓
Lead Poisoning	42	42	43	43	52	52	0.69	0.71	↑
Legionellosis	9	9	3	3	6	6	0.12	.	-
Listeriosis	0	0	1	1	0	0	.	.	-
Lyme Disease	0	0	2	2	1	1	.	.	-
Malaria	2	2	0	0	1	1	.	.	-
Meningitis, Aseptic	3	3	7	7	4	4	0.17	.	-
Meningitis, Bacterial Other	1	1	1	1	4	4	0.05	.	-
Meningitis, Fungal	0	0	2	2	0	0	.	.	-
Streptococcal Toxic Shock Syndrome (STSS)	10	10	12	12	11	11	0.14	.	-
Tuberculosis, Active	14	14	20	20	15	15	0.25	0.21	↓

*Use of illness onset date in data aggregation for cases other than STD or TB (since Jan-2013) causes changes in cases reported here from previously released reports. Numbers are provisional including confirmed, probable, and suspect cases that are reportable to CDC. HIV/AIDS/TB case counts are provided on a quarterly basis. Rate suppression denoted by '.' for rates corresponding to case counts < 12.

--Diseases not reported in the past five years (aggregate data) and not reported during the current reporting period are not included in this report.

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



Memorandum

Date: May 22, 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* 

Subject: Environmental Health Division Monthly Report

I. FOOD OPERATIONS PROGRAM

ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	April 2024	April 2025		FY 23-24	FY 24-25	
Routine Inspections	2,640	2,792	↑	21,639	22,192	↑
Reinspections	175	211	↑	1,562	1,719	↑
Downgrades	192	217	↑	1,502	1,619	↑
Closures	11	16	↑	130	133	↑
Special Events	78	76	↓	726	711	↓
Temporary Food Establishments & Tasting Event Booths	748	832	↑	7,641	7,577	↓
TOTALS	3,844	4,144	↑	33,200	33,951	↑

↑ (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. Industry 13 Karaoke and Bar, 5599 Spring Mountain Rd.: On April 2, the facility was closed for an Imminent Health Hazard (IHH), no hot water. The inspector documented 19 demerits. The facility was reinspected and reopened with zero demerits on April 3.

B. Tambayan BBQ at the Fantastic Swap Meet, 1717 S. Decatur Blvd.: On April 4, the permitted area was closed for excessive demerits. The inspector documented

52 demerits. The permitted area was reinspected and reopened with zero demerits on April 11.

- C. **Nigerian Cuisine, 5006 S. Maryland Pkwy.:** On April 8, the facility was closed for several IHHs, no hot water, pest infestation, and sewage overflowing into the food preparation area. The inspectors documented 28 demerits. The permit holder was required to attend a supervisory conference. The facility remains closed at this time.
 - D. **Komol Restaurant, 953 E. Sahara Ave.:** On April 11, the facility was closed for an IHH, pest infestation. The inspector documented 17 demerits. The facility was reinspected and reopened with eight demerits on April 16.
 - E. **Flattops Burgers and Shakes, 2121 E. Sahara Ave.:** On April 12, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 14 demerits. The facility was reinspected and reopened with six demerits on April 17.
 - F. **Paris Hotel Service Bar 2, 3655 S. Las Vegas Blvd.:** On April 15, a Cease-and-Desist Order was issued due to the area not having available warewashing capabilities. The area remains closed at this time.
 - G. **Vive Cancun, 3513 E. Charleston Blvd.:** On April 22, the facility was closed for excessive demerits. The inspector documented 43 demerits. The facility remains closed at this time.
 - H. **A1 Mobile Catering LLC #28, 439 Rock Quarry Way.:** On April 23, the unit was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 11 demerits. The unit was reinspected and reopened with zero demerits on April 24.
 - I. **Express Care Catering #2 - Taco Bueno Catering, 439 Rock Quarry Way:** On April 23, the unit was closed for excessive demerits. The inspector documented 42 demerits. The unit was reinspected and reopened with zero demerits on April 28.
 - J. **Sun's Thai Food and Jerky Restaurant, 4941 W. Craig Rd.:** On April 23, the facility was closed for an IHH, pest infestation. The inspector documented 23 demerits. The facility was reinspected and reopened with five demerits on April 29.
 - K. **Chickpeas Mediterranean Café BBQ, 6110 W. Flamingo Rd.:** On April 24, the facility was closed for an IHH, pest infestation. The inspector documented eight demerits. The facility remains closed at this time.
 - L. **Nabe, 4545 Spring Mountain Rd.:** On April 28, the facility was closed for an IHH, pest infestation. The inspector documented 17 demerits. The facility was reinspected and reopened with three demerits on May 1.
 - M. **Kona Ice of North Las Vegas West 2, 2121 E. Sahara Ave.:** On April 29, the unit was closed for an IHH, no potable water or hot water. The inspector documented eight demerits. The unit was reinspected and reopened with zero demerits on May 1.
 - N. **Smoking Pig BBQ, 4379 N. Las Vegas Blvd.:** On April 29, the facility was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 36 demerits. The facility remains closed at this time.
 - O. **McCarran ICandy D5, 5757 Wayne Newton Blvd.:** On April 30, the facility was closed for an IHH, no hot water. The inspector documented eight demerits. The facility was reinspected and reopened with zero demerits on May 1.
 - P. Staff closed 31 unpermitted food vending complaint investigations.
2. **Food Safety Assessment Meetings (FSAMs):**
FSAMs were held with the following facilities: Soulful Eatery, 2100 N. Boulder Hwy.; and Express Care Catering #2 - Taco Bueno Catering, 439 Rock Quarry Way.
3. **Supervisory/Managerial Conferences:**
- A. A conference was held with the following facility: Nigerian Cuisine, 5006 S. Maryland Pkwy.

ENVIRONMENTAL HEALTH Outbreak Response – Fiscal Year Data

Outbreak Response	April 2024	April 2025		FY 23-24	FY 24-25	
Legionella Travel Associated Investigations	5	1	↓	18	14	↓
Legionella Residential Investigations	1	2	↑	8	13	↑

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. **Atomic Golf, 1850 S. Main St.:** On April 1, staff responded to multiple reports of illness. Staff observed multiple risk factors that could lead to foodborne illness including improper handwashing practices, cross-contamination, reheating of foods, and monitoring of foods left outside of temperature control. The investigation resulted in a B downgrade. The facility was reinspected and passed with an A grade.
- B. **Mi Casa, 3333 Blue Diamond Rd.:** On April 1, staff responded to a confirmed case of campylobacter. Staff did not observe any risk factors that could lead to illness. The inspection resulted in an A grade.
- C. **Farmer Boys, 4450 N. Lamb Blvd.:** On April 2, staff responded to a confirmed case of salmonella. Staff did not observe any risk factors that could lead to illness. The inspection resulted in an A grade.
- D. **Sushi Neko, 5115 Spring Mountain Rd.:** On April 7, staff responded to a confirmed case of Yersinia and Rotavirus. Staff did not observe any risk factors that could lead to illness. The inspection resulted in an A grade.
- E. **McDonald's, 3175 N. Rancho Dr.:** On April 9, staff responded to a confirmed case of shigella. Staff did not observe any risk factors that could lead to illness. The inspection resulted in an A grade.
- F. **Pizza Hut, 8140 S. Eastern Ave.:** On April 14, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness including improper washing and sanitizing of food contact surfaces. The inspection resulted in an A grade.
- G. **Wynn Buffet, 3131 S. Las Vegas Blvd.:** On April 15, staff responded to multiple reports of illness. Staff did not observe any risk factors that could lead to illness. The inspection resulted in an A grade.
- H. **Black Bear Diner, 2751 N. Green Valley Pkwy.:** On April 18, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness including improper handwashing practices, improper temperatures for stored foods, refrigeration equipment in disrepair, and unsanitary food contact surfaces. The inspection resulted in a B downgrade. The facility was reinspected and passed with an A grade.
- I. **Buffet at Asia, 2380 S. Rainbow Blvd.:** On April 22, staff responded to multiple cases of illness. Staff observed multiple risk factors that could lead to illness including

food held at improper temperatures 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.

- J. Chipotle, 9240 W. Sahara Ave.:** On April 24, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness including improper handwashing practices, foods held at improper temperatures, and inadequate cleaning and sanitizing of food contact surfaces. The inspection resulted in an A grade.
 - K. Top Sushi and Oyster, 9830 S. Las Vegas Blvd.:** On April 24, staff responded to multiple reports of illness. Staff observed multiple risk factors that could lead to illness including improper thawing of frozen foods, unsanitary food contact surfaces, and improper storage of foods. The inspection resulted in an A grade. Stool testing conducted later revealed a positive Norovirus result.
 - L. Capriotti's, 5020 Blue Diamond Rd.:** On April 29, staff responded to a confirmed case of salmonella. Staff observed risk factors that could lead to illness including improper handwashing practices. The inspection resulted in an A grade.
 - M. Oyshi Sushi, 7293 W. Sahara Ave.:** On April 29, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness including improper handwashing practices, unavailable handwashing supplies, foods at improper temperatures, cross-contamination between raw and ready-to-eat foods, improper storage and labeling of foods, and improper cleaning and sanitizing of food contact surfaces. The inspection resulted in a C downgrade. A reinspection is still pending.
 - N. Tuscany Banquet Kitchen, 255 E. Flamingo Rd.:** On April 30, staff responded to multiple reports of illness. The illnesses were associated with the NevAEYC event hosted at the Tuscany Banquet Event Center. Staff did not observe any risk factors that could lead to illness. The inspection resulted in an A grade.
- 6. Ongoing Investigations:**
- A.** On April 17, SNHD was notified by Nevada Department of Health and Human Services representatives of two Salmonella Enteritidis outbreak investigations. Both clusters have a signal for shell eggs and similar case distribution patterns. One cluster includes 31 cases from four states: CA (25), KY (1), NV (1), and WA (4). The other cluster includes 18 cases from four states: CA (14), MN (1), NV (2), and WA (1). Local salmonellosis cases matched these multi-state outbreak strains, one of which consumed eggs at a local restaurant. On April 18, at the request of the state, staff conducted a traceback investigation on shell eggs for Chubby Cattle located at 4525 Spring Mountain Rd. Information on the source of shell eggs was provided to the Nevada Department of Health and Human Services. SNHD continues to provide information as requested.
 - B.** On April 30, SNHD initiated collecting source information on oysters associated with foodborne illnesses in April. Several illnesses have been reported after consuming raw oysters in multiple restaurants. The same oysters from the same harvest area and harvest date were used in both restaurants. SNHD is working with the state and Food and Drug Administration (FDA) on this investigation.

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	April 2024	April 2025		FY 23-24	FY 24-25	
Notices of Violations (New & Remails)	0	0	→	52	41	↓
Adjudicated Hearing Cases	9	0	↓	52	30	↓
Total Cases Received	72	79	↑	792	798	↑
Total Cases Referred to Other Agencies	27	14	↓	223	140	↓
Hearing Penalties Assessed	\$9,750	\$0	↓	\$113,000	\$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	April 2024	April 2025		FY 23-24	FY 24-25	
Inspections	381	365	↓	2,771	2,639	↓

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

Underground Storage Tanks	April 2024	April 2025		FY 23-24	FY 24-25	
Compliance Inspections	77	83	↑	576	708	↑
Final Installation/Upgrade/Repair Inspections	1	5	↑	33	30	↓
Closure Inspections	0	0	→	10	8	↓
Spill Report Investigations	3	1	↓	14	18	↑

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

Permitted Disposal Facilities	April 2024	April 2025		FY 23-24	FY 24-25	
Inspections	22	24	↑	196	206	↑
Reinspections	3	1	↓	20	7	↓

III. VECTOR SURVEILLANCE

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

Vector Surveillance and Other EH Services	April 2024	April 2025		FY 23-24	FY 24-25	
West Nile Virus Surveillance Traps Set	490	483	↓	2,228	2,505	↑
West Nile Virus Surveillance Mosquitoes Tested	484	218	↓	3,289	1,904	↓
West Nile Virus Surveillance Submission Pools Tested	3753	2,113	↓	60,975	22,825	↓
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	32	10	↓	728	157	↓
Public Accommodations Inspections	28	35	↑	444	255	↓
Public Accommodations Complaints	19	13	↓	253	168	↓
Mobile Home/Recreational Vehicle Park Inspections	6	5	↓	215	184	↓
Mobile Home/Recreational Vehicle Park Complaints	4	1	↓	20	18	↓

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** – Capriati Construction Corp., Inc. (Recycling); and Kismet Enterprises dba Filta Environmental (Waste Grease)
- B. **Landfills** – Apex Regional Landfill; Boulder City Landfill; Laughlin Landfill; Nellis Air Force Base (Post Closure Monitoring); Timet; Sunrise Mountain (Post Closure Monitoring); and Wells Cargo
- C. **Facility Applications Being Processed** – Recycling Centers (3); and Waste Grease (1)
- D. **Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in May:**
None

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	April 2024	April 2025		FY 23-24	FY 24-25	
Asbestos Permits Issued	73	67	↓	813	684	↓
Revised Asbestos Permits Issued	8	11	↑	69	78	↑

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	April 2024	April 2025		FY 23-24	FY 24-25	
Tentative Maps-Received	3	20	↑	102	147	↑
Tentative Maps-Lot Count	195	1,406	↑	4,415	10,219	↑
Final Maps-Received	9	21	↑	189	182	↓
Final Maps-Lot Count	190	1,135	↑	6,987	7,337	↑
Final Maps-Signed	18	17	↓	205	164	↓
Final Maps (Signed)-Lot Count	704	778	↑	9,037	7,519	↓
Improvement Plans-Received	8	19	↑	173	168	↓
Improvement Plans-Lot Count	290	975	↑	6,287	6,999	↑
Expedited Improvement Plans-Received	0	1	↑	0	1	↑
Expedited Improvement Plans-Lot Count	0	224	↑	0	224	↑

ENVIRONMENTAL HEALTH Individual Sewage Disposal System (ISDS) Program – Fiscal Year Data

Individual Sewage Disposal Systems	April 2024	April 2025		FY 23-24	FY 24-25	
Residential ISDS Permits	3	10	↑	57	50	↓
Commercial ISDS Permits	2	0	↓	3	3	→
Commercial Holding Tank Permits	0	3	↑	24	24	→
Residential Tenant Improvements	27	24	↓	219	180	↓
Residential Certifications	0	0	→	3	0	↓
Compliance Issues	4	8	↑	75	74	↓

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	April 2024	April 2025		FY 23-24	FY 24-25	
Public Water System Sanitary Surveys	1	0	↓	48	52	↑
Public Water System Violations Issued	9	6	↓	134	135	↑

2. Safe Drinking Water Activity:

- A. Four *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.
 - **Trout Canyon Land and Water Users Assoc.:** One routine sample was coliform positive. The repeat samples were coliform absent.
 - **City of Henderson:** One routine sample was coliform positive. The repeat samples were coliform absent.
 - **Lhoist North America:** One routine sample was coliform positive. The repeat samples were coliform absent.
- 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	April 2024	April 2025		FY 23-24	FY 24-25	
School Facility Kitchen Inspections	109	112	↑	821	826	↑
School Facility Kitchen Complaints	0	2	↑	7	5	↓
School Facility Inspections	124	124	→	975	962	↓
School Facility Complaints	2	4	↑	34	38	↑
Summer Food Service Surveys	0	0	→	12	39	↑
Child Care Facility Inspections	27	34	↑	261	297	↑
Child Care Facility Complaints	3	0	↓	26	19	↓
Body Art Facility Inspections	12	19	↑	429	468	↑
Body Art Facility Complaints	7	5	↓	44	49	↑
Body Art Artist Special Event Inspections	7	32	↑	44	311	↑
Total Program Services Completed	291	332	↑	2,653	3,014	↑

1. Schools:

- A. **Legacy Charter School, 5024 Valley Dr.:** Staff investigated a complaint alleging that the kitchen manager was negligent and served a student a known allergen. The student was reportedly served a meal other than their specific allergen-free meal. The school nutritionist creates allergy-free menus for students requiring them. Kitchen staff serve allergen-free meals upon request from the students. The students are educated on how to request their allergen-free lunch. The investigation also found that while the affected student did eat a school provided lunch containing their allergens, the student did not follow the school policy to request their allergen-free lunch. The complaint was unsubstantiated.
- B. **Somerset Academy-Losee Campus, 4650 Losee Rd.:** Staff investigated a complaint alleging that school staff were selling fast food to students. The school sells food from permitted restaurants for fundraising purposes. Some of the food being sold was not in single service packaging as required by SNHD policy. School staff were provided with a copy of the SNHD Food Service Policy for Schools. The policy requires that food delivered from permitted restaurants be packaged for

individual service, then either sold or discarded within four hours after the food is removed from temperature control. The complaint was substantiated.

- C. Carroll Johnston Middle School, 5855 Lawrence St.:** Staff investigated a complaint alleging that school staff were selling hot dogs and chili to students during lunch. The school sold hot dogs and chili prepared by school staff at one time as a fundraiser for student enrichment programs. School staff reported that the food was prepared and distributed within a four-hour window. SNHD staff provided a copy of the SNHD Food Service Policy for Schools. The policy states that a health permit is not required for food that is sold on an occasional basis for fundraising purposes. The complaint was unsubstantiated.
- D. Green Valley Christian School Kitchen, 711 Valle Verde Ct.:** During a routine inspection of the kitchen, staff found no hot water at one of two hand sinks. The maximum temperature of the water was 98°F. The SNHD 2023 Food Regulations require hot water to be maintained at a minimum of 100°F at hand sinks. The facility was given a deadline to correct the violation. At the reinspection, staff confirmed that an adequate supply of hot water was available at both hand sinks.
- E. St Jude's Ranch, 100 Saint Jude's St.:** During a routine inspection, staff found that a playground had been installed without submission of plans. The playground had inadequate use zones for play equipment. Inadequate use zones can create collision hazards which can result in injury. The playground was closed pending remodel or removal of the impacted equipment.
- F. Foothills Montessori School, 1401 Amador Ln.:** During a routine inspection, staff found that pizza was delivered for lunch every Monday and plated by school staff for each student. This practice is not in compliance with the SNHD Food Service Policy for Schools, which requires that food delivered from permitted restaurants be packaged for single service. School Administration was issued a Cease-and-Desist Order, and the policy was provided.
- G. Lake Mead Christian Academy, 540 E. Lake Mead Pkwy.:** During a routine inspection, staff found that a bridge had been removed from the play structure due to disrepair. The remaining gap in the play structure had not been adequately blocked to prevent access. School Administration was instructed to provide a solid barrier to prevent access to the area until the bridge was replaced. School staff secured a barrier to both sides of the gap, which will remain in place until the replacement bridge has been installed.
- H. Eldorado High School, 1139 Linn Ln.:** Staff investigated a complaint alleging that the concession stands were not in compliance with the SNHD Food Service Policy for Schools. The investigation revealed that some concession stands had food leftovers from fundraising events and were not adequately cleaned after the event. School Administration reported that the concession stands are used only to sell packaged food that does not require refrigeration, and menus observed in the stands verified this. School Administration will instruct fundraiser sponsors to remove all leftover food and clean the stand after use. National Youth Sports (NYS) rents the school facilities including the concession stands for weekend events. NYS stores food and operates food sales out of the concession stand that include hot dogs, hamburger patties, buns, cheese, and condiments. SNHD staff will contact NYS representatives to discuss the details of their food service and storage to ensure compliance. The complaint was substantiated.
- I. Marshall Darnell Elementary School, 9840 W. Tropical Pkwy.:** Staff responded to an epidemiological investigation request regarding students suffering from gastrointestinal illnesses. The investigation found that an outside unpermitted food vendor served students prior to the onset of illnesses. The information on the

unpermitted vendor was forwarded to the Specialized Foods Office for their investigation and action. SNHD staff confirmed that custodial staff performed thorough cleaning and disinfecting of the affected classrooms, including the use of the ultraviolet disinfectant machine.

2. Child Care:

A. Little Genius Learning Academy, 5355 W. Oakey Blvd.: A routine inspection resulted in a noncompliant rating due to multiple violations. Violations included physical hazards accessible to children, the kitchen refrigerator operating at an unsafe temperature, household use only pesticides stored at the facility, and inadequate playground protective surfacing. A reinspection is still pending.

3. Body Art:

A. Crown Electric Tattoo Company Piercing, 4632 S. Maryland Pkwy.: Staff responded to a complaint alleging that plated jewelry was being used for initial piercings. SNHD Regulations prohibit the use of plated gold jewelry for initial piercings due to the potential for allergic reactions. Staff did not find any evidence of plated jewelry on the premises. The owner and piercer reported that plated jewelry is not used in the shop, and there was no evidence of purchases for plated jewelry in purchase receipts. The complaint was unsubstantiated.

VI. PLAN REVIEW PROGRAM

**ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year
Data**

Food Pre-Permitting Services	April 2024	April 2025		FY 23-24	FY 24-25	
Food Safety Assessment Meetings	0	0	→	2	2	→
Total Pre-Permitting Services	1,296	1,265	↓	13,700	12,427	↓
New Project Submissions	228	241	↑	2,726	2,510	↓
Completed Projects	223	391	↑	3,161	2,525	↓
Total Service Requests Currently in Pre-Permitting	1,293	1,348	↑			

1. Enforcement Actions and Investigations:

A. Las Vegas Grocery Outlet, 9230 S. Eastern Ave.: During a final permitting inspection, staff observed a display cooler operating at an unsafe temperature. SNHD Regulations require cold-holding units to maintain 41°F or below. An onsite refrigeration technician evaluated the unit and confirmed that it was in a scheduled defrost cycle. The display cooler was subsequently verified to be operating safely, and the permit was approved.

B. Hard Rock Las Vegas Hotel and Casino - Guitar Tower, 3400 S. Las Vegas Blvd.: Plans were submitted for food establishment permits within the new Guitar Tower. The tower will be 660 feet tall and there will be 36 occupiable levels. In addition to food establishment permits, public accommodation engineering plans must also be submitted, reviewed, and approved by SNHD staff. Public accommodation plans have not yet been submitted but the food plans were shared with SNHD engineering staff. The anticipated completion date is the Spring of 2027.

C. Allegiant Stadium, 3333 Al Davis Way: A change-of-permit holder (CPH) application was submitted for approximately 250 food establishment permits since the stadium is changing concessionaires. Each inspection consisted of the

evaluation of equipment design and construction and an operations inspection to assess food handling and food safety knowledge. Some of the portable permits were not accessible due to preparations for a major event, Wrestle Mania. The remaining permits will be inspected in between events hosted at the stadium.

- D. Wicked Donuts, 9490 W. Lake Mead Blvd.:** Staff evaluated the replacement of existing equipment with newer models. The new equipment was considered a “like-for-like” change, so a remodel was not required. A “like-for-like” equipment change is the replacement of equipment with equipment similar in design, function, use, and maintenance. The owner submitted a like-for-like equipment replacement request form so SNHD staff will have updated information about the facility.
- E. Dong Ting Chun, 4850 W. Flamingo Rd.:** During a CPH inspection, staff found that several violations had been written for repairs since 2017 but had not been corrected. The wall behind the water heater was in severe disrepair with the materials coming off the wall and creating a space for pests to hide. Tile underneath the cookline was wet and soggy due to the accumulation of water and improper slope. SNHD Regulations require floor and wall materials to be nonabsorbent, smooth, easily cleanable, and maintained in good repair. A compliance schedule was written, allowing 90 days for major maintenance work to be done and the permit was approved.
- F. Sombreros, 31900 S. Las Vegas Blvd.:** A CPH inspection resulted in failure due to an IHH, clogged/non-draining floor sinks. Inadequate drainage can result in accumulation of sewage on the floor and lead to cross-contamination and pest harborage conditions. A reinspection is still pending.
- G. Clouffee and Tea, 6587 S. Las Vegas Blvd.:** Staff conducted a pre-permitting inspection and found unapproved equipment in use. This facility utilizes a robot to assemble beverages, but it was not sanitation certified. Sanitation certification ensures that equipment is durable, designed to prevent contamination, and easily cleanable. The applicant is in the process of replacing the equipment. A final remodel inspection is still pending.
- H. Mission BBQ Henderson, 375 N. Stephanie St.:** During a pre-permitting inspection, staff observed that a hand sink on the northeast end of the cookline had not been installed per the approved plans. SNHD Regulations require hand sinks to be easily accessible to ensure proper handwashing. The operator plans to install the hand sink prior to scheduling a final permitting inspection.
- I. Whole Foods, 2475 S. Town Center Dr.:** During a final permitting inspection, staff observed multiple non-operational cold-holding units. SNHD Regulations require refrigerated units to maintain foods at 41°F or below. Onsite refrigeration technicians were able to quickly adjust the operating temperatures of the noncompliant units, and the permit was approved.
- J. Zaytinya, 3570 S. Las Vegas Blvd.:** During a final permitting inspection of the bar, staff observed an incorrectly installed combination hand and dump sink. Per the specification sheet for the equipment, the hand sink was designed to drain into the dump sink, limiting the use of that sink for dumping only. The contractor modified the drain line so it would operate properly, and the permit was approved.
- K. Boys and Girls Clubs of Southern Nevada Childcare, 401 Drake St.:** During a final permitting inspection, staff found that the hand sinks were not fully stocked with soap, paper towels, and a lined trashcan; the employee restroom handwashing sink lacked adequate hot water; the ceiling and walls had penetrations; and there were several water damaged ceiling tiles inside the restroom. SNHD Regulations require hand sinks to be fully stocked and provide hot water at the proper temperature, and

that floor, walls, and ceilings be in good repair. The permit was approved with stipulations.

VII. AQUATIC HEALTH PROGRAM

ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

Aquatic Health Operations	April 2024	April 2025		FY 23-24	FY 24-25	
Total Operation Inspections	1,099	740	↓	7,795	6,579	↓
Complaint Investigations	26	31	↑	244	235	↓
Inactive Body of Water Surveys	15	8	↓	82	74	↓
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	1	5	↑	19	39	↑
Total Program Services Completed	1,141	739	↓	8,140	6,927	↓

1. Aquatic Health Operations

- A. The You Apartments, 4700 Maryland Pkwy.:** Routine inspections conducted at the pool and spa resulted in IHH closures due to multiple violations. Both the pool and spa had no detectable chlorine, high pH, and broken drain covers. Water that is not properly disinfected exposes bathers to unknown pathogens that can make them sick. High pH reduces the effectiveness of the disinfectant and can cause skin irritation. A broken drain cover poses entrapment and/or entanglement risks, which could result in drowning. A reinspection is still pending.
- B. Fitness Factory, 4480 E. Charleston Blvd.:** A routine inspection conducted at the spa resulted in an IHH closure due to multiple violations. The access door did not self-close, no rescue safety equipment was present, and the spa had high chlorine, high cyanuric acid, and an incorrectly installed disinfectant feeder. An improperly working access door can allow unattended access to the enclosure and poses an increased drowning risk for children. Failure to provide rescue equipment presents an increased drowning risk to bathers. A reinspection is still pending.
- C. Aqua-Tots, 617 Mall Ring Cir.:** A routine inspection at the pool resulted in an IHH closure due to multiple violations. The facility did not have a qualified operator, the pool had low chlorine, the water was highly turbid, and the main drain was not visible. Cloudy water can make it difficult to see a bather in need of rescue. The facility contracted with a qualified operator to service the pool. After corrective actions, the pool was reinspected and approved to reopen.
- D. Silverstone Ranch Townhomes, 8721 Deering Bay Dr.:** A routine inspection at the pool resulted in an IHH closure due to the ground fault circuit interrupter (GFCI) protection for the underwater lights being non-functional. A non-functional GFCI is an electrocution risk to bathers. Following replacement of the GFCI, the pool was reinspected and approved to reopen.
- E. Tropicana Palms Mobile Home Park (MHP), 6420 E. Tropicana Ave.:** A complaint investigation conducted at the spa resulted in an IHH closure due to multiple violations. The spa had high chlorine and high cyanuric acid. High chlorine can cause skin, eye, and lung irritation. High cyanuric acid levels inhibit the action of chlorine. After the chlorine and cyanuric acid levels were adjusted, the spa was reinspected the same day and approved to reopen.

- F. Viviani Apartments, 9625 W. Russell Rd.:** A routine inspection conducted at the spa resulted in an IHH closure due to a broken drain cover. The drain cover was replaced the same day, and the spa was reinspected and approved to reopen.
- G. Linq Hotel, 3535 S. Las Vegas Blvd.:** A routine inspection conducted at the Kool Pool resulted in an IHH closure due to multiple broken drain covers. A reinspection is still pending.
- H. Jardin Gardens Apartments, 125 E. Regena Ave.:** A routine inspection conducted at the spa resulted in an IHH closure due to multiple violations. The spa had low chlorine, high pH, and a broken drain cover. After corrective actions, the spa was reinspected and approved to reopen the same day.
- I. Portofino Senior Apartments, 1001 Las Palmas Entrada Ave.:** A routine inspection conducted at the spa resulted in an IHH closure due to a broken drain cover. A reinspection is still pending.
- J. Juhl, 353 E. Bonneville Ave.:** A routine inspection conducted at the spa resulted in an IHH closure due to high chlorine. The chlorine level was adjusted, and the spa was reinspected and approved to reopen the same day.
- K. HGV at LV Strip, 2650 S. Las Vegas Blvd.:** A routine inspection conducted at Spa 3 resulted in an IHH closure due to low chlorine. The chlorine level was adjusted, and the spa was reinspected and approved to reopen the same day.

ENVIRONMENTAL HEALTH Aquatic Health Plan Review Program - Fiscal Year Data

Aquatic Health Plan Review	April 2024	April 2025		FY 23-24	FY 24-25	
Total Pre-Permitting Services	620	628	↑	4,174	4,035	↓
New Project Submissions	151	121	↓	915	1,067	↑
Completed Projects	98	159	↑	845	769	↓
Total Projects Currently in Plan Review	593	636	↑			

2. Aquatic Health Plan Review:

- A. Calm at Eastern Apartments, 4330 Channel 10 Dr.:** Final permitting inspections were not approved for the new pool and spa. The aquatic facility enclosure was not compliant because the gate latching hardware was not functioning. Violations were also recorded for inoperable drinking fountains, noncompliant signage, and the absence of an emergency communication device. A reinspection is still pending.
- B. Club de Soleil Club 2, 5625 W. Tropicana Ave.:** A plumbing line inspection for a spa was not approved. The plumbing lines were too large and incompatible with the chosen drain covers which could result in suction and entrapment risks. Facility management is working with the contractor to pick new drain covers or modify the plumbing. A reinspection is still pending.
- C. YMCA Centennial, 6601 N. Buffalo Dr.:** Staff met with contractors to discuss an interior pool remodel and suction outlet fitting assembly (SOFA) options. The originally approved SOFA was not rated high enough for the potential maximum system flow, which could result in suction and entrapment risks. After the site meeting, the contractor submitted a revised remodel application to include SOFAs that exceeded system flow requirements.
- D. Desert Winds Townhomes, 101 Desert Winds Way:** A plumbing inspection was conducted on the pool, and staff observed that the main filtration pipe size was larger

than the size listed on the application. The proposed SOFAs did not have a certified flow rating for this pipe size and new SOFAs were required. A final inspection is still pending.

- E. Watermark Gateway Apartments, 3130 Boulder Hwy.:** A pre-plaster inspection was not approved due to missing gates for the aquatic venue enclosure. A reinspection is still pending.
- F. Copper Sands, 8101 W. Flamingo Rd.:** At a scheduled enclosure remodel inspection, staff found that the existing, shorter fencing was not yet removed. This could be a hazard because the shorter fence creates hand and foot holds for the adjacent taller fence. Climbable enclosures can result in uncontrolled access to the pool. The contractor was able to remove the shorter fencing at the time of the inspection and the remodel was approved.

VIII. TRAINING OFFICE

1. Training Office staff provided onsite intervention training to: Tambayan BBQ, 1717 S. Decatur Blvd.

IX. REGULATORY SUPPORT

1. Regulatory Support Office (RSO) staff participated in or performed the following activities and participated in the following external meetings: attended Utah Food Safety Task Force Conference; Conference for Food Protection Leadership transition meeting; Regulatory and Laboratory Training System Steering Committee meetings; National Environmental Health Association Food Safety Program Committee monthly meeting; National Curriculum Standards Basic Core Competency Review; 2025 Retail Flexible Funding Model Retail Food Mentorship Program kickoff meeting; meeting with the City of Philadelphia Health Department and Mayor's office staff regarding SNHD's training on cultural competency for inspectors; Western States Program Standards Network meeting; and meeting with US Foods' new Business Manager to connect and share best practices.
2. RSO staff reviewed and renewed two training plans for Food Handler Card Training and Testing in Lieu of an SNHD administered Food Safety Test.
3. Special Processes and Label Review staff met with various operators in-person and in a virtual setting, via phone calls and virtual platform meetings, regarding submission of labels for review, waivers, operational plans, and Hazard and Critical Control Point (HACCP) plans.
4. Special Processes staff prepared for and conducted a HACCP meeting of Noncompliance with Terra Incognita on April 7.
5. Special Processes staff welcomed Veena Ramakrishnan to the team on April 28.
6. Special Processes staff received two new submissions and released six special process files. There are currently 25 files in review.
7. Label Review staff received 19 new submissions and released 24 label files consisting of 330 labels. There are currently 26 active files in review.
8. Cottage Food Operations staff completed 29 new and updated registrations and 73 new inquiries, frequently with multiple follow-up inquiries per individual.

Memorandum



Date: May 22, 2025

To: Southern Nevada District Board of Health

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

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

I. Immunization Program

A. Immunization Program Activities

1. The public health centers continue to administer the trivalent Flu 2024-2025 formulation for the season which ends at the end of June 2025. A total 616 flu vaccines were administered between all four Immunization Public Health Centers.
2. For the month of April, there were 2,593 clients seen with 7912 vaccines administered in all four Immunization PHCs.
3. There were 289 immunization records reviewed.
4. The collaboration with the American Cancer Association and the HPV Learning Collaborative has ended. SNHD is continuing to finalize data for the American Cancer Association.
5. National Infant Immunization Week was April 21-28, 2025, and the Immunization Team 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. In collaboration with the SNHD Maternal Child Health Program, a Mama Bear and Papa Bear Clinic was conducted on April 23, 2025. A total 28 clients between the ages of 0-3 were vaccinated in the 4 public health centers.
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 April -12 clinics, 668 vaccines were administered to 269 clients. The clinics were held at CCSD Family Support Center and in partnership with Help of Southern Nevada, Nevada Homeless Alliance, Anthem Community and Wellness, and REACH.
2. With the addition of 2 State subgrants- School Located Vaccinations and Immunization Education, staff conduct clinics to increase immunization compliance and educate the community on vaccines. SNHD resources, referrals, and CDC vaccine information are provided during outreach events.

II. Community Health Nursing

A. Nursing Education

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

B. Maternal Child Health

The Maternal Child Health (MCH) Nurse had 1 new lead referral and managed 7 active cases in April. There were no new newborn screenings in April. The MCH nurse assisted with the planning and coordination of the Mama and Papa Bear Clinic held on April 23rd during National Infant Immunization Week. She continues to complete joint home visits with the Healthy Start Team. She helped the immunizations project team by managing their table at SNHD's April Employee Skills Fair.

C. Nurse Family Partnership (NFP)

The Southern Nevada Health District-Nurse-Family Partnership (NFP) has 160 active families. Sixty-eight are currently participating in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Twenty-eight families are participating through the Temporary Assistance for Needy Families

(TANF) funding. Both grants are from the Nevada Division of Public and Behavioral Health. Nurse Home Visitors (NHV) from Team 1 and 2 enrolled 9 first-time pregnant women referred by WIC, Pregnancy testing site, family, and friends of former NFP clients, and other community partners. The Nurse Home Visitors tabled at the Mama and Papa Bear clinic and provided valuable education to participants who attended the event.

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). There were 70 active families served in April 2025.

The Healthy Start Program hosted a Mama and Papa Bear Clinic at SNHD on 04/23/2025 in collaboration with Molina Medicaid and the Children's Cabinet. At the event, members of the community had access to a diaper bank donated by Molina Medicaid, free books donated by CCSD, educational stations relating to newborn health and safety, toddler nutrition, free immunization checks, and the ability to learn about various clinics and services within SNHD. Over 170 adults attended the event. The program continues to work with community partners to plan two additional upcoming events in May.

In April, in-person program outreach was conducted at the Cambridge Community Center (which included Nevada Health Centers WIC, Family 2 Family Connection, and the Recreation Center), Sunrise Children's Foundation, Serenity Birth Center, YMCA (Meadows location), Nevada Health Centers (Decatur location), Health Fair at West Las Vegas Library, Dolores Huerta Resource Center, UNLV RebelWELL Health Fair, SNHD Bonanza Location, Head Start Bonanza, Neighborhood Recreation Center, Rissas Dental and Braces, West Lake Mead Library, Doolittle Community Center, First Choice Pregnancy Services, Sunrise Children's Foundation WIC, YMCA (Skyview location), Project 150, Lighthouse Charities, Street Heat Ministries, Leid Memorial Boys and Girls Club, La Petite Academy, Rainbow Library, Just One Project, Women's Health Associates of Southern Nevada (WHASN) Sunrise, Las Vegas Reach Community Help Center, Family Promise of Las Vegas, Nevada Health Centers WIC (Boulder Highway), Walnut Community Center, Acelero Learning, Robert E. Price Recreation Center, Sunrise Library, and Hollywood Recreation Center. All Community Health Workers (CHWs) continue to complete outreach at 9 different DWSS locations.

E. Embracing Fatherhood

Embracing Fatherhood of Southern Nevada (EFSN) has 2 active fathers enrolled in the program. Outreach to promote the program was completed by the Community Health Worker (CHW) twice per week in April. The CHW attended the grand opening of Dolores Huerta Resource Center on April 22nd to promote the program and develop community partner relationships with Help of Southern Nevada, Radio Station Campesina, and Dolores Huerta Community Resource Center in the month of April.

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 333 screening encounters for the month of April. This included 52 clients who were tested at Homeless Outreach events, and 23 at Fremont Friday clinics. The SHOPP team has expanded to doing once weekly testing at the UNLV student center, testing 31 clients in April. The SHOPP team has also expanded testing to include the Mesquite and Henderson SNHD locations. Mesquite will conduct ET clinics on the 2nd and 4th Monday of each month and the Henderson location will have weekly testing every Tuesday. Testing for these locations began April 14th and 15th.
- 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 60 active clients and completed 5 educational community events.

- C. Members of the SHOPP team attended an educational class on PrEP and Substance use. In April the SHOPP team had educational booths providing education on the SHOPP services at The Rebel Wellness Fair, CAPS Mental Health Summit, HELP of Southern Nevada Education Event and Urban Village Resource Fair.
- D. SHOPP houses a Neurosyphilis Emergent Onsite Navigation (NEON) program which aims to provide critical linkage services to patients suspected of neurosyphilis. Eight NEON referrals were received, and 7 clients were navigated. The SHOPP nurses, in coordination with the Sexual Health Clinic and the University Medical Center's Wellness Center staff navigated 5 patients to UMC ER for the appropriate medical evaluation, diagnostic tests, and treatment. Two clients were able to be navigated without needing to go to UMC ER. One client declined services, SHOPP nurses educated the client and gave their business cards should the client want future navigation.
- E. SHOPP employs the Home Administered Treatment for Sexually Transmitted Infections (HATS) intervention, an innovative public health solution aimed at increasing access to care. 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 intervention, SHOPP and the SNHD DIIS team partner to get those facing barriers treated for STIs in their home or on the streets. In the month of April, the team was able to start treatment, as well as do follow up treatments on 24 patients for STI's in the field.
- F. The SHOPP *Rapid PREVENT* program has recently started its implementation phase and enrolled one additional client this month, with a total of five active clients. The three CHW's for this initiative work collaboratively with Express Testing to assess and provide linkage to care services. In April the SHOPP team participated in The Soulful Wellness event where the SHOPP Express Testers and Rapid PREVENT CHWs provided testing and linkage. At this event the team was able to test 19 individuals for HIV, as well as enroll 1 new client for the Rapid PREVENT program.
- G. SHOPP's Pathways to Better Health (PBH) 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 April, the CHWs were able to enroll two new clients in the program, with a total of five active clients.

IV. Tuberculosis (TB) Clinic

TB clinic has nine (9) new adult TB active cases and zero (0) pediatric cases that were reported for the month of April 2025.

V. Employee Health Nursing – April 2025

- A. There was one (1) SNHD employee who was tested for COVID-19. Zero (0) PCR tests conducted. One (1) test from outside entities. One (1) employee tested positive for COVID.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continues, and annual catch-up TB testing is ongoing. Twenty-two (22) Tuberculosis tests were completed.
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continue. Three (3) 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

1. April 1 – April 30, 2025

2. Employees Total: 2 employees

a) 0 COVID-19 Updated booster.

b) 0 Influenza Vaccine

c) 0 Monkeypox Vaccine

d) 2 other vaccines

3. Total vaccines given: 2

G. New Hire/ Onboarding: Three (3) new hires were onboarded.

H. Employee Health Nurse Accomplishments

1. Skills Fair Held – 15 employees attended

2. Instructed CPR class.

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

PUBLIC HEALTH AND PREVENTIVE CARE

MONTHLY REPORT

April 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	1,309	753	231	31	0	0	10	7	252	2,593
Immunization Records Issued	182	89	15	3						289
Newborn Metabolic Screening	0	1	0	0						1
SHOPP	278		3	0			52			333
TB Treatment & Control	1,630									1,630
TOTAL	3,399	843	249	34	0	0	62	7	252	4,846

Client Encounters by Program

Program	April 2024	April 2025		FY 23-24	FY 24-25	
Immunizations**	1,832	2,593	↑	30,553	28,743	↓
Immunizations Records Issued	272	289	↑	2,915	3,512	↑
COVID-19 Vaccine Given*	297	288	↓	4,722	4,001	↓
Newborn Met. Screening	0	1	↑	0	3	↑
SHOPP	217	333	↑	1,985	2,549	↑
TB Treatment & Control	1,575	1,630	↑	14,467	14,993	↑
SAPTA Services	25	^^	↑	258	^^	↑
TOTAL	4,218	5,134	↑	54,900	53,801	↓

^^ SAPTA grant ended 09/30/2024

Total Client Immunizations Administered by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	Mobile Clinic	Homeless Outreach	Targeted Populations	*Other BTS Clinic	TOTAL
Total Immunizations Administered ***	4,074	2381	584	60	0	0	25	30	758	7,912

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

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

*** New category added 07/01/2024

Total Client Immunizations Administered by Locations

Program	April 2024	April 2025		FY 23-24	FY 24-25	
Total Immunizations Administered ***	6,556	7,912	↑	74,486	71,770	↓

Immunization Program

Immunizations	April 2024	April 2025		FY 23-24	FY 24-25	
Flu Vaccine Given	536	616	↑	6,463	9,109	↑
Gratis	82	0	↓	1,346	908	↓
COVID Vaccine*	308	288	↓	3,758	4,001	↑

*Given by Immunization Clinics

	April 2024	April 2025		FY 23-24	FY 24-25	
Vaccines for Children (VFC)						
Number of VFC Compliance Visits	11	2	↓	64	42	↓
Number of IQIP Visits	24	0	↓	58	33	↓
Number of Follow Up Contacts	100	90	↓	371	366	↓
Number of Annual Provider Training	20	1	↓	67	46	↓
Number of State Requested Visits	32	20	↓	357	159	↓

	April 2024	April 2025		FY 23-24	FY 24-25	
Perinatal Hepatitis B						
# of Expectant Women	32	16	↓	18	13	↓
# of Infants	73	57	↓	70	63	↓
Total # of Infants Delivered	1	3	↑	25	30	↑
New Cases	6	3	↓	47	39	↓
Closed Cases	4	3	↓	37	67	↑

Childcare Program	April 2024	April 2025		FY 23-24	FY 24-25	
Childcare Audits	3	10	↑	90	75	↓
Baseline Immunization Rate	76%	80%	↑	78%	79%	↑
# of Final Audits	3	10	↑	90	75	↓
Final Immunization Rate	93%	94%	↑	95%	94%	↓
# of Records Reviewed	226	734	↑	8034	6355	↓

Covid-19 Vaccine Campaign **

	April 2024	April 2025		FY 23-24	FY 24-25	
COVID-19 Vaccine Campaign						
# of COVID-19 Vaccines administered	297	n/a	↑	4,722	n/a	↑
# of Monkeypox Vaccine administered	15	n/a	↑	340	n/a	↑
# of Influenza Vaccine administered	128	n/a	↑	2958	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	0	n/a	↑	849	n/a	↑

••Program ended 12/31/2024

Community Health Program

Nursing Field Services	April 2024	April 2025		FY 23-24	FY 24-25	
MCH Team Home Visit Encounters	16	20	↑	108	143	↑

NFP (Team 1)	April 2024	April 2025		FY 23-24	FY 24-25	
Referrals	17	22	⬆️	140	179	⬆️
Enrolled	6	7	⬆️	77	83	⬆️
Active	116	132	⬆️			

NFP (Expansion Team)	April 2024	April 2025		FY 23-24	FY 24-25	
Referrals	12	5	↓	62	43	↓
Enrolled	7	2	↓	40	17	↓
Active	69	28	↓			

MCH	April 2024	April 2025		FY 23-24	FY 24-25	
# of Referrals Received	6	7	↑	37	45	↑
# from CPS	4	6	↑	26	35	↑
# of Lead Referrals	2	1	↓	8	8	→
# of Total Admissions	3	4	↑	19	36	↑

EHB *	April 2024	April 2025		FY 23-24	FY 24-25	
Referrals	n/a	n/a	→	15	n/a	↑
Enrolled	n/a	n/a	→	16	n/a	↑
Active	16	n/a	↑			

*Phasing to Healthy Start

Thrive by 0 – 3	April 2024	April 2025		FY 23-24	FY 24-25	
Referrals	46	29	↓	554	344	↓
One-Time Home Visits	6	2	→	85	29	↓
Enrolled	6	3	↓	24	26	↑
Active	13	22	↑			

Healthy Start**	April 2024	April 2025		FY 23-24	FY 24-25	
Referrals	12	26	↑	27	236	↑
Enrolled	10	8	↓	12	66	↑
Active	12	70	↑			

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

	April 2024	April 2025		FY 23-24	FY 24-25	
Embracing Fatherhood***						
Referrals ***	n/a	3	↓	n/a	6	↓
Enrolled ***	n/a	0	↓	n/a	2	↓
Active	n/a	2	↓			

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

Tuberculosis Program

Tuberculosis	April 2024	April 2025		FY 23-24	FY 24-25	
Number of Case Management Activities*	220	316	↑	2,113	2,655	↑
Number of Monthly Pulmonary Specialist Clinic Clients Seen	37	28	↓	284	274	↓
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	49	85	↑	362	756	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	6	7	↑	207	60	↓
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,355	1,630	↑	12,536	12,670	↑
*New EMR system- Counting only successful activities						

Sexual Health Outreach and Prevention Program (SHOPP)

SHOPP - Express Testing	April 2024	April 2025		FY 23-24	FY 24-25	
# of Screening encounters	179	333	↑	1,733	2,549	↑
# of Clients Screened	178	333	↑	1,724	2,549	↑
# of Clients with positive STI identified	10	63	↑	153	248	↑
STI Positivity Rate	^	19%	↓	^	19%	↓
SHOPP- Linkage	April 2024	April 2025		FY 23-24	FY 24-25	
# of clients referred to Linkage	26	12	↓	149	175	↑
# of clients linked to care	25	11	↓	118	170	↑
SHOPP- Congenital Syphilis Case Management Program (Nurse)	April 2024	April 2025		FY 23-24	FY 24-25	
# of Referrals (pregnant, post-partum, infants)	15	12	↓	121	79	↓
# of Clients enrolled in CM	12	8	↓	84	54	↓
# of Active pregnant/ postpartum clients	32	42	↑			
# of Infants being followed	22	18	↓			
# of Provider/ Community trainings	2	5	↑	12	29	↑
SHOPP -Services for Unhoused Patients with Resources and Engagement in care (SURE)	April 2024	April 2025		FY 23-24	FY 24-25	
# of Outreach events	n/a	9	^	n/a	56	^
SHOPP- Complex STI Navigation	April 2024	April 2025		FY 23-24	FY 24-25	
# of Clients referred	n/a	8	^^	n/a	44	^^
# of Clients navigated	n/a	7	^^	n/a	40	^^
# of Home administered treatment of STI (HATS)	n/a	24	^	n/a	49	^

*Outreach started 03/01/2024

^ No data available

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

Non- cumulative