



## MINUTES

## SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

November 20, 2025 – 11:00 a.m.

Meeting was conducted In-person and via Microsoft Teams

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

Scott Black, Chair – Mayor Pro Tem, City of North Las Vegas (*in-person*)  
Frank Nemec, Vice-Chair – At-Large Member, Physician (*via Teams*)  
Joseph Hardy, Secretary – Mayor, City of Boulder City (*via Teams*)  
April Becker – Commissioner, Clark County (*in-person*)  
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)  
Nancy Brune – Council Member, City of Las Vegas (*in-person*)  
Pattie Gallo – Mayor Pro Tem, City of Mesquite (*in-person*)  
Marilyn Kirkpatrick – Commissioner, Clark County (*in-person*)  
Monica Larson – Council Member, City of Henderson (*in-person*)  
Scott Nielson – At-Large Member, Gaming (*in-person*)  
Shondra Summers-Armstrong – Council Member, City of Las Vegas (*via Teams*)

**ABSENT:**

N/A

**ALSO PRESENT:**

(In Audience)

Allon Adar-Burla, Saul Alvarez, Carol Anderson, David Anderson, Elva Anderson, Brett Andow, Joan Aten, Karla Bearden, Amanda Bown-Trujillo, Christopher Boyd, James Cavin, Renee Charles, Adam Childress, Judith Clark, Jim Crawford, Wendy Crawford, David Croteau, Rick Davis, Ryan DiNardi, Karen Dowds, Maria Elliott, Linda Faraimo, Andrew Farrell, Jose Figuaroa, Josh Findley, Phil Glessner, Greg Griffin, Cade Grogan, Jill Hart, Jody Heath, Diane Henry, Kathy Howell, Richard Howell, Kiky Hutton, Donna Johannson, Richard Jost, Bob Kawamura, Edwin Kaehler, Mariela LaBounty, Gail Logan, William Logan, Breanna Lucas, Joni Mann, Dale Martin, Carole McFeeley, Mark Medina, Myra Medina, Robert Morales, Rachel O'Neill, Aeryn Oliver, Mike Partridge, Cheryl Pastore, Mari Pepper, Roland Pepper, Michael Ramsey, Svetlana Reile, Carol Reynolds, Michelle Richardson, Philip Rivers, Gary Ross, Christian Salmon, Michelle Seebeck, Larry Seely, Sharon Seely, Kathryn Sepulveda, Cindy Serdoz, Richard Serdoz, Steve Sidhu, Chuck Siefert, Maria Siefert, Jeanne Smith, Kirby Smith, Bruce Stephen, April Thompson, Sandy Thompson, Ed Traasdahl, Susan Traasdahl, Nigel Trujillo, Matthew Vance, Reginald Varra, Brian Watkins, Amelia Wignall, Julie Wignall, Marilyn Yamamoto, William Zuk

**EXECUTIVE SECRETARY:** Cassius Lockett, PhD, District Health Officer**LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel**STAFF:** Kevin Abbott, Adriana Alvarez, Emily Anelli, Steven Arcuri, Jacqueline Ayala, Maria Azzarelli, Tawana Bellamyk, William Bendik, Joy Bidinger, Haley Blake, Ruby Bolus-Rosano, Lori Bryan, Cory Burgess, Daniel Burns, Victoria Burris,

Donna Buss, Erika Bustinza, Nancy Cadena, Belen Campos-Garcia, Robin Carter, Andria Cordovez Mulet, Cherie Custodio, Aaron DelCotto, Diana Delgado, Lisa Falkner, Jason Frame, Kimberly Franich, Fabiana Gonzales, Xavier Gonzales, Jacques Graham, Grisly Guerrero, Maria Harris, Amineh Harvey, Richard Hazeltine, Raychel Holbert, Carmen Hua, Dan Isler, Jessica Johnson, Bob Kingston, Theresa Ladd, Heidi Laird, Dann Limuel Lat, Annie Lin, Josie Llorico, Sandy Luckett, Carol Luna, Cassondra Major, Julie Maldonado, Anil Mangla, Jonas Maratita, Blanca Martinez, Corey Morrison, Semilla Neal, Todd Nicolson, Brian Northam, Veralynn Orewyler, Luann Province, Yin Jie Qin, Jeff Quinn, Wei Ren, Emma Rodriguez, Larry Rogers, Alexis Romero, Chris Saxton, Dave Sheehan, Jennifer Sizemore, Randy Smith, Bruno Stephani, Will Thompson, Helen To, Danielle Torres, Amy Tran, Renee Trujillo, Marjorie Ubando, Donnie Whitaker, Michelle Wong, Merylyn Yegon, Angela Young

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

The Chair called the Southern Nevada District Board of Health Meeting to order at 11:10 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

## **II. PLEDGE OF ALLEGIANCE**

The Chair acknowledged attendees present in relation to the proposed septic system regulations, expressing appreciation for their engagement. The Chair advised that as there was no posted agenda item related to the proposed septic system regulations, attendees were invited to share comments during the Second Public Comment period.

## **III. RECOGNITIONS**

### **1. Salman (Skip) Afzal, William Bendik, Erin Buttery, Dr. Horng-Yuan Kan, Dr. Cassius Lockett, Angela Young, and Hong Zhang**

- Co-authored the published article “*Early detection of emerging SARS-CoV-2 Variants from wastewater through genome sequencing and machine learning*” in *Nature Communications*

The Chair recognized Skip Afzal, William Bendik, Erin Buttery, Dr. Horng-Yuan Kan, Dr. Cassius Lockett, Angela Young, and Hong Zhang for co-authoring the published article “*Early detection on emerging SARS-CoV-2 Variants from wastewater through genome sequencing and machine learning*” in *Nature Communications*. The study presented an unsupervised learning approach that clustered co-varying and time-evolving mutation patterns to identify SARS-CoV-2 variants, using wastewater samples collected over two years. This method accurately detected the Delta variant in late 2021, Omicron variants in 2022, and emerging recombinant XBB variants in 2023. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated the employees on this publication.

### **2. Southern Nevada Health District – October and November Employees of the Month**

- Avery John Nerveza and Michelle Wong
- Joy Bidinger and Brianna Lucas

The Chair recognized the October and November Employees of the Month. The Health District, and the Board of Health, recognized these employees go above and beyond for the Health District and our community and 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 the employees on this recognition.

**3. Southern Nevada Health District – Manager & Supervisor of the Quarter (Q3 and Q4)**

- Victoria Burris and Bernie Meily
- Jessica Johnson and Meryllyn Yegon

The Chair recognized the Managers and Supervisor of the Quarter for Q3 and Q4. 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 Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this recognition.

*Member Summers-Armstrong joined the meeting at 11:16 a.m.*

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

Diane Henry expressed concerns regarding the handling of variances and associated conditions. She questioned the necessity and perceived arbitrariness of certain requirements, such as removing sheds or trees near septic systems, which may create hardships for homeowners. Ms. Henry suggested that a septic inspection could be a more reasonable alternative to costly variances, allowing homeowners to assume responsibility for future issues. She also raised concerns about conditions attached to variance approvals, particularly the requirement to agree to sewer connection within 400 feet, citing potential financial burdens and impacts on property values. Ms. Henry urged the board to reconsider these longstanding practices and avoid imposing conditions that could discourage compliance or lead to unpermitted work.

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

**V. ADOPTION OF THE NOVEMBER 20, 2025 MEETING AGENDA (for possible action)**

*A motion was made by Member Nielson, seconded by Member Brune, and carried unanimously to approve the November 20, 2025 Amended 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:** October 23, 2025 (for possible action)
2. **PETITION #15-26: Approval of the CHEMPACK Storage Facility Agreement between the Southern Nevada Health District and the State of Nevada, Division of Public and Behavioral Health Public Health Preparedness Program for Storage and Maintenance of Emergency Medical Counter Measures;** direct staff accordingly or take other action as deemed necessary (for possible action)
3. **PETITION #16-26: Approval of the Revision to Leadership Team Employment and Appeal Rights, Employment Rights and Appeal, Employee Privacy, and Separation from Employment in the SNHD Employee Handbook;** direct staff accordingly or take other action as deemed necessary (for possible action)
4. **PETITION #17-26: Approval of the Agreement Amendment A01 to C2500086 and Supplier Schedule Q-64920 made with reference to the original Master Supply Agreement for the purchase of the LIAISON XL – high volume chemiluminescence analyzer from DiaSorin;** direct staff accordingly or take other action as deemed necessary (for possible action)

*A motion was made by Member Brune, seconded by Member Kirkpatrick, and carried unanimously to approve the November 20, 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. **Variance Request for an existing septic system, SNHD #ON0024214, located at 5965 N. Grand Canyon Dr., Las Vegas, NV 89149 to remain underneath the existing shed;** direct staff accordingly or take other action as deemed necessary (for possible action)

Mr. Isler presented the variance request for an existing septic system located at 5965 N. Grand Canyon Dr., Las Vegas, NV 89149 to remain underneath the existing shed. Mr. Isler advised that the variance stemmed from a tenant improvement request, wherein the homeowner constructed a shed over the leach field. Mr. Isler noted that the shed was 400 square feet, which requires a building permit process. Mr. Isler confirmed that there was no building permit associated with the shed. Mr. Isler confirmed that staff was recommending denial of the variance, as sewer was available less than 400 feet from the property. However, if the Board approved the variance, staff recommended approval with conditions.

Matthew Vance, the homeowner, was in attendance virtually and advised that the floor in the shed was a 'floating floor' that allows airflow under the floor.

Further to an inquiry, Mr. Vance agreed to amend the recommended condition to maintain a nonpermanent shed floor and not replace it with a nonpermeable surface.

The Chair opened for Public Comment.

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

*A motion was made by Member Kirkpatrick, seconded by Member Gallo, and carried unanimously to approve the Variance Request for an existing septic system, SNHD #ON0024214, located at 5965 N. Grand Canyon Dr., Las Vegas, NV 89149 to remain underneath the existing shed, with the following conditions:*

- 1. Petitioners and their successors in interest shall abide by all local government 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 within 400 feet of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
- 2. Petitioners and their successors in interest must abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.*
- 3. Petitioner and all future owners will maintain the current, nonpermanent shed floor above the leach field and will not replace it with a nonpermeable surface or cover any additional portion of the leach field.*
- 4. The variance will be in effect until the existing residential septic system is inactivated, removed, 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.*
- 5. Petitioners and their successor(s) must provide a copy of the variance to potential buyers as part of the disclosure process per NRS 113.*

**2. Variance Request for an Application to Construct a Septic System located at 6225 Lee Canyon Road, Mount Charleston, NV 89124 to allow the installation of a septic system on an undersized lot; direct staff accordingly or take other action as deemed necessary (for possible action)**

Mr. Isler presented the variance request for an application to construct a septic system located at 6225 Lee Canyon Road, Mount Charleston, NV 89124 to allow the installation of a septic system on an undersized lot. Mr. Isler confirmed that staff recommended approval of the variance with conditions.

Dale Martin, representative for the Petitioner, was in attendance.

The Chair opened for Public Comment.

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

*A motion was made by Member Becker, seconded by Member Larson, and carried unanimously to approve the Variance Request for an application to construct a septic system located at 6225 Lee Canyon Road, Mount Charleston, NV 89124 to allow the installation of a septic system on an undersized lot, with the following conditions:*

- 1. Petitioners and their successor(s) in interest shall abide by all local government regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred (400) feet of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*

2. *Petitioners and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.*
3. *Construction of the ISDS must commence within one year of the date of approval of the variance. If construction does not commence 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.*
4. *If an existing ISDS is encountered during construction of the proposed ISDS, it will be abandoned or removed in accordance with Section 17 of the SNHD ISDS Regulations.*

## **VIII. REPORT / DISCUSSION / ACTION**

- 1. Review, Discuss, and Accept the Recommendations from the November 19, 2025 Finance Committee meeting regarding the Financial Statement Report, as of June 30, 2025, from FORVIS MAZARS LLP; direct staff accordingly or take other action as deemed necessary (for possible action)**

Josh Findlay, Senior Manager, of FORVIS MAZAR LLP attended the meeting to present the FY2025 audited Financial Statement Report. Mr. Findlay advised that they issued an unmodified audit opinion for the Financial Statement and had no findings on the Internal Financial Report on Internal Control regarding the governmental auditing standards.

Mr. Findlay advised that the single audit, related to federal grant expenditures could not be finalized as the Office of Management and Budget (OMB) had not issued the Compliance Supplement, which lists every federal assistance program. Mr. Findlay advised that the single audit would be brought to the Board at a later date.

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

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

After discussion, the following motion was made:

*A motion was made by Member Kirkpatrick, seconded by Member Brune, and carried unanimously to accept the recommendations from the Finance Committee to accept the Financial Statement Report, as of June 30, 2025, from FORVIS MAZARS LLP, as presented.*

Member Nielson acknowledged Donnie Whitaker, Chief Financial Officer, and her team for their hard work associated with the audit. Member Nielson further advised that the Finance Committee received the SNHD Financial Report, as of September 30, 2025, which is provided under Information Items.

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

Member Nielson advised that the Finance Committee discussed the delegation of authority to the District Health Officer to approve contracts up to \$100,000 (previously \$50,000). The Finance Committee discussed establishing criteria for these approvals and clarified the approval process. It was agreed that staff will provide a quarterly report listing all contracts approved under \$100,000, including approval dates, descriptions, and amounts. These reports will be included in Informational Items for the Board, with the option to request additional details if needed. The Board requested a written policy outlining this process to ensure consistency.

Member Kirkpatrick discussed the challenges related to septic system regulations and public awareness. Specifically, Member Kirkpatrick emphasized that changes to regulations follow a lengthy state-mandated process, which includes business impact statements and statutory requirements, noting that the pool regulations took five years to finalize. Member Kirkpatrick highlighted public awareness issues, as noted earlier in the meeting that some residents were unaware, they have septic systems or the maintenance requirements, which often leads to improper waste disposal and costly repairs. Member Kirkpatrick noted that Clark County allocated \$15 million to assist with septic-to-sewer conversions. Member Kirkpatrick noted that 90 homes in Henderson were being fully funded to convert to sewer. Member Kirkpatrick noted that most septic permits were temporary until sewer was available. Member Kirkpatrick noted that the Health District could improve the website and create education materials for septic owners. Member Kirkpatrick noted that the Health District was considering conducting surveys and public engagement before finalizing regulations and addressing technical issues in existing regulations. Member Kirkpatrick noted the importance of collaboration among agencies such as Water Reclamation, the Las Vegas Valley Water District, and municipalities to streamline conversions and reduce costs. Member Kirkpatrick noted the concern of nitrate contamination risks in certain areas.

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

- DHO Comments

In addition to the written report, Dr. Lockett advised that Bob Kingston joined the Health District as the Chief Facilities Officer on October 27<sup>th</sup>. Mr. Kingston is a local resident and was recently an electrical engineer at the City of Henderson. Mr. Kingston brings a wealth of knowledge, experience, and education that will make him an asset to the Health District.

Further Dr. Lockett advised that the Health District partnered with Three Square to host three community food distribution events at the Decatur and Fremont locations. These events provided fresh produce and emergency food supplies to families experiencing food insecurity. A total of 1,031 households were served, and approximately 72,000 pounds of food were distributed, averaging 70 pounds per household. These efforts supported households with limited access to nutritious foods, including those awaiting or receiving reduced SNAP benefits. An additional food distribution event will be scheduled for mid-December at the Decatur location to help prevent hunger during the holiday season.

Further, the Health District's Office of Chronic Disease Prevention and Health Promotion, in collaboration with partners, continued to operate pop-up produce stands at the Bonneville Transit Center. These stands offer affordable, regionally grown fruits and vegetables, accepting SNAP, EBT, cash, debit, and credit payments. Stands are open from 11:00 AM to 2:00 PM, with the remaining 2025 market dates held on December 2 and December 9. This initiative helped families manage rising food costs and SNAP benefit changes while supporting local growers and promoting healthy nutrition. In 2024, the program distributed 2,471 pounds of produce, improving food access for households facing barriers.

Dr. Lockett advised that on November 7, the Health District confirmed its first measles case since 2018, involving an infant too young to receive the MMR vaccine. The child was hospitalized and had fully recovered. More than 100 contacts were identified, most with verified vaccination status, and no secondary cases have been reported to date. A health alert was issued to healthcare providers to remain vigilant for measles symptoms. Nationally, measles activity has risen sharply in 2025, with 1,723 cases and 45 outbreaks reported in the U.S., compared to 285 cases and 16 outbreaks in 2024. Canada has also experienced over 5,000 cases in the past year, losing its elimination status. Dr. Lockett advised that the Health District continued active surveillance, contact tracing, and provider outreach to prevent further spread and urged community members to stay up to date with MMR vaccination and seek care promptly if symptoms such as fever, cough, or rash occur.

Dr. Lockett concluded by advising the Board that the Health District reported the season's first flu-related death involving an 80-year-old male. The Health District had a new respiratory dashboard that indicated overall respiratory illness remained low, including RSV and COVID-19, but influenza activity had increased by 7.1% over the past two weeks. As of November 8, there had been 26 flu-related hospitalizations. The Health District urged everyone 6 months and older to get vaccinated, as flu season typically peaked between December and February. Preventive measures such as staying home when sick, frequent handwashing, covering coughs and sneezes, and avoiding close contact with ill individuals are strongly recommended.

Member Brune requested additional information regarding the program at the Bonneville Transit Center.

**XI. INFORMATIONAL ITEMS**

1. SNHD Financial Report, as of September 30, 2025
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.

Cheryl Pastore addressed the board regarding septic system regulations and long-term water solutions. She emphasized that approximately 18,245 residents currently use septic systems and expressed that individual circumstances should be considered when implementing regulations. Ms. Pastore proposed exploring alternative solutions, specifically desalination technology, as a faster and more sustainable approach compared to decades-long septic-to-sewer conversions. She cited successful examples, including a Texas town that secured \$30 million in federal funding to resolve water issues and El Paso's operational desalination plant, which produces 27.5 million gallons of water daily and 40 billion gallons annually. Ms. Pastore recommended sending engineers and board members to study the El Paso facility and suggested leveraging available resources, such as the Water District's \$1.5 billion reserve, to fund similar projects in Las Vegas. Her comments stressed the importance of planning for future water needs beyond current challenges.

Summer Golia expressed strong objection to the Health District imposing new or additional regulations on existing, approved, and paid-for septic systems. She emphasized that these systems were permitted and installed under the codes and requirements in place at the time of approval, and applying new regulatory conditions retroactively creates an undue burden on property owners. Ms. Golia stated that such actions undermine reliance on original approvals and raise concerns about fairness and administrative overreach. She requested that the Health District honor existing permits and installations as grandfathered under their initial terms, without additional fees, modifications, or inspections, unless clear evidence of a legitimate health or safety risk exists. She concluded by rejecting the proposed regulations package.

My name is Christian Salmon, a Clark County homeowner under NRS 241.035(1)(d) I respectfully request that my comments be entered in verbatim into the public record. The process has been hidden from the public. Throughout this year the regulations were developed quietly through the Business Impact surveys in internal drafting workshops and notice of intent, all without meaningful participation from home homeowners who will bear 100% of the burden. Only after septic families discovered the process on their own did we fill this room. Why was this done in secret? Why were we not included from day one? Especially when we repeatedly expressed our desire to participate. And why have some voices even discouraged some people from showing up today? Ms. Kirkpatrick. Uh, that alone raises serious concerns about intent. I mean, the regs were to be voted on on October 23rd. This is all set and ready to go and all of a sudden, because we're involved now, everybody's backing off. Uhm, this is not how a fair and democratic regulatory process is supposed to operate. Who started this and why? The public still does not know who initiated this regulatory overhaul. Which agencies and individuals pushed it forward, or what the justification was for launching such a sweeping rewrite. No vote from this board has ever been presented showing that you authorize this process. Yet staff proceeded as if directed a direction have been given. A package of this magnitude should never originate without a clear public board approved mandate. We deserve full disclosure. Names, titles, agencies, communications and the reasoning behind the push. No health emergency. Uh, there's no health emergency, no justification. The government is supposed to solve real problems, not phantom ones. To justify new mandates, there must be a documented health threat, a declared emergency, failure rate studies, evidence of contamination, peer review data, but none exist. Your own flyer confirms no septic failure rate study, so no outbreaks have been identified, no emergency has been declared. And if one were to happen now, I would be suspicious of it, to be honest with you. Without a documented health problem, creating a new sweeping regulatory regime is not public health. It is an administrative overreach. A regulatory trap and the taking of properties where we're at. Homeowners built or purchase their homes under stable rules and lifetime septic permits now are being dragged into a new system. A five-year permit process, reoccurring fees, engineering

requirements for basic repairs, expanded inspections, property transfer complications, threats of forced sewer connection based solely on distance. This is not modernization. This is taking of property rights and is a creation of permanent regulatory trap. We reject every part of this package completely and when massive new residential projects and water intrusive data centers are being approved monthly. It becomes clear that who is being targeted. Long time homeowners who are the easiest group. Many of them are seniors. Unfair one-sided participation. These those advanced regulations receive unlimited time, full presentations and open dialogue with the board. Homeowners receive and are regulated to 5 minutes here to discuss. No, no or no discussion, no opportunity to correct. You know what's what's going on here. This is not democratic. This is not balance. This is the administrative state operating without consent from its citizens. This is the cart before the horse. This is not about septic. This is about water policy failure. Nevada receives .85% of the Colorado River compact allotment in the smallest of any base of state instead of the targeting homeowners, the real work should be done renegotiating the compact, requiring other states to recycle to Nevada standard, capturing storm water through the regional control district and infrastructure has been in place and we don't even have to pay for that. Why are we not getting that. Addressing evaporative loss considering desalination partnerships, finally studying primary water sources beneath Nevada. They're already here. None of that has happened. Instead, we are coming. You're coming after families that have done nothing wrong. This is discriminatory enforcement, not environmental policy. We reject this package fully and without conditions. We are not negotiating pieces of this. We reject the entire premise. The government wants us even to consider future changes starting with this point. So we want 0 cost to homeowners if you want us to come on board.

Cheryl Reynolds shared concerns about the financial and emotional impact of proposed septic regulations on long-time residents. She explained that, as a 77-year-old who planned carefully for retirement and health maintenance, she now faces unexpected financial uncertainty due to recent water rate increases and proposed septic regulations. Ms. Reynolds stated that changing permanent septic permits to temporary status would create a “permanent state of limbo” for homeowners and described this as a form of elder abuse, both financial and emotional. She urged the board not to support measures that she believes prioritize county growth at the expense of residents’ stability and well-being.

Diane Henry expressed concern about replacing permanent septic permits with temporary, revocable ones. She noted fears that revocable permits could eventually be used to force homeowners to connect to adjacent sewer systems at their own expense. While SNHD’s website FAQ states there is no intention to mandate sewer connections for properly functioning systems, Ms. Henry argued that revocable permits are unnecessary even for failing systems, as homeowners must address failures regardless. She questioned the purpose of new permits if SNHD does not plan to target functioning systems, suggesting it would waste resources. Ms. Henry urged the board not to change the rules or revoke lifetime permits unless funding is available to financially support septic conversions.

Jim Cavin, a Section 10 resident and septic system user for 45 years, expressed strong opposition to the proposed septic regulations. He thanked Member Kirkpatrick for acknowledging the wide range of circumstances affecting septic users. Mr. Cavin stated that the regulations were introduced as a response to potential public health hazards but noted that his repeated inquiries about the number of septic system emergencies in the past year have gone unanswered. He emphasized that homeowners were not notified of pending regulations or meetings and described the proposals as unnecessary, intrusive, and an example of government overreach. Mr.

Cavin highlighted the significant financial burden on homeowners, estimating costs of \$40,000–\$50,000 for compliance, and warned that such mandates could have political repercussions.

Richard Cerdos expressed strong concerns about the financial impact of proposed septic-to-sewer conversions. He stated that estimated costs of \$38,000–\$60,000 per household are unacceptable unless fully funded by the city or county. He emphasized that he purchased his home with a septic system to control expenses and has successfully maintained it for 15 years without issues. Mr. Cerdos criticized the lack of direct communication from SNHD, noting he learned about the proposal from a neighbor rather than official notifications. He warned that conversion would lead to ongoing monthly charges, creating additional financial burdens for homeowners. While he supports water conservation and reclamation efforts, he urged the board to improve outreach and coordination among agencies and to consider fairness for long-time residents who did not choose city expansion.

Julie Wignall expressed concerns about the economic hardship posed by potential septic-to-sewer conversions and criticized the lack of transparency and communication surrounding the issue. She stated that many residents feel misled and pressured, citing lobbying efforts by the Southern Nevada Water Authority. Ms. Wignall urged SNHD to improve outreach by collecting email addresses at meetings and sending regular updates to keep the public informed. She emphasized the need for trust and open dialogue to address fears and uncertainty among residents. Additionally, Ms. Wignall requested that SNHD conduct studies on water contamination beyond nitrates from septic systems, including potential chemical pollutants from large AI data centers and industrial projects. She referenced recent incidents involving chemical exposure and stressed the importance of understanding what substances are entering wastewater systems to protect public health.

Christine Hicks stated that she represents 160 homes in Eastland Heights, which is served by the Eastland Heights Water Association. She noted that their water comes from two wells, is regularly tested, and complies with all federal and state drinking water regulations, with no issues related to nitrates or contaminants. Ms. Hicks shared that residents in her community have two primary concerns: the significant financial burden posed by the proposed septic regulations and the lack of evidence of any health hazard in their area. She emphasized that homeowners would address septic issues if they existed but believe the proposed regulations are unnecessary and unfounded.

Edwin Kahler expressed support for the Health District's mission and reputation, but voiced concern that involvement in proposed septic regulations is damaging its credibility. He criticized recent public communications, including postcards describing the changes as routine updates to "simplify and clarify," calling these statements misleading. Mr. Kahler argued that current regulations are sufficient to address failing systems and questioned the need for expiring permits or additional restrictions. He emphasized that septic systems are not causing public health crises or premature deaths and urged the board to improve transparency and communication. Mr. Kahler also noted that approximately 30,000 voters live on properties with septic systems and warned that imposing unnecessary regulations could create significant public opposition.

Laura McSwain expressed appreciation for board members' concern for community investments and quality of life, but criticized the current process for developing regulations, particularly, the Business Impact Statement process. She stated that this process bypasses those most directly affected by proposed policies, citing past issues with excessive use charge penalties where residents were not properly notified despite the Water District having customer contact

information. Ms. McSwain noted that the process currently involves only about 70 parties, many of which are associations rather than actual businesses, and argued that this is inadequate for meaningful public input. She commended community members for participating and emphasized the need to reform notification procedures so that residents directly impacted by rate changes, septic regulations, or similar policies receive timely and transparent communication.

Sharon Seeley stated her opposition to the proposed septic regulations, citing that they would create a serious financial hardship for her family. She urged that these regulations should not be enacted until adequate funding is available to cover the significant costs associated with compliance.

Mark Medina, a Section 10 resident for 55 years, expressed strong opposition to the proposed septic regulations and questioned the priorities of local leadership. He noted rapid growth in Southern Nevada, including new car washes, casinos, and apartment buildings, despite ongoing water concerns, and contrasted this with claims that septic systems pose a major issue. Mr. Medina urged county commissioners and elected officials to fight for federal funding to assist homeowners with conversion costs, citing examples such as Puerto Rico receiving \$365 million for its power grid. He criticized political divisions and called on leaders to set aside prejudices and work together to secure resources for residents.

David Anderson briefly commented on mosquito control, sharing a personal anecdote about unintentionally drowning mosquitoes in canola oil. He expressed agreement with previous remarks regarding sewer issues, but emphasized his concern about mosquito presence.

Judy Heath expressed strong opposition to the proposed septic conversion efforts, citing concerns about transparency, political influence, and potential impacts on property values. She noted that initial meetings lacked proper notification to septic owners, who learned of them through word of mouth and social media. Ms. Heath alleged that the push for septic-to-sewer conversions benefits real estate developers and referenced campaign contributions and board memberships as possible conflicts of interest. She warned that high conversion costs could force homeowners to sell at reduced prices, benefiting builders seeking to increase housing density. Ms. Heath also questioned the motives behind the regulations and highlighted a recent sewer line break as an example of existing infrastructure issues, contrasting it with the reliability of her septic system.

Michelle Richardson expressed concerns about the uncertainty surrounding proposed septic regulations and emphasized the need for clear communication before future meetings. She suggested creating a reliable point of contact and improving website resources to provide accurate information on requirements, waiver processes, and inspection procedures. Ms. Richardson questioned the language on the SNHD website regarding mandatory sewer connections and requested clarification on existing restrictions in other communities. She raised concerns about third-party inspections, including qualifications, homeowner input, and potential costs, and asked for transparency on who would conduct inspections and whether entry into homes would be required. Additionally, she requested a simplified explanation of the waiver process for properties meeting criteria such as distance from sewer connections and expressed concern about unexpected costs for consulting licensed professionals. To improve communication among residents, Ms. Richardson offered to maintain an email list for interested homeowners and provided an address for sign-up: 918273septic@gmail.com.

Jim Crawford expressed frustration over the proposed septic regulations, stating that the messaging is causing unnecessary fear among residents. He noted that he has received more information on unrelated topics, such as Bitcoin and addiction, than on septic system concerns and criticized the lack of clear communication. Mr. Crawford urged the board to focus on its responsibilities without alarming the community.

Joni Mann stated that she strongly opposes the proposed septic regulations.

Bob Kawamura requested additional information regarding the motivation behind the proposed septic regulations, expressing skepticism that the initiative is health-driven. He suggested the effort appears politically and economically motivated, particularly related to return water credits. Mr. Kawamura shared concerns about the effectiveness of return credits, noting his personal observations at the Las Vegas Wash where water quality appeared poor and emitted chemical odors. He questioned how this water could be treated for safe drinking or agricultural use and asked for clarification on how return water credits benefit the community beyond meeting accounting or regulatory goals.

Karla Bearden thanked the board and fellow residents for their participation and expressed appreciation for the community's engagement. She voiced concern over remarks suggesting the public is unaware of their septic systems, stating that such assumptions are offensive. Ms. Bearden also criticized comments referencing the cost of conversions, noting that statements about paying \$38,000 for homes to convert were troubling.

Member Kirkpatrick requested to clarify a previous statement, noting that their earlier remarks were misinterpreted. Member Kirkpatrick indicated she would wait until the speaker finished before providing clarification to ensure accuracy and avoid taking time from public comment.

Ms. Bearden expressed frustration over statements regarding funding for septic conversions, emphasizing that taxpayer money - not personal funds - was used for projects such as those in Henderson. Ms. Bearden questioned fairness and transparency in how funds are allocated, noting that excessive use fees do not apply uniformly across jurisdictions like Henderson, North Las Vegas, and Boulder City. Ms. Bearden raised concerns about declining property values, burdensome regulations, and restrictions on property use, calling for accountability and expressing dissatisfaction with perceived loss of personal freedoms.

Ms. Cordovez Mulet advised that a written comment was submitted by Eugene Yazzie.

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

The Chair reiterated the significance of the septic regulations, emphasizing that it was important to both the Board and the public. The Chair acknowledged the time and effort invested in the meeting. The Chair announced that after the start of the new year, a comprehensive communication process will be implemented to ensure broad engagement, including those unable to attend the meeting. While recognizing that the process was not perfect and past actions cannot be changed, the Chair stressed the Board's commitment to moving forward collaboratively as an organization and community. The ultimate goal, as stated by the Chair, was to achieve outcomes that make sense for those affected and to prioritize public health.

### **XIII. ADJOURNMENT**

The Chair adjourned the meeting at 1:12 p.m.

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



## AGENDA

### SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

November 20, 2025 – 11:00 A.M.

Meeting will be conducted In-person and via Microsoft Teams

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107  
Red Rock Trail Conference Room

### **NOTICE**

Microsoft Teams:

<https://events.teams.microsoft.com/event/6203a19d-efc1-4107-8269-9d9c4feff793@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 151 544 548#

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#### **NOTE:**

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

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

#### **II. PLEDGE OF ALLEGIANCE**

#### **III. RECOGNITIONS**

- 1. Salman (Skip) Afzal, William Bendik, Erin Buttery, Dr. Horng-Yuan Kan, Dr. Cassius Lockett, Angela Young, and Hong Zhang**
  - Co-authored the published article “*Early detection of emerging SARS-CoV-2 Variants from wastewater through genome sequencing and machine learning*” in *Nature Communications*
- 2. Southern Nevada Health District – October and November Employees of the Month**
  - Avery John Nerveza and Michelle Wong
  - Joy Bidinger and Brianna Lucas
- 3. Southern Nevada Health District – Manager & Supervisor of the Quarter (Q3 and Q4)**
  - Victoria Burris and Bernie Meily
  - Jessica Johnson and Merylyn Yegon

#### **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 meeting controls at the top of the screen and select the Raise Hand icon. When called upon, select the Microphone icon to unmute yourself.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 151 544 548 #. Press \*5 to raise your hand. When called upon, press \*6 on your phone keypad to unmute yourself.
- **By email:** [public-comment@snhd.org](mailto:public-comment@snhd.org). For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

**V. ADOPTION OF THE NOVEMBER 20, 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:** October 23, 2025 *(for possible action)*
2. **PETITION #15-26: Approval of the CHEMPACK Storage Facility Agreement between the Southern Nevada Health District and the State of Nevada, Division of Public and Behavioral Health Public Health Preparedness Program for Storage and Maintenance of Emergency Medical Counter Measures;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **PETITION #16-26: Approval of the Revision to Leadership Team Employment and Appeal Rights, Employment Rights and Appeal, Employee Privacy, and Separation from Employment in the SNHD Employee Handbook;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **PETITION #17-26: Approval of the Agreement Amendment A01 to C2500086 and Supplier Schedule Q-64920 made with reference to the original Master Supply Agreement for the purchase of the LIAISON XL – high volume chemiluminescence analyzer from DiaSorin;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

1. **Variance Request for an existing septic system, SNHD #ON0024214, located at 5965 N. Grand Canyon Dr., Las Vegas, NV 89149 to remain underneath the existing shed;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

2. **Variance Request for an Application to Construct a Septic System located at 6225 Lee Canyon Road, Mount Charleston, NV 89124 to allow the installation of a septic system on an undersized lot;** direct staff accordingly or take other action as deemed necessary (for possible action)

**VIII. REPORT / DISCUSSION / ACTION**

1. **Review, Discuss, and Accept the Recommendations from the November 19, 2025 Finance Committee meeting regarding the Financial Statement Report, as of June 30, 2025, from FORVIS MAZARS LLP;** direct staff accordingly or take other action as deemed necessary (for possible action)

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

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

**XI. INFORMATIONAL ITEMS**

1. SNHD Financial Report, as of September 30, 2025
2. Administration Division Monthly Activity Report
3. Community Health Division Monthly Activity Report
4. Community Health Center (FQHC) Division Monthly Report
5. Disease Surveillance and Control Division Monthly Activity Report
6. Environmental Health Division Monthly Activity Report
7. Public Health & Preventive Care Division Monthly Activity Report

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

**XIII. ADJOURNMENT**

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

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



## MINUTES

### SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

October 23, 2025 – 9:00 a.m.

Meeting was conducted In-person and via Microsoft Teams

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

**MEMBERS PRESENT:**

Scott Black, Chair – Mayor Pro Tem, City of North Las Vegas (*in-person*)  
Frank Nemec, Vice-Chair – At-Large Member, Physician (*in-person*)  
Joseph Hardy, Secretary – Mayor, City of Boulder City (*via Teams*)  
April Becker – Commissioner, Clark County (*in-person*)  
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)  
Nancy Brune – Council Member, City of Las Vegas (*in-person*)  
Pattie Gallo – Mayor Pro Tem, City of Mesquite (*via Teams*)  
Marilyn Kirkpatrick – Commissioner, Clark County (*in-person*)  
Scott Nielson – At-Large Member, Gaming (*in-person*)  
Shondra Summers-Armstrong – Council Member, City of Las Vegas (*in-person*)

**ABSENT:**

Monica Larson – Council Member, City of Henderson

**ALSO PRESENT:**

(In Audience)

Faith Alfapada, David Anderson, Elva Anderson, Linda Anderson, Rick Aco, Billie Bastian, Cyril Bastian, Riley Baker, Hardy Brunell, Enrique Carreon, Monica Cartagena, Ann Casey, James Cavin, Renee Charles, Chaunsey Chau-Duong, Georgi Collins, David Croteau, Lorraine DeBusk, Robert Dreyfus, Chris Fisher, Cade Grogan, Judy Heath, Diane Henry, Gabe Hinterton, Ted Kaehler, Ralf Landeros, Stephanie Landeros, Andrea Liebl, Sam McCool, Laura McSwain, Laurie Malm, Danielle Maxim, Mark Medina, Myra Medina, Cheryl Pastore, Cameron Pfand, John Pope, Twyla Lightowler, Carol Reynolds, Christian Salmon, Greg Sanders, Larry Seely, Sharon Seely, Cindy Simmons, Steve Smallwood, Brigitte Solvie, Guy Tannenbaum, Lois Thompson, Robert Thornley, Roy Trafton, Denise Trope-Kelly, Sandra Wade, Karen Walker, Yvette Williams,

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

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

**STAFF:**

Kevin Abbott, Emily Anelli, Maria Azzarelli, Tawana Bellamy, Haley Blake, Amanda Brown, Lori Bryan, Daniel Burns, Nikki Burns-Savage, Victoria Burris, Joe Cabanban, Nancy Cadena, Belen Campos-Garcia, Robin Carter, Arcmiguel Cordial, Andria Cordovez Mulet, Rebecca Cruz-Nanez, Aaron DelCotto, Lauren DiPrete, Kimberly Franich, Joe Ginty, Xavier Gonzales, Jacques Graham, Heather Hanoff, Maria Harris, Richard Hazeltine, Valerie Herzog, Raychel Holbert, Carmen Hua, Dan Isler, Dustin Johnson, Stacy Johnson, Sabine Kamm, Theresa Ladd, Heidi Laird, Dann Limuel Lat, Annie Lin, Josie Llorico, Erick Lopez, Randy Luckett, Carol Luna, Cassandra Major, Anil Mangla, Jonas Maratita, Blanca Martinez, Roni Mauro, Kimberly Monahan,

Semilla Neal, Todd Nicolson, Brian Northam, Veralynn Oreylyer, Laura Palmer, Shannon Pickering, Luann Province, Emma Rodriguez, Larry Rogers, Alexis Romero, Aivelhyn Santos, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer Sizemore, Cameron Smelcer, Rosanne Sugay, Ronique Tatum-Penegar, Will Thompson, Greg Tordjman, Renee Trujillo, Jorge Viole, Donnie Whitaker, Tiana Wright, 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.

## II. PLEDGE OF ALLEGIANCE

The Chair acknowledged attendees present in relation to the proposed septic system regulations, expressing appreciation for their engagement. The Chair apologized for the posting error in the online agenda, which incorrectly indicated that septic system regulations would be discussed during the meeting. It was clarified that while this topic was not on the current agenda, the Health District recognized the importance of community input. In response to feedback received last month, public workshops would be scheduled in the new year to facilitate robust discussions; details on the workshop will be shared through various communications, including postcard mailers, to ensure broad awareness and participation. The goal was to balance public health priorities with homeowner concerns. Attendees were invited to share comments during the Second Public Comment period.

## III. RECOGNITIONS

### 1. Dr. Erick Lopez, Dr. Anil Mangla, Rebecca Topol, and Lei Zhang

- Co-authored the published article “*Examining Disparities in COVID-19 Hospitalization Outcomes in Southern Nevada by Vaccination Status*” in the Nevada Journal of Public Health

The Chair recognized Dr. Erick Lopez, Dr. Anil Mangla, Rebecca Topol, and Lei Zhang for co-authoring the published article “*Examining Disparities in COVID-19 Hospitalization Outcomes in Southern Nevada by Vaccination Status*” in the Nevada Journal of Public Health. The study examined predictors of COVID-19 outcomes by race and ethnicity, vaccination status, age, sex, marital status, and insurance payer status among COVID-19 patients who were admitted to a hospital. The study concluded that work is needed to identify and address barriers to vaccine uptake in communities with high social vulnerability. On behalf of the Southern Nevada Health District and the Board of Health, the Chair congratulated staff on this publication.

*Member Bond joined the meeting at 9:08 a.m.*

## IV. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the

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

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

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

*A motion was made by Member Nielson, seconded by Member Brune, and carried unanimously to approve the October 23, 2025 Amended 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:** September 25, 2025 (for possible action)
- 2. PETITION #12-26: Approve and authorize the Chair to sign the Amendment to the Interlocal Agreement among Clark County, Clark County Water Reclamation District, University Medical Center of Southern Nevada, Las Vegas Convention and Visitors Authority, Las Vegas Valley Water District, Clark County Regional Flood Control District, Regional Transportation Commission of Southern Nevada, Southern Nevada Health District, Henderson District Public Libraries, Mount Charleston Fire Protection District, Las Vegas Metropolitan Police Department, Moapa Valley Fire Protection District and Eighth Judicial District Court establishing the rates for the Self-Funded Group Medical and Dental Benefits Plans, effective January 1, 2026. (Also sitting as Clark County Water Reclamation District Board of Trustees, University Medical Center of Southern Nevada Board of Hospital Trustees, Mount Charleston Fire Protection District Board of Fire Commissioners and Moapa Valley Fire Protection District Board of Fire Commissioners); direct staff accordingly or take other action as deemed necessary (for possible action)**

*A motion was made by Member Kirkpatrick, seconded by Member Brune, and carried unanimously to approve the October 23, 2025 Consent Agenda, as presented.*

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

- 1. MEMORANDUM #03-26: Request for Approval of Renewal of Authorization of St. Rose Siena Hospital as a Level III Trauma Center; direct staff accordingly or take other action as deemed necessary (for possible action)**

Stacy Johnson, Regional Trauma Coordinator, presented the Renewal of Authorization of St. Rose Siena Hospital as a Level III Trauma Center. Ms. Johnson confirmed that St. Rose Siena complied with regulations, was in good standing with the Health District, and continued to provide all the requirements based on its designation. Ms. Johnson further advised that staff recommended that the Board of Health approve the renewal application.

The Chair opened for Public Comment. Seeing no one, the Chair closed the period for Public Comment.

*A motion was made by Member Kirkpatrick, seconded by Member Nemec, and carried unanimously to approve the Renewal of Authorization of St. Rose Siena Hospital as a Level III Trauma Center, as presented.*

**2. MEMORANDUM #04-26: Request for Approval of Renewal of Authorization of Sunrise Hospital & Medical Center as a Level II Trauma Center; direct staff accordingly or take other action as deemed necessary (for possible action)**

Ms. Johnson presented the Renewal of Authorization of Sunrise as a Level II Trauma Center. Ms. Johnson confirmed that Sunrise Hospital & Medical Center complied with regulations, was in good standing with the Health District, and continued to provide all the requirements based on its designation. Ms. Johnson further advised that staff recommended that the Board of Health approve the renewal application.

The Chair opened for Public Comment. Seeing no one, the Chair closed the period for Public Comment.

*A motion was made by Member Kirkpatrick, seconded by Member Brune, and carried unanimously to approve the Renewal of Authorization of Sunrise Hospital & Medical Center as a Level II Trauma Center, as presented.*

*Member Summers-Armstrong joined the meeting at 9:11 a.m.*

**VIII. REPORT / DISCUSSION / ACTION**

**1. Approval of the 2026 Board of Health Meeting Schedule; direct staff accordingly or take other action as deemed necessary (for possible action)**

The Board was advised that the proposed 2026 meeting schedule followed the timeline approved by the Board in previous years, noting that the meeting in November is a week early and was adjusted to 11:00 a.m., a few years ago, to accommodate those members with conflicting public agency meetings.

*A motion was made by Member Nielson, seconded by Member Kirkpatrick, and carried unanimously to approve the 2026 Board of Health Meeting Schedule, as presented.*

**IX. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during

this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. (*Information Only*)

Member Kirkpatrick referenced a recent discussion held by the Board of Clark County Commissioners (BCC) concerning mosquito abatement initiatives. She emphasized the importance of the Health District being involved in these conversations. Member Kirkpatrick suggested redistributing the "Fight the Bite" flyer to the Board to support public awareness efforts. Further, she noted that the County was actively exploring the feasibility and associated costs of implementing a mosquito abatement program. A key consideration identified was the necessity of accessing private properties, as these areas are commonly where mosquito populations thrive. Dr. Lockett advised that staff observed the BCC meeting and confirmed that the Health District was committed to working Clark County and other agencies on this initiative.

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

- DHO Comments

In addition to the written report, Dr. Lockett advised

Dr. Lockett provided an update on a confirmed measles case involving an out-of-state visitor who passed through Terminal 3, E Gates at Harry Reid International Airport on the morning of October 13. The individual did not visit other locations in Clark County, and no additional details were available while the investigation continued. Dr. Lockett reiterated that measles has a 7-to-21-day incubation period, with symptoms including fever, cough, runny nose, red or watery eyes, followed by a rash that would begin on the face and spread to the body. Dr. Lockett also described the rash progression from flat red macules to eventually becoming scabs as the rash resolves. The virus was highly contagious, remained airborne for up to two hours. Dr. Lockett advised that individuals present at the affected terminal should verify their immunization status and contact healthcare providers if symptoms developed.

Dr. Lockett further advised that nationally, as of October 21, there have been 1,618 confirmed measles cases across 42 states, with 43 outbreaks reported in 2025 and 87% of all cases are outbreak-associated. Dr. Lockett also noted that in 2024 only 16 outbreaks were reported and 69% of all cases were outbreak associated. Dr. Lockett confirmed that Clark County had not had a resident case since 2018. Dr. Lockett emphasized the importance of vaccination, noting that two doses of the MMR vaccine were 97% effective. Member Kirkpatrick requested a fact sheet on measles to share with staff at Harry Reid International Airport.

- Vaccine Update

Dr. Rosanne Sugay, Medical Epidemiologist, provided an overview of the annual approval and distribution for seasonal viral respiratory immunizations. Further, Dr. Sugay outlined this year's approval and distribution for the COVID-19 vaccine and explained the impact of the delayed recommendations from the Advisory Committee on Immunization Practices (ACIP).

Shannon Pickering, Community Health Nurse Manager, presented data for the last five years, for September and October, on COVID-19, flu, and respiratory syncytial virus (RSV) vaccinations at the Health District clinics. Ms. Pickering advised there was a delay in receiving the state-funded vaccines under the Vaccines for Children (VFC) Program and the Section 317 Program.

Member Bond inquired whether there had been a change in public funding for vaccines. Ms. Pickering advised that while there was a brief delay, state-funded vaccines were made available quickly, and all eligible clients were contacted and vaccinated as soon as possible.

Dr. Robin Carter, Chief Medical Officer and Medical Director for the FQHC, detailed the implementation of a Standing Order for COVID-19 vaccination at the Health District, designed to reduce barriers and allow Health District nurses to administer vaccines without a clinician's prescription, and clarified the alignment with professional academy recommendations.

Further to an inquiry from Member Nemec, Dr. Carter advised that the Standing Order was based on the academies and not the CDC specifically, as the CDC specifically referenced individual decision-making requirements. The Standing Order does not make individual decision-making a requirement for the sell vaccines, however, was required for the federally funded vaccines which include Vaccine for Children (VFC) and 317 for adults who are uninsured or underinsured.

**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

Member Kirkpatrick noted an increased number of closures in restaurants in certain areas and suggested that staff determine whether educational workshops would be beneficial to assist restaurants to maintain compliance.

**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.

Carol Reynolds expressed concerns about how residents have been affected by the water authority's malicious water pricing and excessive use fees. Ms. Reynolds highlighted stories from residents struggling with punitive water pricing, including restricted showering, flushing toilets, and using a dishwasher. Ms. Reynolds noted the excessive funds spent on maintaining the landscaping of their properties, which was now deteriorating. She noted the replacement of natural grass athletic fields with artificial turf, citing health risks, especially for children. Ms. Reynolds noted that the NFL has encouraged the use of natural grass fields for player safety. Reynolds argued that the health department should hold water authorities accountable for endangering the health of residents. Ms. Reynolds stated that the septic issue was a diversion tactic by the water authority to finance unlimited growth.

Laura McSwain spoke on behalf of the Water Fairness Coalition, which advocates against punitive water policies affecting long-term residents. She raised concerns about proposed septic

system regulation changes, emphasizing their financial and environmental impacts. Ms. McSwain criticized the lack of transparency in the rulemaking process, indicating the exclusion of direct resident notification. She questioned the fairness of converting lifetime septic permits into five-year reviews, citing examples of residents facing significant costs and delays due to septic-related permit issues. Ms. McSwain also noted inconsistencies in the stated purpose of the regulations and called for improved public access to meeting materials and schedules. She urged the board to prioritize existing residents' quality of life and reconsider the proposed regulations.

Diane Henry thanked the board for pausing the proposed septic regulations and expressed concern that the changes were driven by water reclamation goals rather than public health and safety. She referenced AB220, promoted by SNWA in 2023, noting that many mandates now appearing in the proposed regulations—such as five-year permit reviews and mandatory sewer connections—were rejected by the legislature. Ms. Henry emphasized that converting lifetime septic permits into revocable ones was an unfair burden on septic owners. She stated that vague statements about rising nitrate levels did not constitute a public health crisis. Ms. Hendry urged the Board not to impose new regulations for moral, ethical, and legal reasons.

Edwin Kaehler expressed full agreement with the preceding speaker's position. He stated that the existing 2009 septic system regulations were adequate and did not require revision. He advocated for the continued recognition of lifetime septic permits, emphasizing that such permits should remain valid without mandatory renewal. Mr. Kahler drew a comparison between septic permit renewals and vehicle smog checks, noting that while the vehicle inspection process was standardized and objective, the criteria for septic system evaluations were vague and inconsistent. He highlighted the lack of clear guidelines regarding acceptable levels of tank debris, structural imperfections, and minor leaks, arguing that the ambiguity leads to subjective and potentially unfair assessments. He further asserted that property owners were inherently motivated to address septic system failures due to the immediate and unpleasant consequences, such as odors or sewage surfacing. Mr. Kahler noted that the porous soil naturally contained bacteria that took care of itself.

Yvette Williams, a resident of Spring Valley, expressed concern regarding the financial and logistical challenges of converting properties with existing septic systems to sewer connections. She noted that her property contained two septic tanks, with one requiring an estimated \$50,000–\$100,000 for connection, and the other, serving a guest house, requiring nearly \$250,000 due to elevation and distance issues. She emphasized that many residents in older communities face similar burdens due to cul-de-sac layouts and long distances from sewer lines. Ms. Williams advocated for grandfathering existing systems and applying new regulations only to future developments. She highlighted the personal impact, stating that such mandates could force her to sell her home of nearly 30 years and potentially leave Nevada due to rising costs and lack of consideration for multi-generational households. Ms. Williams also referenced legislative intent, asserting that prior laws were enacted to protect residents from such hardships, and that current proposals appear misaligned with that intent. She criticized past planning decisions that approved septic systems to facilitate rapid growth in Clark County without adequate infrastructure, and expressed frustration that residents are now bearing the consequences. Finally, she raised environmental concerns, pointing to recent approvals for large-scale underground tunneling projects by private companies, which she claimed pose risks to groundwater and have incurred numerous violations with minimal penalties. She questioned the fairness of imposing strict regulations on residents while businesses receive lenient treatment.

My name is Christian Salmon, S-A-L-M-O-N, Clark County homeowner. Under NRS 241.035 I respectfully request that my comments today be entered verbatim into the public record. I own two septic systems and I believe the concerns I'm sharing today reflect many septic owners across Clark County and feel who also feel they would want to be expressed if they were here. This meeting is during the day and it's hard for many to come. Thank you for allowing me to speak. I'm here to address the proposed 2025 regulations governing individual sewage disposal systems and liquid waste management. If adopted, these rules would permanently change how families like mine live, maintain their property, and even sell their homes. These regulations redefine simple maintenance as full construction. If a pump or lid fails, a homeowner could suddenly be required to obtain a full engineering permit, pay for multiple inspections and even reconstruct their entire system. That's a major change for the from the practical proven methods that have been working safely for decades. The proposal also adds five-year operation per operation operating permits that expire automatically when properties transfer. That means no valid permit, no sale, turning home ownership into a revolving cycle of fees, paperwork and inspections that never ends although the spec specific impacts may differ. For those on the Colorado River water, private wells and rural versus city parcels every group is being drawn into the same web of new regulation. Each each of us faces different challenges under this proposal. Yet we are all united in one belief that these rules go too far, too fast, and must be rejected in their entirety, just as this regulation was introduced as one comprehensive package, it should be rejected as a whole so that all property owners, regardless of location, water source and circumstance, can equally be protected. We all share one goal to maintain our property rights, preserve our independence, and ensure that every homeowner in Clark County is treated fairly and consistently in liberty. Before rewriting long standing policy, we need to ask the most basic question - Is there a health emergency? No such emergency has ever been declared by SNHD, NDEP, or any other state or federal agency. If there is if there is a public health emergency, where is the study supporting it? The District's own flyer admits that there are no documented specific failure rates or public health studies that justify these sweeping mandates and the emergency truly if the emergency truly existed Nevada law requires the public to be notified. Yet there was no notice, no press release and no outreach. It is understandable then that the citizenry is skeptical of this process. There's 18,245 of us that were notified only at the bare minimum required by law. Only after word spread among septic owners did a postcard arrive, one that contained no substantive information, collected no contact details and promised no future communications, you know, i.e. e-mail. Why? That does not inspire trust. It deepens the divide between government and the people it serves. So some of us remember the early days of AB220, which contained language that criminalized ordinary homeowners for being on a septic system. Those punitive provisions were later removed, thank goodness. Yet the 2025 proposal seems to resurrect that same idea back under a new form of enforcement. Can you imagine law abiding families being treated like criminals simply for having their homes built and permitted decades ago? We don't deserve to be criminalized for having a septic system, do we? This proposal creates a regulatory trap that tightens over time. One permit, one inspection, and one new fee at a time until independence gives way to permanent oversight. You'd be the PUCN effectively, and I'd be the regulated utility. That's not environmental progress, that's overreach. The true goal is protecting water. If the true goal is protecting water, then that then let's pursue the opportunities that will actually make a difference. Nevada currently receives about .85% of the total Colorado River pact allotment, the smallest of any basin state. Instead of targeting homeowners or a or agencies that should be renegotiating their higher allotment and requiring other basin states to recycle their wastewater to the same standard we already achieve. Coastal states like California have the ocean at their doorstep and the ability to desalinate water. They should have been doing this before Nevadans are told to dig up their yards. One last thing is abandon your regulations, not my septic. Thank you.

Ann Casey, a lifelong Las Vegas resident, shared her experience attempting to connect her property to the city sewer system following the introduction of AB220. She expressed willingness to convert from septic but encountered significant challenges, including lack of clear guidance from local agencies, poor communication, and difficulty obtaining contractor bids. Despite extensive efforts, she was only able to secure one incomplete bid, estimated at \$40,000, with actual costs likely closer to \$50,000 when accounting for connection fees, landscaping, and inflation. She emphasized that her neighborhood contains numerous septic systems and that even properties close to sewer lines face prohibitive costs. Ms. Casey argued that the financial burden placed on homeowners, potentially totaling over \$1 billion across affected properties, is unjustified, especially in the absence of demonstrated public benefit or due process. She noted that the Water Reclamation District targets only problematic systems for conversion funding, excluding her property. Ms. Casey concluded by urging decision-makers to consider the lack of contractor availability, the absence of clear problem identification, and the disproportionate impact on homeowners. She questioned the fairness of imposing costly mandates on residents.

The Chair asked Ms. Casey to leave her address with staff.

Robert Thornley, a resident of the rural preservation area, expressed strong opposition to the proposed changes regarding septic system usage. Drawing on his experience as a general contractor and former chairman of the Nevada State Public Works Board, he voiced concerns about increasing utility-related costs and regulatory burdens. He described multiple financial investments made to maintain independence from municipal utilities, including purchasing water rights and installing solar panels. He criticized recent policy shifts that threaten to revoke unused water rights and reduce solar energy credits, viewing these actions as part of a broader effort to diminish homeowner autonomy. Mr. Thornley argued that the Health District's proposed septic regulations would unnecessarily expand government oversight and impose costly inspections without clear justification. He emphasized that septic system issues are typically self-evident and regularly addressed by homeowners. He further questioned the environmental rationale behind the regulations, noting that septic systems represent a small fraction of water usage in Clark County. He cited the significant costs of sewer conversion, ranging from \$40,000 to several hundred thousand dollars, and warned of property devaluation and financial hardship for retirees like himself. Mr. Thornley concluded by urging officials to focus on managing Las Vegas's rapid growth rather than imposing burdensome regulations on long-standing residents.

Rick Aco, a realtor serving Clark, Lincoln, and Nye counties, expressed opposition to proposed changes requiring new five-year septic permits, inspections, and water tests. He noted that homeowners already paid for permits and inspections when their homes were built, and that residential purchase agreements allow buyers to request septic and well inspections, with costs negotiated between parties. He emphasized that this existing process is effective without additional government oversight. As a homeowner in Sandy Valley, Mr. Aco highlighted the impracticality of sewer conversion in rural areas due to lack of infrastructure, funding, and accessibility. He stated that mandatory inspections would increase costs and delays, particularly in remote communities. He also noted that the proposed changes are already negatively impacting real estate transactions by adding complexity and discouraging buyers. Mr. Aco concluded by urging the Board not to duplicate existing processes, not to impose urban regulations on rural communities, and to prioritize fairness over bureaucracy.

Denise Tropea-Kelly, a resident of Centennial for 25 years, expressed strong opposition to the proposed 2025 septic regulations. She stated that her community has responsibly maintained its

wells and septic systems and that the new rules would impose unreasonable and unaffordable burdens on rural homeowners. Specifically, she noted that minor repairs could trigger full system redesigns, driving up costs and threatening long-standing, safe living conditions. She referenced existing Nevada statutes (NRS 444.650 and NRS 534) as sufficient for public protection and argued that there is no data indicating widespread septic system failure or environmental harm. Ms. Tropea-Kelly emphasized that rural residents are conscientious about system maintenance and that the proposed regulations disproportionately affect lower-income households and those who have invested significant personal labor into their homes. She concluded by urging the Board to protect homeowner rights, reject unnecessary regulations, and allow responsible rural residents to continue managing their land and water independently. She advocated for grandfathering existing systems.

Karen Walker, a resident of the rural preservation area since 2007, expressed opposition to the proposed 2025 septic regulations. She stated that her custom-built home complies with all existing laws and that her private septic and well systems represent a significant portion of her mortgage, which she is still paying. She emphasized that requiring abandonment of these systems would impose unfair financial burdens on homeowners still servicing loans for infrastructure they would no longer be allowed to use. Ms. Walker noted that her septic system is located approximately 10 feet underground, which she had to drill to a depth of 700 feet, making contamination unlikely. She argued that there is no documented evidence of groundwater danger in her area and that the proposed regulations lack justification for targeting functioning systems. She urged the Board to revise the regulations to focus on areas without future access to public sewer infrastructure, such as Mount Charleston and Lee Canyon, and to avoid placing the cost of implementing AB220 on homeowners with healthy systems.

Roy Trafton expressed support for the concerns raised by fellow residents regarding the proposed septic regulations. He noted that he did not receive proper notice about the meeting and emphasized that many others in the community are similarly unaware of the potential impacts. He stated that existing septic systems are functioning safely and questioned the necessity of five-year inspection requirements, particularly for single-occupant households like his. Mr. Tropton criticized the disproportionate burden placed on homeowners, especially retirees, who may face significant financial hardship due to mandated conversions and inspections. He highlighted broader concerns about unchecked development, water consumption by data centers, and the lack of corresponding infrastructure expansion. He urged the Board to consider grandfathering in existing systems. Mr. Tropton concluded by calling for greater clarity.

The Chair suggested that any members of the public leave their address with staff to confirm that they are on the mailing list.

David Croteau expressed strong opposition to the proposed septic regulations, citing the significant financial investment in his property, including \$900,000 tied to his home and \$100,000 in landscaping. He stated that mandated changes would result in the destruction of his front yard and impose unfair costs on homeowners. He questioned the legislative process behind the proposal, asking who initiated it and which lawmakers supported it. Mr. Croteau emphasized that the community does not support these changes and that the burden should not fall on residents. He urged the Board to reconsider the regulations and protect homeowners from unnecessary financial hardship.

Judy Heath, a resident of the Children's Memorial Park area in unincorporated Clark County, expressed concern over the lack of public awareness regarding the proposed septic regulations.

She noted that many of her neighbors, particularly elderly residents, were unaware of the issue due to limited access to digital communication. She and her husband distributed flyers to inform the community. Ms. Heath described the emotional and financial stress the proposed changes are causing, particularly for vulnerable residents. She shared an example of a neighbor who fears becoming homeless due to the potential costs. She also highlighted the impact on animals in the area and the disruption that septic system alterations could cause. She raised concerns about the high cost of septic conversion, citing a neighbor's quote of \$100,000 for a single property. Ms. Heath questioned the need to notify the Health District when selling a home and emphasized that residents with septic systems are often more cautious about waste disposal than those on sewer systems. Ms. Heath concluded by urging the Board to abandon the proposed regulations, emphasizing that they disproportionately affect elderly and low-income residents in rural areas.

Robert Dreyfus, a rural homeowner in Moapa, expressed strong opposition to the proposed 2025 Individual Sewage Disposal System (ISDS) regulations. He raised concerns regarding their constitutionality, lack of supporting evidence, financial impact, and due process. He cited the Nevada Supreme Court's ruling requiring a two-thirds legislative majority for recurring fees, such as the proposed \$226 charge, and argued that implementing such fees through rulemaking may violate Article 4 of the Nevada Constitution and the 5<sup>th</sup> Amendment. He noted the absence of data on septic system failure rates, groundwater contamination, or cost-benefit analysis, asserting that the regulations appear arbitrary and may infringe upon the 14<sup>th</sup> Amendment due process protections. Mr. Dreyfus also highlighted the financial burden on rural and fixed-income homeowners, referencing potential costs of up to \$100,000 for system upgrades and the risk of property devaluation. He criticized the notification process as inadequate, referencing the short three-week window between learning of the proposal and the scheduled hearing, which limited community input. Mr. Dreyfus recommended postponing implementation, conducting independent studies, considering grandfathering provisions and waivers, providing financial aid for low-income residents, and improving public outreach. He concluded by urging the Board to reject the regulations in their current form to ensure legal compliance and protect homeowner rights.

Lisa Scaro (?sp), a resident of Section 11 at 6245 Edna Ave, attended the meeting after being informed by neighbors and expressed appreciation for community engagement. She identified herself as a real estate broker and voiced agreement with concerns previously raised by another realtor from Sandy Valley. Ms. Scaro (?sp) emphasized the financial burden associated with sewer connection, citing a past estimate of \$55,000 for trenching alone, excluding additional costs such as connection fees and landscaping. She advocated for greater transparency and accountability, expressing this should not be in the purview of the Health District. Ms. Scaro (?sp) highlighted ongoing issues with short-term rentals in her neighborhood, including improper pool water disposal, excessive trash, and unregulated business activities posing health and safety risks. She requested clarification regarding discussions held in a prior meeting about short-term rentals and stressed the importance of protecting responsible homeowners from undue burdens.

Hardy Brunell, a long-time resident of over 40 years, expressed concerns regarding the financial burden of connecting to the city sewer system, citing his background as a general contractor and the high costs associated with such infrastructure work. He noted that he built his home at age 23 and has relied on a septic system since. Mr. Brunell acknowledged the Health District's role and expressed appreciation for its historical contributions to the community, sharing personal experiences from his youth and early adulthood. He voiced regret that the responsibility for the sewer issue appears to have been transferred from the Water Authority to the Health District and urged the Health District to act in the community's best interest.

Jim Cavin, a homeowner for 47 years, shared insights and concerns regarding proposed septic system regulations. He emphasized that uniform regulations may not be appropriate for diverse communities such as Sandy Valley, Mount Charleston, Moapa Valley, and Mesquite, each with unique infrastructure and property characteristics. Mr. Cavin noted that some properties may require costly pumping systems even if sewer lines are available, and that septic permits can exceed \$20,000. He cited the existence of approximately 18,500 septic systems in Clark County and expressed concern that few users were notified of the proposed changes. He questioned the basis for presenting the regulations as a health and safety issue and requested data on septic-related emergencies responded to by the Health District. He estimated the need for four full-time employees at an annual cost of \$300,000 to conduct inspections. Mr. Cavin advocated for a collaborative approach between the Health District and homeowners, suggesting that assistance should be provided when systems fail, rather than mandating costly sewer connections. He concluded by urging the Health District to present data supporting the need for regulation and cautioned against unnecessary changes to functioning systems.

Lois Thompson, a resident of the Lone Mountain area, expressed concern that the proposed septic system regulations would impose a significant financial burden on many residents. She noted the absence of a cost-benefit analysis for the program despite reviewing available materials on the Health District's website and past agendas. Ms. Thompson highlighted that many rural areas lack access to wastewater treatment facilities or have property conditions that prevent discharge to existing systems. She stated that the proposed regulations do not equitably distribute benefits among affected properties and appear to expand administrative authority over private property owners. As a closing remark, she suggested that resources would be better allocated toward addressing the mosquito problem in the area.

Cheryl Pastore, a retired golf professional with over 50 years of experience and multiple academic degrees, shared her insights on mosquito control and septic system management. Drawing from her background managing large golf courses, she recommended the use of mosquito fish and water circulation systems, such as fountains, to effectively eliminate mosquito populations and prevent algae growth in standing water. She emphasized that these methods had proven successful in her past operations, eliminating the need for chemical spraying. Ms. Pastore also voiced concerns regarding proposed septic system regulations, noting that her above-ground cement septic tank requires pumping every 4-5 years, contrary to the suggested 10-12 year interval. She criticized the financial burden and impracticality of mandated sewer hookups for senior homeowners, particularly those in cul-de-sacs, and expressed frustration over the lack of representation and understanding from decision-makers who do not live in homes with septic systems.

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

### **XIII. ADJOURNMENT**

The Chair adjourned the meeting at 10:59 a.m.

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



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      DATE: November 20, 2025

RE: *Approval of the CHEMPACK Storage Facility Agreement between the Southern Nevada Health District and State of Nevada, Division of Public and Behavioral Health, Public Health Preparedness Program.*

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### **PETITION #15-26**

**That the Southern Nevada District Board of Health approves the CHEMPACK Storage Facility Agreement between the Southern Nevada Health District and State of Nevada, Division of Public and Behavioral Health Public Health Preparedness Program for Storage and Maintenance of Emergency Medical Counter Measures.**

#### **PETITIONERS:**

Cassius Lockett, PhD, District Health Officer   
Xavier Gonzales, PhD, MSPH, CHWI, Director of Community Health   
Jeff Quinn, MPH, Public Health Preparedness Manager 

#### **DISCUSSION:**

The State of Nevada, Division of Public and Behavioral Health Public Health Preparedness Program (DPBH PHP) is responsible for the oversight of the CHEMPACK Program in the state in coordination with the Administration for Strategic Preparedness and Response (ASPR) Center of the Strategic National Stockpile (CSNS). Through this interlocal agreement, The Southern Nevada Health District will be responsible for securely storing and maintaining the CHEMPACK container(s), and the Medical Countermeasures (MCM), the general term referring to pharmaceuticals, medications, and medical materials used to treat specified medical conditions/emergencies) stored within, as required by CSNS.

CHEMPACKs are containers of nerve agent antidotes placed in secure locations in local areas around the country to allow rapid response to a chemical incident. These medications treat the symptoms of nerve agent exposure and can be distributed even when the actual agent is unknown.

The ASPR CHEMPACK team maintains approximately 1,974 containers strategically placed in approximately 1,330 locations in the United States and its territories. More than 90 percent of the U.S. population is within 1 hour of a CHEMPACK location.

#### **FUNDING:**

No funding is associated with this agreement.

CETS #:	N/A
Agency Reference #:	18564

## INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

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

Public Entity #1:	State of Nevada Division of Public & Behavioral Health (DPBH, the Division) Public Health Preparedness (PHP) Program
Address:	4126 Technology Way, Suite #100
City, State, Zip Code:	Carson City, NV 89706
Contact:	James Phan
Phone:	775-528-0175
Fax:	775-684-5951
Email:	JPhan@health.nv.gov

Public Entity #2:	Southern Nevada Health District
Address:	280 South Decatur Boulevard
City, State, Zip Code:	Las Vegas, NV 89127
Contact:	Jeff Quinn
Phone:	702-759-0945
Fax:	702-592-9445
Email:	Quinn@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 <sup>st</sup> and ending June 30 <sup>th</sup> 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.

CETS #:	N/A
Agency Reference #:	18564

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:	UPON APPROVAL	To:	June 30, 2029
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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 AA:	SCOPE OF WORK AND DELIVERABLES
ATTACHMENT BB:	MEMORANDUM OF AGREEMENT 5320 (US DEPARTMENT OF HEALTH & HUMAN SERVICES – NEVADA DIVISION OF PUBLIC & BEHAVIORAL HEALTH PUBLIC HEALTH PREPAREDNESS) [EXECUTED]
ATTACHMENT CC:	CHEMPACK MONTHLY QUALITY ASSURANCE/QUALITY CONTROL ASSESSMENT FORM & CHEMPACK CONTAINER SITE & POINT OF CONTACT INFORMATION FORM (REVISED JUNE 2022)

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:

\$ 0.00	per	N/A
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Total Contract or installments payable at:	N/A
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Total Contract Not to Exceed:	\$ 0.00
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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**

CETS #:	N/A
Agency Reference #:	18564

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.

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 construed 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.

CETS #:	N/A
Agency Reference #:	18564

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.
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.

CETS #:	N/A
Agency Reference #:	18564

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

Public Entity #1 Authorized Signature

Date

Title

District Health Officer

Public Entity #2 Authorized Signature

Date

Title

Approved as to form by:

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

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

On: \_\_\_\_\_ Date \_\_\_\_\_

Date

APPROVED BY BOARD OF EXAMINERS

Signature – Board of Examiners

On: \_\_\_\_\_ Date \_\_\_\_\_

Approved as to form by:

Deputy Attorney General for Attorney General

On: \_\_\_\_\_ Date \_\_\_\_\_

CETS#
RFP#

## **ATTACHMENT AA**

### **Scope of Work**

In general, the Division of Public & Behavioral Health Public Health Preparedness (DPBH PHP) Program will be responsible for the oversight of the CHEMPACK Program in the State of Nevada in coordination with the Administration for Strategic Preparedness & Response (ASPR) Center for the Strategic National Stockpile (CSNS, or more simply SNS). The CHEMPACK Storage Facility will be responsible for securely storing and maintaining the CHEMPACK container(s), and the Medical Countermeasures (MCM, the general term referring to pharmaceuticals, medications, and medical materials used to treat specified medical conditions/emergencies) stored within, as required by the CSNS.

The CHEMPACK MCM would be utilized to respond to any incident(s) involving the intentional and/or unintentional release of nerve agents and/or commercial chemical products with similar chemical structures and pathological characteristics.

DPBH PHP and the following specified CHEMPACK Storage Facility (Southern Nevada Health District) mutually consent to aid and assist with the following specified responsibilities (that may apply outside of or during disaster(s) and/or emergency incident(s), so long as the demands allow the tasked agency to meet its own commitments, needs, and contingencies):

DPBH PHP:

1. Designate a single person within DPBH PHP to be the primary DPBH PHP CHEMPACK Point of Contact (POC), and designate a second person within DPBH PHP to be the secondary DPBH PHP CHEMPACK POC. Provide contact information on the primary and secondary DPBH PHP CHEMPACK POCs to the CHEMPACK Storage Facility.
2. Notify the CHEMPACK Storage Facility of any contact information change(s) for the primary and/or secondary DPBH PHP CHEMPACK POCs at the end of each calendar month when confirming receipt of the CHEMPACK Storage Facility's monthly submission of the (1) CHEMPACK Monthly Quality Assurance/Quality Control Assessment Form, and the (2) CHEMPACK Container Site & Point Of Contact Information Form.
3. Conduct on-site inventory checks, security checks, and quality assurance/quality control checks as required by the Memorandum of Agreement (MOA) between SNS and DPBH PHP (Attachment BB). Provide a minimum of twenty-four (24) hours advance notice to the CHEMPACK Storage Facility POCs regarding the timing of such checks where reasonably practicable and in the best interest of the SNS.
4. Forward any contact information change(s) of personnel with access to the CHEMPACK container(s) at the CHEMPACK Storage Facility to the SNS as they occur.
5. Work with the CHEMPACK Storage Facility to correct any non-compliant environmental and/or security conditions identified by the SNS and/or by DPBH PHP within the timeframes specified in the MOA between SNS and DPBH PHP (Attachment BB).

CHEMPACK Storage Facility (Southern Nevada Health District):

1. The CHEMPACK Storage Facility POCs shall act as custodians of the CHEMPACK container(s) and shall have responsibility for overseeing CHEMPACK Storage Facility compliance, in accordance with the terms of this Scope of Work. The CHEMPACK Storage Facility POCs will notify DPBH PHP of any contact information change(s) for the primary and/or secondary CHEMPACK Storage Facility POCs, and primary and/or secondary CHEMPACK Storage Facility Security POCs.

CETS#
RFP#

2. The U.S. Drug Enforcement Administration (DEA) registrant (pharmaceutical and/or medical professional with a current and valid DEA registration who will sign for and accept custody of controlled substances and other pharmaceuticals in the CHEMPACK container(s)) will designate a single person to be the primary CHEMPACK Storage Facility POC and will designate a second person to be the secondary CHEMPACK Storage Facility POC. Provide contact information for the primary and secondary CHEMPACK Storage Facility POCs to DPBH PHP, and provide updates as any contact information change(s) occur. Ensure that a DEA registrant for controlled substances from the CHEMPACK Storage Facility is present to sign for custody during sustainment and inventory of the MCM within the CHEMPACK container(s). Dispose of CHEMPACK MCM only as directed by SNS CHEMPACK personnel and/or DPBH PHP CHEMPACK personnel.
3. Allow DPBH PHP CHEMPACK personnel and/or SNS CHEMPACK personnel access to the CHEMPACK container(s) at the CHEMPACK Storage Facility and cooperate fully with DPBH PHP CHEMPACK personnel and/or SNS CHEMPACK personnel for all on-site inventory checks, security checks, and quality assurance/quality control checks as required by the MOA between SNS and DPBH PHP (Attachment BB). Full access must be given upon request.
4. The primary and/or secondary CHEMPACK Storage Facility POCs shall be present at and facilitate any and all such on-site inventory checks, security checks, and quality assurance/quality control checks. The primary and/or secondary CHEMPACK Storage Facility POCs will complete monthly quality assurance/quality control checks of the environment in which the CHEMPACK container(s) are stored as required under Section V, Paragraph 10 of the MOA between SNS and DPBH PHP (Attachment BB). The primary and/or secondary CHEMPACK Storage Facility POCs shall complete the (1) CHEMPACK Monthly Quality Assurance/Quality Control Assessment Form, and the (2) CHEMPACK Container Site & Point Of Contact Information Form (Both within Attachment CC, to include any information change(s) to CHEMPACK Storage Facility, contact information change(s) for primary and/or secondary CHEMPACK Storage Facility POCs, and contact information change(s) for primary and/or secondary CHEMPACK Storage Facility Security POCs), and submit the completed forms by e-mail to the primary and/or secondary DPBH PHP CHEMPACK POCs by the end of each calendar month. Upon receipt of these completed forms, the primary and/or secondary DPBH PHP CHEMPACK POCs will provide a confirmation receipt and any contact information change(s) for the primary and/or secondary DPBH PHP CHEMPACK POCs to the primary and/or secondary CHEMPACK Storage Facility POCs.
5. Respond within fifteen (15) minutes and correct any non-compliant environmental and/or security condition(s) at the CHEMPACK Storage Facility within one (1) hour of occurrence of incident(s). Notify the primary and/or secondary DPBH PHP CHEMPACK POCs within one (1) hour of occurrence of incident(s).
6. Obtain approval from the County/District Health Officer before breaking the CHEMPACK container(s) seal(s) and security system(s) by designated individuals. The County/District Health Officer, or his/her designee, will authorize breaking the CHEMPACK container seal(s) and security system(s) when it has been determined that other means to save human life will not be sufficient and/or timely.
7. Ensure use of the packaged CHEMPACK MCM is in accordance with the MOA between SNS and DPBH PHP (Attachment BB).
8. Notify the primary and/or secondary DPBH PHP CHEMPACK POCs within one (1) hour of an authorized emergency deployment and provide the justification(s)/reason(s) why the CHEMPACK container(s) was/were opened.
9. Notify the primary and/or secondary DPBH PHP CHEMPACK POCs within one (1) hour of any change(s), or proposed change(s), in the physical location and movement of CHEMPACK container(s) from current location.
10. DPBH PHP may require temporary movement of one or more CHEMPACK container(s) for high-profile and/or other special event(s). The CHEMPACK Storage Facility shall ensure the capability to rapidly move CHEMPACK container(s), including, but not limited to, providing the necessary number and capability of hydraulic lifts, forklifts, enclosed towed trailers, loading docks, and/or ramps.

CETS#
RFP#

11. Coordinate with the primary and/or secondary DPBH PHP CHEMPACK POCs and the SNS CHEMPACK personnel to ensure proper security and environmental conditions for CHEMPACK MCM during any non-emergency movement (including pre-positioning assets for high-profile and/or other special event(s)).
12. Movement(s) of the CHEMPACK MCM not specifically directed by SNS Program or by DPBH PHP shall be funded by the CHEMPACK Storage Facility.
13. Maintain a written record of any emergency deployment, including, but not limited to, identifying the quantity of CHEMPACK MCM deployed, utilized, and returned to the CHEMPACK container(s). The written record shall be e-mailed to the primary and/or secondary DPBH PHP CHEMPACK POCs as soon as possible, but no later than twenty-four (24) hours following deployment and/or utilization.
14. In the event of any utilization, compromise, and/or loss of CHEMPACK MCM not specifically authorized by DPBH PHP, report the utilization, compromise, and/or loss to the primary and/or secondary DPBH PHP CHEMPACK POCs as soon as possible by e-mail and by phone, but no later than twenty-four (24) hours following discovery. In the event of any accidental compromise to the CHEMPACK container, e.g., fire, or accidental damage, etc., the CHEMPACK Storage Facility will not be held responsible.

DPBH PHP and Southern Nevada Health District reserve the right to modify the specific tasks as necessary to accomplish the Scope of Work.

MEMORANDUM OF AGREEMENT BETWEEN  
THE  
UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, ASSISTANT SECRETARY OF PREPAREDNESS  
AND RESPONSE  
AND  
NEVADA

**I. PURPOSE**

To effectively respond to a Public Health nerve agent poisoning event(s), the Secretary of Health and Human Services (HHS) Office of the Assistant Secretary of Preparedness and Response (ASPR) agrees to pre-position CHEMPACK Assets in Project Area ("RECIPIENT"). ASPR and the RECIPIENT (collectively, the "parties") agree to the terms, conditions, and responsibilities contained in this Memorandum of Agreement ("MOA"). This MOA is independent of, and supplements, any agreement between ASPR and RECIPIENT concerning the Strategic National Stockpile (SNS), but supersedes any previous agreements concerning CHEMPACK Assets.

**II. DEFINITIONS**

**Cache Location** – a facility that stores CHEMPACK Containers.

**CHEMPACK Assets** – items listed in Appendix I or their approved pharmaceutical alternatives and/or therapeutic equivalents. Appendix I product content are subject to change, however a written revision to MOA will not be required and an update to Appendix I will be provided.

**CHEMPACK Containers** – Drug Enforcement Agency (DEA)-approved, self-monitoring, SATCO® units containing CHEMPACK Assets, padlock, CHEMPACK-serial-numbered container seal, and a temperature and security monitoring device.

**Drop Ship** – Shipping of CHEMPACK products from SNS repositories directly to a CHEMPACK cache site and return shipment via mail using a contracted transportation carrier. This involves CHEMPACK cache site personnel or other RECIPIENT representative(s) coordinating the delivery, receipt, replacement, return shipment of product(s) and completion of all required documentation. The cost to implement Drop Ship will be the responsibility of ASPR.

**Extended Not Relabeled (ENR)** – Product that has been tested through the Shelf Life Extension Program and extended by Food and Drug Administration (FDA) for use beyond the manufacturer's original expiration date; however, product labeling will not reflect the new extension date.

**III. RESPONSIBILITIES**

- A. Prior to receipt of CHEMPACK Containers and CHEMPACK Assets, RECIPIENT will develop and provide to DSNS an operational plan for storage, monitoring, deployment, use, and administration of CHEMPACK Assets, which will address asset placement, distribution, coverage areas, and security. As part of RECIPIENT's plan, or in another format approved by DSNS, RECIPIENT will provide DSNS the name, title/position, office phone number, cell phone number, and e-mail address(es), for: a primary and alternate statewide point of contact and a primary and alternate point of contact for each cache location. In addition, RECIPIENT will provide CHEMPACK Program with a list of all personnel, including name, title/position, primary phone number, and alternate phone number, who have access to CHEMPACK Containers and CHEMPACK Assets. RECIPIENT will notify CHEMPACK of any changes in the plan or personnel and will provide updated plan and contact information within 48 hours of the change. Upon receiving ASPR's approval of RECIPIENT's operational plan, the RECIPIENT will coordinate with

DSNS for the transportation and delivery of CHEMPACK Container. The cache site/project area will be responsible for all costs associated with the storage of CHEMPACK container(s).

- B. RECIPIENT will maintain CHEMPACK Containers as described in Appendix II. RECIPIENT will contact CHEMPACK Program as soon as possible after detecting any non-compliant condition but no later than one hour after detecting a non-compliant deviation of climate control. RECIPIENT will begin to correct any non-compliant condition immediately upon discovery, and for any condition that cannot be corrected within 12 hours, RECIPIENT will coordinate with CHEMPACK Program to move affected CHEMPACK Containers to a mutually acceptable location. RECIPIENT will report any loss or compromise of cache locations, CHEMPACK Containers, or CHEMPACK Assets immediately upon discovery, and will report within 48 hours the circumstances resulting in the loss or compromise, the nature of the loss or compromise, and the types and amounts of any CHEMPACK Containers or assets lost, compromised, or destroyed.
- C. RECIPIENT will maintain the integrity of the CHEMPACK Container seal until authorized state or local officials determine that deployment to respond to a nerve agent release is warranted OR to prevent the potential loss of life. RECIPIENT may deploy CHEMPACK Assets in response to actual or suspected nerve agent events that: (1) threaten the medical security of the community; (2) put multiple lives at risk; and (3) are beyond local emergency response capabilities. RECIPIENT will notify ASPR within 24 to 48 hours of a deployment and report the type(s) and amount of CHEMPACK Assets: (1) used in the deployment; and (2) remaining in the CHEMPACK Container. Cache site will reseal the container following an inventory coordinated by the RECIPIENT.
- D. RECIPIENT will maintain the integrity of product cases and manufacturer labels for CHEMPACK products stored in CHEMPACK Containers. Labels will not be defaced or covered. Products will remain in their original manufacturer packaging/cases.
- E. RECIPIENT may temporarily transport CHEMPACK Containers for federally designated special events (i.e., National Special Security events, Super Bowl, World Series, major political conventions, state fair, and large scale or high-risk public event etc.) for the purpose of strategically pre-positioning CHEMPACK Containers, subject to the following conditions:
  - 1. RECIPIENT assumes responsibility for all costs associated with transport of CHEMPACK Containers not specifically directed by the CHEMPACK Program;
  - 2. RECIPIENT must notify CHEMPACK Program at least 48 hours prior to any movement;
  - 3. RECIPIENT must notify CHEMPACK Program 30 days prior to non-emergency internal container moves to new cache storage area;
  - 4. RECIPIENT's notification must be made via phone or email to the designated CHEMPACK Regional Coordinator, CHEMPACK Operations Manager, or the CHEMPACK Section Lead;
  - 5. RECIPIENT will notify the DEA registrant of temporary or permanent container moves;
  - 6. RECIPIENT must complete documentation provided by CHEMPACK for special events/temporary CHEMPACK Container moves;
  - 7. RECIPIENT must maintain CHEMPACK Container(s) and Assets during transport/storage to include the following:
    - i. Secure temporary location by controlled access to include daily security checks. Each CHEMPACK Container should contain a lock with an ASPR-provided padlock and key access that is limited to personnel authorized by RECIPIENT's DEA-registrant and/or the Cache location pharmacy director.
    - ii. Monitor and Control temperature at (68°F - 77°F) (20°C - 25°C) to ensure temperatures are maintained during transport and at a temporary location. Documentation required if temperature is not being monitored by a temperature monitoring device/system or disruption in system.

- iii. Ensure the integrity of the CHEMPACK Container(s) and CHEMPACK assets are maintained according to regulation 21 CFR (i.e. sanitation, pest control, etc.)
- iv. Maintain fire detection and alarm systems, and fire suppression systems as required by federal, state, and local pharmaceutical regulations and fire codes.
- v. Store only ASPR-provided CHEMPACK Assets in CHEMPACK Container(s); storage of non-ASPR-provided assets in CHEMPACK Container(s), including state-owned nerve agent antidotes, is not permitted. Ensure no items are placed or stored on top of CHEMPACK Container(s) that exceed 100 pounds.

F. Any movement of CHEMPACK Containers not described above in section III (E) must be approved by ASPR.

G. Upon request from CHEMPACK, RECIPIENT will provide access to RECIPIENT's Cache Location to allow CHEMPACK to perform:

- 1. Routine review of facilities holding CHEMPACK Assets and to inventory, restock, and remove expiring/expired CHEMPACK Assets; and
- 2. Periodic audits, including quality assurance and quality control inspections, to verify that the RECIPIENT is complying with the terms and conditions of this MOA.

H. CHEMPACK and/or RECIPIENT will inventory CHEMPACK Containers approximately every 12 to 24 months or as required by CHEMPACK.

I. RECIPIENT agrees to provide CHEMPACK Assets to patient(s) free-of-charge.

J. Drop Ship of CHEMPACK Assets, RECIPIENT and CHEMPACK cache site personnel or their authorized representatives will accept the arranged delivery, conduct and verify product replacement, sign applicable documentation, and return such assets and records as outlined in the "CHEMPACK Drop Ship: Receive and Return Instructions" included in each shipment.

K. Expiring product from a Drop Ship will be returned to a DSNS warehouse within 10 business days of receipt of replacement product. If, unable to return expiring product within recommended window contact CHEMPACK Regional Coordinator for guidance.

#### IV. COSTS

Except where otherwise described in this MOA, each party is responsible for its own costs. ASPR's responsibilities are subject to the availability of appropriated funds. ASPR is generally not funded to replace CHEMPACK Assets and CHEMPACK Containers lost, compromised, or destroyed, but may replenish or replace, or assist RECIPIENT in identifying and/or paying for potential mechanisms to replenish or replace, CHEMPACK Assets used in response to a nerve agent incident or as a result of circumstances beyond the reasonable control of the parties, i.e., natural disasters.

#### V. OWNERSHIP

HHS retains ownership of all CHEMPACK Assets and CHEMPACK Containers, including after such Assets and Containers have been delivered to RECIPIENT and RECIPIENT has assumed custody.

Appendix I product content are subject to change, however a revision to MOA will not be required and an update to Appendix I will be provided.

**VI. COMPLIANCE WITH US DRUG ENFORCEMENT AGENCY REQUIREMENTS**

- A. RECIPIENT agrees to comply with all applicable federal, state, and local requirements regarding storage, use, and handling of controlled substances, including, but not limited to, those described in 21 CFR Parts 1301 and 1304. (This also applies to the handling of controlled substances during temporary CHEMPACK container moves).
- B. RECIPIENT must designate a pharmaceutical or medical professional with a DEA-registration who will sign for and accept custody for CHEMPACK Assets and who will be responsible for ensuring compliance with the terms and conditions of this MOA including Appendix II.
- C. RECIPIENT will ensure that each CHEMPACK Cache Site possesses a valid, separate DEA registration.
- D. RECIPIENT will ensure a valid DEA registrant assumes custody of CHEMPACK controlled substances: Distributor, Hospital/Clinic, Emergency Medical Services and Retail Pharmacy. Practitioner registrations are not approved for use in the CHEMPACK program.
- E. RECIPIENT must provide the DEA registrant's contact information (name, license number, primary and alternate phone number) four weeks prior to DSNS's schedule delivery of any CHEMPACK Assets. RECIPIENT will ensure that the DEA registrant or their designated representative will be present for all ASPR visits.

**VII. REQUESTS FOR INFORMATION**

Under 42 USC § 247d-6b, federal agencies are prohibited from disclosing under the Freedom of Information Act (5 USC § 552) any information identifying the location at which CHEMPACK Assets are stored. To the extent permitted by law, the parties agree that neither will disclose the nature of this effort or the terms of this MOA to any person or entity, except as may be necessary to fulfill their respective missions and statutory and regulatory responsibilities. The parties agree to notify one another before making any such disclosure.

**VIII. LIABILITY**

Each party to this MOA shall be responsible for its own acts and omissions and those of its officers, employees, and agents. No party to this MOA shall be responsible for the acts or omissions of entities not a party to this MOA. Neither party to this MOA agrees to release, hold harmless, or indemnify the other party from liability that may arise or relate to this MOA.

**IX. NO PRIVATE RIGHT CREATED**

This document is an internal MOA between the parties and does not create or confer any right or benefit on any other person(s) or party, private or public. Nothing in this MOA is intended to restrict the authority of either signatory to act as provided by law or regulation, or to restrict any agency from enforcing any laws within its authority or jurisdiction.

**X. SETTLEMENT OF DISPUTES**

The parties agree to good faith consultation with one another to resolve disagreements that may arise under or relating to this MOA before referring the matter to any other person or entity for settlement.

**XI. AUTHORITY, EFFECTIVE DATE, MODIFICATION, AND TERMINATION**

- A. This MOA is made under the authority of section 319F-2 of the Public Health Service Act, as amended (42 USC § 247d-6b).

B. This MOA shall become effective upon the signature of both parties and shall remain in effect until otherwise agreed to by the parties. The terms of this MOA may be modified upon written agreement by both parties. Either party may terminate this MOA at any time upon 180 days advance written notice unless there is a critical failure to perform. In the event of termination, all CHEMPACK Assets and Containers shall be returned to the ASPR within 180 days of termination. If ASPR terminates this MOA for a reason other than RECIPIENT'S critical failure to perform, ASPR will, at its own cost, arrange for the return of the CHEMPACK Assets and CHEMPACK Containers. The terms and conditions of this MOA will remain in effect until all CHEMPACK Assets and CHEMPACK Containers are returned.

**XII. CAPACITY TO ENTER AGREEMENT**

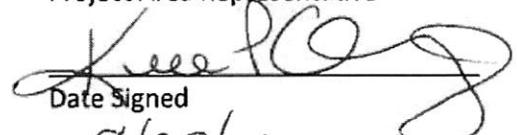
The persons executing this MOA on behalf of their respective entities hereby represent and warrant that they have the right, power, legal capacity, and appropriate authority to enter into this MOA on behalf of the entity for which they sign.

Director, Strategic National Stockpile

Steven A. Adams - Digitally signed by Steven A.  
Adams -S  
Date: 2021.03.22 14:24:03 -04'00'

Date signed

Project Area Representative

  
Date Signed  
5/28/21

**APPENDIX I**  
**CHEMPACK Container Contents**

EMS CHEMPACK Container for 454 Treatments			
	Unit Pack	Cases	QTY
Mark 1 auto-injector*	240	5	1200
ATNAA**	200	6	1200
Pralidoxime 300mg auto-injector***	240	5	1200
Atropine Sulfate 0.4mg/ml 20ml	100	1	100
Pralidoxime 1gm inj 20ml	276	1	276
Atropen 0.5 mg	144	1	144
Atropen 1.0 mg	144	1	144
Atropen 2.0mg***	136	9	1224
Diazepam 5mg/ml auto-injector	150	2	300
Seizalam (Midazolam) 5mg/ml vial, 10ml	50	1	50
Sterile water for injection (SWFI) 20cc Vials****	100	1	100
Security Temperature Monitoring System			1
SATCO C DEA Container			1

\* If Mark 1 auto-injector is included in the container the ATNAA, Pralidoxime 300mg and Atropen 2.0mg will not be included

\*\*If ATNAA is included in the container Mark 1 auto-injector, Pralidoxime 300mg, and Atropen 2.0mg will not be included

\*\*\*If the Pralidoxime 300mg and Atropen 2.0mg are included in the container Mark 1 auto-injectors and ATNAA will not be included

\*\*\*\*EMS containers stored at non-medical treatment facilities will receive 2 cases of Sterile Water.

**APPENDIX I**  
**CHEMPACK Container Contents**  
**(Continued)**

<b>Hospital CHEMPACK Container for 1,000 Treatments</b>			
	<b>Unit Pack</b>	<b>Cases</b>	<b>QTY</b>
Pralidoxime 300mg auto-injector**	240	2	480
Atropine Sulfate 0.4mg/ml 20ml	100	11	900
Pralidoxime 1gm inj 20ml	276	10	2760
Atropen 0.5 mg	144	1	144
Atropen 1.0 mg	144	1	144
Atropen 2.0 mg**	136	4	544
Diazepam 5mg/ml auto-injector	150	1	150
Seizalam (Midazolam) 5mg/ml vial, 10ml	50	10	500
Diazepam 5mg/ml vial, 10ml	50	3	150
Sterile water for injection (SWFI) 20cc Vials***	100	1	100
Security Temperature Monitoring System			1
SATCO C DEA Container			1

\*If Mark 1 auto-injector is included in the container the Pralidoxime 300mg and Atropen 2.0mg will not be included

\*\*If the Pralidoxime 300mg and Atropen 2.0mg are included in the container Mark 1 auto-injectors will not be included

\*\*\*Hospital containers stored at non-medical treatment facilities will receive 28 cases of Sterile Water.

APPENDIX I  
CHEMPACK Contents

(Guam)

Hospital CHEMPACK Container for 1,000 Treatments			
	Unit Pack	Cases	QTY
Mark 1 auto-injector*	240	2	480
Pralidoxime 300mg auto-injector**	240	2	480
Atropine Sulfate 0.4mg/ml 20ml	100	9	900
Pralidoxime 1gm inj 20ml	276	10	2760
Atropen 0.5 mg	144	1	144
Atropen 1.0 mg	144	1	144
Atropen 2.0 mg**	136	4	544
Diazepam 5mg/ml auto-injector	150	1	150
Seizalam (Midazolam) 5mg/ml vial, 10ml	50	10	500
Diazepam 5mg/ml vial, 10ml	50	3	150
Sterile water for injection (SWFI) 20cc Vials***	100	28	100
SATCO C DEA Container			1

\*If Mark 1 auto-injector is included in the container the Pralidoxime 300mg and Atropen 2.0mg will not be included

\*\*If the Pralidoxime 300mg and Atropen 2.0mg are included in the container Mark 1 auto-injectors will not be included

\*\*\*Hospital containers stored at non-medical treatment facilities will receive 28 cases of Sterile Water.

**APPENDIX I**  
**CHEMPACK Contents**

<b>American Samoa</b>			
	<b>Unit Pack</b>	<b>Cases</b>	<b>QTY</b>
Mark 1 auto-injector*	240	2	480
Atropen 0.5 mg	144	1	144
Atropen 1.0 mg	144	1	144
Diazepam 5mg/ml auto-injector	150	1	150

<b>Mariana Island</b>			
	<b>Unit Pack</b>	<b>Cases</b>	<b>QTY</b>
Mark 1 auto-injector*	240	2	480
Atropen 0.5 mg	144	1	144
Atropen 1.0 mg	144	1	144
Diazepam 5mg/ml auto-injector	150	1	150

<b>Micronesia</b>			
	<b>Unit Pack</b>	<b>Cases</b>	<b>QTY</b>
Mark 1 auto-injector*	240	2	480
Atropen 0.5 mg	144	1	144
Atropen 1.0 mg	144	1	144
Diazepam 5mg/ml auto-injector	150	1	150

<b>Palau</b>			
	<b>Unit Pack</b>	<b>Cases</b>	<b>QTY</b>
Mark 1 auto-injector*	240	2	480
Atropen 0.5 mg	144	1	144
Atropen 1.0 mg	144	1	144
Diazepam 5mg/ml auto-injector	150	1	150

**APPENDIX II**  
**RECIPIENT Storage and Maintenance Requirements**

Consistent with relevant Drug Enforcement Agency (DEA) and Food and Drug Administration (FDA) requirements, RECIPIENT agrees to:

1. Provide a locked room or cage for storage of CHEMPACK Containers and CHEMPACK Assets for the purpose of controlling access and ensuring compliance with applicable federal, state, and local regulations.
2. Install and monitor on a 24-hour basis an intrusion detection device that alerts RECIPIENT personnel of intrusions or attempted intrusions into the secure storage area.
3. Conduct and record monthly security checks to visually inspect and confirm the integrity of CHEMPACK container storage room, CHEMPACK containers, and CHEMPACK container seals. All inspection records completed by the RECIPIENT will be made available to the HHS / ASPR during the annual on-site inspections.
4. Ensure each CHEMPACK Container is locked with an ASPR-provided padlock and key access is limited to personnel authorized by RECIPIENT's DEA-registrant and/or the Cache location pharmacy director.
5. Maintain minimum aisle widths of 72", door widths of 34", and other clearances to allow easy access to and maneuvering of CHEMPACK Containers.
6. Equip Cache Locations with appropriate equipment and structures (e.g., hydraulic lifts, forklifts, loading docks, ramps) for rapidly accessing, moving, and transporting CHEMPACK Containers.
7. Store CHEMPACK Containers in a thermostatically temperature controlled environment meeting the current United States Pharmacopeia definition of Controlled Room Temperature that encompasses the usual and customary working environment of 20°C to 25°C (68°F to 77°F); that results in a mean kinetic temperature calculated to be not more than 25°C (77°F); and that allows for excursions between 15°C and 30°C (59°F and 86°F) that are experienced in pharmacies, hospitals, and warehouses. Provided the mean kinetic temperature remains in the allowed range ( $\leq$ 77°F, 15°C), transient spikes up to 40°C(104°F) may be permitted if the manufacturer so instructs. An article for which storage at controlled room temperature is directed may, alternatively, be stored and distributed in a cool place, unless otherwise specified in the individual monograph or on the label. Cool Room Temperature is any temperature between 8°C and 15°C (46°F and 59°F). An article for which storage in a cool place is directed may, alternatively, be stored and distributed in a refrigerator, unless otherwise specified by the individual monograph.
8. For use with the temperature and security monitoring device, maintain: (1) dedicated 120VAC, 60HZ, 10W, UL-listed power outlet connected to an existing facility emergency generator or other Uninterrupted Power Supply (UPS) device. The use of (2) one dedicated, unshared Plain Old Telephone Service (POTS) data quality analog phone line until the Sensaphone® 2050 replacement occurs with new hardware which may or may not require functional internet access.
9. Maintain the CHEMPACK Containers and CHEMPACK Assets in buildings and facilities that provide proper design and construction; lighting; ventilation, air filtration, and air heating and cooling; plumbing; sewage and refuse; hand washing and toilet facilities; sanitation; pest control; and maintenance in accordance with 21 CFR §§ 211.42 - 211.58.
10. Ensure location is free of pesticides, solvents, petroleum products, and flammable materials. If flammable or hazardous material are present the flammable or hazardous item(s) must be at least 50 feet away from the container or properly stored in an appropriate Hazmat/Flammable Storage Locker.
11. Maintain fire detection and alarm systems, and fire suppression systems as required by federal, state, and local pharmaceutical regulations and fire codes.
12. Store only ASPR-provided CHEMPACK Assets in CHEMPACK Containers; storage of non-ASPR-provided assets in CHEMPACK Containers, including state-owned nerve agent antidotes, is not permitted. Ensure no items are placed or stored on top of the CHEMPACK container that exceed 100 pounds.



# STRATEGIC NATIONAL STOCKPILE - CHEMPACK

## Monthly Quality Assurance/Quality Control Assessment Form

ATTACHMENT CC

Updated June 2022

CHEMPACK Storage Facility Site Name	Evaluator Name	Date
<p>The Strategic National Stockpile (SNS) will use this assessment form to evaluate CHEMPACK Storage Facility sites for ongoing maintenance of medical material.</p> <p>Each CHEMPACK Storage Facility's designated representative(s) will conduct monthly assessments at their respective CHEMPACK Storage Facility site.</p> <p>All sections within this document cover those areas the SNS deems essential for maintaining a high level of quality assurance/quality control standards.</p> <p><b>Note: Any 'No' responses recorded below must be explained (For the last question, provide an explanation for a "Yes" response.). Attach additional sheets as required.</b></p>		
QUALITY ASSURANCE/ QUALITY CONTROL ASSESSMENT		
REQUIREMENT		COMMENTS
Temperature maintained continuously between 68° to 77° F with monitoring or verification being conducted on a routine basis? Refer to <a href="http://www.orau.gov/chempack">http://www.orau.gov/chempack</a> (CHEMPACK Program Guide (Draft) Second Edition February 2010)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are sanitary conditions being maintained to prevent the product from being adulterated or compromised? (i.e. Entry points protected from vermin and humidity controlled to prevent visible mold growth)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Power/electrical outlet(s) maintained operational with adequate capabilities.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Analog phone line(s) maintained, and operational?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Storage area being maintained clear and accessible to allow for ease of inventorying, stock replenishment, and rapid mobilization?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is security access limited to designated staff?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the cache room cleared of other products or is the storage facility free from processes that could contaminate the medical material?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the facility have adequate lighting, ventilation and protection from water damage?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are eating, drinking and smoking prohibited in the immediate product storage area?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are security systems in place, operational, and tested on a routine basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are fire suppression systems and alarms maintained and operational?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
The CHEMPACK containers remain sealed (the DSNS Program seal intact) with no indication of tampering?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are all the forms, Cube I.Q., and Loan Agreements in the document pouch attached to the Chempack containers?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have the containers been moved or forward deployed? Please explain if "yes".	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**This document is to be completed, signed, and e-mailed (along with the CHEMPACK Container Site and Point of Contact (POC) Information Form) to the DPBH POC(s) at the end of each calendar month: (James Phan) [jphan@health.nv.gov](mailto:jphan@health.nv.gov) & (Amos Hollar) [ahollar@health.nv.gov](mailto:ahollar@health.nv.gov)**

Certified by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHEMPACK Container Site & Point of Contact (POC) Information Form**

Updated June 2022

This document is to accompany the Monthly Quality Assurance/Quality Control Assessment Form. Please complete and e-mail to the DPBH POC(s) at the end of each calendar month:  
**(James Phan) jphan@health.nv.gov & (Amos Hollar) ahollar@health.nv.gov**

Site Name	
Site Address	
<b>Primary Point of Contact:</b>	
POC Name	
POC Telephone	
POC Cell. Phone	
POC E-Mail	
<b>Secondary Point of Contact:</b>	
POC Name	
POC Telephone	
POC Cell. Phone	
POC E-Mail	
<b>Primary (Security) Point of Contact:</b>	
POC Name	
POC Telephone	
POC Cell. Phone	
POC E-Mail	
<b>Secondary (Security) Point of Contact:</b>	
POC Name	
POC Telephone	
POC Cell. Phone	
POC E-Mail	



**TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      DATE: November 20, 2025**

**RE: Approval of the Revision to Leadership Team Employment and Appeal Rights, Employment Rights and Appeal, Employee Privacy, and Separation from Employment in the SNHD Employee Handbook**

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**PETITION #16-26**

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

**PETITIONERS**

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

**DISCUSSION:**

During review of the Employee Handbook, it was identified that the sections **“Leadership Team Employment and Appeal Rights”**, **“Employment Rights and Appeal”**, and **“Separation from Employment”** were included in the previous *Personnel Code* but were inadvertently omitted during the transition to the new *Employee Handbook*. To maintain consistency and ensure these important provisions are preserved, it is recommended that both sections be reinstated in the updated version.

In addition, we are further **defining and clarifying the Employee Privacy section** to better outline expectations related to confidentiality, workplace monitoring, and employee information handling in alignment with current laws and organizational practices.

**Page 4 - Leadership Team Employment and Appeal Rights**

***Added:***

This section formally reinstates provisions from the 2019 Personnel Code (Sections 13.2-13.3), which were originally approved by the Board of Health but inadvertently omitted during the transition to the 2025 Employee Handbook. These provisions now apply under this Handbook to clarify the employment status and procedural rights of the Leadership Team, including positions designated by the District Health Officer.



## Leadership Team Positions:

The Leadership Team include, but are not limited to:

- Chief Executive Officer-FQHC
- Chief Medical Officer
- Deputy Health Officer for Operations and Administration
- Director of Administration
- General Counsel
- Operational Directors (e.g. Community Health, Disease Surveillance and Control, Environmental Health and Public Health & Preventive Care)
- Other executive or senior management positions designated by the District Health Officer

## Page 5 – Employment Rights and Appeal

### *Added:*

Leadership Team members shall be entitled to all rights and privileges of regular employees, except that their tenure and continued service are subject entirely to the discretion of the District Health Officer and are not eligible for appeal under this Handbook, the Personnel Code, or the Management Compensation Plan.

This section shall not apply to or affect any personnel actions or appeals that were fully resolved prior to the effective date of this amendment. In the event of any conflict between this provision and other sections of this Handbook, this section shall govern Leadership Team Positions.

## Page 15 – Employee Privacy

### *Added:*

The use of unauthorized recording devices poses significant risks to the organization. Unauthorized devices may unintentional capture Protected Health Information (PHI) in clinical settings, staff areas, or on computer screens. This could lead to HIPAA violations, resulting in legal penalties and harm to patient trust. Unauthorized recordings can compromise information that is not publicly available resulting in a Security Breach. The following is a list of prohibited devices. Additions will be made as more information or new products become available.

1. Smart/recording glasses (e.g., spectacles, certain smart glasses).
2. Hidden “pen” or “button” cameras.
3. Body-worn cameras not explicitly issued and authorized by the Health District.
4. Any other wearable technology or accessory that has an active or potential recording function.



## **Page 25 – Separation from Employment**

### ***Added:***

Employees who are not assigned to regular positions may be separated from employment at any time. The District Health Officer has full discretion to discontinue the employment of individuals serving in Leadership Team or appointed positions, as defined by the District Health Officer, at any time and for any reason deemed to be in the best interest of the District, consistent with applicable law and District policy.

The District Health Officer may also terminate the employment of any employee, whether regular or otherwise, in cases of lack of funds, lack of work, or the elimination of a position or program.

### **FUNDING:**

No funding is required.

# Employment at Will/Due Process

## At-will

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

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

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

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

## Leadership Team Employment and Appeal Rights

This section formally reinstates provisions from the 2019 *Personnel Code* (Sections 13.2-13.3), which were originally approved by the Board of Health but inadvertently omitted during the transition to the 2025 Employee Handbook. These provisions now apply under this Handbook to clarify the employment status and procedural rights of the Leadership Team, including positions designated by the District Health Officer.

Leadership Team Positions:

The Leadership Team include, but are not limited to:

- Chief Executive Officer-FQHC
- Chief Medical Officer
- Deputy Health Officer for Operations and Administration
- Director of Administration
- General Counsel
- Operational Directors (e.g. Community Health, Disease Surveillance and Control, Environmental Health and Public Health & Preventive Care)
- Other executive or senior management positions designated by the District Health Officer

## **Employment Rights and Appeal:**

Leadership Team members shall be entitled to all rights and privileges of regular employees, except that their tenure and continued service are subject entirely to the discretion of the District Health Officer and are not eligible for appeal under this Handbook, the Personnel Code, or the Management Compensation Plan.

This section shall not apply to or affect any personnel actions or appeals that were fully resolved prior to the effective date of this amendment. In the event of any conflict between this provision and other sections of this Handbook, this section shall govern Leadership Team Positions.

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

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

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

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

## **Management Rights**

The District reserves the right to exercise customary managerial functions, including to hire; direct, assign or transfer an employee, but excluding the right to assign or transfer an employee as a form of discipline; reduce the workforce or lay off any employee because of lack of work or lack of money; determine appropriate staffing levels and work performance standards; establish and enforce safety standards as required by the Occupational Safety and Health Act (OSHA); the content of the workday, including without limitation workload factors; except for safety considerations, to include the quality and quantity of services to be offered to the public and the means and methods of offering those services; to establish, change and abolish its policies, practices, rules, and regulations; to determine and change methods by which its operations are to be conducted; to assign duties to employees in accordance with the needs and requirements determined by the District; and to carry out all ordinary administrative functions. All rights

# Employment Relationship

## Employee Privacy

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

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

The use of unauthorized recording devices poses significant risks to the organization. Unauthorized devices may unintentional capture Protected Health Information (PHI) in clinical settings, staff areas, or on computer screens. This could lead to HIPAA violations, resulting in legal penalties and harm to patient trust. Unauthorized recordings can compromise information that is not publicly available resulting in a Security Breach. The following is a list of prohibited devices. Additions will be made as more information or new products become available.

1. Smart/recording glasses (e.g., spectacles, certain smart glasses).
2. Hidden "pen" or "button" cameras.
3. Body-worn cameras not explicitly issued and authorized by the Health District.
4. Any other wearable technology or accessory that has an active or potential recording function.

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

do work in a direct supervisory relationship with each other, the organization will attempt to reassign one of the employees to another position for which the employee is qualified if such a position is available. If no such position is available, the employees will be permitted to determine which one of them will resign from the District.

## **Separation from Employment**

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

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

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

Employees who are not assigned to regular positions may be separated from employment at any time. The District Health Officer has full discretion to discontinue the employment of individuals serving in Leadership Team or appointed positions, as defined by the District Health Officer, at anytime and for any reason deemed to be in the best interest of the District, consistent with applicable law and District policy.

The District Health Officer may also terminate the employment of any employee, whether regular or otherwise, in cases of lack of funds, lack of work, or the elimination of a position or program.

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

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

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



**TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH    DATE: November 20, 2025**  
**RE: Approval of Amendment to Master Supply Agreement – C2500086**

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**PETITION #17-26**

**That the Southern Nevada District Board of Health approve the Agreement Amendment A01 to C2500086 and Supplier Schedule Q-64920 made with reference to the original Master Supply Agreement for the purchase of the LIAISON XL – high volume chemiluminescence analyzer from DiaSorin.**

**PETITIONERS:**

Cassius Lockett, PhD, District Health Officer   
Xavier Gonzales, PhD, MSPH, CHWI, Director of Community Health   
Horng-Yuan Kan, PhD, HCLD (ABB), Laboratory Director 

**DISCUSSION:**

The Agreement Amendment A01 to C2500086, references Master Supply Agreement C2500086. The Supplier Schedule Q-64920 replaces and supersedes any prior schedule in place between DiaSorin Inc. and Southern Nevada Health District. The supplier schedule pertains to a list of items purchased from and supplied by DiaSorin Inc. for use with the

DiaSorin LIAISON XL Analyzer in the Immunology laboratory. Note, the DiaSorin LIAISON LX Analyzer delivers a fully automated, high-volume platform. This advanced chemiluminescence analyzer enhances resource management during periods of scarcity, providing automated sample processing oversight. The integrated single-reagent format for all assays ensures uniform, high-quality diagnostic results while effectively reducing waste.

**FUNDING:**

The total annual purchase commitment of \$186,600.39 is made available through the Southern Nevada Health District Clinical Laboratory General Funds.

**Agreement Amendment A01 to C2500086**

**Supplier Schedule Q-64920**

**DiaSorin Affiliate:** DiaSorin Inc.

**Customer:** Southern Nevada Health District

**Date:** 07 October 2025

This Amendment A01, Supplier Schedule Q-64920 ("Schedule"), is made with reference to Master Supply Agreement C2500086 ("Agreement"), Effective Date March 7, 2025. This Schedule shall be effective as of the date of full execution hereof (the "Schedule Q-64920 Effective Date"), and is subject to the terms of the Agreement between DiaSorin Inc. and Customer. All terms used but not otherwise defined herein shall have the meanings accorded to them in the Agreement. This Supplier Schedule shall replace and supersede any prior schedule in place between the parties relating to subject matter hereof.

**1. Participating Locations:**

**Equipment Location**

Southern Nevada Health District  
Southern Nevada Public Health Laboratory  
700 S Martin Luther King Blvd  
Las Vegas, NV 89106

**Billing Address:**

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

**Alternate Address:**

Southern Nevada Health District  
330 S. Valley View Blvd  
Las Vegas, NV 89107

**2. Equipment; Equipment Placement:**

Part Number	Description	Quantity
I0050E	LIAISON XL ANALYZER (Existing on site)	2.00

*\*Equipment listed for reference only*

**3. Term:**

The term of this Schedule shall commence upon full execution of this Schedule and continue thereafter through March 7, 2030 (the "Initial Term"). The annual purchase requirement for the period between the Schedule Q-64920 Effective Date and the first anniversary of the Effective Date of the Agreement, or March 7, 2026, shall be appropriately prorated. Either Party may give written notice of non-renewal at least thirty (30) days prior to certain anniversary dates of the Effective Date, with such anniversary dates to include March 7, 2026, March 7, 2027, March 7, 2028, and March 7, 2029, unless terminated sooner in accordance with the Agreement. Termination of the Schedule by written notice as detailed in this Section 3, Term, will not result in a DiaSorin, Inc.-required return of any Customer Systems as is described in Subsection 3(b) of the Agreement. Notwithstanding the foregoing, this Schedule shall automatically terminate upon the termination or expiration of the Agreement.

**4. Products and Pricing (shall supersede and replace all prior pricing):**

**Kits and Controls:**

Product Number	Description	Annual Reagent Volume	Total Price/Kit	Annual Purchase Commitment
310200	LIAISON ANTI-HAV	19.00	\$263.42	\$5,004.98
310201	LIAISON CONTROL ANTI-HAV	1.00	\$0.00	\$0.00
310210	LIAISON HAV IgM	46.00	\$287.22	\$13,212.12

310211	LIAISON CONTROL HAV IgM	3.00	\$0.00	\$0.00
318250	LIAISON XL MUREX HBsAg QUAL	24.00	\$444.64	\$10,671.36
318251	LIAISON XL MUREX CONTROL HBsAg QUAL	6.00	\$0.00	\$0.00
310480	LIAISON TREPONEMA ASSAY KIT	62.00	\$331.97	\$20,582.14
310842	LIAISON TREPONEMA SERUM CONTROLS	4.00	\$0.00	\$0.00
318220	LIAISON XL MUREX ANTI-HBs	9.00	\$444.64	\$4,001.76
318221	LIAISON XL MUREX CONTROL ANTI-HBs	2.00	\$0.00	\$0.00
318140	LIAISON XL MUREX HBc IgM	110.00	\$237.71	\$26,148.10
318141	LIAISON XL MUREX CONTROL HBc IgM	2.00	\$0.00	\$0.00
318240	LIAISON XL MUREX HCV Ab	83.00	\$515.43	\$42,780.69
318241	LIAISON XL MUREX CONTROL HCV Ab	4.00	\$0.00	\$0.00
318290	LIAISON XL MUREX HIV Ab/Ag HT	90.00	\$663.04	\$59,673.60

318291	LIAISON XL MUREX CONTROL HIV Ab/Ag HT	8.00	\$0.00	\$0.00
311211	LIAISON TSH	4.00	\$103.34	\$413.36
311611	LIAISON FT4	8.00	\$124.98	\$999.84
311531	LIAISON FT3	5.00	\$118.98	\$594.90
310600	LIAISON 25 OH VITAMIN D TOTAL ASSAY	6.00	\$319.59	\$1,917.54
310601	LIAISON 25 OH VITAMIN D TOTAL CONTROL	3.00	\$200.00	\$600.00
<b>Total Annual Purchase Commitment</b>				<b>\$186,600.39</b>

**AGREED AND ACCEPTED:**

**DiSorin Inc.**

By: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Customer**

By: \_\_\_\_\_  
 Name: Cassius Lockett, PhD  
 Title: District Health Officer  
 Date: \_\_\_\_\_

*\*This Supplier Schedule shall be null and void if not signed within ninety (90) days following the date stated above.*

**Supplier Schedule Q-64920**  
**Quantiferon TB Gold Plus Addendum**

Part Number	Reagent Description	Price/Reagent	Annual Kits	Annual Purchase Commitment
311040	LIAISON QUANTIFERON-TB GOLD PLUS	\$387.00	70.00	\$27,090.00
311021	LIAISON CONTROL QUANTIFERON-TB GOLD PLUS	\$250.00	3.00	\$750.00
<b>Total Annual Purchase Commitment</b>				<b>\$27,840.00</b>

1. Orders for the above Reagents must be placed with QIAGEN and are subject to QIAGEN's Sales Terms and Conditions. Except as stated in this Addendum, the above Reagents are included for reference only and the terms and conditions of theis Agreement shall not apply to Customer's purchase and/or use of these Reagents.
2. Purchases of the above Reagents shall apply toward the Annual Purchase Commitment requirements of the Agreement. Supplier may exercise the remedies defined in the Agreement if the Annual Purchase Commitment is not met.
3. Ordering details:
 

Email Orders	orders-us@qiagen.com
Fax Orders	800-718-2056
Phone Orders	800-426-8157
Web Orders	www.qiagen.com/shop
4. Product support for the above Reagents should be directed to Supplier.

**DiSorin Inc.**

By: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Customer**

By: \_\_\_\_\_  
 Name: Cassius Lockett, PhD  
 Title: District Health Officer  
 Date: \_\_\_\_\_

**Supplier Schedule Q-64920**  
**Optional Products Addendum**

Part Number	Reagent Description	Price/Reagent
IAS3115	RANDOX IA SPECIALTY 1 LEVEL 3 CONTROL	\$0.00
IAS3114	RANDOX IA SPECIALTY 1 LEVEL 2 CONTROL	\$0.00
IA2633	RANDOX IA PREMIUM TRI-LEVEL CONTROL	\$0.00
IAS3113	RANDOX IA SPECIALTY 1 LEVEL 1 CONTROL	\$0.00
318980	LIAISON H.PYLORI IgG	\$237.57
318981	LIAISON H.PYLORI IgG CONTROL SET	\$0.00
A0237	6 Position Control T Rack/Set of 3 - XL	\$546.00
7221601001	SAMPLE RACK - XL	\$574.00
A0118	SAMPLE RACK ADAPTOR (QTY OF 60) - XL	\$230.00
100000836	LABEL SET FOR SAMPLE RACK - XL	\$175.00
A0120	SAMPLE RACK HOLDER LIAISON XL	\$37.00
318223	LIAISON XL MUREX ANTI-HBs VERIFIERS	\$420.00
310602	LIAISON 25 OH VITAMIN D TOTAL SPEC DIL	\$138.00
310603	25 OH VIT D CALIBRATION VERIFIERS	\$396.00
318360	LIAISON 25 OH VITAMIN D TOTAL ASSAY 200	\$639.18

a. The above Reagents and/or Consumables are included for reference only.  
b. Any purchase and use of the above Reagents and/or Consumables shall:

- 1) be subject to the terms and conditions of the Agreement unless specifically stated otherwise in this Addendum; and
- 2) not apply toward the Annual Purchase Commitment.



## Memorandum

**Date:** November 20, 2025

**To:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

**From:** Daniel Isler, PE, REHS, *Environmental Health Engineer/Supervisor D9*  
Daniel Burns, PE, REHS, *Environmental Health Engineer/Manager D8*  
Chris Saxton, MPH-EH, REHS, *Director of Environmental Health KS on behalf of*  
*Saxton*  
Cassius Lockett, PhD, *District Health Officer CJ*

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**Subject:** Variance request for an existing septic system, SNHD Permit #ON0024214, located at 5965 N. Grand Canyon Dr., Las Vegas, NV 89149 to remain underneath the existing shed

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### I. BACKGROUND:

Matthew Vance, Owner ("Petitioner"), is requesting a variance to obtain approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* ("SNHD ISDS Regulations") and to allow future building permits to be issued for the property located at Assessor's Parcel Number (APN) 125-30-302-010, also known as 5965 N. Grand Canyon Dr., Las Vegas, NV 89149 ("Subject Property").

Petitioner requests a variance from Section 3.7 of the SNHD ISDS Regulations, which states that a "Tenant Improvement approval request shall be denied if the existing individual sewage disposal system (ISDS) is in violation of any of these Regulations." The existing septic system is currently in violation of Sections 5.2 and 11.16 of the SNHD ISDS Regulations.

Petitioner further requests a variance from Section 5.2, which requires a minimum of eight feet (8') of horizontal separation between the soil absorption system and the foundation of a building or structure. The shed was constructed directly on top of the existing soil absorption system.

Petitioner further requests a variance from Section 11.16, which states that "placement of any impervious covering, or any material deemed to be unacceptable to the Health Authority, over

the soil absorption system is prohibited." Petitioner would like to proceed with their Tenant Improvement approval request and allow the existing shed to remain over the septic system.

Petitioner states the following with regards to these requirements:

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

*"The shed does not impede the function of the septic system and does not affect other persons subject to regulation. We understand that should there need to be repairs made to the disposal field, the floor of the shed or the shed itself may need to be removed."*

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 shed is the home to our cats who keep our property free from rats which were a serious problem. The shed is also where we store feed for all our farm animals: goats, chickens, ducks, and geese. It also serves as part of the wall of our chicken run. Moving or removing the shed would make it nearly impossible for us to care for the animals we have on the property and would leave no home for our cats."*

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:

*"Keeping the shed where its located will not adversely affect public health anywhere."*

The Subject Property is depicted in Attachment C as Lot 3 of the recorded parcel map, which was approved in 1991. The parcel was created prior to the adoption of the current SNHD ISDS Regulations in 2009 and no changes to the Subject Property have been recorded since adoption of the current regulations. The existing septic system was approved on August 7, 1992. The existing single-family residence was constructed in 1993.

Examination of the Clark County Assessor's records and parcel genealogy show that the Petitioner is the fourth owner of the septic system and obtained the Subject Property in October 2021. An analysis of the surrounding area shows that there are 114 private and quasi-municipal wells and 238 permitted septic systems within a square mile of the Subject Property. The Subject Property receives water from a quasi-municipal well and is approximately 365 feet from a City of Las Vegas sewer line in West Tropical Pkwy.

## **II. RECOMMENDATION:**

According to the Petitioner, the shed has a footprint of 400 sqft, which exceeds the 200 sqft floor area that would allow it to be exempt from a building permit under 2018 Clark County Building Administrative Code 22.02.190. A building permit would have triggered a separate Tenant Improvement review of the shed by SNHD, which staff would have rejected due to the placement of the shed above the leach field.

The presence of a shed over the leach field limits evaporation from the leach field and prevents oxygen from reaching the leach field, which is necessary for its proper operation. Additionally, placement of the shed above the leach field can cause soil compaction, which also causes oxygen deficiency. Oxygen deficiency in leach fields can cause premature failure of the leach field and can cause partially treated wastewater to be discharged into the groundwater, which may affect nearby wells and wells downstream of the property. The shed appears to cover only about 20% of the leach field area, and it is located toward the end of the leach field, which lessens its impact on the leach field.

Staff are of the opinion that granting the variance would not endanger public health or safety; however, Section 19.4.1 of the SNHD ISDS Regulations states that, "Staff will not recommend variance approval for septic systems on lots where municipal sewer is gravity accessible within four hundred feet (400') from the nearest property line." The nearest City of Las Vegas sewer line is approximately 365 feet from the Subject Property.

Based on the proximity to City of Las Vegas sewer, staff recommend DENIAL of the variance as requested by the Petitioner. If the Board of Health approves the variance, staff recommend approval with the following conditions outlined in Section III.

## **III. CONDITIONS:**

1. Petitioner and their successors 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 within 400 feet of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.
2. Petitioner and their successors in interest must abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.
3. Petitioner will remove the shed floor that is covering the leach field so that the ground in that area is exposed to the air.
4. The variance will be in effect until the existing residential septic system is inactivated, removed, 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.

5. Petitioner and their successor(s) must provide a copy of the variance to potential buyers as part of the disclosure process per NRS 113.

Attachments:

- A. Variance Candidate Application
- B. Justification Letter from the Petitioner
- C. Recorded Parcel Map
- D. Tenant Improvement Review by SNHD Staff (SR0043424)
- E. Final Inspection Report and Plot Plan for ON0024214
- F. Public Notices

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



## VARIANCE CANDIDATE WORKSHEET

### PART I:

#### ESTABLISHMENT INFORMATION

Name of Facility/Establishment: Home - 5965 N Grand Canyon Drive

Health Permit Number: \_\_\_\_\_ Date of Inquiry: \_\_\_\_\_

Name of Operator/Agent: Matthew Vance

Address of Operator/Agent: 5965 N Grand Canyon Drive

Contact Information of Operator/Agent:

Office Phone: 702-425-3211 Cell Phone: 702-425-3211

Fax Number: \_\_\_\_\_ Email Address: ylnzara@gmail.com

If corporation, the name/title of individual to sign for Variance document:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

#### OWNER INFORMATION

Name of Property Owner: Matthew Vance

Address of Property Owner: 5965 N Grand Canyon Drive, Las Vegas, NV, 89149

Contact Information of Property Owner:

Office Phone: 702-425-3211 Cell Phone: 702-425-3211

Fax Number: \_\_\_\_\_ Email Address: ylnzara@gmail.com

#### PROPERTY INFORMATION

Property Address: 5965 N Grand Canyon Drive, Las Vegas, NV 89149

Assessor's Parcel Number (APN): 125-30-302-010

Describe location within larger facility (i.e. hotel/casino/resort, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Nev Admin Code 444.818 states - "15. Disposal fields must be located in unshaded, unobstructed areas."

Nev. Admin. Code § 444.792 states - "The minimum horizontal separations that must be maintained between the perimeter of the components of an individual sewage disposal system and the following features are: Building or structure 8 ft

We have built a shed on top of part of the disposal field. We are requesting that we can keep the shed as it does not impede the function of the septic system

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

**PART II:**

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

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

The shed does not impede the function of the septic system and does not affect other persons subject to regulation.  
We understand that should there need to be repairs made to the disposal field, the floor of the shed or the shed itself may need to be removed.

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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 shed is the home to our cats who keep our property free from rats which were a serious problem. The shed is also where we store feed for all of our farm animals: goats, chickens, ducks and geese. It also serves as part of the wall of our chicken run. Moving or removing the shed would make it nearly impossible for us to care for the animals we have on the property and would leave no home for our cats.

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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:

Keeping the shed where its located will not adversely effect public health anywhere.

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

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

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

**PART III:**

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

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

**This section to be completed by SNHD staff ONLY**

Next closing date is: \_\_\_\_\_ for the \_\_\_\_\_ BOH Meeting.

Referred by: \_\_\_\_\_  
(Print Name of REHS)

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name of REHS if not by supervisor)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner/Operator/Agent)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of SNHD Manager)

Attachment B: Justification Letter from Petitioner (Page 1 of 3)

## MATTHEW VANCE

**5965 N Grand Canyon Drive, Las Vegas, NV 89149**

**Phone: 702-425-3211 | Email: yinzara@gmail.com**

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Environmental Health Division Director  
Southern Nevada Health District  
P.O. Box 3902  
Las Vegas, NV 89127

**RE: Variance Application - Septic System Disposal Field**  
**Property Address: 5965 N Grand Canyon Drive, Las Vegas, NV 89149**  
**APN: 125-30-302-010**

Dear EHD Director:

I am writing to formally request a variance from Nevada Administrative Code sections 444.818 and 444.792 regarding the septic system disposal field requirements at my residential property. This application includes all information from the attached Variance Candidate Worksheet and addresses each requirement of NAC 439.240.

### ▲ ESTABLISHMENT AND PROPERTY INFORMATION

**Property Owner:** Matthew Vance

**Property Address:** 5965 N Grand Canyon Drive, Las Vegas, NV 89149

**Contact Information:** Phone: 702-425-3211 | Email: yinzara@gmail.com

**Assessor's Parcel Number:** 125-30-302-010

### VARIANCE REQUEST

I am requesting a variance from:

- **NAC 444.818** which states "Disposal fields must be located in unshaded, unobstructed areas"
- **NAC 444.792** which states "The minimum horizontal separations that must be maintained between the perimeter of the components of an individual sewage disposal system and the following features are: Building or structure 8 ft"

We have constructed a 400-square-foot shed on the edge of our disposal field that serves multiple critical functions for our residential farm operation.

Attachment B: Justification Letter from Petitioner (Page 2 of 3)

## **ADDRESSING NAC 439.240 REQUIREMENTS**

### **1. Unique Circumstances Specific to This Property**

Our circumstances are unique and do not generally affect other persons subject to these regulations:

- Our property is fully developed with the farm portion necessarily located near the disposal field area
- The majority of our disposal field remains as open garden space with full air exposure
- The shed placement represents a small portion of the total disposal field area (edge location only)
- Our property's layout offers no alternative locations - all other areas are already developed with structures, animal enclosures, or active agricultural use
- The shed serves multiple integrated functions that cannot be replicated elsewhere:
  - Primary shelter for our cats
  - Storage for all farm equipment and animal feed
  - Structural wall for our chicken run
  - Security fencing component for our goat enclosure

This unique combination of fully developed property with integrated agricultural operations creates circumstances not typically found in standard residential septic system installations.

### **2. Undue Burden and Hardship of Compliance**

Compliance with the regulations would create severe hardship and abridge substantial property rights:

#### **Economic Hardship:**

- Complete demolition and reconstruction would cost approximately \$15,000-\$20,000
- Loss of integrated chicken run wall would require \$3,000-\$5,000 in new fencing
- New secure goat fencing would cost \$2,000-\$3,000
- No viable alternative location exists on our fully developed property
- Total estimated cost of compliance: \$20,000-\$28,000 minimum

#### **Property Rights Impact:**

- Would eliminate essential shelter for our cats with no alternative location
- Would remove critical farm equipment and feed storage, making our agricultural operations impossible
- Would destroy the integrated design of our animal enclosures
- Would effectively prevent us from maintaining our residential farm operation
- The shed has existed in this location for three years as part of our established property use

Attachment B: Justification Letter from Petitioner (Page 3 of 3)

### **3. No Detriment to Public Health and Safety**

Granting this variance will not pose any danger to public health and safety:

#### **Current Construction Safeguards:**

- The shed floor consists of removable plywood panels
- The structure sits on concrete tiles, creating an air gap between the floor and ground
- This design allows continuous air circulation beneath the structure
- The floor can be completely removed if septic system access is ever required

#### **Proven Safe Operation:**

- The shed has been in place for three years with no adverse effects
- The septic system continues to function normally and efficiently
- Regular maintenance and inspections have shown no degradation in system performance
- The majority of the disposal field remains unobstructed and fully functional
- We commit to immediate floor removal if system access is ever needed

#### **Public Safety Measures:**

- No public water supplies are at risk
- The system serves only our single-family residence
- We maintain appropriate setbacks from all property lines
- Regular septic system maintenance will continue

## **CONCLUSION**

This variance request meets all criteria established in NAC 439.240. Our unique circumstances of a fully developed property with integrated agricultural operations create a situation not generally affecting others. The extreme financial burden and loss of essential property uses constitute substantial hardship. Most importantly, the current configuration has operated safely for three years and poses no risk to public health.

I respectfully request that the Board of Health grant this variance to allow our existing shed to remain on the edge of our disposal field. I am available to provide any additional information, photographs, or drawings that would assist in your review.

Thank you for your consideration of this variance application.

Sincerely,

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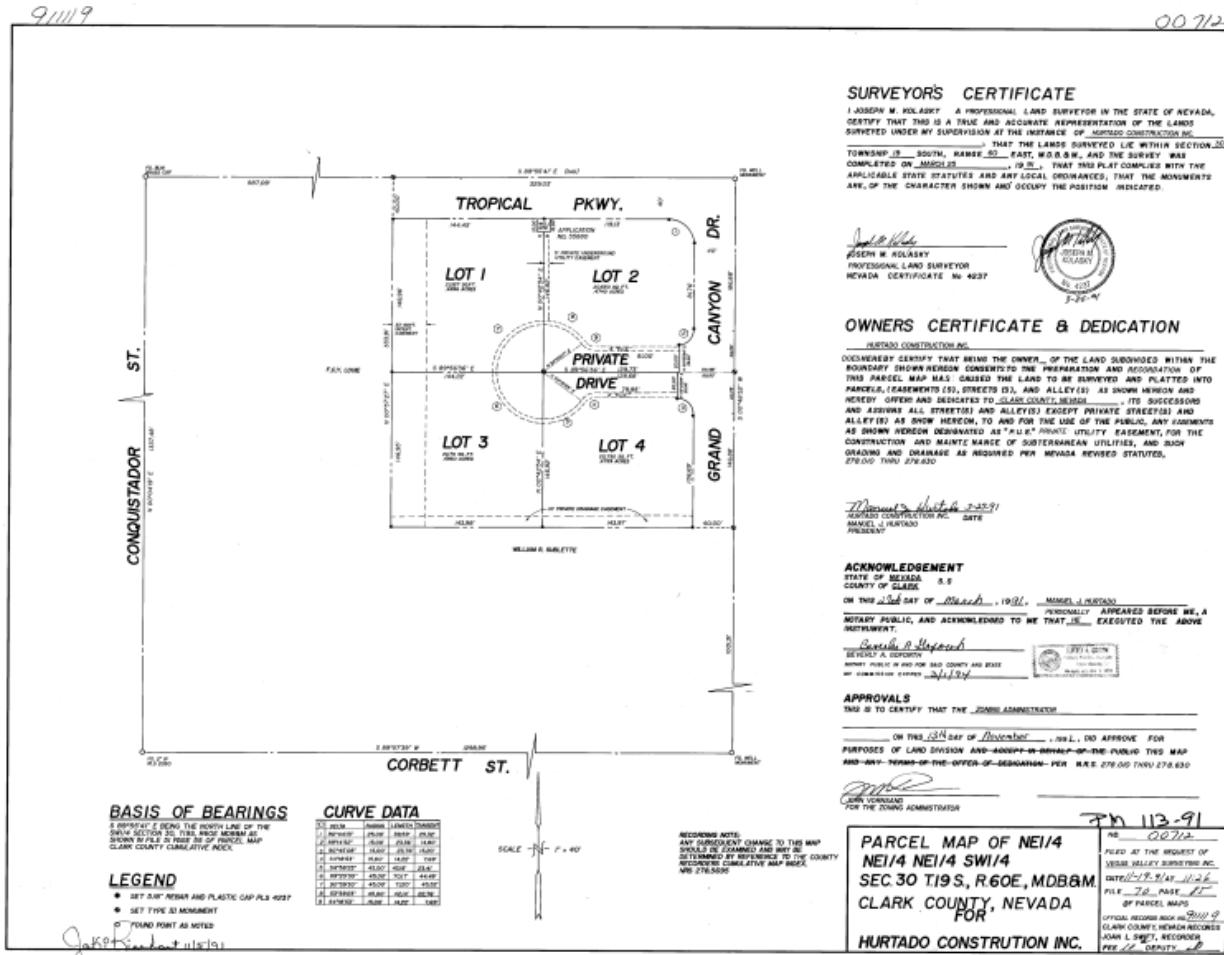
Matthew Vance  
Property Owner

Variance Request for 5965 N. Grand Canyon Dr.

November 20, 2025

Page 11 of 18

Attachment C: Recorded Parcel Map



Variance Request for 5965 N. Grand Canyon Dr.

November 20, 2025

Page 12 of 18

Attachment D: Tenant Improvement Review by SNHD Staff (SR0043424) (Page 1 of 3)

SOUTHERN NEVADA HEALTH DISTRICT  
280 SOUTH DECATUR BLVD • PO BOX 3902 • LAS VEGAS, NV • 89127 • 702-759-0660 (DIRECT)• 702-759-1000(24 HOURS)

REPORT AND/OR NOTICE OF INSPECTION

EHS 1173	PERMIT NUMBER ON0024214	FACILITY Vance, Matthew Morissette & Christopher Morissette			ADDRESS 5965 Grand Canyon DR Las Vegas, NV 89149		
DIST 14	CITY Las Vegas	APN # 125-30-302-010			SR # SR0043424	WATER SOURCE Quasi-Municipal Well	
CURRENT ACTION  628	Service Date 1/6/2025	Status	Time In	Time Out	Result		
	Travel Minutes	Miles	Violations Alleged	Violations Actual	Future Action	Action	Date

NOTIFIED OF THE FOLLOWING

Tenant Improvement to convert an existing detached garage into a casita is CONDITIONALLY APPROVED. The proposed casita will contain 8 additional fixture units consisting of 1 toilet @ 2 FU, 1 shower @ 2 FU, 1 lavatory sink @ 1 FU, 1 kitchen sink @ 2 FU, and 1 laundry sink @ 1 FU. The existing septic system appears to be adequate.

The initial corrective actions indicated in the report dated November 12, 2021 were completed and photo documentation was provided to SNHD on November 15, 2021. Since then, however, a shed appears to have been constructed above the leach field. Remove the shed from above the leach field and submit photo documentation to SNHD for final approval.

RECEIVED BY:

ENVIRONMENTAL HEALTH SPECIALIST:

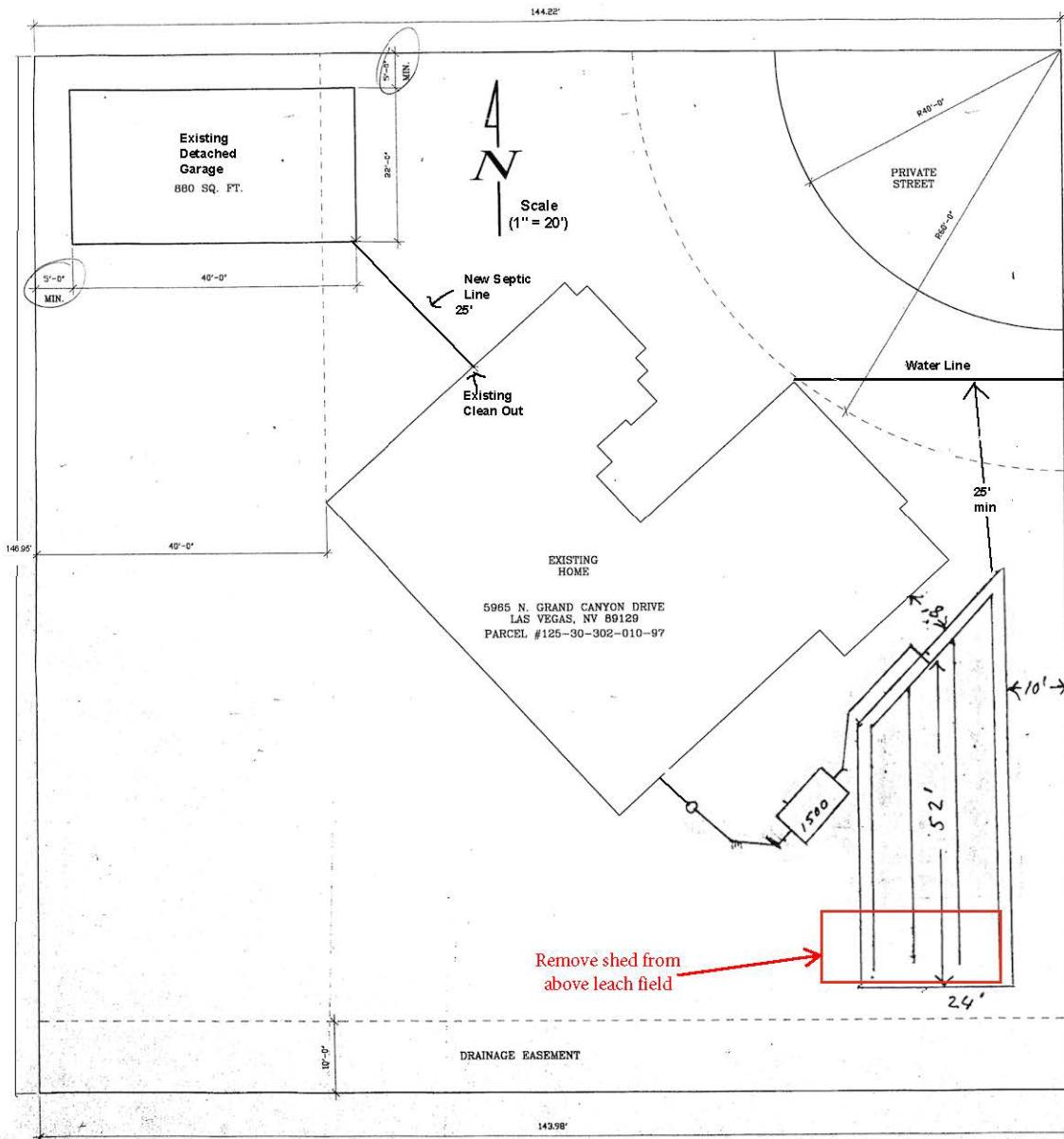
Digitally signed by Daniel Isler  
Date: 2025.01.06 15:25:16  
-08'00'

Variance Request for 5965 N. Grand Canyon Dr.

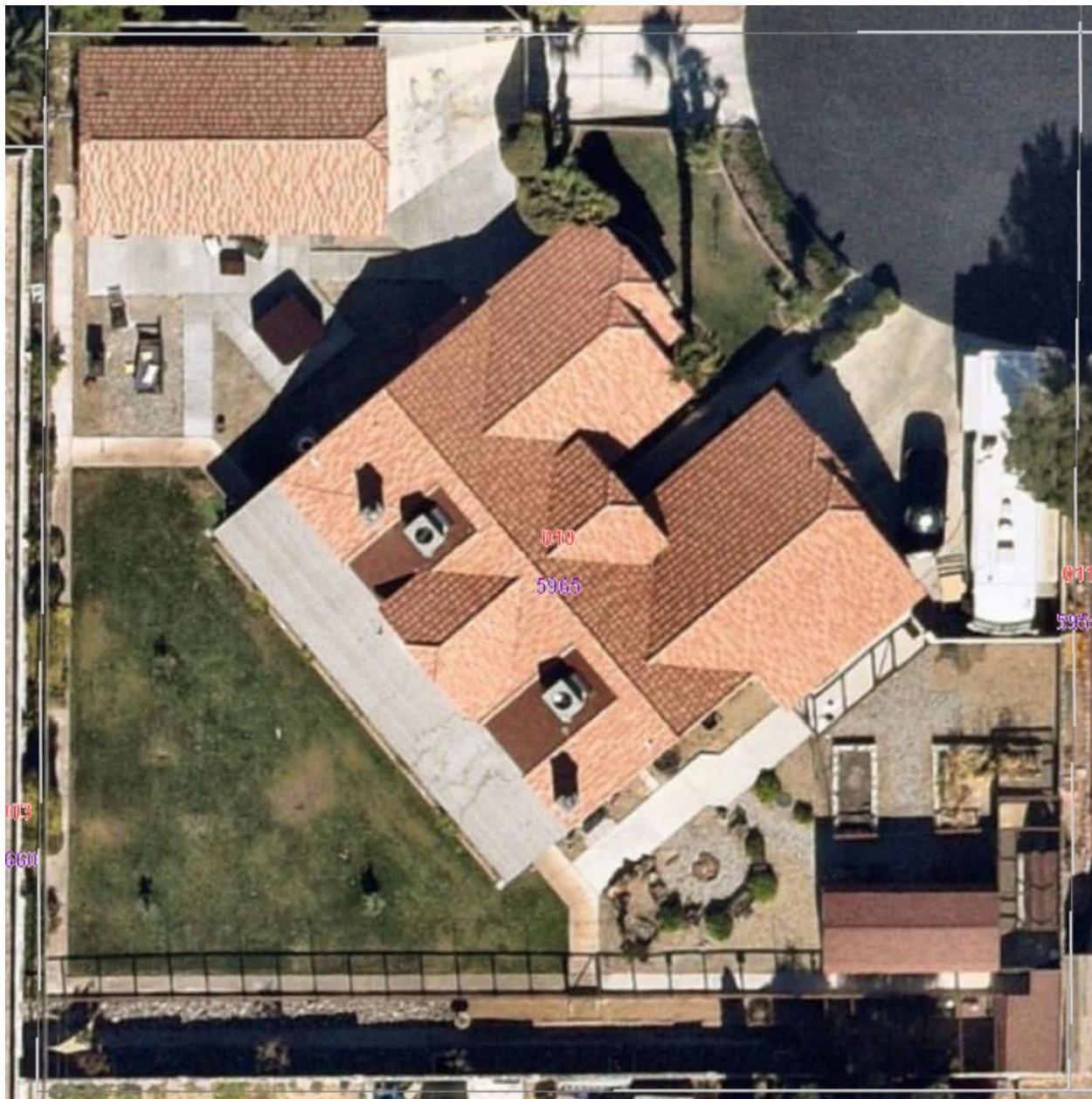
November 20, 2025

Page 13 of 18

Attachment D: Tenant Improvement Review by SNHD Staff (SR0043424) (Page 2 of 3)



Attachment D: Tenant Improvement Review by SNHD Staff (SR0043424) (Page 3 of 3)



Variance Request for 5965 N. Grand Canyon Dr.

November 20, 2025

Page 15 of 18

Attachment E: Final Inspection Report and Plot Plan for ON0024214 (Page 1 of 2)

CLARK COUNTY HEALTH DISTRICT  
625 Shadow Lane • Las Vegas, Nevada  
Telephone 383-1271 (Direct) • 385-1291 (24 Hours)

SAN	CONTROL NO.	ESTABLISHMENT	ADDRESS					
DIST	SG447 GG4-00	55880 HURTADO CONSTRUCTION INC	GRAND CANYON DR/TROPICAL P 5965 N GRAND CANYON DR LAS VEGAS NV 89129					
14	500-520-054	19 60 30 SW NE HURTADO	PERSON INTERVIEWED					
CITY	MD113	INFORMATION	TELEPHONE (702) 645-1855					
09	TYPE AND CATEGORY	CAPACITY	ABSORB   LOT SZ   FIX   ASSESSOR #   WATER #					
	BB11-085	1500	1165   21170   28   W2844-GG4-00					
PREVIOUS ACTION	SAN C ACTION	DATE	STATUS	SPECIAL DATE	VIOLATION	SCHEDULED ACTION	ACTION	DATE
65	6*	08/05/92					5A	08/05/92
CURRENT ACTION	TFL	MILES	SAN	VIOLATIONS - ALLEGED	VIOLATIONS - ACTUAL	FUTURE ACTION	ACTION	DATE
	7	5A	8/7/92		1040	1120	2C	8/7/92
	10	4						

SEPTIC TANK: Total Capacity 1500 gallons 1569

NUMBER COMPARTMENTS 2 TYPE Material Conc

Inside Dimensions: Length 10 ft 2 in Width 5 ft 2 in Liquid Depth 4 ft 50 in

Distance From Well: 100 ft Dir N Distance from Foundation 9 ft Dir ?

Distance From Lot Line: Nearest 32 ft Dir N Front/Side/Rear

SUBSOIL DISPOSAL: Effective absorption areas 1165 sq. ft.

Distance From Well: 100 ft Dir N Distance From Foundation 8 ft Dir S

Distance From Lot Line: Nearest 11 ft Dir N Front/Side/Rear

Type Disposal B Number Lines/Pits 4 Length of each Line 16 ft Ave length

Distance between lines 6 ft Total Length of Lines 184 ft 18

Filter Material G Depth beneath Tile 1 ft 8 in Depth over Tile 2 ft 2 in

Total Width/Diameter 24 ft 0 in Total Length 52 ft 0 in Total Depth 4 ft 0 in

COMMENTS:

ANDREW CONSTRUCTION

System approved, Ok to backfill

NOTE: NO PAVING OR VEHICULAR TRAFFIC ALLOWED OVER INDIVIDUAL SEWAGE  
DISPOSAL SYSTEM.  
THIS INSTALLATION IS APPROVED ONLY UNTIL SEWER IS AVAILABLE.

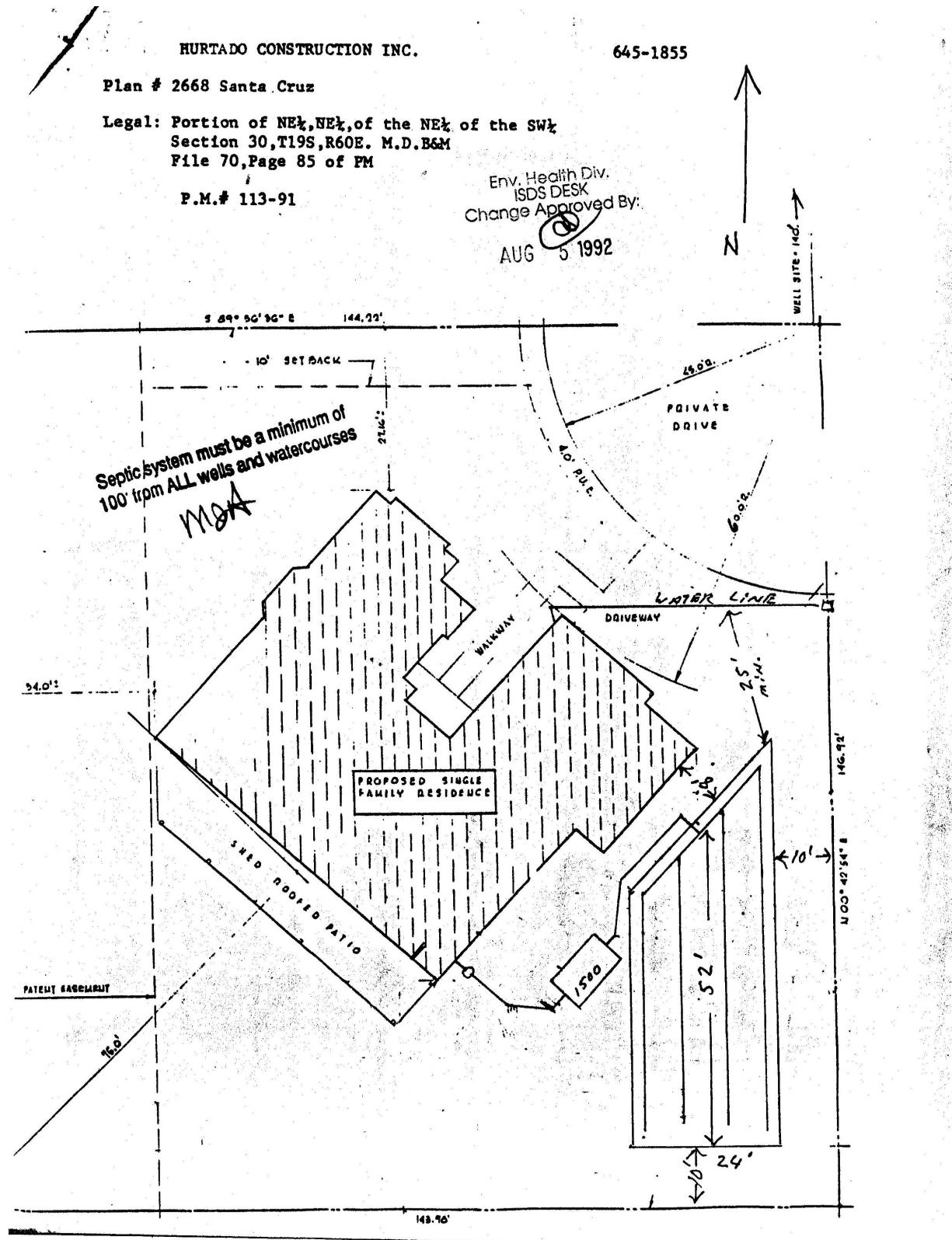
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<u>X Stan Polaski</u>	<u>Ellen Spear</u>	<u>E</u>

19

REPORT AND NOTICE OF INSPECTION  
INDIVIDUAL SEWAGE DISPOSAL SYSTEM

November 20, 2025

Attachment E: Final Inspection Report and Plot Plan for ON0024214 (Page 2 of 2)



Attachment F: Public Notices (Page 1 of 2)



**PUBLIC NOTICE**

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, November 20, 2025, at 11:00 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 Matthew Vance ("Petitioner"), to allow the existing shed to remain above the existing septic system (SNHD Permit # ON0024214) on the property located at 5965 N. Grand Canyon Dr., Las Vegas, NV 89149, APN 125-30-302-010.

The variance is requested to allow the Petitioner to obtain approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* and to allow future building permits to be issued. The variance will allow the existing shed to remain over the leach field.

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 November 19, 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. Note that if the variance is not heard at the November 20, 2025, District Board of Health Public Hearing, then it will be heard at the January 22, 2026, District Board of Health Public Hearing.

- S -

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

October 27, 2025

Date

Attachment F: Public Notices (Page 2 of 2)



**PUBLIC NOTICE**

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, September 25, 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 Matthew Vance ("Petitioner"), to allow the existing shed to remain above the existing septic system (SNHD Permit # ON0024214) on the property located at 5965 N Grand Canyon Dr., Las Vegas, NV 89149, APN 125-30-302-010.

The variance is requested to allow the Petitioner to obtain approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* and to allow future building permits to be issued. The variance will allow the existing shed to remain over the leach field.

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 September 24, 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 Daniel Isler 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 -

Karla Shoup, REHS  
Acting Director of Environmental Health

September 9, 2025  
Date



## Memorandum

**Date:** November 20, 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 *JL*

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**Subject:** Variance request for an Application to Construct a Septic System located at 6225 Lee Canyon Road, Mount Charleston, NV 89124 to allow the installation of a septic system on an undersized lot

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### I. BACKGROUND:

Weston Chandler, Owner ("Petitioner"), is requesting a variance to permit and install an individual sewage disposal system (ISDS) on an undersized lot served by a private well, located at Assessor's Parcel Number (APN) 129-10-000-010, also known as 6225 Lee Canyon Road, Mt. Charleston, NV 89124 ("Subject Property").

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 lot size of one acre "for the installation of an individual sewage disposal system where the water supply is from a well serving only that property." The Subject Property is roughly 0.52 acres, which is less than the required minimum of one acre.

Petitioner states the following with regards to these requirements:

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

*"This property is in a very rural area and there are no living structures anywhere close to it. We believe the existing single family residential (S.F.R) was constructed in approx. 1980. The well*

*water was drilled in July of 2022, see attached well log. The NV Division of Water Resources contact was Christi Cooper."*

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 current homeowner purchased this property with the sole intent to remodel the S.F.R and a variance for the property size - individual well issue will allow for the installation of a new ISDS. The current status of any existing septic system is unknown at this time. We will abandon or remove any system found during the installation of a new ISDS. There is no community sewer within 35+ miles of this property."*

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

*"The water well location will be over 100' from the new proposed ISDS location. The new ISDS will adhere to all waterline and structure setback requirements. See attached plot plan."*

The Subject Property is depicted in the land title survey included as Attachment D. The Subject Property is not currently part of any recorded subdivision or parcel map, but a land title survey was completed in 2016. The parcel was created prior to the adoption of the current SNHD ISDS Regulations in 2009 and no changes to the Subject Property have been recorded since adoption of the 2009 regulations. The existing single-family residence on the Subject Property was constructed in 1980, but it is unlikely that the residence has ever been inhabited because the property had no water source until a well was drilled in 2022. It is unknown whether a septic system was ever installed on the Subject Property, but no information about an existing septic system is available.

The Subject Property has an area of approximately 0.52 acres, which is smaller than the minimum lot size of one acre required by the SNHD ISDS Regulations. Lot size variances have been approved for many other properties in the area.

Examination of the Clark County Assessor's records and parcel genealogy show that the Petitioner is the fifth owner of the property and obtained the Subject Property in August 2018. An analysis of the surrounding area shows that there are eight permitted septic systems and five wells used for domestic, recreational, and irrigation purposes within a square mile of the Subject Property.

## **II. RECOMMENDATION:**

Staff are of the opinion that granting the variance would not endanger public health or safety.

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

**III. CONDITIONS:**

1. Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred (400) feet of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.
2. Petitioner and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.
3. Construction of the ISDS must commence within one year of the date of approval of the variance. If construction does not commence 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.
4. If an existing ISDS is encountered during construction of the proposed ISDS, it will be abandoned or removed in accordance with Section 17 of the SNHD ISDS Regulations.

Attachments:

- A. Variance Candidate Application
- B. Authorization Letter
- C. Justification Letter from the Petitioner
- D. Land Title Survey for APN 129-10-000-010
- E. Proposed ISDS Plan
- F. Percolation Test Results for APN 129-10-000-010
- G. Well Driller's Report (Well Log #139868)
- H. Public Notice

November 20, 2025

Page 4 of 17

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



**VARIANCE CANDIDATE WORKSHEET**

**PART I:**

**ESTABLISHMENT INFORMATION**

Name of Facility/Establishment: WESTON CHANDLER

Health Permit Number: \_\_\_\_\_ Date of Inquiry: \_\_\_\_\_

Name of Operator/Agent: HARDIN + SONS INC.

Address of Operator/Agent: 201 W. CHEYENNE AVE. NV NV 89030

Contact Information of Operator/Agent:

Office Phone: 702-399-3878 Cell Phone: 702-379-9156

Fax Number: \_\_\_\_\_ Email Address: hardin.sons@gmail.com

If corporation, the name/title of individual to sign for Variance document:

Name: DALE MARTIN

Title: PRESIDENT HARDIN + SONS INC.

**OWNER INFORMATION**

Name of Property Owner: WESTON CHANDLER

Address of Property Owner: 307 TUNGSTEN ST. HENDERSON, NV 89015

Contact Information of Property Owner: 702-296-5750

Office Phone: \_\_\_\_\_ Cell Phone: 702-720-8856

Fax Number: \_\_\_\_\_ Email Address: vegaswes@hotmail.com

**PROPERTY INFORMATION**

Property Address: 6225 LEE CANYON RD. MOUNT CHARLESTON 89124

Assessor's Parcel Number (APN): 129-10-000-010

Describe location within larger facility (i.e. hotel/casino/resort, etc.):

SINGLE FAMILY RESIDENCE

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

PROPERTY IS CURRENTLY SERVICED BY ITS OWN WATER WELL, AND IS APPROX. 1/2 ACRE IN SIZE WHERE NORMALLY A MINIMUM OF ONE ACRE IS REQUIRED FOR AN INDIVIDUAL WELL.

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 PROPERTY IS IN A VERY RURAL AREA AND THERE ARE NO LIVING STRUCTURES ANYWHERE CLOSE TO IT. WE BELIEVE THE EXISTING S.F.R. WAS CONSTRUCTED IN APPROX. 1980. THE WATER WELL WAS DRILLED IN JULY OF 2022, SEE ATTACHED WELL LOG. THE NV DIV OF WATER RESOURCES CONTACT WAS CHRISTI COOPER.

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 CURRENT HOMEOWNER PURCHASED THIS PROPERTY WITH THE SOLE INTENT TO REMODEL THE S.F.R. AND A VARIANCE FOR THE PROPERTY SIZE - INDIVIDUAL WELL ISSUE WILL ALLOW FOR THE INSTALLATION OF A NEW ISDS. THE CURRENT STATUS OF ANY EXISTING SEPTIC SYSTEM IS UNKNOWN AT THIS TIME. WE WILL ABANDON OR REMOVE ANY SYSTEM FOUND DURING THE INSTALLATION OF A NEW ISDS. THERE IS NO COMMUNITY SEWER WITHIN 35 PLUS MILES OF THIS PROPERTY.

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

THE WATER WELL LOCATION WILL BE OVER 100' FROM THE NEW PROPOSED ISDS LOCATION. THE NEW ISDS WILL ADHERE TO ALL WATERLINE AND STRUCTURE SETBACK REQUIREMENTS. SEE ATTACHED PLOT PLAN.

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

**NAC 439.240 Approval by State Board of Health. (NRS 439.150, 439.150, 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 these 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 SNIID Manager)

Attachment B: Authorization Letter

Authorization Letter

October 2, 2025

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

I, Weston Chandler, do hereby authorize Hardin & Sons to make application for a septic system variance in the matter of 6225 Lee Canyon Rd., Las Vegas, NV Assessor's Parcel Number 129-10-000-010. Also, in the event that I cannot be present at the Southern Nevada District Board of Health meeting, Hardin & Sons is authorized to speak on my behalf. However, we understand that both of us must sign both the letter of request and the variance order.

Weston Chandler

(Owner)

State of: Nevada  
County of: Clark

On 10/13/2025 before me, Judith Robinson  
(notary)

Personally appeared, Weston Chandler  
(signer)

Personally known to me

OR

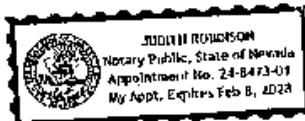
Proved to me on the basis of satisfactory evidence to be  
the person(s) whose name(s) is/are subscribed to the within instrument and has hereby acknowledged to me that he/she/they have  
executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or  
the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal

Judith Robinson

Notary Signature

Judith Robinson  
Print Name



Attachment C: Justification Letter from Petitioner

Justification/Hardship Letter

October 2, 2025

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

From: Weston Chandler  
RE: Parcel # 129-10-000-010  
6225 Lee Canyon Rd.

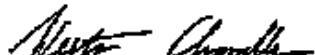
To whom it may concern:

I 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 for the installation of an individual sewage disposal system (ISDS) on a lot served by an individual water well on a 1/4 acre. Municipal sewer is located over 400 feet away from this property. All of the adjoining lots have their own well and individual ISDS.

The legal description of said property is APN# 129-10-000-010 further described as Mt. Charleston PT Tract 43, SW 1/4, SW 1/4, 10 SEC, 195 N/S 56E

I have owned the property since August, 2018 and wish to apply for this variance.

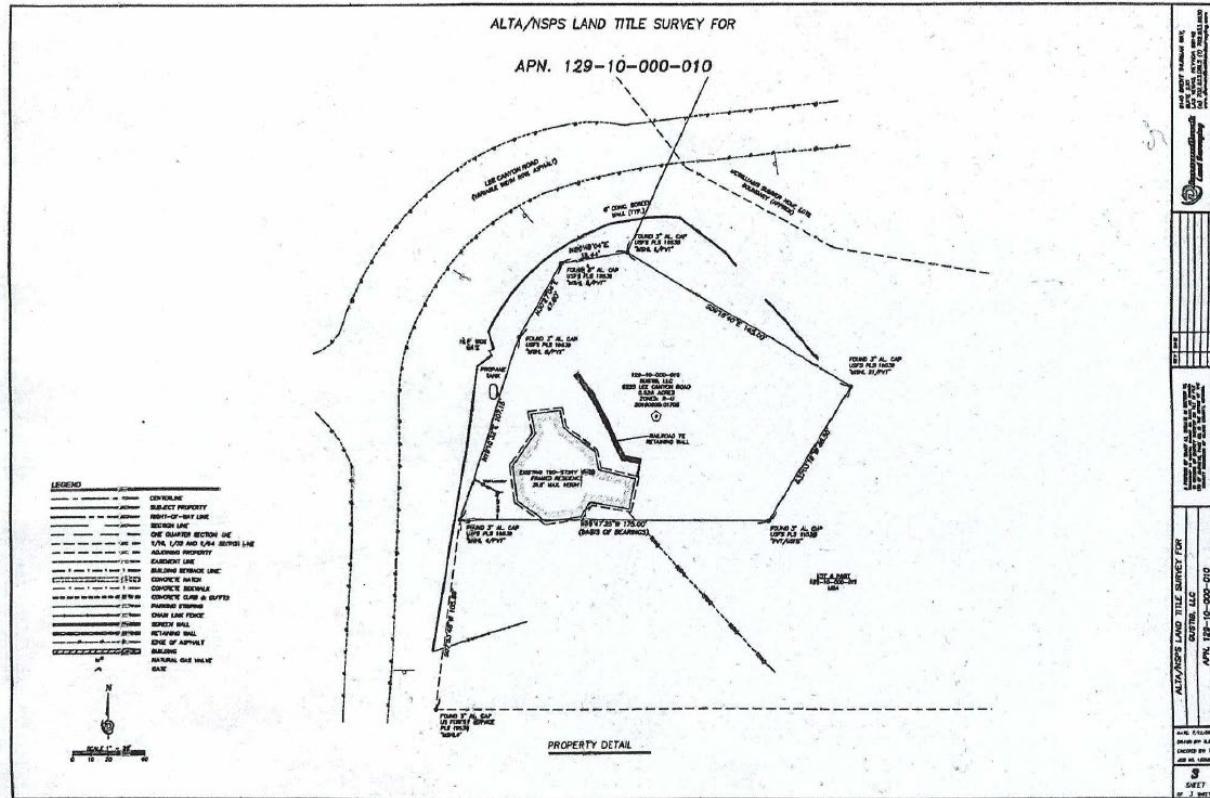
Thank you for your consideration,



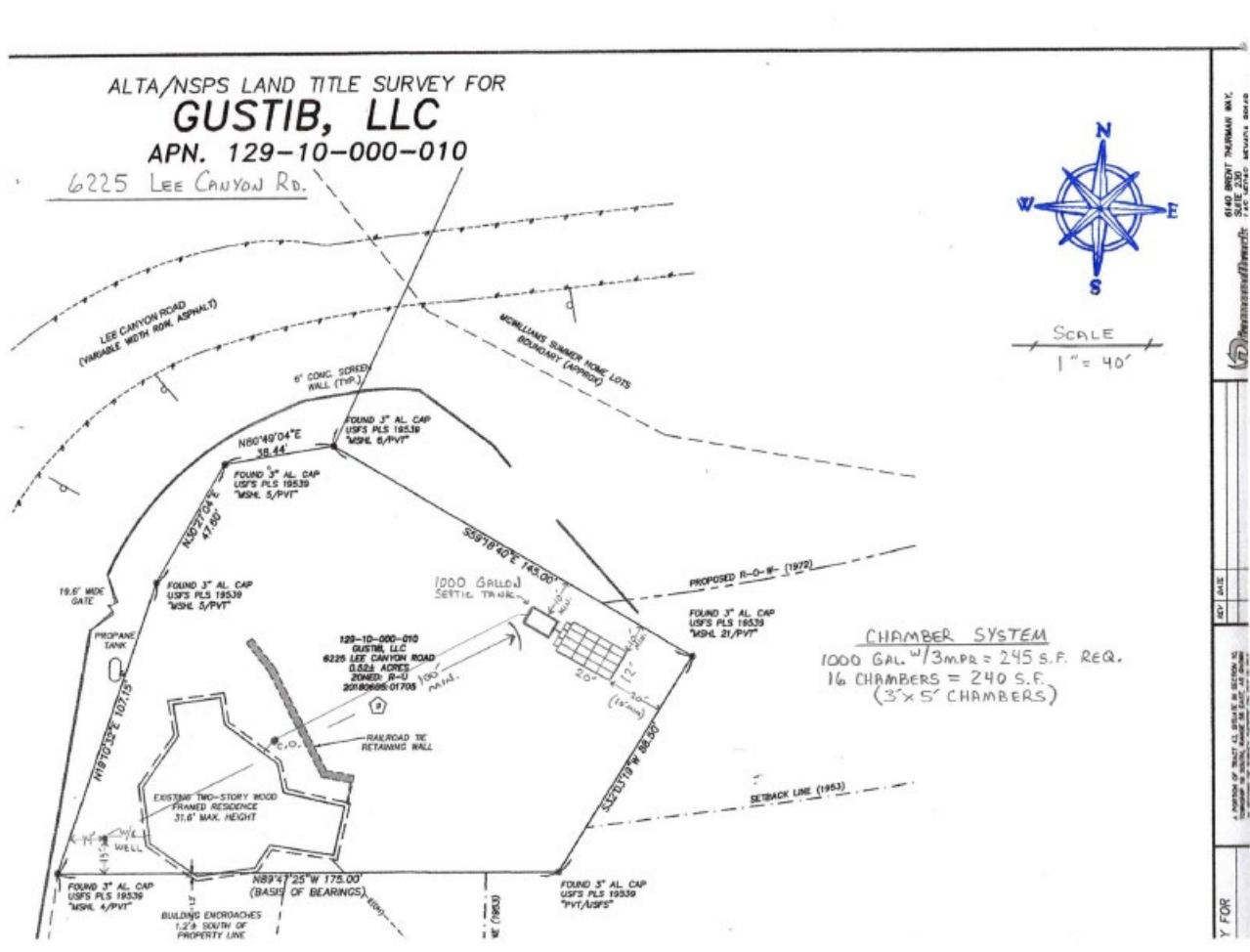
---

Weston Chandler

## Attachment D: Land Title Survey for APN 129-10-000-010



## Attachment E: Proposed ISDS Plan



Attachment F: Percolation Test Results for APN 129-10-000-010 (Page 1 of 5)

**DLC**  
**Consulting**

September 12, 2025

Hardin Excavating  
2010 Cheyenne Avenue  
Las Vegas, Nevada

Attention: Dale Martin

RE: Percolation Verification Test for the Proposed Single-Family Residence Located  
at 6225 Lee Canyon Rd, Mount Charleston, Nevada.

Mr. Martin:

Following is the Percolation Verification Test for the referenced location. Field work  
was conducted by DLC Consulting in accordance with Southern Nevada Health District  
guidelines.

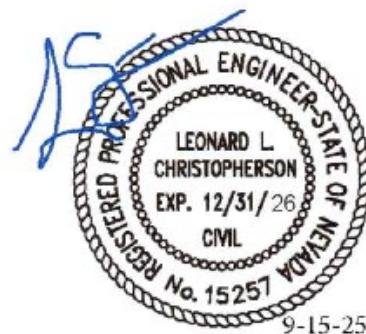
Based on the field data, percolation rates are approximately 3 minutes/inch. Soil data  
from the test pits indicates the presence of Gravely Sands with some cobbles, no  
cemented materials were encountered.

DLC is grateful for the opportunity to provide this report and welcomes any questions or  
comments regarding this report that may arise.

Respectfully,



Michael W. Payne, C.E.M.  
Project Scientist



Landon Christopherson, P.E.  
Principal Engineer

## Attachment F: Percolation Test Results for APN 129-10-000-010 (Page 2 of 5)

Perc TestHardinSeptember 12, 20256225 Lee Canyon**PERCOLATION TEST RESULTS****Test Pit TP-1**

Project Name:	6225 Lee Canyon
Project Location:	6225 Lee Canyon Rd Mount Charleston, Nevada
Test Location:	See Plan Map
Test Performed By:	Michael Payne C.E.M.
Test Reviewed By:	Landon Christopherson, P.E.
Date of Test:	September 12, 2025
Diameter:	6 inches
Borehole Depth:	60 inches
Time of Presoaking:	NA
Depth of Water at beginning of test:	54 inches

Time of Reading	Time Difference (1)	Depth Water to	Depth Difference (2)	Percolation Rate (1)/(2)	Comments
08:02	0	54"	—	—	Begin Test
08:12	10 min	58.37"	4.35	2.3	
08:12	0 min	54"	0		Refill
08:22	10 min	58.37"	4.35	2.3	
08:22	0	54"	0		Refill
08:32	10 min	58.0"	4.0	2.5	
08:32	0	54"	0		Refill
08:42	10 min	58.0"	4.0	2.5	
08:42	0	54.0	0		Refill
08:52	10 min	57.07"	3.07	2.7	
08:52	0	54.0	0		Refill
09:02	10 min	57.07"	3.07	2.7	
09:02	0 min	54"	0		Refill
09:12	10 min	57.07"	3.07	2.7	

**Soil Data:**

Gravels with sand to the maximum boring depth of 13 feet below grade, soils drained freely from surface. Complete soil borings are attached.

Attachment F: Percolation Test Results for APN 129-10-000-010 (Page 3 of 5)

Perc Test	September 12, 2025
Hardin	6225 Lee Canyon
<b>Test Pit TP-2</b>	
Project Name:	6225 Lee Canyon
Project Location:	6225 Lee Canyon Rd Mount Charleston, Nevada
Test Location:	See Plan Map
Test Performed By:	Michael Payne C.E.M.
Test Reviewed By:	Landon Christopherson, P.E.
Date of Test:	September 12, 2025
Borehole	
Diameter:	6 inches
Borehole Depth:	60 inches
Time of Presoaking:	NA
Depth of Water at beginning of test:	54 inches

Time Reading	of Time Difference (1)	Depth Water	to	Depth Difference (2)	Percolation Rate (1)/(2)	Comments
08:00	0	54"	—	—	—	Begin Test
08:10	10 min	58"	4.0	2.5		
08:10	0 min	54"	0			Refill
08:20	10 min	58"	4.0	2.5		
08:20	0	54"	0			Refill
08:30	10 min	57.07"	3.07	2.7		
08:30	0	54"	0			Refill
08:40	10 min	57.07"	3.07	2.7		
08:40	0	54.0	0			Refill
08:50	10 min	57.45"	3.45	2.9		
08:50	0	54.0	0			Refill
09:00	10 min	57.45"	3.45	2.9		
09:00	0 min	54"				Refill
09:10	10 min	57.45"	3.45	2.9		

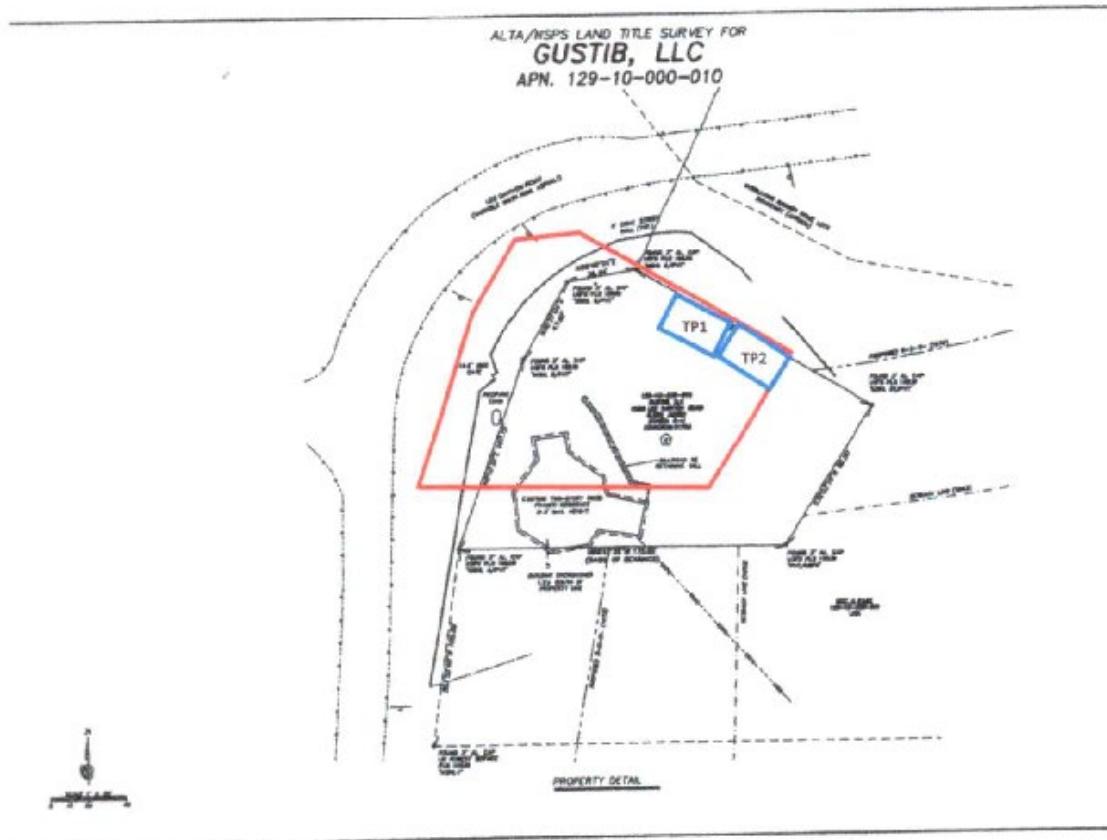
### Soil Data:

Gravel with sands to the maximum boring depth of 13 feet below grade, soils drained freely from surface. Complete soil borings are attached.

## Attachment F: Percolation Test Results for APN 129-10-000-010 (Page 4 of 5)

Client:	Hardin			
Project:	6225 Lee Canyon			
Test Pit	1			
a.	Depth/Feet	PN 1255904	Date:	9/12/2025
b.	Sample Type	Elevation	Existing Grade	Datum: Existing
c.	Moisture	Equipment:	580 N	Operator: Doyle
d.	Density	Groundwater:	None	
e.	USCS Class.			
a	b	c	d	e
1	Bulk	Slight	Loose	GP
2			Med	
3				
4				
5				Gravelly SAND with some cobbles, tan, slightly moist.
7				
9			Med.	
10				
12				
13				Total Depth 13 feet, no groundwater.

Attachment F: Percolation Test Results for APN 129-10-000-010 (Page 5 of 5)



**HARDIN EXCAVATING: Percolation Test Pit Locations**

6225 Lee Canyon Rd, Mount Charleston, Nevada

North is top of page

Scale is Graphic Scale on Drawing

Test Pit Location: TP1

NOTE: Assessor Parcel Data Unavailable for this location. Survey Map with distances is used as base.

#### Attachment G: Well Driller's Report (Well Log #139868)

NAD 27 36.31081  
-115.67582

Attachment H: Public Notice



**PUBLIC NOTICE**

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, November 20, 2025, at 11:00 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 Weston Chandler ("Petitioner"), to permit and install a new individual sewage disposal system on the property located at 6225 Lee Canyon Road, Mt. Charleston, NV 89124, APN 129-10-000-010.

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

All interested persons may appear at the hearing and state their positions. All written and oral submissions will be considered by the Southern Nevada District Board of Health. Written comments must be forwarded by November 19, 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. Note that if the variance is not heard at the November 20, 2025, District Board of Health Public Hearing, then it will be heard at the January 22, 2026, District Board of Health Public Hearing.

- S -

Chris Saxton, MPH-EH, REHS  
Environmental Health Director

October 27, 2025

Date



# **Southern Nevada Health District**

## FY2025 Audit Presentation

# Introductions



**Josh Findlay, CPA**

Director

Audit Engagement Executive

[Josh.Findlay@us.forvismazars.com](mailto:Josh.Findlay@us.forvismazars.com)

# Global Presence

Leading

**\$5bn**

Global Network\*

**100+**

Combined Countries & Territories

**400+**

Combined Offices & Locations

**1,800+**

Combined Partners

**40,000+**

Combined Employees

\* Source: IAB-World Network rankings, based on most recent ranking.

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

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



# U.S. Presence

Leading U.S. Firm

**\$2.24B**

Revenue (FY 2025)\*

**76**

Markets

**30**

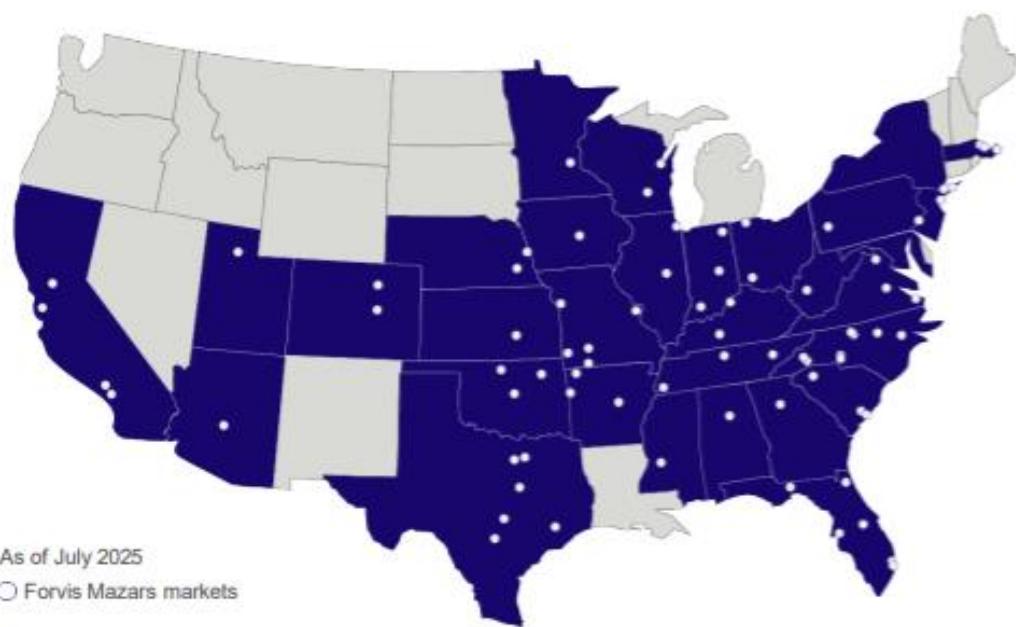
States

**600+**

Partners & Principals

**7,000+**

Employees



\*FY 2025 revenue: period ending 5/31/25.

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Updated 8/22/2025

Alabama	Georgia	Missouri	Ohio	Texas
Birmingham	Atlanta	Branson	Cincinnati	Austin
Arizona	Illinois	Joplin	Toledo	Dallas
Phoenix	Chicago	Kansas City	Oklahoma	Fort Worth
Arkansas	Decatur	Springfield	Enid	Houston
Fort Smith	Indiana	St. Louis	Oklahoma City	San Antonio
Little Rock	Evansville	Nebraska	Tulsa	Waco
Rogers	Fort Wayne	Lincoln	Pennsylvania	Utah
California	Indianapolis	Omaha	Fort Washington	Salt Lake City
Irvine	Iowa	New Jersey	Pittsburgh	Virginia
Los Angeles	Des Moines	Iselin	South Carolina	Norfolk
Sacramento	Kansas	New York	Charleston	Richmond
San Jose	Wichita	Long Island	Greenville	Tysons
Colorado	Kentucky	New York City	Summerville	West Virginia
Colorado Springs	Bowling Green	North Carolina	Charleston	Charleston
Denver	Louisville	Asheville	Knoxville	Wisconsin
Florida	Massachusetts	Charlotte SouthPark	Memphis	Appleton
Boca Raton	Boston	Charlotte Uptown	Nashville	Madison
Fort Lauderdale	Brewster	Greensboro		
Jacksonville	Chestnut Hill	Greenville		
Orlando		Hendersonville		
Tallahassee		Raleigh		
Tampa Bay		Winston-Salem		
Mississippi				
Jackson				

# Agenda

Audit Scope and Results

Future Pronouncements

Questions



# Audit Scope and Results

# Audit Scope and Results

## 1 Financial Statement Opinions

- Unmodified “Clean” Opinions

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

- No reportable findings

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

- No reportable findings

# Audit Scope and Results (Continued)

## Single Audit

### Major Federal Programs for FY2025

Major Program	Federal Assistance Listing Number	Expenditures
Opioid STR	93.788	\$2,488,200
National Bioterrorism Hospital Preparedness Program	93.889	\$1,420,070
HIV Prevention Activities Health Department Based	93.940	\$102,134
Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health	93.967	\$6,818,216

# Audit Scope and Results (Continued)

## Qualitative Aspects of Significant Accounting Policies and Practices

- Significant Accounting Policies
  - The Health District's significant accounting policies are described in *Note 1* of the audited financial statements.
  - With respect to new accounting standards adopted during the year, we call to your attention the following topics detailed in the following pages:
    - Note 1 - Governmental Accounting Standards Board (GASB) Statement No. 101, *Compensated Absences*
  - Alternative Accounting Treatments
    - No matters are reportable.

# Audit Scope and Results (Continued)

## Qualitative Aspects of Significant Accounting Policies and Practices

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

# Audit Scope and Results (Continued)

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

- No matters are reportable.

## Significant Issues Discussed with Management During the Audit Process

- No matters are reportable.

## Disagreements with Management

- No matters are reportable.

# Future Pronouncements and Other Matters

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

## Summary

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

## Potential Impact

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

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

## Summary

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

## Potential Impact

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

# Questions?

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

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# **Southern Nevada Health District**

**Independent Auditor's Report, Financial Statements,  
and Supplementary Information**

June 30, 2025

**DRAFT 11.11.2025**

# Southern Nevada Health District

## Table of Contents

June 30, 2025

---

### Financial Section

Independent Auditor's Report .....	1
Management's Discussion and Analysis.....	4

### Basic Financial Statements

#### Government-Wide Financial Statements

Statement of Net Position .....	15
Statement of Activities.....	17

#### Fund Financial Statements

Governmental Funds – Balance Sheet.....	18
Reconciliation of the Balance Sheet – Governmental Funds to the Statement of Net Position – Governmental Activities.....	19
Governmental Funds Statement of Revenues, Expenditures, and Changes in Fund Balances .....	20
Reconciliation of the Statement of Revenues, Expenditures, and Changes in Fund Balances – Governmental Funds to the Statement of Activities – Governmental Activities.....	21
Statement of Net Position – Proprietary Funds.....	22
Statement of Revenues, Expenses, and Changes in Net Position – Proprietary Funds .....	23
Statement of Cash Flows – Proprietary Funds .....	24
Statement of Fiduciary Net Position.....	25
Statement of Changes in Fiduciary Net Position .....	26
Notes to Financial Statements .....	27

### Required Supplementary Information

Statement of Revenues, Expenditures, and Changes in Fund Balance – Budget to Actual – General Fund .....	50
Statement of Revenues, Expenditures, and Changes in Fund Balance – Budget to Actual – Special Revenue Fund .....	51
Schedules of Changes in the Total OPEB Liability and Related Ratios .....	52
Schedules of Changes in the Total OPEB Liability and Related Ratios .....	53

**Required Supplementary Information (Continued)**

Multiple-Employer Cost-Sharing Defined Benefit Pension Plan Proportionate Share of the Collective Net Pension Liability Information .....	54
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan Proportionate Share of Statutorily Required Contribution Information .....	55
Notes to Required Supplementary Information.....	56

**Other Supplementary Information**

Statement of Revenues, Expenditures, and Changes in Fund Balance – Budget to Actual – Bond Reserve Fund .....	58
Statement of Revenues, Expenditures, and Changes in Fund Balance – Budget to Actual – Capital Projects Fund .....	59
Statement of Revenues, Expenditures, and Changes in Net Position – Budget to Actual – Insurance Liability Reserve Fund.....	60

**DRAFT 11/11/2025**

**DRAFT 11.11.2025**

***Financial Section***

## **Independent Auditor's Report**

Board of Health and District Health Officer  
Southern Nevada Health District  
Las Vegas, Nevada

### **Report on the Audit of the Financial Statements**

#### ***Opinions***

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Southern Nevada Health District (Health District), as of and for the year ended June 30, 2025, and the related notes to financial statements, which collectively comprise the Health District's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Health District, as of June 30, 2025, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinions***

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

#### ***Responsibilities of Management for the Financial Statements***

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

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

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

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

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

### ***Required Supplementary Information***

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

### ***Supplementary Information***

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

### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated **November \_\_, 2025** on our consideration of the Health District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health District's internal control over financial reporting and compliance.

**Dallas, Texas**  
**November \_\_, 2025**

**Southern Nevada Health District  
Management's Discussion and Analysis  
For the Fiscal Year Ended June 30, 2025**

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As members of the Southern Nevada Health District's management, we offer the readers of the financial statements of Southern Nevada Health District (Health District) this narrative overview and analysis of the financial activities of the Health District for the fiscal year ended June 30, 2025. This narrative is designed to:

- Provide an overview of the Health District's financial condition and results of operations
- Assist readers in identifying significant financial activities and trends
- Explain significant changes from the prior fiscal year and ability to address future priorities

***Financial Highlights***

The Health District's liabilities and deferred inflows of resources exceeded its assets and deferred outflows of resources at the close of the most recent fiscal year by \$35,249,505. Unrestricted net position could be used to meet the government's ongoing obligations to citizens and creditors, if it were a positive number.

The Health District's total net position (deficit) improved by \$1,507,485 primarily due to an increase in property tax revenue and increases in charges for services offset with an increase in related expenditures as well as a decrease in pandemic-related operating grants and related expenditures.

The Health District's total revenue increased by \$9,634,646. This was primarily driven by increases in charges for services, regulatory fees, and property tax revenues offset with a decrease in pandemic-related grants. Expenses increased by \$2,004,746 primarily due to increase in personnel costs including both salaries and benefits.

***Overview of the Financial Statements***

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

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

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

***Government-Wide Financial Statements***

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

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

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

**Southern Nevada Health District  
Management's Discussion and Analysis  
For the Fiscal Year Ended June 30, 2025**

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Both of the government-wide financial statements distinguish functions of the Health District that are principally supported by taxes and intergovernmental revenues (*governmental activities*) from other functions that are intended to recover all or a significant portion of their costs through user fees and charges (*business-type activities*). There were no business-type activities in 2025. The governmental activities of the Health District are comprised of the following functions:

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

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

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

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

The government-wide financial statements can be found beginning on page 15 of this report.

**Fund Financial Statements**

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

- Governmental funds
- Proprietary funds
- Fiduciary funds

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

**Governmental Funds**

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

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

**Southern Nevada Health District  
Management's Discussion and Analysis  
For the Fiscal Year Ended June 30, 2025**

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

The basic governmental fund financial statements can be found beginning on page 18 of this report.

***Proprietary Fund***

As of June 30, 2025, the Health District only maintains an internal service fund:

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

Proprietary funds provide the same type of information as the government-wide financial statements, only in more detail. The internal service fund is a single, aggregated presentation in the proprietary fund financial statements. The basic proprietary fund financial statements can be found beginning on page 22 of this report.

***Fiduciary Funds***

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

***Notes to Financial Statements***

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

The notes to financial statements can be found beginning on page 27 of this report.

***Other Information***

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

Required supplementary information can be found beginning on page 50 of this report.

**Southern Nevada Health District  
Management's Discussion and Analysis  
For the Fiscal Year Ended June 30, 2025**

**Government-Wide Overall Financial Analysis**

**Summary Statement of Net Position**

	<b>Governmental Activities</b>	
	<b>2025</b>	<b>2024</b>
<b>Assets</b>		
Current and other assets	\$ 92,522,446	\$ 72,414,910
Net capital, lease, and subscription assets	<u>37,326,755</u>	<u>38,141,386</u>
<b>Total Assets</b>	<u>129,849,201</u>	<u>110,556,296</u>
<b>Deferred Outflows of Resources</b>	<u>82,179,853</u>	<u>73,071,605</u>
<b>Liabilities</b>		
Short-term liabilities	21,201,902	12,555,402
Long-term liabilities	<u>183,979,113</u>	<u>186,744,388</u>
<b>Total Liabilities</b>	<u>205,181,015</u>	<u>199,299,790</u>
<b>Deferred Inflows of Resources</b>	<u>42,097,544</u>	<u>21,085,101</u>
<b>Net Position (Deficit)</b>		
Net investment in capital assets	29,325,955	29,751,622
Restricted	119,425	80,053
Unrestricted (deficit)	<u>(64,694,885)</u>	<u>(66,588,665)</u>
<b>Total Net Position (Deficit)</b>	<u><u>\$ (35,249,505)</u></u>	<u><u>\$ (36,756,990)</u></u>

Total unrestricted net position represents negative 187% of total net position of Governmental Activities and is not available to meet the Health District's ongoing obligations to citizens and creditors. The remainder of the Health District's net position reflects its investment in capital, lease, and subscription assets (e.g., land, buildings, equipment, vehicles, infrastructure) and funds restricted for grants and insurance liability reserve. The Health District uses these capital assets to provide a variety of services to citizens. Accordingly, these assets are not available for future spending.

The Health District's total net position (deficit) improved by \$1,507,485 primarily due to increased fees for services, increased regulatory revenue, and increased property tax revenues, offset by a decrease in federal grants revenue and an increase in clinical services and environmental health-related expenditures.

The increase for charges for services was due to an overall increase in immunizations and other medical services. The increase in regulatory services was primarily due to increased fees during fiscal year 2025.

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

The decrease in operating grants was mainly due to the termination of pandemic-related grants during fiscal year 2025.

**Southern Nevada Health District  
Management's Discussion and Analysis  
For the Fiscal Year Ended June 30, 2025**

***Summary Statement of Changes in Net Position***

	<b>Governmental Activities</b>	
	<b>2025</b>	<b>2024</b>
<b>Revenues</b>		
Program revenues		
Charges for services	\$ 78,438,113	\$ 67,347,827
Operating grants and contributions	49,014,470	57,783,029
General revenues		
Property tax allocation	37,651,176	34,088,562
Other income	4,936,348	2,575,284
Unrestricted investment income	3,532,996	2,143,755
<b>Total Revenues</b>	<u>173,573,103</u>	<u>163,938,457</u>
<b>Expenses</b>		
Public health		
Clinical services	72,910,245	61,460,781
Environmental health	33,489,858	31,127,930
Community health	55,376,183	61,936,949
Administration	9,914,726	15,218,402
Interest	374,606	316,810
<b>Total Expenses</b>	<u>172,065,618</u>	<u>170,060,872</u>
<b>Change in Net Position</b>	<u>1,507,485</u>	<u>(6,122,415)</u>
<b>Net Position, Beginning</b>	<u>(36,756,990)</u>	<u>(30,634,575)</u>
<b>Net Position, Ending</b>	<u><u>\$ (35,249,505)</u></u>	<u><u>\$ (36,756,990)</u></u>

***Governmental Activities***

During the current fiscal year, net position for governmental activities improved \$1,507,485 from the 2024 fiscal year to an ending balance of negative \$35,249,505.

***Financial Analysis of Governmental Funds***

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

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

At June 30, 2025, the Health District's governmental funds reported combined fund balances of \$72,036,301, an increase of \$11,308,409 in comparison with the prior year. Approximately 75%, or \$54,049,140, of this amount constitutes unassigned fund balance, which is available for spending at the Health District's discretion.

**Southern Nevada Health District  
Management's Discussion and Analysis  
For the Fiscal Year Ended June 30, 2025**

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The remainder of governmental fund balance is classified as follows: \$4,597,441 is nonspendable; restricted funds of \$119,425 is grant-related; \$1,000,000 is committed for emergency reserve; \$6,786,283 is assigned to capital project improvements; \$3,000,000 is assigned for contingency; \$2,379,682 is assigned to administrative projects; and \$104,330 is assigned to pharmacy projects. The General Fund is the chief operating fund of the Health District. At the end of the current fiscal year, unassigned fund balance of the General Fund was \$54,049,140, while the total fund balance is \$65,128,565. As a measure of operating liquidity, it may be useful to compare both unassigned fund balance and total fund balance to total combined general fund and special revenue fund expenditures.

Unassigned fund balance represents approximately 33.8% of total combined general fund and special revenue fund expenditures and transfers, while total governmental fund balance represents approximately 46.0% of the total governmental expenditures and transfers. The Health District's general fund balance increased by \$10,255,737 during the current fiscal year, attributable to increased fees for services, increased regulatory revenue, and increased property tax allocation, offsetting with reductions in community health-related expenditures and net administration costs and a reduction in transfers to other funds.

Other governmental funds consist of the Special Revenue Fund, the Bond Reserve Fund (also known as Building Fund), and the Capital Projects Fund. The Special Revenue Fund was created in fiscal year 2016 to account for the grant funds the Health District receives and has a nonspendable fund balance of \$2,028 and restricted fund balance of \$119,425. The Bond Reserve Fund was approved by the Board of Health on March 27, 2008, so that the Health District will be able to pay bonded debt in the event that Clark County issues bonds on behalf of the Health District in order to fund a new facility replacement for the main campus. On December 16, 2010, the Southern Nevada District Board of Health amended the original purpose of the Bond Reserve Fund to allow the Board of Health to utilize the resources of the debt service fund for any identifiable projects at the discretion of the Board that benefit the public health of Clark County.

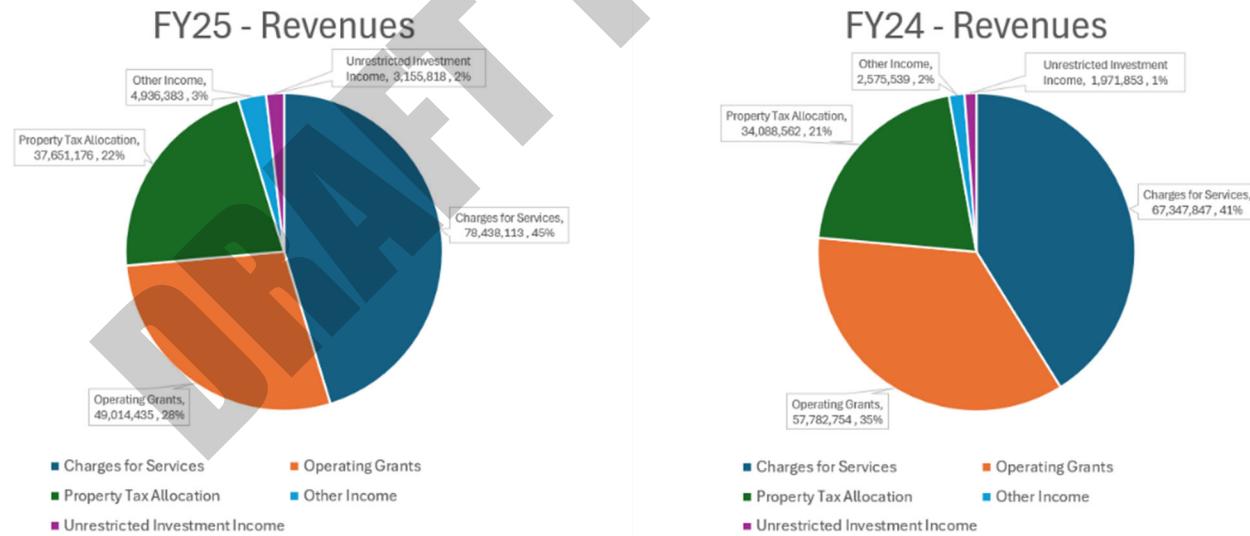
The Bond Reserve and Capital Funds have an assigned fund balance of \$6,786,283 at the end of the current fiscal year, which increased by \$1,013,300 as compared to the prior fiscal year, primarily attributable to a budgeted transfer of \$2,000,000 from the General Fund.

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**Southern Nevada Health District  
Management's Discussion and Analysis  
For the Fiscal Year Ended June 30, 2025**

**Fund Revenues by Source**

	2025		2024		Increase (Decrease)	
	Amount	Percent	Amount	Percent	Amount	Percent
<b>General Fund Revenues</b>						
Charges for services						
Fees for service	\$ 46,360,664	37.74%	\$ 35,119,778	33.61%	\$ 11,240,886	32.01%
Regulatory revenue	28,482,125	23.19%	27,422,167	26.24%	1,059,958	3.87%
Title XIX and other	3,595,324	2.93%	4,805,902	4.60%	(1,210,578)	-25.19%
Total charges for services	<u>78,438,113</u>	<u>63.85%</u>	<u>67,347,847</u>	<u>64.45%</u>	<u>11,090,266</u>	<u>16.47%</u>
Intergovernmental revenues						
Property tax	37,651,176	30.65%	34,088,562	32.62%	3,562,614	10.45%
General receipts						
Contributions and donations	35	0.00%	255	0.00%	(220)	-86.27%
Interest income	3,155,818	2.57%	1,971,853	1.89%	1,183,965	60.04%
Other	3,592,739	2.92%	1,094,229	1.05%	2,498,510	228.34%
<b>Total General Fund Revenues</b>	<u>\$ 122,837,881</u>	<u>100.00%</u>	<u>\$ 104,502,746</u>	<u>100.00%</u>	<u>\$ 18,335,135</u>	<u>17.55%</u>
<b>Special Revenue Fund Revenues</b>						
Intergovernmental revenues						
Direct federal grants	\$ 18,175,097	36.09%	\$ 21,913,784	36.98%	\$ (3,738,687)	-17.06%
Indirect federal grants	27,305,731	54.22%	34,797,567	58.72%	(7,491,836)	-21.53%
State funding	3,533,607	7.02%	1,071,403	1.81%	2,462,204	229.81%
Total intergovernmental revenues	<u>49,014,435</u>	<u>97.33%</u>	<u>57,782,754</u>	<u>97.50%</u>	<u>(8,768,319)</u>	<u>-15.17%</u>
<b>Program Contract Services</b>	<u>1,343,609</u>	<u>2.67%</u>	<u>1,481,055</u>	<u>2.50%</u>	<u>(137,446)</u>	<u>-9.28%</u>
<b>Total Special Fund Revenues</b>	<u>\$ 50,358,044</u>	<u>100.00%</u>	<u>\$ 59,263,809</u>	<u>100.00%</u>	<u>\$ (8,905,765)</u>	<u>-15.03%</u>
<b>Combined Special Revenue and General Funds</b>	<u>\$ 173,195,925</u>		<u>\$ 163,766,555</u>		<u>\$ 9,429,370</u>	<u>5.76%</u>



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

**Southern Nevada Health District  
Management's Discussion and Analysis  
For the Fiscal Year Ended June 30, 2025**

The increase in the property tax allocation of \$3,562,614 is due to a growing local economy, increases in property values, and subsequent increased property taxes. There is a 3% property tax cap on increases for primary residence property in the State of Nevada.

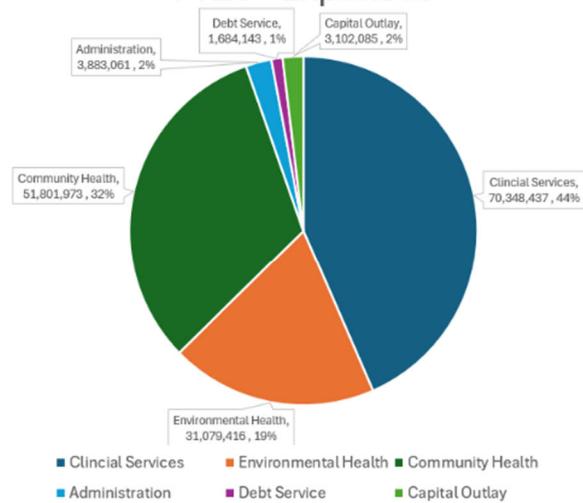
The increase in interest income was due to increased fair market value compared to book value and improved earnings rate based on increased balances at year-end from investments.

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

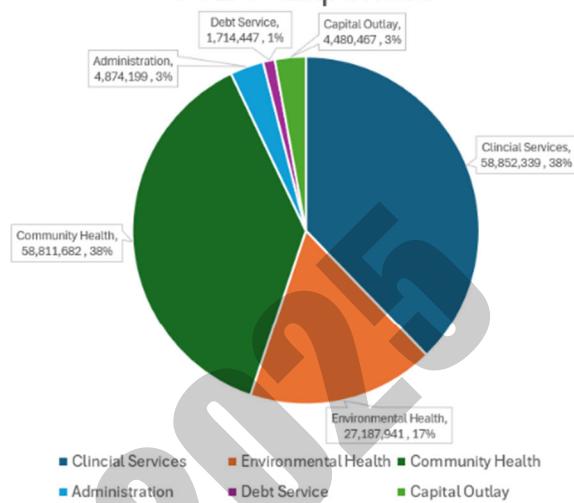
	2025		2024		Increase (Decrease)	
	Amount	Percent	Amount	Percent	Amount	Percent
<b>General Fund Expenditures</b>						
Current						
Public health						
Clinical services	\$ 56,454,440	52.85%	\$ 43,768,571	47.77%	\$ 12,685,869	28.98%
Environmental health	29,376,372	27.50%	24,218,749	26.43%	5,157,623	21.30%
Community health services	16,903,125	15.82%	16,430,847	17.93%	472,278	2.87%
Administration	851,186	0.80%	3,016,484	3.29%	(2,165,298)	-71.78%
Debt service						
Principal	1,309,537	1.23%	1,397,637	1.53%	(88,100)	-6.30%
Interest	374,606	0.35%	316,810	0.35%	57,796	18.24%
Capital outlay						
Public health	1,543,923	1.45%	2,470,015	2.70%	(926,092)	-37.49%
<b>Total General Fund Expenditures</b>	<b>\$ 106,813,189</b>	<b>100.00%</b>	<b>\$ 91,619,113</b>	<b>100.00%</b>	<b>\$ 15,194,076</b>	<b>16.58%</b>
<b>Special Revenue Fund Expenditures</b>						
Current						
Public health						
Clinical services	\$ 13,893,997	25.22%	\$ 15,083,768	23.46%	\$ (1,189,771)	-7.89%
Environmental health	1,703,044	3.10%	2,969,192	4.61%	(1,266,148)	-42.64%
Community health services	34,898,848	63.35%	42,380,835	65.91%	(7,481,987)	-17.65%
Administration	3,031,875	5.50%	1,857,715	2.89%	1,174,160	63.20%
Capital outlay						
Public health	1,558,162	2.83%	2,010,452	3.13%	(452,290)	-22.50%
<b>Total Special Revenue Fund Expenditures</b>	<b>\$ 55,085,926</b>	<b>100.00%</b>	<b>\$ 64,301,962</b>	<b>100.00%</b>	<b>\$ (9,216,036)</b>	<b>-14.33%</b>
<b>Combined Special Revenue and General Funds</b>	<b>\$ 161,899,115</b>		<b>\$ 155,921,075</b>		<b>\$ 5,978,040</b>	<b>3.83%</b>

**Southern Nevada Health District  
Management's Discussion and Analysis  
For the Fiscal Year Ended June 30, 2025**

**FY25 - Expenses**



**FY24 - Expenses**



The increase in general fund expenditures was primarily due to an increase in personnel expenses for services provided and operating costs for supplies in relation to the increase in fees for service and an increase in personnel expenses related to inspections and permit issuance in relation to the increase in regulatory services.

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

**General Fund Budget Highlights**

**Final Budget Compared to Actual Results**

Current budget procedure allows funds to be moved within programs and departments. Revenues are underbudgeted amounts by \$4,881,731. This is attributable to higher than expected medical and immunization fee activity and investment earnings. Expenditures fell short of budgeted amounts by \$5,059,481 primarily due to lower than expected services and supplies expense for standard operations.

Detailed information of budgeted revenue and expenditures and actual revenue and expenditures is included in the Supplementary Information on page 50 of the Financial Report.

**Capital, Lease, and Subscription Assets**

As of June 30, 2025, the Health District's net investment in capital, lease, and subscription assets for its governmental activities was \$37,326,755. This investment in capital assets includes land, buildings and improvements, and vehicles and equipment. The net decrease in capital assets for the current fiscal year was approximately \$814,631, or 2%, primarily due to an increase in construction in progress, right-to-use leased building, subscription IT assets, and furniture, offset by retirement and depreciation and amortization on existing assets.

	<b>Balance</b>			<b>Balance</b>	
	<b>June 30, 2024</b>	<b>Increases</b>	<b>Decreases</b>	<b>Transfers</b>	<b>June 30, 2025</b>
Governmental activities	\$ 38,141,386	\$ 4,117,157	\$ (4,931,788)	\$ -	\$ 37,326,755

**Southern Nevada Health District  
Management's Discussion and Analysis  
For the Fiscal Year Ended June 30, 2025**

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The Health District disposed capital assets by \$397,383. This was primarily due to obsolete furniture, fixtures, and equipment.

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

***Long-Term Debt***

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

***Economic Factors and Next Year's Budgets and Rates***

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

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

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

The Health District is confronted with inflationary factors affecting the cost of equipment; clinical, laboratory, and pharmaceutical supplies; and other services. As of June 30, 2025, the Consumer Price Index has increased 2.7% over the past 12 months as an average annual percentage indicating these costs may continue to grow in the immediate future. Bargaining unit negotiation increases scheduled for budget year 2025-2026 will result in significant increased labor costs going forward. In addition, benefit costs will be higher due to increased retirement contributions on increased salaries and increased group insurance costs in budget year 2025-2026.

The Health District will continue to pursue not only proportional allocation of federal pass-through dollars through the State but also direct funding from the federal government. Clark County has 70% of Nevada's population and is 4.7 times the population of Washoe County in Northern Nevada. The additional federal support will enable the Health District to better address the needs of residents requiring services. Senate Bill 118 was approved during the State of Nevada 2023 Legislative Session. Section 9.2 of the bill made an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services for allocation to specified entities for the improvement of public health. The Health District received an allocation of \$10,950,000 to be utilized over fiscal year 2024-2025 and fiscal year 2025-2026. During fiscal year 2025, \$1.9 million of the \$10.95 million was expended with the remainder to be expended in fiscal year 2026 on projects to support identified public health priorities. In August 2025, the Health District also received an allocation of \$10,786,480 to be utilized over the fiscal year 2025-2026 and fiscal year 2026-2027 in installments of \$5,393,240, respectively.

Property tax revenue is anticipated to increase by approximately 10% for the 2025-2026 budget year. Fees for services for clinical services continue to grow as services expand. Regulatory revenue, environmental health licenses, and permit revenues are anticipated to increase as fees are adjusted and regulated activities with national and international venues occur in the community. The increase for the 2025-2026 budget year is anticipated to be approximately 1% for charges for services, licenses, and permits.

**Southern Nevada Health District  
Management's Discussion and Analysis  
For the Fiscal Year Ended June 30, 2025**

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

***Request for Information***

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

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

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

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***Basic Financial Statements***

**Southern Nevada Health District  
Statement of Net Position  
June 30, 2025**

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	<b>Primary Government Governmental Activities</b>
<b>ASSETS</b>	
Cash, cash equivalents, and investments	\$ 72,798,826
Grants receivable	8,873,290
Accounts receivable, net	6,236,667
Interest receivable	374,112
Other receivables	451,242
Prepaid items	1,203,132
Inventories	2,585,177
Capital assets, not depreciated	
Land	3,447,236
Construction in progress	3,061,594
Capital, lease, and subscription assets, net of accumulated depreciation and amortization	
Buildings	15,179,196
Improvements other than buildings	2,076,471
Furniture, fixtures, and equipment	5,094,867
Lease assets	6,589,301
Subscription assets	1,504,871
Vehicles	373,219
<b>Total Assets</b>	<b><u>129,849,201</u></b>
<b>DEFERRED OUTFLOWS OF RESOURCES</b>	
Deferred amounts related to pensions	59,549,437
Deferred amounts related to OPEB	<u>22,630,416</u>
<b>Total Deferred Outflows of Resources</b>	<b><u>82,179,853</u></b>

	<b>Primary Government Governmental Activities</b>
<b>LIABILITIES</b>	
Accounts payable	\$ 3,898,278
Accrued expenses	2,432,660
Workers compensation self-insurance claims	43,586
Unearned revenue	14,827,377
Long-term liabilities, due within one year	
Compensated absences	5,827,425
Lease liabilities	1,042,365
Subscription liabilities	251,416
Long-term liabilities, due in more than one year	
Compensated absences	7,592,924
Lease liabilities	6,159,579
Subscription liabilities	237,650
Net pension liability	127,620,524
Total OPEB liability	<u>35,247,231</u>
<b>Total Liabilities</b>	<u>205,181,015</u>
<b>DEFERRED INFLOWS OF RESOURCES</b>	
Deferred amounts related to pensions	18,818,672
Deferred amounts related to OPEB	<u>23,278,872</u>
<b>Total Deferred Inflows of Resources</b>	<u>42,097,544</u>
<b>NET POSITION (DEFICIT)</b>	
Net investment in capital assets	29,325,954
Restricted	119,425
Unrestricted (deficit)	<u>(64,694,884)</u>
<b>Total Net Position (Deficit)</b>	<u>\$ (35,249,505)</u>

**Southern Nevada Health District  
Statement of Activities  
For the Fiscal Year Ended June 30, 2025**

<b>Functions/Programs</b>	<b>Expenses</b>	<b>Program Revenues</b>			<b>Net (Expenses) Revenues and Changes in Net Position Primary Government</b>
		<b>Charges for Services</b>	<b>Operating Grants and Contributions</b>	<b>Governmental Activities</b>	
<b>Primary Government</b>					
Governmental activities					
Public health					
Clinical services	\$ 72,910,245	\$ 41,698,049	\$ 12,479,441	\$ (18,732,755)	
Environmental health	33,489,858	28,093,516	1,558,720	(3,837,622)	
Community health	55,376,183	5,799,366	31,758,403	(17,818,414)	
Administration	9,914,726	2,847,182	3,217,906	(3,849,638)	
Interest	374,606	-	-	(374,606)	
Total governmental activities	<u>172,065,618</u>	<u>78,438,113</u>	<u>49,014,470</u>	<u>(44,613,035)</u>	
<b>Total Function/Program</b>	<b>\$ 172,065,618</b>	<b>\$ 78,438,113</b>	<b>\$ 49,014,470</b>	<b>\$ (44,613,035)</b>	
<b>General Revenues</b>					
Property tax allocation				\$ 37,651,176	
Other income				4,936,348	
Unrestricted investment income				<u>3,532,996</u>	
<b>Total General Revenues and Transfers</b>				<b>46,120,520</b>	
<b>Change in Net Position (Deficit)</b>				<b>1,507,485</b>	
<b>Net Position (Deficit), Beginning of Year</b>				<b>(36,756,990)</b>	
<b>Net Position (Deficit), End of Year</b>				<b>\$ (35,249,505)</b>	

**Southern Nevada Health District  
Governmental Funds – Balance Sheet  
June 30, 2025**

	<b>General Fund</b>	<b>Special Revenue Fund</b>	<b>Other Governmental Funds</b>	<b>Total Governmental Funds</b>
<b>ASSETS</b>				
Cash, cash equivalents, and investments	\$ 64,801,125	\$ -	\$ 7,885,466	\$ 72,686,591
Grants receivable	-	8,873,290	-	8,873,290
Accounts receivable, net	6,236,667	-	-	6,236,667
Other receivables	450,972	270	-	451,242
Interest receivables	333,279	-	40,770	374,049
Due from other funds	8,738,622	9,395,920	-	18,134,542
Inventories	2,585,177	-	-	2,585,177
Prepaid items	2,010,236	2,028	-	2,012,264
<b>Total Assets</b>	<b>\$ 85,156,078</b>	<b>\$ 18,271,508</b>	<b>\$ 7,926,236</b>	<b>\$ 111,353,822</b>
<b>LIABILITIES</b>				
Accounts payable	\$ 2,994,800	\$ 593,688	\$ 309,791	\$ 3,898,279
Accrued expenses	2,432,659	-	-	2,432,659
Workers compensation self-insurance claims	23,586	-	-	23,586
Unearned revenue	5,534,065	9,293,312	-	14,827,377
Due to other funds	9,042,403	8,263,055	830,162	18,135,620
<b>Total Liabilities</b>	<b>20,027,513</b>	<b>18,150,055</b>	<b>1,139,953</b>	<b>39,317,521</b>
<b>FUND BALANCES</b>				
Nonspendable				
Inventories	2,585,177	-	-	2,585,177
Prepaid items	2,010,236	2,028	-	2,012,264
Restricted for Grants	-	119,425	-	119,425
Committed for Emergency reserve	1,000,000	-	-	1,000,000
Assigned for Capital improvements	-	-	6,786,283	6,786,283
Contingency	3,000,000	-	-	3,000,000
Administration	2,379,682	-	-	2,379,682
Pharmacy	104,330	-	-	104,330
Unassigned	54,049,140	-	-	54,049,140
<b>Total Fund Balances</b>	<b>65,128,565</b>	<b>121,453</b>	<b>6,786,283</b>	<b>72,036,301</b>
<b>Total Liabilities and Fund Balances</b>	<b>\$ 85,156,078</b>	<b>\$ 18,271,508</b>	<b>\$ 7,926,236</b>	<b>\$ 111,353,822</b>

**Southern Nevada Health District**  
**Reconciliation of the Balance Sheet – Governmental Funds to the**  
**Statement of Net Position – Governmental Activities**  
**June 30, 2025**

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<b>Total Fund Balance – Governmental Funds</b>	\$ 72,036,301
Amounts reported for governmental activities in the statement of net position are different because:	
Capital, lease, and subscription assets used in governmental activities are not current financial resources and, therefore, are not reported in governmental funds. Capital, lease, and subscription asset balance presented below is net of \$809,132 of prepaid subscription assets already reported in the governmental funds.	
Capital, lease, and subscription assets, net of accumulated depreciation and amortization	36,517,623
Long-term liabilities and related deferred inflows and outflows of resources are not due in payable in the current period or are not current financial resources and, therefore, are not reported in the funds. A summary of these items is as follows:	
Postemployment benefits other than pensions	(35,247,231)
Deferred outflows related to postemployment benefits other than pensions	22,630,416
Deferred inflows related to postemployment benefits other than pensions	(23,278,872)
Compensated absences	(13,420,349)
Lease liability	(7,201,944)
Subscription liability	(489,066)
Net pension liability	(127,620,524)
Deferred outflows related to pensions	59,549,437
Deferred inflows related to pensions	(18,818,672)
Internal service funds are used by management to charge the costs of certain activities to individual funds:	
Internal service fund assets and liabilities included in governmental activities in the statement of net position	<hr/> 93,376
<b>Net Position of Governmental Activities</b>	<hr/> \$ (35,249,505)

**Southern Nevada Health District  
Governmental Funds Statement of Revenues, Expenditures, and Changes in Fund Balances  
For the Fiscal Year Ended June 30, 2025**

	<b>General Fund</b>	<b>Special Revenue Fund</b>	<b>Other Governmental Funds</b>	<b>Total Governmental Funds</b>
<b>Revenues</b>				
Charges for services				
Fees for service	\$ 46,360,664	\$ -	\$ -	\$ 46,360,664
Regulatory revenue	28,482,125	-	-	28,482,125
Title XIX and other	3,595,324	-	-	3,595,324
Intergovernmental revenues				
Property tax	37,651,176	-	-	37,651,176
Direct federal grants	-	18,175,097	-	18,175,097
Indirect federal grants	-	27,305,731	-	27,305,731
State grant funds	-	3,533,607	-	3,533,607
General receipts				
Contributions and donations	35	-	-	35
Interest income	3,155,818	-	375,097	3,530,915
Other	<u>3,592,739</u>	<u>1,343,609</u>	<u>-</u>	<u>4,936,348</u>
<b>Total Revenues</b>	<b>122,837,881</b>	<b>50,358,044</b>	<b>375,097</b>	<b>173,571,022</b>
<b>Expenditures</b>				
Current				
Public health				
Clinical and nursing services	56,454,440	13,893,997	-	70,348,437
Environmental health	29,376,372	1,703,044	-	31,079,416
Community health	16,903,125	34,898,848	-	51,801,973
Administration	<u>851,186</u>	<u>3,031,875</u>	<u>489,261</u>	<u>4,372,322</u>
Total current	<u>103,585,123</u>	<u>53,527,764</u>	<u>489,261</u>	<u>157,602,148</u>
Debt service				
Principal	1,309,537	-	-	1,309,537
Interest	374,606	-	-	374,606
Capital outlay	<u>1,543,923</u>	<u>1,558,162</u>	<u>872,536</u>	<u>3,974,621</u>
Total debt service	<u>3,228,066</u>	<u>1,558,162</u>	<u>872,536</u>	<u>5,658,764</u>
<b>Total Expenditures</b>	<b>106,813,189</b>	<b>55,085,926</b>	<b>1,361,797</b>	<b>163,260,912</b>
<b>Excess (Deficiency) of Revenues Over Expenditures</b>	<b>16,024,692</b>	<b>(4,727,882)</b>	<b>(986,700)</b>	<b>10,310,110</b>
<b>Other Financing Sources (Uses)</b>				
Transfers in	-	4,767,254	2,000,000	6,767,254
Transfers out	(6,767,254)	-	-	(6,767,254)
Leases issued	422,069	-	-	422,069
Subscriptions	<u>576,230</u>	<u>-</u>	<u>-</u>	<u>576,230</u>
<b>Total Other Financing Sources (Uses)</b>	<b>(5,768,955)</b>	<b>4,767,254</b>	<b>2,000,000</b>	<b>998,299</b>
<b>Net Change in Fund Balances</b>	<b>10,255,737</b>	<b>39,372</b>	<b>1,013,300</b>	<b>11,308,409</b>
<b>Fund Balances, Beginning of Year</b>	<b>54,872,828</b>	<b>82,081</b>	<b>5,772,983</b>	<b>60,727,892</b>
<b>Fund Balances, End of Year</b>	<b>\$ 65,128,565</b>	<b>\$ 121,453</b>	<b>\$ 6,786,283</b>	<b>\$ 72,036,301</b>

**Southern Nevada Health District**  
**Reconciliation of the Statement of Revenues, Expenditures, and Changes in Fund Balances –**  
**Governmental Funds to the Statement of Activities – Governmental Activities**  
**For the Fiscal Year Ended June 30, 2025**

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Net change in fund balances – total governmental funds	\$ 11,308,409
Amounts reported for governmental activities in the statement of activities are different because:	
Governmental funds report capital outlays as expenditures. However, in the Statement of Activities the cost of those assets is allocated over their estimated useful lives and reported as depreciation or amortization. This is the amount of capital outlay recorded in the current period.	
Expenditures for capital assets, excludes amounts in prepaid assets of \$142,536	3,974,621
Less current year depreciation and amortization	(4,534,405)
Disposal of capital assets	(397,383)
The issuance of long-term debt (e.g. , lease and subscription liabilities) provides current financial resources to governmental funds, while the repayment of the principal of long-term debt consumes the current financial resources of governmental funds.	
Principal payments on lease and subscription liabilities	1,309,537
Leases issued	(422,069)
Subscriptions	(576,230)
Some expenses reported in the statement of activities (do)do not require the use of current financial resources and, therefore, (are)are not reported as expenditures in governmental funds:	
Change in postemployment benefits other than pensions	(6,492,501)
Change in deferred outflows related to postemployment benefits other than pensions	9,425,113
Change in deferred inflows related to postemployment benefits other than pensions	(3,491,032)
Change in compensated absences	(2,028,783)
Change in prepaid subscription assets	293,083
Change in deferred outflows related to pensions	(316,865)
Change in deferred inflows related to pensions	(17,521,411)
Change in net pension liability	10,975,320
Internal service funds are used by management to charge the costs of certain activities to individual funds:	
Internal service fund change in net position included in governmental activities in the statement of activities	<u>2,081</u>
Change in net position of governmental activities	<u>\$ 1,507,485</u>

**Southern Nevada Health District  
Statement of Net Position – Proprietary Funds  
June 30, 2025**

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	<b>Governmental Activities</b>	<b>Insurance</b>	<b>Liability</b>	<b>Reserve</b>
<b>ASSETS</b>				
<b>Current Assets</b>				
Cash and cash equivalents	\$ 12,235			
Restricted cash	100,000			
Interest receivable	63			
Due from other funds	1,078			
<b>Total Current Assets</b>	<u>113,376</u>			
<b>LIABILITIES</b>				
<b>Current Liabilities</b>				
Workers compensation self-insurance claims	20,000			
<b>Total Current Liabilities</b>	<u>20,000</u>			
<b>NET POSITION</b>				
Restricted	93,376			
<b>Total Net Position</b>	<u>\$ 93,376</u>			

**Southern Nevada Health District  
Statement of Revenues, Expenses, and Changes in Net Position – Proprietary Funds  
For the Fiscal Year Ended June 30, 2025**

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	<b>Governmental Activities</b>	
	<b>Insurance</b>	
	<b>Liability</b>	
	<b>Reserve</b>	
<b>Nonoperating Revenues</b>		
Investment income	\$ 2,081	
<b>Change in Net Position</b>		2,081
<b>Net Position, Beginning of Year</b>		91,295
<b>Net Position, End of Year</b>	\$ 93,376	

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**Southern Nevada Health District  
Statement of Cash Flows – Proprietary Funds  
For the Fiscal Year Ended June 30, 2025**

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	<b>Governmental Activities</b>	<b>Insurance Liability Reserve</b>
<b>Cash Flows From Noncapital and Related Financing Activities</b>		
Repayment of advances received from other funds	\$ (989)	
<b>Net Cash Used in Noncapital Financing Activities</b>		(989)
<b>Cash Flows From Investing Activities</b>		
Investment income	2,141	
<b>Net Cash Provided by Investing Activities</b>		2,141
<b>Change in Cash, Restricted Cash, and Cash Equivalents</b>		1,152
<b>Cash, Restricted Cash, and Cash Equivalents, Beginning of Year</b>		111,083
<b>Cash, Restricted Cash, and Cash Equivalents, End of Year</b>	\$ 112,235	
<b>Reconciliation of Cash Balances at End of Year</b>		
Unrestricted	\$ 12,235	
Restricted	100,000	
	<b>\$ 112,235</b>	

**Southern Nevada Health District  
Statement of Fiduciary Net Position  
June 30, 2025**

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	<b>Custodial Fund</b>
<b>ASSETS</b>	
Cash and cash equivalents	\$ 10,673
<b>Total Assets</b>	<u>10,673</u>
<b>LIABILITIES</b>	
Payable to primary government	1,421
<b>Total Liabilities</b>	<u>1,421</u>
<b>NET POSITION</b>	
Restricted for individuals and organizations	9,252
<b>Total Net Position</b>	<u><u>\$ 9,252</u></u>

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**Southern Nevada Health District  
Statement of Changes in Fiduciary Net Position  
June 30, 2025**

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	<b>Custodial Fund</b>
<b>Additions</b>	
Contributions	<u>\$ 8,332</u>
<b>Total Additions</b>	<u>8,332</u>
<b>Deductions</b>	
Services and supplies	<u>7,681</u>
<b>Total Deductions</b>	<u>7,681</u>
<b>Net Increase in Fiduciary Net Position</b>	<u>651</u>
<b>Fiduciary Net Position, Beginning of Year</b>	<u>8,601</u>
<b>Fiduciary Net Position, End of Year</b>	<u>\$ 9,252</u>

## **Note 1. Summary of Significant Accounting Policies**

### ***The Reporting Entity***

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

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

### ***Basic Financial Statements***

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

### ***Government-Wide Financial Statements***

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

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

### ***Fund Financial Statements***

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

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

**Southern Nevada Health District  
Notes to Financial Statements  
June 30, 2025**

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The Health District reports the following major governmental funds:

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

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

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

The Health District reports the following internal service fund:

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

***Measurement Focus, Basis of Accounting, and Financial Statement Presentation***

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

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

***Cash and Cash Equivalents***

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

***Accounts Receivable***

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

### ***Interfund Receivables and Payables***

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

### ***Inventories***

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

Additionally, the Health District receives medical vaccines from the State of Nevada (State) for use in the Health District's clinics, which are not included in the Health District's inventory since these vaccines remain the property of the State until they are administered. At June 30, 2025, the estimated value of such vaccines in the Health District's possession was \$1,334,478.

### ***Prepaid Items***

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

### ***Capital, Lease, and Subscription Assets***

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

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

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

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

**Southern Nevada Health District  
Notes to Financial Statements  
June 30, 2025**

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

Buildings	30 to 50 years
Improvements other than buildings	5 to 25 years
Furniture, fixtures, and equipment	3 to 20 years
Vehicles	6 years

**Compensated Absences**

It is the Health District's policy to permit employees to accumulate earned but unused vacation and sick pay benefits, which are collectively referred to as compensated absences. The Health District's policy is that leave earned in the prior period is used before leave earned in current periods.

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

Years of Service	Vacation Benefits
Less than 1	10
1 to 8	15
8 to 13	18
More than 13	20

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

An employee is entitled to sick pay benefits accrued at one day for each month of full-time service. After 120 months of full-time service, an employee is entitled to 1.25 days of sick pay benefits for each month of full-time service. There is no limit on the amount of sick pay benefits that can be accumulated.

Upon termination:

- A bargaining employee hired before July 1, 2014 with at least three years of service will receive 100% of the sick pay benefits accrual for the first 800 hours, 50% of the accrued hours between 801 hours through 1,600 hours, and 25% of the accrued hours greater than 1,600.
- A bargaining employee hired after June 30, 2014 with four years of service will receive 100% of the sick pay benefits accrual for up to 800 hours.
- A non-bargaining employee hired prior to June 30, 2014 will receive 100% of sick leave benefits accrual for the first 800 hours, 50% of the accrued hours between 801 hours through 1,600 hours, and 25% of the accrued hours greater than 1,600.
- A non-bargaining employee hired after June 30, 2014 with a minimum of one year of service will receive 100% of the sick pay benefits accrual for up to 800 hours.

Upon death of an employee, the estate will receive a lump sum payment for all sick pay benefits accrued.

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

### ***Lease Liabilities***

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

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

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

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

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

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

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

### ***Postemployment Benefits Other Than Pensions (OPEB)***

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

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

### ***Multiple-Employer Cost-Sharing Defined Benefit Pension Plan***

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

### **Deferred Inflows and Outflows of Resources**

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

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

### **Fund Balance and Net Position Classifications**

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

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

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

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

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

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

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

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

**Southern Nevada Health District  
Notes to Financial Statements  
June 30, 2025**

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

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

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

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

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

### **Use of Estimates**

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

### **Accounting Pronouncements Adopted in Fiscal Year 2025**

The Health District adopted GASB Statement No. 101, *Compensated Absences*, for the year ended June 30, 2025. The new accounting guidance updates the recognition and measurement guidance for compensated absences under a unified model. Specifically, the new standard clarifies that a liability should be recorded for compensated absences that are more likely than not to be paid or otherwise settled. Additionally, it amends certain existing disclosure requirements. The adoption of GASB 101 had no impact on the Health District's beginning of year net position.

The Health District adopted GASB Statement No. 102, *Certain Risk Disclosures*, for the year ended June 30, 2025. The new accounting guidance requires governments to disclose information about certain concentrations or constraints that could affect services provided or the ability to meet obligations as they come due. The adoption of GASB 102 had no impact on the Health District's beginning of year net position.

### **Future Financial Reporting Requirements**

GASB has issued the following potentially significant statements which the Health District has not yet adopted and which require adoption subsequent to June 30, 2025. The Health District will evaluate the potential impact on the Health District's net position.

<b>Statement No.</b>	<b>Title</b>	<b>Adoption Required</b>
103	<i>Financial Reporting Model Improvements</i>	June 30, 2026
104	<i>Disclosure of Certain Capital Assets</i>	June 30, 2026

## **Note 2. Stewardship and Accountability**

### ***Budgets and Budgetary Accounting***

Nevada Revised Statutes (NRS) require that local governments legally adopt budgets for all funds except fiduciary funds. The annual budgets for all funds are adopted on a basis consistent with accounting principles generally accepted in the United States. Budget augmentations made during the year ended June 30, 2025 were as prescribed by law.

The budget approval process is summarized as follows:

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

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

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

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

At June 30, 2025, indirect cost amounts between the clinical and nursing services, environmental health, and community health programs and the administration program in the general fund have been eliminated in accordance with accounting principles generally accepted in the United States.

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

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

## **Note 3. Cash and Cash Equivalents**

### ***Deposits***

The Health District's deposit policies are governed by the NRS. Deposits are carried at cost, which approximates market value, and are maintained with insured banks in Nevada. At June 30, 2025, the carrying amount of the Health District's deposits was \$0 as all amounts were swept into the Clark County Investment Pool at the end of the day.

**Southern Nevada Health District**  
**Notes to Financial Statements**  
**June 30, 2025**

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**Clark County Investment Pool**

The Health District participates in Clark County's investment pool. At June 30, 2025, all rated investments in the Clark County investment pool were in compliance with the rating criteria listed below. Pooled funds are invested according to the NRS which are limited to the following (the Health District has no investment policy that would further limit Clark County's investment choices):

- Obligations of the U.S. Treasury and U.S. agencies in which the maturity dates do not extend more than 10 years from the date of purchase.
- Negotiable and non-negotiable certificates of deposit issued by commercial banks or insured savings and loan associations, except certificates that are not within limits of insurance provided by the Federal Deposit Insurance Corporation (FDIC), unless those certificates are collateralized as is required for uninsured deposits, not to exceed 5-year maturity from date of purchase with rating service of "A-1" by Standard & Poor's, "P-1" by Moody's, or "F-1" by Fitch equivalent or better. If negotiable certificate of deposit is issued for longer than one year, issuing entity shall have a long-term rating of "A" category or equivalent or better.
- Negotiable notes or short-term negotiable bonds issued by other local governments of the State of Nevada.
- Notes, bonds, and other unconditional obligations issued by corporations organized and operating in the United States. The obligations must be purchased from a registered broker/dealer. At the time of purchase, the obligations must have a remaining term to maturity of no more than five years, be rated by a nationally recognized rating service as "A" or its equivalent or better, and cannot exceed 25% of the investment portfolio.
- Commercial paper issued by a corporation organized and operating in the United States or by a depository institution licensed by the United States or any state and operating in the United States, having a "P-1" rating or equivalent, not to exceed 270 days' maturity and 20% of the total investments.
- Obligations of state and local governments if the interest on the obligation is tax exempt and the obligation is rated "A" or equivalent or better.
- Forward delivery agreements executed with a bank or financial institution rated "A" or equivalent.
- Supranational obligations of the International Bank for Reconstruction and Development, the International Finance Corporation, or the Inter-American Development Bank that are rated "Aa" or equivalent or better, not to exceed five years maturity or 15% of the total investment.
- Bankers' acceptances eligible for rediscount with Federal Reserve Banks, not to exceed 180 days' maturity and does not exceed 20% of the portfolio.
- Collateralized mortgage obligations that are rated "AAA" or its equivalent not to exceed 20% of the portfolio.
- Repurchase agreements that are collateralized at 102% of the repurchase price and do not exceed 90 days' maturity. Securities used for collateral must meet the criteria listed above.
- Money market mutual funds which are rated "AAA" or its equivalent and invest only in securities issued by the federal government, U.S. agencies, or repurchase agreements fully collateralized by such securities not to exceed five years' maturity and does not exceed 20% of the portfolio.
- Asset-backed securities that are rated AAA or its equivalent, not to exceed 20% of the portfolio.
- Investment contracts for bond proceeds only, issuance for \$10,000,000 or more, and collateralized at a market value of at least 102% by obligations of the U.S. Treasury or agencies of the federal government.
- The State of Nevada's Local Government Investment Pool.

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

**Southern Nevada Health District  
Notes to Financial Statements  
June 30, 2025**

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The Pool, which is administered by the State of Nevada, Office of the State Treasurer, is set up as a single financial institution collateral pool that requires each participating depository to collateralize with eligible collateral those ledger deposits not within the limits of insurance provided by an instrumentality of the United States through NRS 356.133 (i.e., in excess of the FDIC levels). The collateral is pledged in the name of the Pool, and the market value of the collateral must be at least 102% of the uninsured ledger balances of the public money held by the depository in accordance with NRS 356.360.

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

Concentration of credit risk is the risk of loss attributed to the magnitude of a government's investment in a single issuer. At June 30, 2025, all of the Health District's investments held by the Clark County Treasurer are invested in authorized investments in accordance with NRS 350.659, 355.165, 355.171, and 356.120. The limitations on amounts invested are covered on the aforementioned type of security.

As of June 30, 2025, the carrying amount and market value of the Health District's investments in the Clark County Investment Pool was \$72,702,633.

**Combined Cash and Cash Equivalents**

The Health District's cash and cash equivalents were as follows at June 30, 2025:

Cash on hand	\$ 6,866
Restricted cash	100,000
Clark County Investment Pool	<u>72,702,633</u>
Total cash and cash equivalents	<u>\$ 72,809,499</u>

The Health District's cash and cash equivalents were presented in the District's financial statements as follows at June 30, 2025:

Governmental funds	\$ 72,686,591
Proprietary fund	112,235
Custodial funds	<u>10,673</u>
Total cash and cash equivalents	<u>\$ 72,809,499</u>

**Southern Nevada Health District**  
**Notes to Financial Statements**  
**June 30, 2025**

**Note 4. Capital, Lease, and Subscription Assets**

Changes in capital, lease, and subscription assets were as follows for the year ended June 30, 2025:

	<b>Balance</b> <b>June 30, 2024</b>	<b>Additions</b>	<b>Retirements</b>	<b>Transfers</b>	<b>Balance</b> <b>June 30, 2025</b>
<b>Governmental Activities</b>					
Capital assets not being depreciated/amortized					
Construction in progress	\$ 2,781,056	\$ 709,457	\$ -	\$ (428,919)	\$ 3,061,594
Land	3,447,236	-	-	-	3,447,236
Total capital assets not being depreciated	6,228,292	709,457	-	(428,919)	6,508,830
Capital, leased, and subscription assets being depreciated/amortized					
Buildings	21,050,944	866,613	-	17,320	21,934,877
Improvements other than buildings	6,293,486	124,549	(29,577)	-	6,388,458
Furniture, fixtures, and equipment	18,437,555	1,259,714	(1,482,465)	411,599	18,626,403
Right-to-use leased building	8,710,946	282,787	(94,083)	-	8,899,650
Right-to-use leased equipment	715,346	139,282	-	-	854,628
Subscription IT asset	2,502,309	706,835	(207,582)	-	3,001,562
Vehicles	1,686,103	27,920	(299,843)	-	1,414,180
Totals capital, lease, and subscription assets being depreciated/amortized	59,396,689	3,407,700	(2,113,550)	428,919	61,119,758
Accumulated depreciation/amortization					
Buildings	(6,030,711)	(724,970)	-	-	(6,755,681)
Improvements other than buildings	(3,975,589)	(365,975)	29,577	-	(4,311,987)
Furniture, fixtures, and equipment	(13,094,838)	(1,527,915)	1,091,217	-	(13,531,536)
Right-to-use leased building	(1,650,121)	(929,602)	3,871	-	(2,575,852)
Right-to-use leased equipment	(477,368)	(193,853)	82,096	-	(589,125)
Subscription IT asset	(1,074,870)	(629,403)	207,582	-	(1,496,691)
Vehicles	(1,180,098)	(162,687)	301,824	-	(1,040,961)
Total accumulated depreciation/amortization	(27,483,595)	(4,534,405)	1,716,167	-	(30,301,833)
Total capital, leased, and subscription assets being depreciated/amortized, net	31,913,094	(1,126,705)	(397,383)	428,919	30,817,925
<b>Total Governmental Activities</b>	<b>\$ 38,141,386</b>	<b>\$ (417,248)</b>	<b>\$ (397,383)</b>	<b>\$ -</b>	<b>\$ 37,326,755</b>

**Southern Nevada Health District  
Notes to Financial Statements  
June 30, 2025**

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Depreciation and amortization expense was charged to the following functions and programs for the year ended June 30, 2025:

Governmental activities	
Clinical services	\$ 111,425
Environmental health	73,606
Community health	997,520
Administration	<u>3,351,854</u>
 Total depreciation and amortization expense – governmental activities	 <u>\$ 4,534,405</u>

**Note 5. Interfund Balances and Transfers**

Interfund balances are as follows at June 30, 2025:

<b>Receivable Fund</b>	<b>Payable Fund</b>	<b>Amount</b>
General Fund	Special Revenue Fund	\$ 8,263,055
General Fund	Other governmental funds	475,567
Special Revenue Fund	General Fund	9,042,403
Special Revenue Fund	Other governmental funds	353,517
Insurance Reserve	Other governmental funds	<u>1,078</u>
		 <u>\$ 18,135,620</u>

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

Interfund transfers consisted of the following for the year ended June 30, 2025:

<b>Transfers Out of Fund</b>	<b>Transfers In to Fund</b>	<b>Amount</b>
General Fund	Special Revenue Fund	\$ 4,767,254
General Fund	Other governmental funds	<u>2,000,000</u>
		 <u>\$ 6,767,254</u>

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

**Southern Nevada Health District**  
**Notes to Financial Statements**  
**June 30, 2025**

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**Note 6. Changes in Long-Term Liabilities**

Long-term liabilities activity was as follows for the year ended June 30, 2025:

	<b>Balance</b> <b>June 30, 2024</b>	<b>Increases</b>	<b>Decreases</b>	<b>Balance</b> <b>June 30, 2025</b>	<b>Due Within</b> <b>One Year</b>
<b>Governmental Activities</b>					
Compensated absences	\$ 11,391,566	\$ 2,028,783	\$ -	\$ 13,420,349	\$ 5,827,425
Lease liability	7,700,584	422,069	(920,709)	7,201,944	1,042,365
Subscription liability	301,664	576,230	(388,828)	489,066	251,416
<b>Total Long-Term Liabilities</b>	<b>\$ 19,393,814</b>	<b>\$ 3,027,082</b>	<b>\$ (1,309,537)</b>	<b>\$ 21,111,359</b>	<b>\$ 7,121,206</b>

Changes in compensated absences balances are reflected net. Lease and subscription liabilities typically have been liquidated by the fund where employees earned and accrued the amounts.

**Lessee Activities**

The Health District has entered into multiple leases for office, clinical, warehouse space, and medical and office equipment. The Health District is required to make principal and interest payments on these spaces. These lease agreements have terms expiring through March 2037. The lease liability was valued using discount rates between 3.25% and 8.50%. This rate was determined using the U.S. Prime Rates applicable for each lease based on the lease period and date of initiation.

Remaining principal and interest payments on leases are as follows:

	<b>For the Year Ending June 30,</b>	<b>Principal</b>	<b>Interest</b>
2026		\$ 1,042,365	\$ 288,326
2027		917,692	238,304
2028		740,741	193,597
2029		685,253	152,369
2030		444,667	125,741
2031–2035		2,360,158	391,682
2036–2037		1,011,068	33,255
		<b>\$ 7,201,944</b>	<b>\$ 1,423,274</b>

**Subscription Liabilities**

The Health District has various SBITAs, the terms of which expire in various years through 2028. The subscription liability was valued using discount rates between 3.25% and 8.50%. This rate was determined using the U.S. Prime Rates applicable for each subscription agreement based on the subscription period and date of initiation.

**Southern Nevada Health District  
Notes to Financial Statements  
June 30, 2025**

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

<b>For the Year Ending June 30,</b>	<b>Principal</b>	<b>Interest</b>
2026	\$ 251,416	\$ 28,722
2027	217,748	11,582
2028	19,902	780
	<hr/>	<hr/>
	<b>\$ 489,066</b>	<b>\$ 41,084</b>

## **Note 7. Risk Management**

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

Effective July 1, 2024, the Health District is no longer with Nevada Public Agency Insurance Pool (POOL) & Public Agency Compensation Trust (PACT) and obtained coverage via the commercial insurance private market.

The Health District obtained private insurance coverage via an insurance broker and maintains multiple policies. The types of coverage, carriers, corresponding deductibles, and aggregates are as follows:

<b>Coverage Type</b>	<b>Carrier</b>	<b>Deductible</b>	<b>Aggregate</b>
Cyber	Corvus	\$ 25,000	\$ 2 million
EPLI	Markel	\$ 50,000	\$ 1 million
General liability	Vantage	\$ 25,000	\$ 3 million
Professional liability	Vantage	\$ 25,000	\$ 3 million
Auto	Chubb	\$ 3,000	\$ 1 million
Commercial property	Chubb	\$ 25,000	\$ 73,477,044: equivalent to total property values
Workers Compensation	RAS	\$ —	None
FQHC	HRSA	\$ —	None

The Health District pays premiums based on payroll costs to Risk Administrative Services, Inc. (RAS) for its workers compensation insurance coverage.

The Health District's Community Health Center is Federal Torts Claims Act (FTCA) "deemed" as a federal contractor wherein the federal government represents us in medical malpractice cases. The Health District also carries supplemental medical professional liability coverage, covering the Public Health and Preventive Care (P&PC) division and any malpractice matters not covered by Health Resources and Services Administration. There were no claims for medical malpractice in the past three fiscal years.

### ***Litigation***

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

**Southern Nevada Health District  
Notes to Financial Statements  
June 30, 2025**

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

**Note 8. Contingencies**

***Government Grants***

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

**Note 9. Multiple-Employer Cost-Sharing Defined Benefit Pension Plan**

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

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

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

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

Post-retirement increases are provided by authority of NRS 286.571 - .579, which for members entering the system before January 1, 2010, is equal to the lesser of:

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

**Southern Nevada Health District  
Notes to Financial Statements  
June 30, 2025**

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

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

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

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

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

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

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

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

For the measurement year ended June 30, 2024, the Health District's required contribution rates for regular members was 33.50% EPC. The Health District's portion of contributions was \$11,221,725 for the fiscal year ended June 30, 2025.

PERS collective net pension liability was measured as of June 30, 2024, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. For this purpose, certain actuarial valuation assumptions are stipulated by the GASB and may vary from those used to determine the prospective funding contribution rates.

**Southern Nevada Health District**  
**Notes to Financial Statements**  
**June 30, 2025**

---

The total PERS pension liability was determined using the following economic actuarial assumptions (based on the results of an Experience Study dated September 10, 2021, applied to all periods included in the measurement).

Inflation	2.50%
Productivity pay increase	0.50%
Investment rate of return	7.25%, net of pension plan investment expense, including inflation
Actuarial cost method	Entry age normal and level percentage of payroll
Projected salary increases	Regular: 4.20% to 9.10%, depending on service Police/Fire: 4.60% to 14.50%, depending on service Rates include inflation and productivity increases
Other assumptions	Same as those used in the June 30, 2024 funding actuarial valuation
Rationale for assumptions	The information and analysis used in selecting each assumption that has a significant effect on this actuarial valuation is shown in the Actuarial Experience Study dated September 10, 2021.

PERS' policies which determine the investment portfolio target asset allocation are established by the PERS Board. The asset allocation is reviewed annually and is designed to meet the future risk and return needs of PERS. The following was the PERS Board-adopted policy target asset allocation as of June 30, 2024:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return (Arithmetic)
Large cap U.S. equity	42%	6.65%
Developed international equity	18%	7.18%
U.S. fixed income	28%	0.91%
Real estate	6%	5.25%
Private equity	6%	12.40%
<b>Total</b>	<b>100%</b>	

The discount rate used to measure the total pension liability was 7.25% as of June 30, 2024. The projection of cash flows used to determine the discount rate assumed that employee and employer contributions will be made at the rate specified by NRS. Based on that assumption, PERS' fiduciary net position at June 30, 2024 was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments (7.25%) was applied to all periods of projected benefit payments to determine the total pension liability as of June 30, 2024.

The Health District's proportionate share of the net pension liability is calculated using a discount rate of 7.25%. The following shows the sensitivity of the valuation of the Health District's proportionate share of the net pension liability assuming the discount rate was either 1% lower or 1% higher at June 30, 2025:

	Current Discount		
	1% Decrease (6.25%)	Rate (7.25%)	1% Increase (8.25%)
Net pension liability	\$ 205,229,551	\$ 127,620,524	\$ 63,592,570

**Southern Nevada Health District**  
**Notes to Financial Statements**  
**June 30, 2025**

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Detailed information about PERS' fiduciary net position is available in the PERS ACFR, which is available on the PERS website, [www.nvpers.org](http://www.nvpers.org) under publications.

The Health District's proportionate share of the collective net pension liability was \$127,620,524, which represents 0.70634% of the collective net pension liability, which is a decrease from the previous year's proportionate share of 0.75931%. Contributions for employer pay dates within the fiscal year ending June 30, 2024 were used as the basis for determining each employer's proportionate share.

For the period ended June 30, 2025, the Health District's pension expense was \$18,057,232 and its reported deferred outflows and inflows of resources related to pensions were as follows as of June 30, 2025:

	<b>Deferred Outflows of Resources</b>	<b>Deferred Inflows of Resources</b>
Differences between expected and actual experience	\$ 27,074,239	\$ -
Net difference between projected and actual earnings on investments	-	12,572,266
Changes in proportion and differences between actual contributions and proportionate share of contributions	13,018,596	6,246,406
Change in assumptions	8,234,877	-
Contributions subsequent to the measurement date	<u>11,221,725</u>	<u>-</u>
Total	<u>\$ 59,549,437</u>	<u>\$ 18,818,672</u>

Deferred outflows of resources related to pensions resulting from contributions subsequent to the measurement date totaling \$11,221,725 will be recognized as a reduction of the net pension liability for the year ending June 30, 2026. Other amounts reported as deferred outflows and inflows of resources related to pensions will be recognized in pension expense as follows:

<b>For the Year Ending June 30,</b>	
2026	\$ 3,333,455
2027	16,148,088
2028	1,206,949
2029	(17,883)
2030	2,066,274
Thereafter	<u>6,772,157</u>
Total	<u>\$ 29,509,040</u>

## **Note 10. Postemployment Benefits Other Than Pensions**

### **General Information About the Other Postemployment Benefit Plans**

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

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

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

### **Benefits Provided**

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

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

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

### **Employees Covered by Benefit Terms**

The following employees were covered by the benefit terms at June 30, 2024:

	<b>PEBP</b>	<b>RHPP</b>	<b>Total All Plans</b>
Inactive employees or beneficiaries currently receiving benefits	63	69	132
Active members	-	789	789
<b>Total</b>	<b>63</b>	<b>858</b>	<b>921</b>

### **Total OPEB Liability**

The Health District's total OPEB liability of \$35,247,231 was measured as of June 30, 2024 and was determined by an actuarial valuation as of that date.

**Southern Nevada Health District**  
**Notes to Financial Statements**  
**June 30, 2025**

*Actuarial assumptions and other inputs:* The total OPEB liability for all plans as of June 30, 2025 was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

Discount Rate	3.93%
Pre-Medicare Trend Rate	Select: 7.75%, Ultimate 4.0%
Post-Medicare Trend Rate	Select: 6.75%, Ultimate 4.0%
Mortality	Pub-2010 headcount weighted mortality table, projected generationally using scale MP-2021, applied on a gender-specific and job class basis (teacher, safety, or general, as applicable)
Termination Tables	2023 NPERS Actuarial Valuation
Healthcare cost trend rates	The healthcare cost trend assumptions are used to project the cost of healthcare in future years. The following annual trends are applied on a select and ultimate basis. Select trends are reduced 0.30% each year for nine years, and 0.10% thereafter until reaching the ultimate trend rate.

Expense Type	Select	Ultimate
Pre-Medicare Medical and Rx Benefits	7.75%	4.00%
Medical Benefits	6.75%	4.00%
Dental	4.00%	4.00%
Stop Loss Fees	7.75%	4.00%
Administrative Fees	4.00%	4.00%

**Changes in the Total OPEB Liability**

	PEBP	RHPP	Total OPEB Liability
<b>Balance at June 30, 2024</b>	\$ 3,278,995	\$ 25,475,735	\$ 28,754,730
Changes for the year			
Service cost	-	1,683,367	1,683,367
Interest	116,670	987,832	1,104,502
Differences between expected and actual experience	(1,118,180)	11,183,547	10,065,367
Changes of assumptions	114,060	(6,119,288)	(6,005,228)
Benefit payments	(165,108)	(190,399)	(355,507)
Net changes	(1,052,558)	7,545,059	6,492,501
<b>Balance at June 30, 2025</b>	<u>\$ 2,226,437</u>	<u>\$ 33,020,794</u>	<u>\$ 35,247,231</u>

**Southern Nevada Health District**  
**Notes to Financial Statements**  
**June 30, 2025**

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**Changes in Assumptions and Experience**

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

- The discount rate was updated from 3.65% as of June 30, 2023 to 3.93% as of June 30, 2024 (the actuarial measurement date).
- The trend rates were updated to an initial rate of 7.75% (6.75% for Post-65) grading down to an ultimate rate of 4.00%. The Select trend rates are updated to reflect the higher than anticipated rising healthcare costs environment.
- The termination and retirement rates were updated to the rates from the Nevada PERS Actuarial Valuation report as of June 30, 2023.
- The salary scale was updated from 3.0% to 3.5% based on the wage growth assumption from the 2023 NVPERS.

*Sensitivity of the total OPEB liability to changes in the discount rate.* The following presents the total OPEB liability of the Health District, as well as what the Health District's total OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower (2.93%) or 1-percentage point higher (4.93%) than the current discount rate:

	<b>1% Decrease Rate (2.93%)</b>	<b>Discount Rate (3.93%)</b>	<b>1% Increase Rate (4.93%)</b>
PEBP	\$ 2,471,000	\$ 2,226,437	\$ 2,019,000
RHPP	39,770,000	33,020,794	27,737,000
<b>Total OPEB liability</b>	<b>\$ 42,241,000</b>	<b>\$ 35,247,231</b>	<b>\$ 29,756,000</b>

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

	<b>1% Decrease</b>	<b>Trend Rates</b>	<b>1% Increase</b>
PEBP	\$ 2,029,000	\$ 2,226,437	\$ 2,454,000
RHPP	27,274,000	33,020,794	40,561,000
<b>Total OPEB liability</b>	<b>\$ 29,303,000</b>	<b>\$ 35,247,231</b>	<b>\$ 43,015,000</b>

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

For the year ended June 30, 2025, the Health District recognized OPEB expense of \$992,926. The breakdown by plan is as follows:

	<b>PEBP</b>	<b>RHPP</b>	<b>Total All Plans</b>
OPEB Expense (Income)	\$ (887,450)	\$ 1,880,376	\$ 992,926

**Southern Nevada Health District**  
**Notes to Financial Statements**  
**June 30, 2025**

---

The Health District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources at June 30, 2025:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
PEBP		
Contributions made in fiscal year ending 2025 after July 1, 2024, measurement date	\$ 160,000	\$ -
Total PEBP	<u>160,000</u>	<u>-</u>
RHPP		
Differences between expected and actual experience	20,769,733	4,010,196
Changes of assumptions or other inputs	1,208,683	19,268,676
Contributions made in fiscal year ending 2025 after July 1, 2024, measurement date	492,000	-
Total RHPP	<u>22,470,416</u>	<u>23,278,872</u>
All plans		
Differences between expected and actual economic experience	20,769,733	4,010,196
Changes in actuarial assumptions	1,208,683	19,268,676
Contributions made in fiscal year ending 2025 after July 1, 2024, measurement date	652,000	-
Total all plans	<u>\$ 22,630,416</u>	<u>\$ 23,278,872</u>

The amount of \$652,000 reported as deferred outflows of resources related to OPEB from Health District contributions subsequent to the measurement date will be recognized as a reduction of the OPEB liability in the year ended June 30, 2026. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

	<u>For the Year Ending June 30,</u>	<u>RHPP</u>
2026		\$ (515,786)
2027		(433,124)
2028		(418,181)
2029		(418,181)
2030		(418,181)
Thereafter		<u>902,997</u>
Total		<u>\$ (1,300,456)</u>

**Southern Nevada Health District  
Notes to Financial Statements  
June 30, 2025**

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**Note 11. 457(b) and 401(a) Retirement Plans**

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

**Note 12. Encumbrances**

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

	<u>Assigned Fund Balance</u>
General Fund	<u>\$ 2,484,012</u>

***General Fund***

\$1,565,757 of the total encumbrance balance was assigned to purchase clinical health services. \$206,239 of the total encumbrance balance was assigned to purchase community health services. \$4,625 of the total encumbrance balance was assigned to purchase environmental health services. \$603,061 of the total encumbrance balance was assigned to purchase administrative services. \$104,330 of the total encumbrance balance was assigned to purchase pharmacy services.

**DRAFT 11.11.2025**

***Required Supplementary Information***

**Southern Nevada Health District  
Statement of Revenues, Expenditures, and Changes in Fund Balance  
Budget to Actual – General Fund  
For the Fiscal Year Ended June 30, 2025**

	<b>Budgeted Amounts</b>			<b>Variance With Final Budget – Increase (Decrease)</b>
	<b>Original</b>	<b>Final</b>	<b>Actual</b>	
<b>Revenues</b>				
Fees for service	\$ 36,215,729	\$ 42,365,912	\$ 46,360,664	\$ 3,994,752
Other	1,899,388	2,782,373	3,592,774	810,401
Property tax	37,651,176	37,651,176	37,651,176	-
Regulatory revenue	27,881,249	29,623,788	28,482,125	(1,141,663)
Title XIX and other	3,638,963	3,560,001	3,595,324	35,323
Investment earnings	669,772	1,972,900	3,155,818	1,182,918
<b>Total Revenues</b>	<b>107,956,277</b>	<b>117,956,150</b>	<b>122,837,881</b>	<b>4,881,731</b>
<b>Expenditures</b>				
Public health				
Clinical and nursing services				
Salaries and wages	11,052,142	11,459,832	11,462,609	(2,777)
Employee benefits	5,056,511	5,119,842	5,035,366	84,476
Services and supplies	37,568,826	43,912,423	39,965,633	3,946,790
Capital outlay	63,000	16,000	16,000	-
Total clinical and nursing services	<b>53,740,479</b>	<b>60,508,097</b>	<b>56,479,608</b>	<b>4,028,489</b>
Environmental health				
Salaries and wages	14,995,597	16,695,381	16,329,690	365,691
Employee benefits	6,801,895	7,379,622	7,246,047	133,575
Services and supplies	6,282,928	6,511,191	5,800,623	710,568
Capital outlay	2,000	2,000	-	2,000
Total environmental health	<b>28,082,420</b>	<b>30,588,194</b>	<b>29,376,360</b>	<b>1,211,834</b>
Community health				
Salaries and wages	8,855,927	7,934,884	7,861,936	72,948
Employee benefits	4,059,651	3,607,017	3,519,733	87,284
Services and supplies	7,597,417	6,789,347	5,704,429	1,084,918
Capital outlay	410,800	435,000	362,176	72,824
Total community health	<b>20,923,795</b>	<b>18,766,248</b>	<b>17,448,274</b>	<b>1,317,974</b>
Administration				
Salaries and wages	12,275,808	13,855,522	13,926,820	(71,298)
Employee benefits	5,827,830	6,561,853	6,896,250	(334,397)
Services and supplies	(19,277,382)	(18,702,989)	(18,479,870)	(223,119)
Capital outlay	213,000	295,745	1,165,747	(870,002)
Total administration	<b>(960,744)</b>	<b>2,010,131</b>	<b>3,508,947</b>	<b>(1,498,816)</b>
<b>Total Expenditures</b>	<b>101,785,950</b>	<b>111,872,670</b>	<b>106,813,189</b>	<b>5,059,481</b>
<b>Excess of Revenues Over Expenditures</b>	<b>6,170,327</b>	<b>6,083,480</b>	<b>16,024,692</b>	<b>9,941,212</b>
<b>Other Financing Sources (Uses)</b>				
Transfers out	(10,530,735)	(9,125,913)	(6,767,254)	2,358,659
Leases issued	-	-	422,069	422,069
Subscriptions	-	-	576,230	576,230
<b>Total Other Financing Sources (Uses)</b>	<b>(10,530,735)</b>	<b>(9,125,913)</b>	<b>(5,768,955)</b>	<b>3,356,958</b>
<b>Net Change in Fund Balance</b>	<b>(4,360,408)</b>	<b>(3,042,433)</b>	<b>10,255,737</b>	<b>13,298,170</b>
<b>Fund Balance, Beginning of Year</b>	<b>54,872,828</b>	<b>54,872,828</b>	<b>54,872,828</b>	<b>-</b>
<b>Fund Balance, End of Year</b>	<b>\$ 50,512,420</b>	<b>\$ 51,830,395</b>	<b>\$ 65,128,565</b>	<b>\$ 13,298,170</b>

**Southern Nevada Health District  
Statement of Revenues, Expenditures, and Changes in Fund Balance  
Budget to Actual – Special Revenue Fund  
For the Fiscal Year Ended June 30, 2025**

	<b>Budgeted Amounts</b>			<b>Variance With Final Budget – Increase (Decrease)</b>
	<b>Original</b>	<b>Final</b>	<b>Actual</b>	
<b>Revenues</b>				
Direct federal grants	\$ 14,359,394	\$ 20,303,558	\$ 18,175,097	\$ (2,128,461)
Indirect federal grants	31,949,804	29,604,235	27,305,731	(2,298,504)
State grant funds	6,954,077	4,051,551	3,533,607	(517,944)
Other	10,887,091	1,415,546	1,343,609	(71,937)
<b>Total Revenues</b>	<b>64,150,366</b>	<b>55,374,890</b>	<b>50,358,044</b>	<b>(5,016,846)</b>
<b>Expenditures</b>				
Public health				
Clinical and nursing services				
Salaries and wages	7,106,200	6,776,094	6,516,398	259,696
Employee benefits	3,273,981	3,069,422	2,961,580	107,842
Services and supplies	5,188,099	5,680,923	4,416,019	1,264,904
Capital outlay	935,607	967,989	599,833	368,156
Total clinical and nursing services	<b>16,503,887</b>	<b>16,494,428</b>	<b>14,493,830</b>	<b>2,000,598</b>
Environmental health				
Salaries and wages	1,169,929	897,768	871,782	25,986
Employee benefits	540,509	409,733	398,354	11,379
Services and supplies	495,826	521,160	432,908	88,252
Capital outlay	-	-	-	-
Total environmental health	<b>2,206,264</b>	<b>1,828,661</b>	<b>1,703,044</b>	<b>125,617</b>
Community health				
Salaries and wages	10,909,617	11,006,467	10,923,453	83,014
Employee benefits	5,018,113	4,972,112	4,928,872	43,240
Services and supplies	19,875,922	23,120,841	19,046,523	4,074,318
Capital outlay	1,191,996	454,748	434,421	20,327
Total community health	<b>36,995,648</b>	<b>39,554,168</b>	<b>35,333,269</b>	<b>4,220,899</b>
Administration				
Salaries and wages	1,364,500	1,283,224	1,316,230	(33,006)
Employee benefits	629,808	557,460	553,359	4,101
Services and supplies	3,229,189	1,447,861	1,162,286	285,575
Capital outlay	8,751,805	1,335,000	523,908	811,092
Total administration	<b>13,975,302</b>	<b>4,623,545</b>	<b>3,555,783</b>	<b>1,067,762</b>
<b>Total Expenditures</b>	<b>69,681,101</b>	<b>62,500,802</b>	<b>55,085,926</b>	<b>7,414,876</b>
<b>Deficiency of Revenues Over Expenditures</b>	<b>(5,530,735)</b>	<b>(7,125,912)</b>	<b>(4,727,882)</b>	<b>2,398,030</b>
<b>Other Financing Sources</b>				
Transfers in	<b>5,530,735</b>	<b>7,125,913</b>	<b>4,767,254</b>	<b>(2,358,659)</b>
<b>Total Other Financing Sources</b>	<b>5,530,735</b>	<b>7,125,913</b>	<b>4,767,254</b>	<b>(2,358,659)</b>
<b>Net Change in Fund Balance</b>	-	1	39,372	39,371
<b>Fund Balance, Beginning of Year</b>	<b>82,081</b>	<b>82,081</b>	<b>82,081</b>	<b>-</b>
<b>Fund Balance, End of Year</b>	<b>\$ 82,081</b>	<b>\$ 82,082</b>	<b>\$ 121,453</b>	<b>\$ 39,371</b>

**Southern Nevada Health District**  
**Schedules of Changes in the Total OPEB Liability and Related Ratios<sup>1</sup>**  
**For the Fiscal Year Ended June 30, 2025**

PEBP	2018	2019	2020	2021	2022	2023	2024	2025
<b>A. Total OPEB Liability</b>								
Interest (on the total OPEB liability)	\$ 136,641	\$ 158,929	\$ 142,210	\$ 132,809	\$ 104,479	\$ 101,093	\$ 115,735	\$ 116,670
Difference between expected and actual experience	(2,407)	(935)	-	240,495	-	(719,219)	-	(1,118,180)
Changes of assumptions	(408,034)	(582,796)	196,172	770,760	51,775	(575,624)	6,884	114,060
Benefit payments	(201,454)	(210,183)	(213,733)	(223,274)	(198,836)	(208,349)	(225,925)	(165,108)
<b>Net Change in Total OPEB Liability</b>	<b>(475,254)</b>	<b>(634,985)</b>	<b>124,649</b>	<b>920,790</b>	<b>(42,582)</b>	<b>(1,402,099)</b>	<b>(103,306)</b>	<b>(1,052,558)</b>
<b>Total OPEB Liability – Beginning</b>	<b>4,891,782</b>	<b>4,416,528</b>	<b>3,781,543</b>	<b>3,906,192</b>	<b>4,826,982</b>	<b>4,784,400</b>	<b>3,382,301</b>	<b>3,278,995</b>
<b>Total OPEB Liability – Ending</b>	<b>\$ 4,416,528</b>	<b>\$ 3,781,543</b>	<b>\$ 3,906,192</b>	<b>\$ 4,826,982</b>	<b>\$ 4,784,400</b>	<b>\$ 3,382,301</b>	<b>\$ 3,278,995</b>	<b>\$ 2,226,437</b>
<b>Covered Payroll</b>	<b>N/A</b>							
<b>Total OPEB Liability as a Percentage of Covered Payroll</b>	<b>N/A</b>							

<sup>1</sup> Fiscal year 2018 is the first year of implementation; therefore, only eight years are shown. As it becomes available this schedule will ultimately present information for the 10 most recent fiscal years.

**Southern Nevada Health District**  
**Schedules of Changes in the Total OPEB Liability and Related Ratios<sup>2</sup>**  
**For the Fiscal Year Ended June 30, 2025**

RHPP	2018	2019	2020	2021	2022	2023	2024	2025
<b>A. Total OPEB liability</b>								
Service cost	\$ 2,037,506	\$ 1,984,184	\$ 865,693	\$ 1,035,479	\$ 1,570,297	\$ 2,053,521	\$ 1,772,849	\$ 1,683,367
Interest (on the total OPEB liability)	753,304	922,521	675,421	696,006	546,330	590,543	894,861	987,832
Difference between expected and actual experience	26,065	(8,138,337)	-	2,485,316	-	11,098,817	-	11,183,547
Changes of assumptions	(3,119,749)	(1,686,349)	1,204,893	577,780	221,432	(15,399,138)	(602,456)	(6,119,288)
Benefit payments	(339,476)	(236,966)	(322,093)	(643,182)	(345,742)	(58,543)	(190,437)	(190,399)
<b>Net Change in Total OPEB Liability</b>	<b>(642,350)</b>	<b>(7,154,947)</b>	<b>2,423,914</b>	<b>4,151,399</b>	<b>1,992,317</b>	<b>(1,714,800)</b>	<b>1,874,817</b>	<b>7,545,059</b>
<b>Total OPEB Liability – Beginning</b>	<b>24,545,385</b>	<b>23,903,035</b>	<b>16,748,088</b>	<b>19,172,002</b>	<b>23,323,401</b>	<b>25,315,718</b>	<b>23,600,918</b>	<b>25,475,735</b>
<b>Total OPEB Liability – Ending</b>	<b>\$ 23,903,035</b>	<b>\$ 16,748,088</b>	<b>\$ 19,172,002</b>	<b>\$ 23,323,401</b>	<b>\$ 25,315,718</b>	<b>\$ 23,600,918</b>	<b>\$ 25,475,735</b>	<b>\$ 33,020,794</b>
<b>Covered Payroll</b>	<b>\$ 34,126,701</b>	<b>\$ 34,918,861</b>	<b>\$ 34,918,861</b>	<b>\$ 40,103,356</b>	<b>\$ 49,853,806</b>	<b>\$ 47,400,387</b>	<b>\$ 57,146,546</b>	<b>\$ 61,304,122</b>
<b>Total OPEB Liability as a Percentage of Covered Payroll</b>	<b>70.04%</b>	<b>47.96%</b>	<b>54.90%</b>	<b>58.16%</b>	<b>50.78%</b>	<b>49.79%</b>	<b>44.58%</b>	<b>53.86%</b>

<sup>2</sup> Fiscal year 2018 is the first year of implementation; therefore, only eight years are shown. As it becomes available this schedule will ultimately present information for the 10 most recent fiscal years.

**Southern Nevada Health District**  
**Multiple-Employer Cost-Sharing Defined Benefit Pension Plan**  
**Proportionate Share of the Collective Net Pension Liability Information**  
**For the Fiscal Year Ended June 30, 2025**

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<b>For the Year Ended June 30</b>	<b>Proportion of the Collective Net Pension Liability</b>	<b>Proportion of the Collective Net Pension Liability</b>	<b>Covered Payroll</b>	<b>Proportion of the Collective Pension Liability as a Percentage of Covered Payroll</b>	<b>PERS Fiduciary Net Position as a Percentage of Total Pension Liability</b>
2015	0.54090%	\$ 61,984,011	\$ 32,508,190	190.67198%	75.13000%
2016	0.52151%	\$ 70,180,332	\$ 32,917,342	213.20170%	72.20000%
2017	0.50906%	\$ 67,704,469	\$ 33,079,430	204.67242%	74.40000%
2018	0.50995%	\$ 69,546,020	\$ 33,744,349	206.09679%	75.20000%
2019	0.54171%	\$ 73,866,832	\$ 37,250,362	198.29829%	76.50000%
2020	0.56339%	\$ 78,470,784	\$ 38,532,689	203.64731%	77.04000%
2021	0.64435%	\$ 58,760,106	\$ 44,284,315	132.68830%	86.51000%
2022	0.69636%	\$ 125,727,302	\$ 49,627,892	253.34000%	75.12000%
2023	0.75931%	\$ 138,595,844	\$ 58,077,925	238.63773%	76.16000%
2024	0.70634%	\$ 127,620,524	\$ 61,032,305	209.10323%	78.11000%

**Southern Nevada Health District**  
**Multiple-Employer Cost-Sharing Defined Benefit Pension Plan**  
**Proportionate Share of Statutorily Required Contribution Information**  
**For the Fiscal Year Ended June 30, 2025**

<b>For the Year Ended June 30</b>	<b>Actuarially Determined Contributions</b>	<b>Contributions in Relation to the Actuarially Determined Contributions</b>	<b>Contribution Deficiency (Excess)</b>	<b>Covered Payroll</b>	<b>Contributions as a Percentage of Covered Payroll</b>
2016	\$ 4,565,587	\$ 4,565,587	\$ -	\$ 33,079,430	13.80%
2017	\$ 4,724,209	\$ 4,724,209	\$ -	\$ 33,744,349	14.00%
2018	\$ 5,215,051	\$ 5,215,051	\$ -	\$ 37,250,362	14.00%
2019	\$ 5,876,235	\$ 5,876,235	\$ -	\$ 38,532,689	15.25%
2020	\$ 6,753,358	\$ 6,753,358	\$ -	\$ 44,284,315	15.25%
2021	\$ 6,744,173	\$ 6,744,173	\$ -	\$ 44,224,085	15.25%
2022	\$ 7,659,900	\$ 7,659,900	\$ -	\$ 50,228,852	15.25%
2023	\$ 8,259,408	\$ 8,259,408	\$ -	\$ 55,028,438	15.01%
2024	\$ 10,184,839	\$ 10,184,839	\$ -	\$ 54,115,741	18.82%
2025	\$ 11,221,725	\$ 11,221,725	\$ -	\$ 54,026,368	20.77%

**Southern Nevada Health District  
Notes to Required Supplementary Information  
For the Fiscal Year Ended June 30, 2025**

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**Note 1. Postemployment Benefits Other Than Pensions**

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

***Changes of Assumptions and Experience***

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

- The discount rate was updated from 3.65% as of June 30, 2023 to 3.93% as of June 30, 2024.
- The Pre-Medicare Select Trend Rate was decreased from 6.50% to 7.75% in 2024.
- The Post-Medicare Select Trend Rate was increased from 5.50% to 6.75% in 2024.

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

For the year ended June 30, 2025, there were no changes in the pension benefit plan terms to the actuarial methods and assumptions used in the actuarial valuation report dated June 30, 2024.

Additional pension plan information can be found at Note 9 to the basic financial statements.

**Note 3. Budget Information**

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

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

***Other Supplementary Information***

**DRAFT 11.2025**

***Nonmajor Governmental Funds***

**DRAFT 11.2025**

**Southern Nevada Health District  
Nonmajor Capital Projects Funds  
For the Fiscal Year Ended June 30, 2025**

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

***Bond Reserve***

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

***Capital Projects***

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

**DRAFT 11.11.2025**

**Southern Nevada Health District  
Statement of Revenues, Expenditures, and Changes in Fund Balance – Budget to Actual – Bond  
Reserve Fund  
For the Fiscal Year Ended June 30, 2025**

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	<u>Original</u>	<u>Final</u>	<u>Actual</u>	<b>Variance With Final Budget – Increase (Decrease)</b>
<b>Revenues</b>				
Interest income	\$ 30,000	\$ 30,000	\$ 172,993	\$ 142,993
<b>Total Revenues</b>	<u>30,000</u>	<u>30,000</u>	<u>172,993</u>	<u>142,993</u>
<b>Change in Fund Balance</b>	30,000	30,000	172,993	142,993
<b>Fund Balance, Beginning of Year</b>	<u>3,042,808</u>	<u>3,042,808</u>	<u>3,042,808</u>	<u>-</u>
<b>Fund Balance, End of Year</b>	<u>\$ 3,072,808</u>	<u>\$ 3,072,808</u>	<u>\$ 3,215,801</u>	<u>\$ 142,993</u>

DRAFT 11.11.2024

**Southern Nevada Health District  
Statement of Revenues, Expenditures, and Changes in Fund Balance – Budget to Actual –  
Capital Projects Fund  
For the Fiscal Year Ended June 30, 2025**

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	<u>Original</u>	<u>Final</u>	<u>Actual</u>	<b>Variance With Final Budget – Increase (Decrease)</b>
<b>Revenues</b>				
Interest income	\$ 70,000	\$ 70,000	\$ 202,104	\$ 132,104
<b>Total Revenues</b>	<b>70,000</b>	<b>70,000</b>	<b>202,104</b>	<b>132,104</b>
<b>Expenditures</b>				
Public health	-	-	489,261	(489,261)
Administration			872,536	
Capital outlay	1,800,575	1,800,575	928,039	
<b>Total Expenditures</b>	<b>1,800,575</b>	<b>1,800,575</b>	<b>1,361,797</b>	<b>438,778</b>
<b>Deficiency of Revenues Over Expenditures</b>	<b>(1,730,575)</b>	<b>(1,730,575)</b>	<b>(1,159,693)</b>	<b>570,882</b>
<b>Other Financing Sources</b>				
Transfers in	2,000,000	2,000,000	2,000,000	-
<b>Change in Fund Balance</b>	<b>269,425</b>	<b>269,425</b>	<b>840,307</b>	<b>570,882</b>
<b>Fund Balance, Beginning of Year</b>	<b>2,730,175</b>	<b>2,730,175</b>	<b>2,730,175</b>	<b>-</b>
<b>Fund Balance, End of Year</b>	<b>\$ 2,999,600</b>	<b>\$ 2,999,600</b>	<b>\$ 3,570,482</b>	<b>\$ 570,882</b>

**DRAFT 11.11.2025**

***Internal Service Funds***

**Southern Nevada Health District  
Statement of Revenues, Expenditures, and Changes in Net Position – Budget to Actual –  
Insurance Liability Reserve Fund  
For the Fiscal Year Ended June 30, 2025**

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	<u>Original</u>	<u>Final</u>	<u>Actual</u>	<b>Variance With Final Budget – Increase (Decrease)</b>
<b>Revenues</b>				
Other operating income	\$ 1,000	\$ 1,000	\$ -	\$ (1,000)
<b>Total Revenues</b>	<u>1,000</u>	<u>1,000</u>	<u>-</u>	<u>(1,000)</u>
<b>Nonoperating Revenues</b>				
Interest income	5,000	5,000	2,081	(2,919)
<b>Change in Net Position</b>	<u>\$ 6,000</u>	<u>\$ 6,000</u>	<u>2,081</u>	<u>\$ (3,919)</u>
<b>Net Position, Beginning of Year</b>			91,295	
<b>Net Position, End of Year</b>			<u>\$ 93,376</u>	

**INFORMATIONAL ONLY**

**NO ACTION**

# **Southern Nevada Health District**

## **Single Audit Reports**

June 30, 2025

**DRAFT 11.11.2025**

**Southern Nevada Health District**

**Contents**

**June 30, 2025**

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<b>Schedule of Expenditures of Federal Awards.....</b>	<b>1</b>
<b>Notes to the Schedule of Expenditures of Federal Awards.....</b>	<b>5</b>
<b>Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With Government Auditing Standards – Independent Auditor's Report.....</b>	<b>6</b>
<b>Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance – Independent Auditor's Report.....</b>	<b>8</b>
<b>Schedule of Findings and Questioned Costs.....</b>	<b>11</b>
<b>Summary Schedule of Prior Audit Findings.....</b>	<b>13</b>

**DRAFT 11.11.2025**

**Southern Nevada Health District**  
**Schedule of Expenditures of Federal Awards**  
**Year Ended June 30, 2025**

Federal Grantor/Pass-Through Grantor/ Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
<b>Department of Justice</b>				
Direct Program				
Comprehensive Opioid, Stimulant, and other Substances Use Program	16.838		\$ 136,880	\$ 382,948
<b>Total Department of Justice</b>			<b>136,880</b>	<b>382,948</b>
<b>Department of Treasury</b>				
Passed through from				
City of Las Vegas, Nevada				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	21.027	C2300074	-	497,577
City of Boulder City, Nevada				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	21.027	30240806	-	462
Board of Regents, NSHE, obo University of Nevada, Las Vegas				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	21.027	GR17278	-	48,650
Nevada Department of Health and Human Services				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	21.027	SG26289-1	-	65,152
<b>Total Department of Treasury</b>			<b>-</b>	<b>611,841</b>
<b>Environmental Protection Agency</b>				
Passed through from				
Nevada Department of Conservation & Natural Resources				
State Public Water System Supervision	66.432	DEP 24-001	-	149,203
<b>Total Environmental Protection Agency</b>			<b>-</b>	<b>149,203</b>
<b>Department of Health and Human Services</b>				
Passed through from				
Nevada Department of Health and Human Services				
Public Health Emergency Preparedness	93.069	SG-2025-00378, SG-2025-00379, SG-2025-00454, SG-2025-00455, SG26317	-	2,764,228
Direct Programs				
Environmental Public Health and Emergency Response	93.070		31,185	304,646
Birth Defects and Developmental Disabilities – Prevention and Surveillance	93.073		-	388,145
Passed through from				
National Environmental Health Association				
Food and Drug Administration Research	93.103	2109-00984, 2309-04499, 2310-04968, 2410-06216	-	46,820
Passed through from				
Comagine Health				
Maternal and Child Health Federal Consolidated Programs	93.110	4100.CE0.19.SNHD	-	149,491
Passed through from				
Nevada Department of Health and Human Services				
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	SG-2025-00791, SG26901	-	356,522
Direct Program				
Injury Prevention and Control Research and State and Community Based Programs	93.136		1,251,408	2,604,711
Passed through from				
Nevada Department of Health and Human Services				
Injury Prevention and Control Research and State and Community Based Programs	93.136	DO 1416, DO 1517, SG-2025-00543, SG26449	120,750	412,687
<i>Total Injury Prevention and Control Research and State and Community Based Programs</i>			<i>1,372,158</i>	<i>3,017,398</i>

**Southern Nevada Health District**  
**Schedule of Expenditures of Federal Awards**  
**Year Ended June 30, 2025**

**(Continued)**

Federal Grantor/Pass-Through Grantor/ Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
Passed through from University of Nevada, Las Vegas Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	GR14034	-	56,148
Direct Programs Family Planning Services	93.217		-	1,163,574
<i>Health Center Program Cluster</i> Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		-	1,247,611
Grants for New and Expanded Services Under the Health Center Program	93.527		-	53,098
<i>Total Health Center Program Cluster</i>			-	1,300,709
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243		-	545,042
Passed through from Nevada Department of Health and Human Services Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	SP084007	-	8,364
<i>Total Substance Abuse and Mental Health Services Projects of Regional and National Significance</i>			-	553,406
Immunization Cooperative Agreements	93.268	SG-2024-00291, SG-2025-00535, SG-2025-00548, SG-2025-00713	-	1,988,616
COVID-19 — Immunization Cooperative Agreements	93.268	SG25388	-	1,143,351
<i>Total Immunization Cooperative Agreements</i>			-	3,131,967
Viral Hepatitis Prevention and Control	93.270	SG-2024-00551, SG-2025-00963	-	26,385
Direct Program Racial and Ethnic Approaches to Community Health	93.304		199,274	626,262
Passed through from National Association of County Health Officials Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity, and Security	93.318	2024-031902	-	7,746
Passed through from Nevada Department of Health and Human Services		SG-2024-00036, SG-2024-00056, SG-2024-00067, SG-2024-00095, SG-2025-00553, SG-2025-00660, SG-2025-00742, SG25489, SG26045, SG26215, SG26388, SG26896,		
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	SG-2025-00463	82,828	6,950,848
COVID-19 — Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	SG26045	19,926	216,884
<i>Total Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)</i>			102,754	7,167,732
National and State Tobacco Control Program	93.387	SG-2024-00369-02	-	489,263

**Southern Nevada Health District  
Schedule of Expenditures of Federal Awards  
Year Ended June 30, 2025**

**(Continued)**

<b>Federal Grantor/Pass-Through Grantor/ Program or Cluster Title</b>	<b>Federal Assistance Listing Number</b>	<b>Pass-Through Entity Identifying Number</b>	<b>Provided to Subrecipients</b>	<b>Total Federal Expenditures</b>
Direct Program COVID-19 – Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391		1,105,951	1,907,146
Passed through from Nevada Department of Health and Human Services The National Cardiovascular Health Program	93.426	SG-2025-00580	-	93,662
Direct Programs Grants for Capital Development in Health Centers	93.526		-	591,502
Passed through from Catholic Charities Homeless Shelter Las Vegas Refugee and Entrant Assistance State/Replacement Designee Administered Programs	93.566	F2410002	-	122,020
Passed through from Nevada Department of Health and Human Services CCDF Cluster Child Care And Development Block Grant	93.575	SG-2025-00602	-	684,386
<i>Total CCDF Cluster</i>			-	684,386
Passed through from Nevada Department of Health and Human Services Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B	93.686	4800012270-028, 4800013704-028	-	260,189
Passed through from University of Nevada, Reno Opioid STR	93.788	UNR-24-126	-	1,300,000
Passed through from Nevada Department of Health and Human Services Opioid STR	93.788	SG-2025-00828, SG-2025-00871	42,739	1,188,200
<i>Total Opioid STR</i>			42,739	2,488,200
Passed through from Nevada Department of Health and Human Services Maternal, Infant, and Early Childhood Home Visiting Grant	93.870	SG-2025-00765, SG26395	-	446,095
Passed through from Nevada Department of Health and Human Services National Bioterrorism Hospital Preparedness Program	93.889	SG-2025-00483, SG-2025-00384, SG-2025-00615	95,928	1,420,070
Passed through from Clark County Minority HIV/AIDS Fund (MHAF)	93.899	4800012229-028, 4800012677-028	-	262,759
HIV Emergency Relief Project Grants	93.914	4500404004-028, 4800011669-028, 4800012245-028, PO4800012245-028	-	1,159,507
Passed through from Nevada Department of Health and Human Services HIV Care Formula Grants	93.917	SG-2024-00297, SG-2024-00298, SG-2025-00927, SG-2025-00926	-	369,170
Direct Program Healthy Start Initiative	93.926		-	1,147,279
Direct Program HIV Prevention Activities Health Department Based	93.940		65,978	102,134

**Southern Nevada Health District  
Schedule of Expenditures of Federal Awards  
Year Ended June 30, 2025**

**(Continued)**

Federal Grantor/Pass-Through Grantor/ Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
Passed through from Nevada Department of Health and Human Services		SG-2025-00586, SG-2025-00611, SG-2025-00659, SG26073-2, SG26077-1, SG-2025-00975, SG-2025-00976, SG-2025-00977		
HIV Prevention Activities Health Department Based	93.940		515,778	3,729,110
<i>Total HIV Prevention Activities Health Department Based</i>			581,756	3,831,244
Direct Program Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs	93.946		49,569	291,702
Passed through from Nevada Department of Health and Human Services				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	SG-2025-00590, SG26478	-	37,919
Direct Program Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health	93.967		176,070	6,818,216
Passed through from Nevada Department of Health and Human Services Sexually Transmitted Diseases (STD) Prevention and Control Grants	93.977	SG-2024-00059, SG-2025-00863	-	562,753
Passed through from Comagine Health Cooperative Agreements for Diabetes Control Programs	93.988	4100.CEO.17.SNHD	-	49,587
Passed through from Nevada Department of Health and Human Services	93.991	SG-2025-00689, SG26460	-	58,408
<b>Total Department of Health and Human Services</b>			<b>3,757,384</b>	<b>44,152,256</b>
<b>Department of Homeland Security</b>				
Passed through from Nevada Division of Emergency Management, Homeland Security				
Homeland Security Grant Program	97.067	ApplID401421, ApplID435471	-	109,462
Passed through from University of Nevada, Las Vegas Homeland Security Biowatch Program	97.091	GR20493	-	17,790
<b>Total Department of Homeland Security</b>				<b>127,252</b>
<b>Total Federal Awards Expended</b>			<b>\$ 3,894,264</b>	<b>\$ 45,423,500</b>

**Southern Nevada Health District**  
**Notes to the Schedule of Expenditures of Federal Awards**  
**Year Ended June 30, 2025**

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**Note 1. Basis of Presentation**

The accompanying schedule of expenditures of federal awards (Schedule) includes the federal award activity of the Southern Nevada Health District (Health District) under programs of the federal government for the year ended June 30, 2025. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Health District, it is not intended to and does not present the financial position, changes in net position/fund balance, or cash flows of the Health District.

**Note 2. Summary of Significant Accounting Policies**

The Health District's summary of significant accounting policies is presented in Note 1 to the Health District's basic financial statements for the year ended June 30, 2025.

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

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

**Note 3. Indirect Cost Rate**

The Health District has not elected to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance prior to October 1, 2024 nor elected to use the 15% de minimis indirect cost rate allowed under the Uniform Guidance effective October 1, 2024.

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

**Independent Auditor's Report**

Board of Health and District Health Officer  
Southern Nevada Health District  
Las Vegas, Nevada

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Southern Nevada Health District (Health District), as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements, and have issued our report thereon dated **November \_\_, 2025**.

**Report on Internal Control Over Financial Reporting**

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

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

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

**Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Health District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material

effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards.

***Purpose of This Report***

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

**Dallas, Texas**  
**November \_\_, 2025**

**DRAFT 11.11.2025**

## **Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance**

### **Independent Auditor's Report**

Board of Health and District Health Officer  
Southern Nevada Health District  
Las Vegas, Nevada

#### **Report on Compliance for Each Major Federal Program**

##### ***Opinion on Each Major Federal Program***

We have audited Southern Nevada Health District's (Health District) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Health District's major federal programs for the year ended June 30, 2025. The Health District's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Health District complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2025.

##### ***Basis for Opinion on Each Major Federal Program***

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

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

##### ***Responsibilities of Management for Compliance***

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

### ***Auditor's Responsibilities for the Audit of Compliance***

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

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

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

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

### **Report on Internal Control Over Compliance**

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

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

Board of Health and District Health Officer  
Southern Nevada Health District

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

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

Dallas, Texas  
November \_\_, 2025

DRAFT 11.11.2025

**Southern Nevada Health District**  
**Schedule of Findings and Questioned Costs**  
**Year Ended June 30, 2025**

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## **Section I – Summary of Auditor’s Results**

### ***Financial Statements***

1. Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:

Unmodified       Qualified       Adverse       Disclaimer

2. Internal control over financial reporting:

Significant deficiency(ies) identified?       Yes       None reported

Material weakness(es) identified?       Yes       No

3. Noncompliance material to the financial statements noted?

Yes       No

### ***Federal Awards***

4. Internal control over compliance for major federal programs:

Significant deficiency(ies) identified?       Yes       None reported

Material weakness(es) identified?       Yes       No

5. Type of auditor’s report issued on compliance for major federal programs:

Unmodified       Qualified       Adverse       Disclaimer

6. Any audit findings disclosed that are required to be reported by 2 CFR 200.516(a)?

Yes       No

7. Identification of major federal programs:

<b>Assistance Listing Number(s)</b>	<b>Name of Federal Program or Cluster</b>
93.788	Opioid STR
93.889	National Bioterrorism Hospital Preparedness Program
93.940	HIV Prevention Activities Health Department Based
93.967	Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health

8. Dollar threshold used to distinguish between Type A and Type B programs: \$1,362,705.

9. Auditee qualified as a low-risk auditee?       Yes       No

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## **Section II – Financial Statement Findings**

<b>Reference Number</b>	<b>Finding</b>
	No matters are reportable.

## **Section III – Federal Award Findings and Questioned Costs**

<b>Reference Number</b>	<b>Finding</b>
	No matters are reportable.

**DRAFT 11.11.2025**

**Southern Nevada Health District  
Summary Schedule of Prior Audit Findings  
Year Ended June 30, 2025**

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<b>Reference Number</b>	<b>Summary of Finding</b>	<b>Status</b>
	No matters are reportable.	

**DRAFT 11.11.2025**



**DATE: November 20, 2025**

**TO: Southern Nevada District Board of Health Members**

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

**SUBJECT: District Health Officer Report**

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**Measles Update**

On November 7, the Southern Nevada Health District reported the first confirmed case of measles in Clark County since 2018. The case involves an infant who was not yet eligible to receive the measles, mumps and rubella (MMR) vaccine. The child was hospitalized and has since been discharged and is recovering.

As of November 4, 2025, the Centers for Disease Control and Prevention (CDC) has reported 1,681 measles cases nationwide this year, including three confirmed deaths. Current measles activity continues to be associated with exposure to the virus during international travel and subsequent spread among unvaccinated individuals.

Community members may have been exposed to measles at the following location and times:

- St. Rose Dominican Hospital, Siena Campus Pediatric Emergency Department, on October 31, from 8 a.m. to 1:30 p.m. and November 1, from 7 a.m. to 3 p.m.

The Health District's disease surveillance team worked with the facility to notify potentially exposed patients and staff, and provide appropriate follow-up information and resources. The Health District recommended anyone who visited the listed location during the exposure periods monitor for symptoms and contact their health care provider if they developed signs of illness.

Measles symptoms typically develop seven to 14 days after exposure but can take up to 21 days to develop. Early symptoms include fever, cough, runny nose, and red eyes. A red rash usually appears three to five days after the initial symptoms start. A person with measles is contagious from four days before the rash appears through four days after it begins. The virus can live in the air or on surfaces for up to two hours and can be transferred to the nose or mouth by touching contaminated surfaces. The best protection against measles is the MMR vaccine. Two doses are about 97% effective at preventing the disease. Children should receive their first dose between 12 and 15 months of age and a second dose between ages 4 and 6. Infants 6 to 11 months old who are traveling internationally should receive one early dose before travel.

People who have a potential exposure to measles should:

- Monitor for symptoms for 21 days after exposure.
- Check vaccination status.
- Contact their health care provider if symptoms develop.
- Call ahead before going to a health care facility.

There is no specific treatment for measles. Supportive care such as rest, fluids and fever-reducing medications is recommended. Complications can include ear infections, pneumonia and, in rare cases, death. Young children and adults over age 20 are at higher risk of severe illness.

#### Measles Reported in a Visitor

The Health District reported a confirmed case of measles in a visitor to Clark County in October. The individual traveled from out of state, and potential exposures occurred on the morning of Monday, October 13, at Harry Reid International Airport. The individual spent time in Terminal 3 at the E Gates for a flight departing at approximately 8 a.m. and reported visiting no additional locations in Clark County outside of the airport. No cases linked to this potential exposure have been reported.

For additional information about measles, visit the Health District website at <https://www.southernnevadahealthdistrict.org/Health-Topics/measles-rubeola/>. To make an appointment for vaccination at a Health District clinic, go to [www.SNHD.info/immunizations](http://www.SNHD.info/immunizations) or call (702) 759-0850.

#### Influenza Update

The Health District reported the first flu-related death in a Clark County resident, a man in his 80s, on November 6. Reports of respiratory and influenza-like illnesses locally remain minimal in the community, however, seasonal flu activity is increasing. As of November 1, 17 influenza-associated hospitalizations have been reported in Clark County.

Flu can cause serious illness, especially among older adults, children and others at higher risk. Getting vaccinated is the best way for individuals to protect themselves and their families, as well as help prevent severe complications. It's not too late to get a flu vaccination this season.

Flu season typically peaks between December and February, but activity can continue through May. The Centers for Disease Control and Prevention recommends annual vaccination for everyone 6 months and older. Adults 65 years and older, children younger than 2 years, pregnant people, and individuals with underlying medical conditions or weakened immune systems are at higher risk for severe illness. Caregivers of children who are too young to be vaccinated are strongly encouraged to get vaccinated to help protect them.

Flu vaccines are available at [Health District clinics](#) as well as doctor's offices and pharmacies throughout Southern Nevada.

The Health District encourages community members to take additional steps to help reduce the spread of flu, COVID-19, and other respiratory viruses:

- Wash hands frequently with soap and running water. Use an alcohol-based hand sanitizer if soap and water are not available.
- Stay home when sick and limit contact with others.
- Avoid close contact with people who are sick.
- Cover coughs and sneezes with a tissue. Throw tissues away after use.
- Regularly clean frequently touched surfaces.
- Take antiviral drugs if prescribed by a doctor.

The Health District Influenza Snapshot and Influenza Report by Age Group are available each week at [www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/](http://www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/).

### **American Diabetes Month**

In recognition of American Diabetes Month, the Health District raised awareness about one of the nation's most widespread and serious chronic diseases. Diabetes is the eighth leading cause of death in the United States and the leading cause of kidney failure, lower-limb amputations, and blindness. People with diabetes are also at greater risk of serious complications from flu and COVID-19.

In 2023, 12.8% of adults in Clark County—approximately 238,000 people—had diabetes. Statewide in 2024, an estimated 13.5% of adults—or 345,700 Nevadans—were diagnosed with the disease.

Nationwide, more than 41 million Americans are living with diabetes, including 11.7 million who are unaware that they have it. Each year, about 1.2 million Americans receive a new diagnosis.

The American Diabetes Association estimates that 816,000 Nevadans have prediabetes—a condition that increases the risk of developing type 2 diabetes, heart disease and stroke. Adults facing food insecurity are significantly more likely to develop type 2 diabetes. This is often due to the necessity of choosing low-cost, high-calorie, and less nutritious foods.

### **Who Should Get Screened**

The Health District and the Centers for Disease Control and Prevention recommend that the following individuals be screened for diabetes or prediabetes:

- Adults age 35 or older.
- Adults who are overweight or have obesity.
- Anyone who has been previously diagnosed with prediabetes.

Anyone who may be at risk for diabetes should follow up with a healthcare provider. A listing of low-cost clinics that offer diabetes testing and treatment is available on the Health District website at [Low-Cost Clinics](#).

### **Resources and Programs**

The Health District's Office of Chronic Disease Prevention and Health Promotion offers no-cost online and in-person classes on diabetes self-management. Taught by trained health educators, the classes are recognized by the American Diabetes Association. Community classes will resume in early 2026, but people are invited to complete a class interest form now in [English](#) or [Spanish](#), or call (702) 759-1270. Those who express interest will be contacted as 2026 classes are scheduled. For information on additional classes, events and programs, visit the [Get Healthy Clark County Community Calendar](#). For Spanish classes and events visit the [Viva Saludable Community Calendar](#).

Additional local diabetes resources are available at:

- [Get Healthy Clark County | Local Diabetes Resources](#)
- [Viva Saludable | Recursos locales para la diabetes](#)

To learn more about American Diabetes Month, visit the [American Diabetes Association website](#).

### **Pop-Up Produce Stands**

The Health District and its partners are reminding the community that Pop-Up Produce Stands continue this fall at the Bonneville Transit Center (BTC), offering affordable, regionally grown fruits and vegetables. Shoppers can use SNAP/EBT, cash, debit or credit cards.

The stands are open from 11 a.m. to 2 p.m., or while supplies last, at the BTC, 101 E. Bonneville Ave., Las Vegas, NV 89101. The remaining dates for the produce market are:

- Tuesday, Dec. 2
- Tuesday, Dec. 9

As many households continue to feel the effects of higher food costs and changes to SNAP benefits, the Pop-Up Produce Stands provide a convenient and affordable way to bring home healthy foods. In addition to making it easier to stretch food budgets, the program supports local business and promotes good nutrition.

In 2024, the stands generated \$3,275 in sales and distributed 2,471 pounds of fresh produce. About 26% of sales were made using SNAP/EBT benefits, demonstrating the program's role in improving healthy food access for families who may be experiencing barriers to accessing healthy foods.

Food security remains a challenge in Southern Nevada. In 2023, 16% of Clark County residents (366,710 people) were food insecure—higher than both the state (15.1%) and national (14.3%) averages. More than one in five children in Clark County (22%) experienced food insecurity. Rates among Black residents (28%) were more than double those of White residents (13%), underscoring significant disparities. In 2019, the U.S. Department of Agriculture identified 30 census tracts in Clark County as food deserts, highlighting persistent barriers to healthy food access.

The produce stands are a partnership of the Southern Nevada Health District's Office of Chronic Disease Prevention and Health Promotion, the Regional Transportation Commission of Southern Nevada and Prevail Marketplace.

Shoppers will also receive healthy recipe cards, nutrition education and other health resources. For more information, call the Office of Chronic Disease Prevention and Health Promotion at (702) 759-1270 or visit the [Get Healthy Clark County Farmers Markets](#) page. The website also lists local farmers markets, including those that accept EBT, SNAP, and debit or credit cards.

## **Community Meetings**

### **Week ending 11/02:**

#### Biweekly:

- Facilitated the Health Executive Council meeting
- Facilitated one-on-one meetings with Direct Reports (Anderson-Fintak, Saxton, Trujillo, Zhang)
- Attended the SNHD/Accela Executive Touchpoint call

#### Monthly:

- Participated in the Nevada Association of Local Health Officials (NALHO) meeting
- Participated in the Disease Surveillance & Control Division leadership meeting
- Participated in the Clark County Medical Society Board of Trustees meeting

#### Quarterly:

- Participated in the Community Health Division leadership meeting
- Facilitated a one-on-one meeting with Dr. Robin Carter (Medical Director/Chief Medical Officer)
- Participated in the Public Health & Preventive Care Division leadership meeting

Ad-hoc Meetings:

- Participated in a meeting regarding the parking lot at the Decatur Facility
- Participated in a meeting regarding Ryan White Part B program
- Participated in a meeting regarding Wastewater and Clinical SARS-CoV-2 Variance Analysis Project

**Week ending 10/26:**

Biweekly:

- Attended the CDC Response All-STLT Update call
- Facilitated one-on-one meetings with Direct Reports (Gonzales, Smith, Trujillo)

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meetings with Councilwoman Brune, Councilwoman Gallo, Commissioner Becker, Councilwoman Summers-Armstrong, Bobbette Bond, Mayor Hardy
- Participated in the NPHA Coordination Call
- Participated in the Southern Nevada Community Health Center Governing Board meeting
- 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)

Media/Interviews/Panelist/Presenter/Events:

- Opening Remarks at the Health District After Dark

Ad-hoc Meetings:

- Participated in a meeting regarding cannabis
- Participated in a meeting regarding the parking lot at the Decatur Facility
- Participated in a meeting regarding the Organizational Vital Signs survey
- Participated in a meeting regarding the SNHD fleet vehicles
- Participated in a BCHC meeting regarding the WIC and SNAP programs
- Participated in a meeting with Fund for Global Health

**Week ending 10/19:**

Biweekly:

- Facilitated the Health Executive Council meeting
- Facilitated one-on-one meetings with Direct Reports (Gonzales, Trujillo)

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meetings with Mayor Pro Tem Black and Commissioner Kirkpatrick

Quarterly:

- Participated in the Public Health Advisory Board meeting

Professional Development/Conferences:

- Attended the Big Cities Health Coalition (BCHC) Member Meeting in Phoenix, AZ

Ad-hoc Meetings:

- Participated in an internal meeting regarding a remodel of the Decatur Facility front doors

**Week ending 10/12:**

Biweekly:

- Attended the CDC Response All-STLT Update call
- Facilitated one-on-one meetings with Direct Reports (Anderson-Fintak, Mangla, Smith, Trujillo,)

Monthly:

- Participated in the Monthly Leadership Finance meeting
- Participated in the BCHC Monthly Member meeting

Ad-hoc Meetings:

- Participated in an introductory meeting with representatives from the Dolores Huerta Resource Center
- Participated in a meeting with representatives from CCSS regarding a Mobile Medical Outreach Team
- Participated in an internal meeting regarding the Child Care Regulations
- Participated in an internal meeting regarding Ryan White Part B program
- Attended a site visit of the FQHC Decatur Clinic
- Facilitated an SNHD All Hands meeting
- Participated in a meeting with DCM Abigail Frierson
- Attended a meeting regarding Allegiant Stadium Access

**Week ending 10/05:**

Biweekly:

- Facilitated the Health Executive Council meeting
- Facilitated one-on-one meetings with Direct Reports (Saxton, Trujillo, Zhang)

Monthly:

- Participated in the Disease Surveillance & Control Division leadership meeting
- Participated in the Informatics Department leadership meeting
- Attended the Medical Advisory Board meeting

Ad-hoc Meetings:

- Participated in a meeting with Todd Rich and Kyle Devine regarding Healthcare Acquired Infections
- Participated in the annual meeting with representatives from Forvis Mazars regarding the audit
- Attended the Nevada Public Health Association Policy Discussion on Vaccines
- Participated in a meeting regarding the proposed septic regulations
- Participated in an internal meeting regarding the SNPHL survey responses

# **SNHD INTERIM FINANCIAL REPORT**

**(UNAUDITED)**

**As of September 2025**

**(Includes Adopted Budget Approved March 2025)**

# Summary of Revenues, Expenses, and Net Position (as of September 30, 2025 – Unaudited)

## **Revenues**

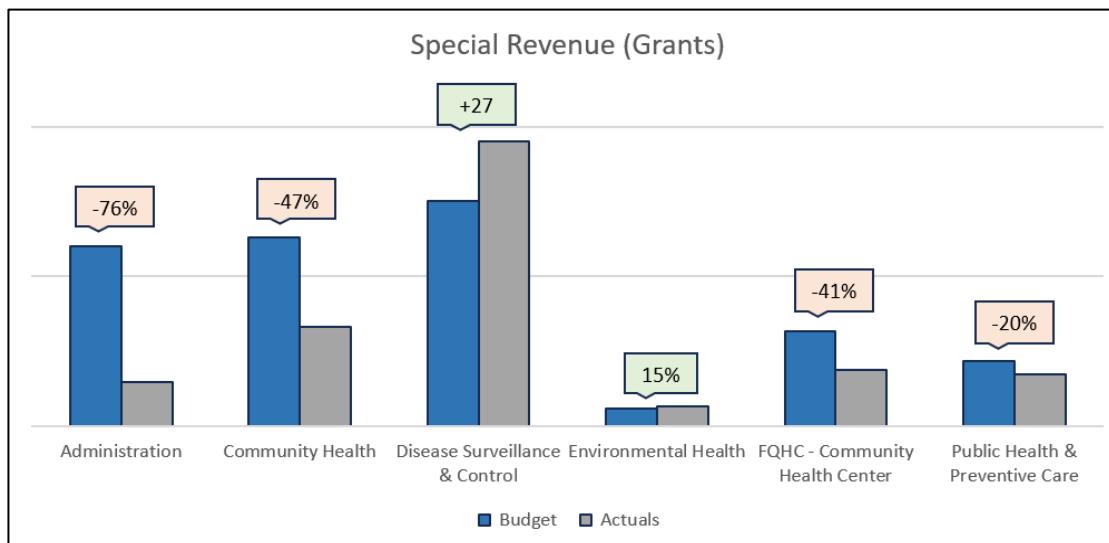
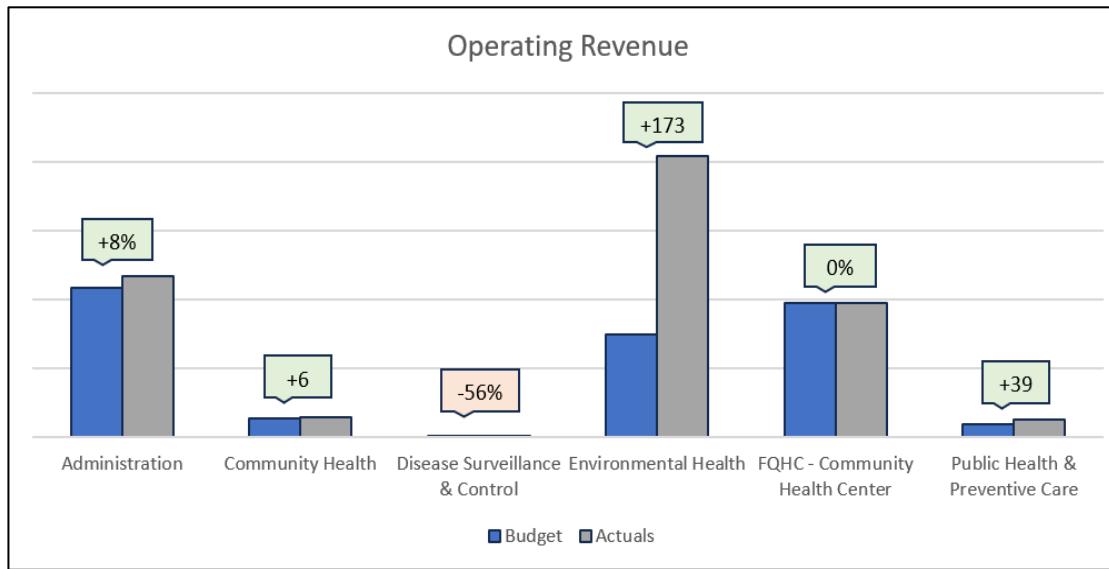
- General Fund revenue (Property Taxes, Charges for Services, Licenses/Permits & Other) is \$44.61M compared to a budget of \$30.39M, a favorable variance of \$14.22M.
- Special Revenue Funds (Grants) is \$11.15M compared to a budget of \$15.47M, an unfavorable variance of \$4.32M.
- Total Revenue is \$55.76M compared to a budget of \$45.86M, a favorable variance of \$9.9M.

## **Expenses**

- Salary, Tax, and Benefits is \$26.56M compared to a budget of \$27.87M, a favorable variance of \$1.31M.
- Other Operating Expense is \$18.04M compared to a budget of \$19.12M, a favorable variance of \$1.08M.
- Total Expense is \$44.59M compared to a budget of \$46.99M, a favorable variance of \$2.4M.

**Net Position:** is \$11.17M compared to a budget of (\$1.13M), a favorable variance of \$12.3M. (See Notes for Revenues and Expenses).

# REVENUES



Division	Budget as of Sept 2025	Actual as of Sept 2025	Variance Favorable (Unfavorable)	% +/-
<b>Operating Revenue (Charges, Fees, Taxes, etc.)</b>				
Administration	\$ 10,849,494	\$ 11,738,406	\$ 888,912	8%
Community Health	\$ 1,370,682	\$ 1,454,327	\$ 83,646	6%
Disease Surveillance & Control	\$ 7,500	\$ 3,290	(\$ 4,210)	-56%
Environmental Health	\$ 7,479,880	\$ 20,416,823	\$ 12,936,943	+173%
FQHC - Community Health Center	\$ 9,766,188	\$ 9,719,609	(\$ 46,578)	0%
Public Health & Preventive Care	\$ 919,838	\$ 1,280,425	\$ 360,587	39%
<b>SUBTOTAL</b>	<b>\$ 30,393,581</b>	<b>\$ 44,612,881</b>	<b>\$ 14,219,300</b>	<b>47%</b>
<b>Special Revenue (Grants)</b>				
Administration	\$ 3,609,944	\$ 881,023	(\$ 2,728,920)	-76%
Community Health	\$ 3,782,597	\$ 1,999,994	(\$ 1,782,603)	-47%
Disease Surveillance & Control	\$ 4,513,140	\$ 5,709,419	\$ 1,196,279	27%
Environmental Health	\$ 346,562	\$ 397,917	\$ 51,355	15%
FQHC - Community Health Center	\$ 1,908,758	\$ 1,117,320	(\$ 791,438)	-41%
Public Health & Preventive Care	\$ 1,309,392	\$ 1,043,868	(\$ 265,524)	-20%
<b>SUBTOTAL</b>	<b>\$ 15,470,392</b>	<b>\$ 11,149,542</b>	<b>\$ (4,320,850)</b>	<b>-28%</b>
<b>TOTAL REVENUE</b>	<b>\$ 45,863,973</b>	<b>\$ 55,762,423</b>	<b>\$ 9,898,450</b>	<b>22%</b>

## NOTES:

- 1) DUE TO TIMING. ANNUAL FOOD PERMIT REVENUES BILLED ON JULY 1<sup>ST</sup> (~70% OF ANNUAL REVENUE FOR ENVIRONMENTAL HEALTH). OTHER MAJOR REVENUE BILLING WILL BE RECORDED IN JANUARY 2026.
- 2) MAJOR GRANT SPENDING FOR LAB EXPANSION TO OCCUR IN SUBSEQUENT PERIODS OF FISCAL YEAR.
- 3) TERMINATED GRANT EXPENSES INCLUDED IN ADOPTED BUDGET WILL BE ADJUSTED IN AUGMENTATION.

# Revenues by Category

REVENUE BY CATEGORY	Administration	Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Public Health & Preventive Care	TOTALS BY CATEGORY
Licenses & Permits	\$ -	\$ 82,761	\$ -	\$ 20,302,182	\$ -	\$ -	\$ 20,384,943
Property Taxes	10,377,105	-	-	-	-	-	10,377,105
Charges for Services	683,035	1,371,566	-	-	9,265,281	887,657	12,207,540
Intergovernmental	881,023	1,999,994	5,709,419	397,917	1,117,320	1,043,868	11,149,542
Investment Earnings	668,282	-	-	-	-	-	668,282
Other	9,984	-	3,290	114,642	454,328	392,758	975,001
Contributions	-	-	-	-	-	10	10
<b>TOTALS BY DEPT</b>	<b>\$ 12,619,429</b>	<b>\$ 3,454,321</b>	<b>\$ 5,712,709</b>	<b>\$ 20,814,741</b>	<b>\$ 10,836,929</b>	<b>\$ 2,324,293</b>	<b>\$ 55,762,423</b>

# Revenue Categorization

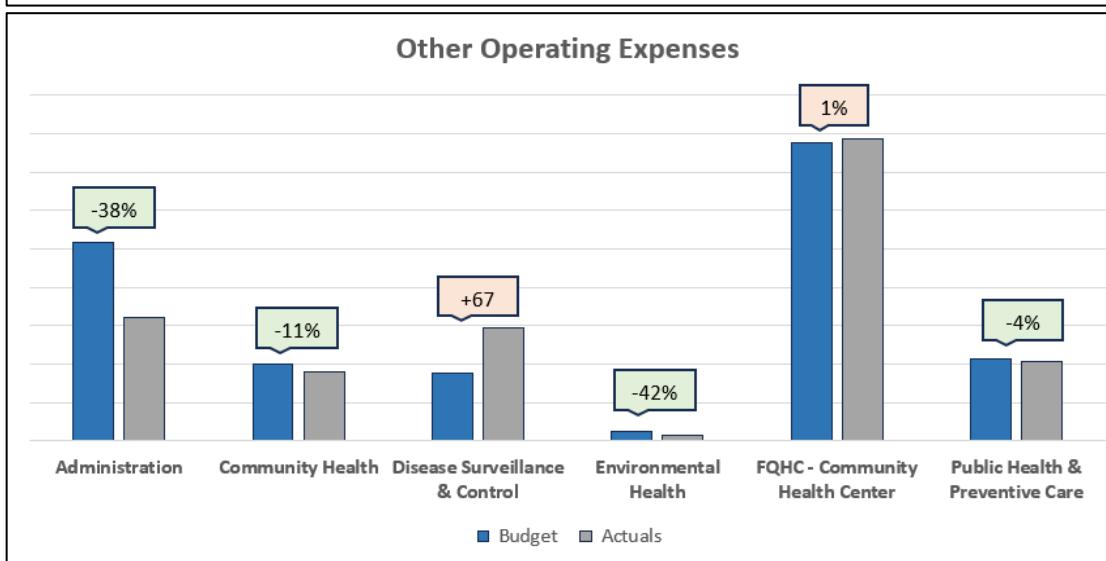
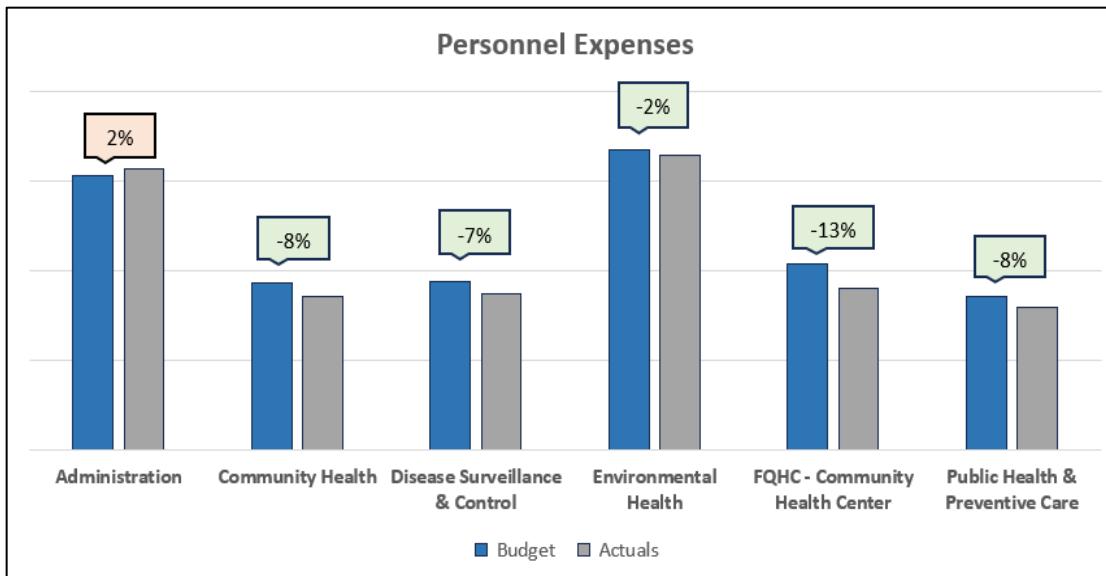
## General Fund

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

## Special Revenue Fund

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

# EXPENSES



Division	Budget as of Sept 2025	Actual as of Sept 2025	Variance Favorable (Unfavorable)	% +/-
<b>Employment (Salaries, Taxes &amp; Benefits)</b>				
Administration	\$ 6,127,533	\$ 6,269,109	\$ (141,577)	2%
Community Health	\$ 3,715,385	\$ 3,417,974	\$ 297,411	-8%
Disease Surveillance & Control	\$ 3,746,885	\$ 3,501,474	\$ 245,411	-7%
Environmental Health	\$ 6,704,050	\$ 6,589,117	\$ 114,933	-2%
FQHC - Community Health Center	\$ 4,148,655	\$ 3,607,790	\$ 540,865	-13%
Public Health & Preventive Care	\$ 3,430,295	\$ 3,172,669	\$ 257,625	-8%
<b>SUBTOTAL</b>	<b>\$ 27,872,802</b>	<b>\$ 26,558,133</b>	<b>\$ 1,314,669</b>	<b>-5%</b>
<b>Other (Supplies, Contractual, Capital)</b>				
Administration	\$ 5,175,872	\$ 3,209,975	\$ 1,965,897	-38%
Community Health	\$ 2,012,831	\$ 1,795,297	\$ 217,534	-11%
Disease Surveillance & Control	\$ 1,758,915	\$ 2,941,574	\$ (1,182,659)	67%
Environmental Health	\$ 260,267	\$ 150,738	\$ 109,529	-42%
FQHC - Community Health Center	\$ 7,767,923	\$ 7,872,917	\$ (104,995)	1%
Public Health & Preventive Care	\$ 2,144,051	\$ 2,064,511	\$ 79,539	-4%
<b>SUBTOTAL</b>	<b>\$ 19,119,858</b>	<b>\$ 18,035,013</b>	<b>\$ 1,084,846</b>	<b>-6%</b>
<b>Total Operating Expenses</b>	<b>\$ 46,992,660</b>	<b>\$ 44,593,146</b>	<b>\$ 2,399,514</b>	<b>-5%</b>
Indirect Costs/Cost Allocations	\$ 0	\$ 0	\$ (0)	0%
Transfers IN	\$ (2,194,912)	\$ (1,061,651)	\$ (1,133,261)	-52%
Transfers OUT	\$ 2,194,912	\$ 1,061,651	\$ 1,133,261	-52%
<b>Total Transfers &amp; Allocations</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ (0)</b>	<b>0%</b>
<b>TOTAL EXPENSES</b>	<b>\$ 46,992,660</b>	<b>\$ 44,593,146</b>	<b>\$ 2,399,514</b>	<b>-5%</b>

#### NOTES:

- 1) MAJORITY OF LAB EXPANSION CAPITAL EXPENSES ANTICIPATED TO OCCUR IN Q2-Q4 FY26.
- 2) TIMING DIFFERENCE AND INCREASE IN GRANT FUNDED PURCHASE OF MEDICAL SUPPLIES.

# Expenses by Category

EXPENSE BY CATEGORY	Administration		Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Public Health & Preventive Care	TOTALS BY CATEGORY
Salaries	\$ 4,212,279	\$ 2,286,890	\$ 2,343,895	\$ 4,447,149	\$ 2,427,153	\$ 2,146,854	\$ 17,864,221	
Taxes & Benefits	2,056,183	1,131,084	1,158,225	2,141,968	1,180,637	1,025,815	8,693,912	
Contractual	2,606,161	719,626	804,120	80,789	332,894	144,026	4,687,615	
Indirect/Cost Allocation	(7,238,359)	1,075,213	1,403,562	899,062	2,707,503	1,153,018	0	
Supplies	127,389	998,121	2,096,352	17,967	7,514,661	1,892,409	12,646,899	
Property	455,676	59,823	-	-	-	-	515,498	
Travel & Training	20,749	17,727	41,102	51,982	25,363	28,077	185,000	
<b>TOTALS BY DEPT</b>	<b>\$ 2,240,078</b>	<b>\$ 6,288,484</b>	<b>\$ 7,847,257</b>	<b>\$ 7,638,917</b>	<b>\$ 14,188,211</b>	<b>\$ 6,390,199</b>	<b>\$ 44,593,146</b>	

# Expense Categorization

## Expenses (All Funds)

- *Salaries* – includes expenses associated with employee compensation such as salaries, overtime, longevity, etc.
- *Taxes & Fringe Benefits* – includes expenses associated with the employer-paid portion of FICA/Medicare, Health Insurance, Life Insurance, 100% employer-paid retirement (NVPERS), etc.
- *Capital Outlay* – includes expenses associated with capital purchases such as equipment, computer software/hardware, furniture, etc.
- *Contractual* – includes expenses associated with contractual agreements such as professional services, subscriptions, computer software, maintenance, etc.
- *Supplies* – includes expenses associated with Medical Supplies, Vaccines, Lab Supplies, office supplies, etc.
- *Indirect Costs/Cost Allocations* – SNHD Overhead rate is 25.25%. Indirect costs associated with special revenue funds are recovered generally at the allowed 15% de minimis rate. Cost Allocations make up the remaining 10.25%. NOTE: The de minimis rate for federal grants increased from 10% to 15% effective October 1, 2024.
- *Transfers In* – funds transferred into special revenue fund from the general fund.
- *Transfers Out* – funds transferred out of the general fund into other funds.

A large pile of light-colored wooden question marks, some standing upright and others lying on their sides, creating a dense, textured background.

QUESTIONS?

# MEMORANDUM



**Date:** November 20, 2025

**To:** Southern Nevada District Board of Health

**From:** Jason Frame, *Acting Deputy District Health Officer-Administration* *JP*  
Cassius Lockett, PhD, *District Health Officer* *CL*

**Subject:** **Administration Division Monthly Report – October 2025**

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Executive Summary .....	1
Office of Communications .....	2
Facilities .....	3
Finance .....	4
Health Cards .....	5
Human Resources (HR) .....	6
Informatics .....	7
Information Technology (IT) .....	10
Workforce Team – Public Health Infrastructure Grant (PHIG) .....	11
Appendix A – Office of Communications .....	13
Appendix B – Finance – Payroll Earnings Summary – September 27, 2025 to October 10, 2025 .....	15
Appendix C – Finance – Payroll Earnings Summary – October 11, 2025 to October 24, 2025 .....	18

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## Executive Summary

The Office of Communications issued five News Releases and placed advertisements for the Your Shot campaign and published public notices for the Septic System Regulation Workshops. In collaboration with Three Square, staff facilitated two Produce Giveaways at the Main and Fremont Public Health Centers. Health Cards served 10,958 total clients, including 2,497 clients renewing online, and continued to develop the plan on notifying industry regarding the upcoming fee increases. As of October 24, 2025, the Health District had 800 active employees. Human Resources posted 10 employment opportunities, held 47 interviews, extended eight job offers, and onboarded one new hire. Human Resources held numerous workshops for staff to ensure a smooth and informed Open Enrollment process. A virtual Recognition and Training All-Hands meeting was held on October 9, 2025.

## Office of Communications

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### **News Releases Disseminated:**

- Pop-Up Produce Stands help families access healthy food this fall
- COVID-19 vaccines now available for people 6 months and older at Health District clinics
- National Latino AIDS Awareness Day highlights urgent need for action
- Health District reports confirmed measles case in visitor to Clark County
- Health District offering COVID-19 vaccines for all eligible individuals, including through VFC and 317 programs

### **Press:**

- Impact of government shutdown
- Proposed septic tank regulations
- Pop-Up Produce stands
- Seasonal vaccinations
- National Latino AIDS Awareness Day
- Measles case at Harry Reid Airport
- Pertussis case at Coronado High School

Five hundred eighty-eight news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in October. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at <http://media.southernnevadahealthdistrict.org/download/oc/202510-PI-Report.pdf>.

### **Advertisements, Projects Completed and Social Media Summary:**

In October, the Office of Communications placed advertisements for the Your Shot campaign and published public notices for the Septic System Regulation Workshops. Staff designed and assisted with the distribution of Individual Sewage Disposal System (ISDS) postcard mailers. The team produced videos for the Office of Chronic Disease Prevention in recognition of National Diabetes Month and collaborated with the Food Handler Safety Cards and Immunizations Clinic teams to create videos promoting food handler safety cards and flu shot services. Additionally, staff completed the Youth Advisory Council for Health Equity facilitator guide for the Health Equity program. Throughout the month, the Office of Communications responded to 150 public information inquiries related to Health District programs and services, vaccine clinic requests, health fair invitations, and complaints. Staff completed 96 internal project requests, including graphic design, website content updates, photography, advertising, marketing, outreach materials, and translation services. The team continued regular updates to Health District websites, including SNHD.info, SNCHC.org, and COVID.SNHD.org.

On social media, staff focused on promoting the Strip Club (fentanyl and xylazine test strips), National Gay Men's HIV/AIDS Awareness Day, World Environmental Health Day, Save a Life Day, PrEP, partial closure for Immunization and Express Testing, Childhood Obesity Awareness month, emergency preparedness month, Your Shot, Recovery Month, Labor Day, Credible Mind, walk audits and Board of Health recognitions.

### **Community Outreach and Other:**

- Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families program clients processed: N/A

- Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 210

Legislative Affairs Update:

- Compiled and submitted quarterly report for State Public Health Funds.
- Presented on State Public Health Funds and SB118 funds at Health District After Dark discussion on the State of Nevada's Public Health Safety Net.

Meetings and Events of Note:

- 10/02/2025: Three Square Produce Giveaway at Main Public Health Center
- 10/08/2025: 2025-2026 Respiratory Season Updates National Foundation for Infectious Diseases
- 10/09/25: Hospital Area Command Media Day at UMC
- 10/09/25: Meeting to discuss NV Health Link navigator
- 10/09/25: All Hands Meeting
- 10/14/25: Nevada Tobacco Control and Smoke-free Coalition Policy Committee Meeting
- 10/14/25: Accreditation Meeting
- 10/15/25: Laughlin Water Main Break
- 10/16/25: Rep. Susie Lee SNCHC Tour and Media Availability
- 10/16/25: Media Training
- 10/17/25: Three Square Produce Giveaway at Fremont Public Health Center
- 10/20/25: Naloxone Training
- 10/23/25: CTHS Workshop: Science to Strategy w/Scient to People
- 10/23/25: Health District After Dark
- 10/30/25: Weekly DHHS PIO call
- AP Style Workshops
- Meetings for Big Cities Health Coalition Policy Group and PIO/Communications Group
- Meetings for the Vaccine Guidelines Workgroup
- Meetings for CHIP Public Health Funding Workgroup
- Meetings related to State Public Health Funds and SB118

Please see Appendix A for the following:

- Media, Collateral and Community Outreach Services
- Monthly Website Page Views
- Social Media Services

## Facilities

Monthly Work Orders	Oct 2024	Oct 2025	YTD FY25	YTD FY26	
Maintenance Responses	525	382	1,392	1,422	↑
Electrical Work Orders	40	36	123	144	↑
HVAC Work Orders	39	90	122	268	↑
Plumbing Work Orders	33	12	84	54	↓
Preventive Maintenance	35	8	138	105	↓
Security Responses	2,463	1,859	10,454	8,567	↓

## Finance

Total Monthly Work Orders	Oct 2024	Oct 2025	YTD FY25	YTD FY26	
	594	507	↓ 2,359	2,095	↓ 2
Purchase Orders Issued	594	507	↓ 2,359	2,095	↓ 2
Grants Pending – Pre-Award	2	1	↓ 16	5	↓ 2
Grants in Progress – Post-Award	10	5	↓ 43	31	↓ 2

\* 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 – October 2025						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
Gilead Sciences, Inc. Master FOCUS Agreement Exhibit C.4 C1900067, Sexual Health Outreach Prevention Program (gsshc_25)	Contract	10/31/2025	\$337,700	End of budget period	2.70	FY2026 expected to renew

Grants Awarded – October 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, Sexually Transmitted Diseases tracking, Amendment 1 (std_25)	P-CDC	10/7/2025	3/1/2025	2/28/2026	\$313,159	Increased fund amount for FY2026	3.25
State of Nevada, HIV surveillance, (hv2srv25)	P-CDC	10/7/2025	6/1/2025	6/31/2026	\$227,058	FY2026 renewal	1.60
State of Nevada, Integrated HIV Program, (nv2ehe25)	P-CDC	10/8/2025	6/1/2025	5/31/2026	\$2,090,623	FY2026 renewal	7.97
State of Nevada, HIV Prevention, (hv2prv25)	P-CDC	10/9/2025	6/1/2025	5/31/2026	\$1,933,563	FY2026 renewal	13.00

<b>Grants Awarded – October 2025</b>							
<b>KEY: P=Pass-through, F=Federal, S=State, O=Other</b>							
<b>Project Name</b>	<b>Grantor</b>	<b>Received</b>	<b>Start Date</b>	<b>End Date</b>	<b>Amount</b>	<b>Reason</b>	<b>FTE</b>
State of Nevada - Opioid Overdose Death Registry (sudors26)	P-CDC	10/14/2025	9/1/2025	8/31/2026	\$262,336	FY2026 renewal	1.20

<b>Contracts Awarded – August 2025</b>							
<b>KEY: P=Pass-through, F=Federal, S=State, O=Other</b>							
<b>Project Name</b>	<b>Grantor</b>	<b>Received</b>	<b>Start Date</b>	<b>End Date</b>	<b>Amount</b>	<b>Reason</b>	<b>FTE</b>
Gilead Sciences, Inc. Master FOCUS Agreement Exhibit C.12 C1900067, Sexual Health Outreach Prevention Program (gsshc_26)	Contract	10/9/2025	10/1/2025	9/30/2026	\$205,586	FY2026 renewal	1.80

## Health Cards

1. Appointments continue to be required for food handler card testing and open as follows:
  - a. Advance appointments for our Decatur, Fremont, and Henderson offices open each weekday morning at 6 a.m. for that day in the following week.
  - b. Additional same-day appointments at our Decatur and Fremont offices open for booking each working day by 7:30 a.m. as staffing allows.
  - c. Same-day appointments for our Laughlin and Mesquite offices open for booking each working day at 5:00 a.m.
2. For the month of October, we averaged 81 “passing and paying” online renewal clients per day, with a total of 2,497 clients renewing online.
3. We have established a plan on how to notify industry about the fee increase approved in June by the Board of Health. A \$5 increase will go into effect on January 1, 2026, raising the fee from \$20 to \$25. A further \$5 increase will go into effect on January 1, 2028, raising the fee from \$25 to \$30. Industry will be notified via a variety of methods in the coming months.
4. Our Information Technology office continues to prepare the mobile wallet version of the food handler and body art cards that we intend to launch sometime in 2026.

CLIENTS SERVED	Oct 2025	Sept 2025	Aug 2025	July 2025	June 2025	May 2025
FH Cards – New	4,110	4,647	4,635	5,797	5,910	5,508
FH Cards – Renewals	2,420	2,476	2,550	2,161	1,194	1,180
FH Cards – Online Renewals	2,497	2,323	2,482	2,668	2,867	2,842
Duplicates	530	504	529	579	511	552
CFSM (Manager) Cards	192	257	221	256	191	199
Re-Tests	1,100	1,175	1,309	1,349	1,146	1,171
Body Art Cards	109	121	120	129	120	112
<b>TOTALS</b>	<b>10,958</b>	<b>11,503</b>	<b>11,846</b>	<b>12,939</b>	<b>11,939</b>	<b>11,564</b>

## Human Resources (HR)

### Employment/Recruitment:

- 0 New job title for September
- 800 active employees as of October 24, 2025
- 1 New Hire, including 0 rehires and 0 reinstatements
- 5 Terminations, including 1 retirements
- 7 Promotion, 1 Flex-reclass
- 2 Transfer, 0 Lateral Transfers
- 0 Demotions
- 56 Annual Increases
- 47 Interviews
- 8 Offers extended (2 offers declined)
- 10 Recruitments posted
- Turn Over Rates
  - District Administration: 1.643%
  - Community Health: 1.030%
  - Disease Surveillance & Control: 0.000%
  - Environmental Health: 0.000%
  - Public Health & Preventive Care: 0.000%
  - FQHC: 0.930%

### Temporary Employees

- 8 Temporary Staff

### Safety

- Investigations – 2 (September)
- Inquiries – 82 (September)
- Inquiries – 78 (October)

### Employee/Labor Relations

- 1 Coaching and Counseling, 0 Verbal Warnings, 1 Written Warning, 0 Suspensions, 0 Final Written Warnings, 1 Termination, 0 Probationary Releases
- 6 Grievances

- 0 Arbitrations
- 50 Hours of Labor Meetings (with Union)
- 80 hours investigatory meetings
- 6 Investigations
- 17 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 34 interns providing 765 applied public health practice hours in October 2025.

<b>Interns and Clinical Rotations</b>	<b>Oct 2025</b>	<b>YTD</b>
Total Number of Interns <sup>1</sup>	34	22
Internship Hours <sup>2</sup>	765	2,367

<sup>1</sup>Total number of students, residents, and fellows

<sup>2</sup>Approximate hours students, residents, and fellows worked in applied public health practice

### **Training (In-Person and Online)**

- October 15, 2025 – Leadership Development Program Cohort Meeting (11 attendees)
- October 20, 2025 – OVS Divisional Action Plans (6 attendees)

### **New Hire Orientation**

- October 27, 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.
2. Assist ODS team by importing TB contacts to EpiTrax for outbreak investigation.
3. Updated multiple EpiTrax custom forms, including the chickenpox and substance use forms, and adding arbovirus forms to chikungunya condition.
4. Continue working with OpenEMPI integration with EpiTrax system:
  - Updating the OpenEMPI process within EMSA based on the feedback received from the ACDC team.
  - Prepare initial how-to documentation for OpenEMPI and EMSA use cases.
5. Redesigned the "TB Initial Drug Susceptibility Test" form and resolved the data-saving issue in the repeating sections.
6. Added a new "HAI Pending Assignment" queue in EpiTrax and continued work on facility deduplication to support HAI investigations.
7. Added a new vertical layout for repeating fields to improve visibility to staff when working on these questions, pending review.
8. Addressed an issue where COVID-19 whole genome sequencing (WGS) lineage values were not mapping correctly to variant names in EpiTrax data warehouse.
9. Updated EpiTrax API logic to prevent adding duplicate facility sections in the Clinical tab for matched events processed from eCRs.

10. Perform Hep C cases review against old ELR, eCR, and HIE data to assist possible Hepatitis C outbreak.
11. Addressed invalid lab results reported from CPL.
12. Set up a new bridge to wellness (BTW) and linkage 2 action (L2A) process to create a new event for staff to follow up with the client easily.
13. EpiTrax User Requests:

EpiTrax Requests	June 2025	July 2025	August 2025	Sept 2025	Oct 2025
EpiTrax Requests Completed	9	9	12	12	11
EpiTrax Requests Opened	69	66	61	51	53
EpiTrax New Requests	7	6	6	2	13

**B. Electronic Message Staging Area (EMSA)**

1. Continue to work on EMSA2, including mapping new LOINC and ICD10-CM codes, integrating incoming labs, data processing, and reviewing logic for exceptions and errors.
2. Electronic Case Reporting (eCR) went live with three additional facilities and set up and reviewed two new facilities.
3. Updated ICD mapping schema and reprocessed UMC and Optum eCRs.
4. Reprocessed COVID genotype ELRs that is in the gray list.
5. Added an ICD code filter logic for eCR: if the diagnosis date is older than 30 days, it will not create a new case.
6. Add a lab comment section for eCR when processed into EpiTrax to align with ELR process for it to easily identify the original message.
7. ELRs and eCRs Volume:

ELRs	June 2025	July 2025	August 2025	Sept 2025	Oct 2025
Total Received	104,562	120,348	115,517	218,838	122,462
Total Processed	104,353	121,033	115,884	224,642	122,260
Under Review	609	725	1,461	809	752
Event Updated	15,867	19,075	16,595	53,047	17,971
Event Created	8,264	8,481	9,409	46,345	8,441

eCRs	June 2025	July 2025	August 2025	Sept 2025	Oct 2025
Total Received	455,242	85,864	139,146	103,838	99,140
Total Processed	44,134	233,966	52,141	35,319	165,472
Under Review	1,561,101	1,158,275	1,241,940	1,303,566	113,708
Event Updated	499	3,389	3,560	2,551	15,688
Event Created	59	629	1,017	648	1,601

**C. Data Warehouse**

1. Reviewed and resolved the issue with COVID variants information.
2. Investigated Hospitalizations count discrepancies for Influenza A.

**D. Pentaho Report**

Pentaho Reports	June 2025	July 2025	August 2025	Sept 2025	Oct 2025
Updated	6	4	3	1	2
Created	0	1	1	0	0

**E. Dashboard**

1. Respiratory disease ArcGIS dashboard: Pending review by the office of communications.
2. Power BI finance billing dashboard: updated denial summary dashboard per stakeholder feedback.
3. Completed Power BI poison control dashboard to with the new data structure.

**F. Southern Nevada Public Health Laboratory (SNPHL)**

1. Ongoing support and maintenance of the Laboratory Information System (LIS) for SNPHL operations.
2. Ongoing support of Orchard Outreach. Added Quest and UMC Micro labs as new clients.
3. Clinitek urinalysis instrumentation went live in conjunction with Outreach configurations.
4. Generated PulseNet turnaround time report.
5. Ongoing monthly QA reports.
6. Added new grant codes in Orchard for billing purposes.

**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. Completed Healthy Start Q3 data submission.
3. Clinitek instrument successfully deployed at the Decatur Lab.
4. Updated Clinical Rules Engine.
5. Built Sexual Health Outreach and Prevention Program (SHOPP) Street Medicine Resources.
6. EHR Requests and Reports.

EHR Requests	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025
Requests Completed	11	18	49	29	87
Requests Opened	15	20	71	18	105

eCW Reports	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025
FQHC	3	9	5	8	12
PPC	2	6	6	1	1

**H. Clark County Coroner's Office (CCCO)**

1. Implemented modifications for Abandoned Cases for data submission.
2. Working with PowerBI contractor to prepare upcoming public facing dashboard (anticipated go-live 1/1/26).
3. Produced reports for the Drug Enforcement Agency (DEA).
4. Explored automation options for processing external files from other counties.
5. Produced case-specific toxicology data related to motor vehicle accidents for the Department of Public Safety.

6. Working with vendor to process lab results from SNPHL into the Case Management system.

**I. Data Modernization Initiative (DMI)**

1. TB/LTBI MMG test scenario cases worksheet data submitted.
2. Implementation spreadsheet for Mumps, Pertussis, and Varicella MMG submitted.
3. Continue adding Public Health Information Network - Vocabulary Access and Distribution System (PHIN VADS) for Mumps, Pertussis, and Varicella in NMI.

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

1. Maintain and enhance syndromic surveillance system for new providers and future support.

**K. Other Projects**

1. Maintain and enhance the iCircle web application, including user account support, site maintenance, data QA, and updates.
2. Completed a new requirement for iCircle to generate the lab results into individual page.
3. Reviewed and addressed all the NV State SFTP feeds and sent backlog data.
4. Upgraded R, Rnssp library to the latest version (0.3.1) in the R Studio.
5. Set up a Concentric AI PostgreSQL account to read our data warehouse database for the data governance initiative.
6. Update Vital Records database weekly.
7. Working with IT and the Safety Office to design and implement an Electronic Incident Report Form.

**L. National and State Meetings/Workshops**

1. Data Modernization Learning Community (DMLC) monthly call.
2. BCHC Data Modernization Workgroup: AI Workshop #1.
3. Statewide Syndromic Surveillance Monthly Workgroup.
4. SNHD Sync meeting with EpiTrax NV Team.
5. PubHealthAI Collaborative Network.
6. CSTE Electronic Laboratory and Disease Reporting Subcommittee Call.
7. CSTE/CDC Frontline Tools Year 2 Workgroup.
8. PHAST Consortium Technical, Weekly Collaboration and Learning, and Manager Meetings.

## Information Technology (IT)

<b>Service Requests</b>	<b>Oct</b>	<b>Oct</b>	<b>YTD</b>	<b>YTD</b>	
	<b>2024</b>	<b>2025</b>	<b>FY25</b>	<b>FY26</b>	
Service Requests Completed	1,080	781	4,370	3,390	↓
Service Requests Opened	1,205	863	4,940	3,747	↓

<b>Information Services System Availability 24/7</b>	<b>Oct 2024</b>	<b>Oct 2025</b>	<b>YTD FY25</b>	<b>YTD FY26</b>		
	97.59	88.07	↓	96.94	89.02	↓
Total System						

<b>Total Monthly Work Orders by Department</b>	<b>Oct 2024</b>	<b>Oct 2025</b>	<b>YTD FY25</b>	<b>YTD FY26</b>		
	312	193	↓	1,178	928	↓
Administration	312	193	↓	1,178	928	↓
Community Health	104	95	↓	447	384	↓
Environmental Health	196	119	↓	777	566	↓
Primary & Preventive Care	176	159	↓	993	713	↓
Disease Surveillance & Control	152	115	↓	541	471	↓
FQHC	220	138	↓	823	560	↓
Other	27	18	↓	63	59	↓

<b>First Call Resolution &amp; Lock-Out Calls</b>	<b>Oct 2024</b>	<b>Oct 2025</b>	<b>YTD FY25</b>	<b>YTD FY26</b>		
	1,205	863	↓	4,940	3,747	↓
Total number of calls received						

## Workforce Team – Public Health Infrastructure Grant (PHIG)

### Workforce Team

- Workforce engagements:
  - Monthly Position Review Committee cancelled for October 2025.
  - Prepared the October 2025 Hiring Plan for submission to CDC.
  - Participated in the October Board of Health Meeting.
  - Met with Finance Accountant(s) for PHIG to make sure the budget is on-track, funding is appropriately being utilized, and Finance Enterprises accurately reflects the budget.

### CDC Requirements

- Monthly CDC Project Officer meeting is on hold due to the Federal Government shutdown and P.O. is on furlough.
- Finalized, reviewed, and approved monthly hiring plan for submission to the CDC.
- All-Hands Coordination Finalized – speakers, agenda, and Teams invite provided to the staff.
- The All-Hands Recognition and Training Retreat Virtual All-Hands completed on October 9, 2025.

### Performance Management

- Two hours invested in preparing Board reports for September and October.
- Eighteen hours spent on coursework for the Public Health Essentials certificate from Cornell University. This asynchronous course will be completed in November.
- Eight team hours spent on CHIP finance working group with community partners on group objectives towards the full plan.
  - One and a half hours spent researching a strategy the group wanted to pursue. After receiving guidance from senior leadership, a different direction was recommended to the group and accepted.

- One and a half hours spent with all CHIP working group for progress updates and presentation from DSC around CIRF (Consolidated Framework for Implementation Research). The resources from this presentation will have a positive impact on behavior change and change management activities tied to strategic planning and quality to be launched in the next two years.
- One hour for SATHO webinar on Leading with Intent facilitated by Kotter International.

### **Quality Improvement**

- Twenty-four hours allotted to FQ Appointment Utilization planning and meetings.
- Fifty-five hours spent in class at UNLV and testing for Lean Six Sigma Black Belt certification. This credential brings experience and techniques to upgrade QI projects and processes at SNHD.
- One and a half hours spent attending QI advocates meeting chaired by NVDPBH.
- Two hours attending SNCHC board for context across FQHC QI projects.

### **PHAB Reaccreditation**

- Four hours spent planning and preparation in collaboration with ASTHO for the Sustaining Accreditation webinar.
  - Two hours in testing and presenting in a national webinar for ASTHO
- Fifteen hours spent in tracking and coaching PHAB contributors on documentation.
- Sixteen hours on documentation production related to Performance Management.
- Documentation progress stands at approximately 85% complete.
  - Rounds of internal and external review and feedback are the next steps.
- Final submission for the District's first initial reaccreditation is scheduled for the first calendar quarter of 2027.

### **PHIG**

- Two hours spent in research and discussion of evaluation of the workforce interventions funded by PHIG.
- Two and a half hours spent in scoping and discussion with the Design School at Stanford University regarding the launch of a facilitated design thinking workshop to spur innovation at SNHD.
- Twenty-two team hours spent editing and submitting abstract and materials for consideration of facilitating a 90-minute workshop at the NNPHI national conference in April of 2026. The workshop will share criteria and an overview of PHIG funded innovative leadership development at SNHD.
- Designed, implemented, and provided analysis of feedback for a survey regarding the virtual all hands meeting on 10/9/2025.

## Appendix A – Office of Communications

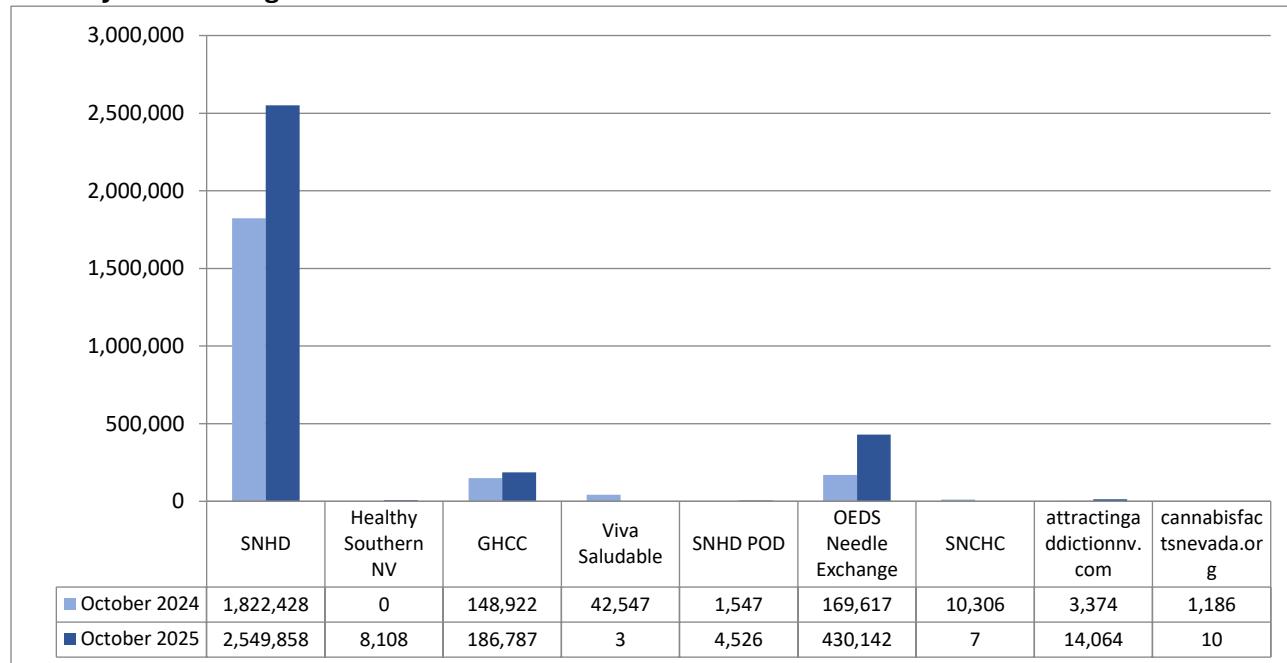
### Media, Collateral and Community Outreach Services:

Media – Digital/Print Articles  
Media - Broadcast stories  
Collateral - Advertising/Marketing Products  
Community Outreach - Total Volunteers<sup>1</sup>  
Community Outreach - Volunteer Hours

	Oct 2024	Oct 2025	YTD FY25	YTD FY26
Media – Digital/Print Articles	34	32	↓	198
Media - Broadcast stories	90	138	↑	565
Collateral - Advertising/Marketing Products	24	20	↓	124
Community Outreach - Total Volunteers <sup>1</sup>	12	2	↓	61
Community Outreach - Volunteer Hours	864	42	↓	2736
				224
				↓

<sup>1</sup>Total volunteer numbers fluctuate from month to month and are not cumulative.

### Monthly Website Page Views:



-Began tracking page visits in 2024 for attractingaddictionnv.com and cannabisfactsnevada.org websites.

-Began reporting Health Southern Nevada monthly views in April 2025.

Social Media Services		Oct 2024	Oct 2025		YTD FY25	YTD FY26
Facebook SNHD	Followers	13,493	13,687	↑	N/A	N/A
Facebook GHCC	Followers	6,114	6,090	↓	N/A	N/A
Facebook SHC	Followers	1,641	1,641	-	N/A	N/A
Facebook Food Safety	Followers	171	178	↑	N/A	N/A
Instagram SNHD	Followers	4,888	5,560	↑	N/A	N/A
Instagram Food Safety	Followers	528	536	↑	N/A	N/A
Instagram GetHealthyCC	Followers	229	337	↑	N/A	N/A
Instagram @Ez2stop	Followers	149	154	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	249	414	↑	N/A	N/A
X (Twitter) SNHDflu	Followers	1,826	1,744	↓	N/A	N/A
X (Twitter) Food Safety	Followers	104	101	↓	N/A	N/A
X (Twitter) SNHDinfo	Followers	10,306	9,968	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	347	343	↓	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	124	120	↓	N/A	N/A
Threads SNHD	Followers	914	1,003	↑	N/A	N/A

Social Media Services		Oct 2024	Oct 2025		YTD FY25	YTD FY26
TikTok @Ez2stop	Views	25	44	↑	N/A	N/A
*TikTok SNHD	Views	28	335	↑	N/A	N/A
YouTube SNHD	Views	212,680	151,699	↓	840,894	693,030

Note: Facebook, Instagram and X (Twitter) numbers are not cumulative.

\*SNHD added to TikTok in September 2024

## Appendix B – Finance – Payroll Earnings Summary – September 27, 2025 to October 10, 2025

### PAYROLL EARNINGS SUMMARY September 27, 2025 to October 10, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 311,427.10	\$ 6,752,383.91	\$ 2,589,904.87	\$ 9,195,237.18		28%
ENVIRONMENTAL HEALTH	\$ 662,322.67	\$ 13,780,373.83	\$ 5,245,767.04	\$ 17,951,295.42		29%
COMMUNITY HEALTH	\$ 316,450.23	\$ 6,669,203.58	\$ 2,569,907.20	\$ 9,910,529.22		26%
DISEASE SURVEILLANCE & CONTROL	\$ 379,972.18	\$ 8,168,426.86	\$ 3,116,588.11	\$ 10,671,639.69		29%
FQHC	\$ 342,729.39	\$ 7,534,184.98	\$ 2,797,299.66	\$ 11,060,800.45		25%
<b>ADMINISTRATION W/O ICS-COVID</b>	<b>\$ 588,954.98</b>	<b>\$ 13,132,735.31</b>	<b>\$ 5,098,466.51</b>	<b>\$ 15,657,123.65</b>		<b>33%</b>
<b>TOTAL</b>	<b>\$ 2,601,856.55</b>	<b>\$ 56,037,308.47</b>	<b>\$ 21,417,933.39</b>	<b>\$ 74,446,625.61</b>	<b>29%</b>	<b>31%</b>

FTE 802

Regular Pay	\$ 2,318,780.87	\$ 45,759,264.98	\$ 18,079,455.19
Training	\$ 4,956.73	\$ 105,550.52	\$ 55,087.95
Final Payouts	\$ -	\$ 594,272.36	\$ 307,172.77
OT Pay	\$ 20,455.73	\$ 328,200.53	\$ 168,304.04
Leave Pay	\$ 231,684.19	\$ 8,140,962.40	\$ 2,554,176.34
Other Earnings	\$ 25,979.03	\$ 1,109,057.68	\$ 253,757.10
<b>TOTAL</b>	<b>\$ 2,601,856.55</b>	<b>\$ 56,037,308.47</b>	<b>\$ 21,417,933.39</b>

### BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT

September 27, 2025 to October 10, 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>
Burghardt, Passion		2.00	68.24	Huerta Fatima	3.38	71.16
Chamberlain, Robert (Bob)		3.50	150.43	Arcuri Steven	1.50	54.04
Galaviz, Monica		3.00	209.5			
Kuahiwini-McGuire, Brandon		1.75	58.2			
Murphy, Melissa		1.75	69.57			
Thede, Stacy		1.50	51.18			
Urena, Maite		4.00	133.02			
Herrera Ortiz, Maria		1.00	37.78			
Bidinger, Joy		4.75	237.96			
Total Administration		23.25	1015.88		4.88	125.20

#### **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>
Figueroedo-Perello, Alessandro	PHEPLB26	4.00	227.55	Barry Nancy	2.25	79.10
Total Community Health Services		4.00	227.55		2.25	79.10

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Avalos, Mayra		-0.38	-26.19	Avalos Mayra	0.38	17.46
Avalos, Mayra	FP_25 NO MILEA	0.38	26.19	Diaz Michelle	0.75	22.03
Valdes-Ayala, Beatriz		0.50	21.49			
Total FQHC-Community Health Clinic		0.50	21.49		1.13	39.49

PUBLIC HEALTH & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Enzenauer, Lizette		1.75	102.09	Bernabe Xandee	7.13	340.38
Landini, Karleena		0.75	53.71	Caballero Lorena	9.68	263.45
Miranda, Consuelo		3.00	97.08	Contreras Alondra	10.13	521.84
Nagai, Sage		0.50	34.92	Young Maita	9.68	461.88
Robles, Cynthia		10.00	513.50			
Total Public Health & Preventative Care		16.00	801.30		36.61	1587.56

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		3.75	282.64	Ahmed Maryam	8.25	275.53
Blackard, Brittanie		3.50	194.14	Cavin Erin	1.50	68.06
Brown, Tevin		4.00	205.4	Decicco Natalya	0.75	23.22
Charfauros, Adair		1.75	89.86	Erickson Sarah	1.88	58.04
Concepcion, Derrell Glen		12.00	557.18	Galvez Alexus	13.88	463.39
Craig, Jill		3.00	154.05	Hernandez Abel	2.25	67.84
Cummins, Veronica		6.75	393.77	Herrera Carlos	3.75	113.07
Diaz-Ontiveros, Luz		8.25	435.06	Johnson Rabea	5.63	242.58
Galvez, Alexus		19.25	964.36	Ramakrishnan Veena	4.50	189.13
Garcia, Jason		4.00	272.24	Ross Alyssa	6.38	202.25
Gonzalez, Kimberly		2.00	97.62	Sabandith Vetahya	10.50	359.45
Hall, Alyssa		6.00	292.86	Smith Jess	13.13	523.70
Hall, Nancy		10.00	753.72	Sripramong Jacqueline	1.75	59.91
Harris, Raine		4.25	212.91	Thompson William B	5.63	236.41
Hernandez, Abel		13.50	610.56	Vinh Jonathan	1.50	46.43
Hernandez, Lillian		4.00	185.73	Schuler Emalee	7.50	226.13
Hernandez, Stephanie		1.50	94.56			
Herrera, Carlos		9.00	407.04			
Holloway, Summer		8.25	520.1			
Kaderlik, Patricia		1.50	102.09			
Lucas, Brianna		2.50	157.61			
Martens, Gary		8.50	483.54			
Michel, Guillermo		3.75	192.56			
Moreno, Kristina		2.50	153.7			
Najera, Luisa		6.25	320.94			
Nwaonumah, Nosa		15.25	689.7			
Ortiz-Rivera, Vanessa		15.50	1027.41			
Piar, Diane		5.75	391.34			
Rakita, Daniel		4.75	243.91			
Reyes, Abegail		2.75	148.6			
Roberts, Jamie		7.50	339.2			
Sheffer, Thanh		31.00	2109.85			
Sripramong, Jacqueline		12.33	633.13			
Taylor, George		2.50	170.15			
Thein, Kelsey		7.50	385.11			
Thompson, Deshawn		11.75	545.57			
Valadez, Alexis		7.75	408.69			
Wade, Cynthia		4.75	243.91			
Walton, Shaunte		3.00	170.66			
Wells, Jordan		9.25	474.98			
Wills, Jerry		4.75	263.48			
Woods, Heather		1.00	66.28			
Rivera Perez, Alexia		4.00	180.91			
Total Environmental Health		300.83	16627.12		88.75	3155.12

**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>
Barnnett, Sarie	HV2PRV25	5.00	244.05	McNee Nicol	16.50	437.30
Bravo Rosas, Jazmin	HV2PRV25	3.00	125.57			
Burgess, Glenn	HV2PRV25	3.00	150.29			
Castro, Janet	HV2PRV25	4.00	210.94			
Ewing, Tabitha	HV2PRV25	5.50	364.56			
O'Connor, Kelli	HV2PRV25	3.00	198.85			
Palmer, Treva		0.75	53.7			
Rossi Boudreux-Thibodeaux, Dustin (T)	HV2PRV25	3.50	238.21			
Viote, Angeles	HV2PRV25	4.00	176.22			
<b>Total Disease Surveillance &amp; Control</b>		<b>31.75</b>	<b>1762.39</b>		<b>16.50</b>	<b>437.30</b>
<b>Combined Total</b>		<b>376.33</b>	<b>20455.73</b>		<b>150.11</b>	<b>5423.77</b>

## Appendix C – Finance – Payroll Earnings Summary – October 11, 2025 to October 24, 2025

### PAYROLL EARNINGS SUMMARY October 11, 2025 to October 24, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 314,708.13	\$ 7,067,092.04	\$ 2,904,613.00	\$ 9,195,237.18	32%	
ENVIRONMENTAL HEALTH	\$ 657,990.39	\$ 14,438,364.22	\$ 5,903,757.43	\$ 17,951,295.42	33%	
COMMUNITY HEALTH	\$ 313,333.18	\$ 7,030,949.00	\$ 2,931,652.62	\$ 9,910,529.22	30%	
DISEASE SURVEILLANCE & CONTROL	\$ 379,103.57	\$ 8,547,530.43	\$ 3,495,691.68	\$ 10,671,639.69	33%	
FQHC	\$ 343,024.11	\$ 7,877,209.09	\$ 3,140,323.77	\$ 11,060,800.45	28%	
ADMINISTRATION W/O ICS-COVID	\$ 586,868.57	\$ 13,773,707.93	\$ 5,739,439.13	\$ 15,657,123.65	37%	
<b>TOTAL</b>	<b>\$ 2,595,027.95</b>	<b>\$ 58,734,852.71</b>	<b>\$ 24,115,477.63</b>	<b>\$ 74,446,625.61</b>	<b>32%</b>	<b>35%</b>

FTE 800

Regular Pay	\$ 2,253,907.09	\$ 48,015,081.28	\$ 20,335,271.49
Training	\$ 3,867.95	\$ 109,418.47	\$ 58,955.90
Final Payouts	\$ -	\$ 690,032.82	\$ 402,933.23
OT Pay	\$ 21,978.69	\$ 350,179.22	\$ 190,282.73
Leave Pay	\$ 291,410.56	\$ 8,435,749.05	\$ 2,848,962.99
Other Earnings	\$ 23,863.66	\$ 1,134,391.87	\$ 279,071.29

**TOTAL** **\$ 2,595,027.95** **\$ 58,734,852.71** **\$ 24,115,477.63**

### BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT

October 11, 2025 to October 24, 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>
Chamberlain, Robert (Bob)		3.50	150.43	Arcuri Steven	0.38	13.51
Masters, Christopher		0.75	25.59	Anguiano Cristina	8.25	207.81
Urena, Maite		2.00	66.51			
Kuahiwinui-McGuire, Brandon		4.25	141.32			
Ines, Heinrich		4.00	133.02			
Murphy, Melissa		8.75	347.86			
Sterling, Nathan		3.00	94.88			
Herrera Ortiz, Maria		10.50	396.73			
 Total Administration		 36.75	 1356.34		 8.63	 221.32

#### 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>
Medina, Mirelly		0.75	32.23	Bingham Julie		
Manaloto, Xcelza	FP_25 NO MILEA	0.50	35.80			
Guerrero, Jocelyne		0.25	8.76			
Total FQHC-Community Health Clinic		1.50	76.79		0.38	17.90

PUBLIC HEALTH & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Hamilton, Isabel		11.00	641.70	Arquette Jocelyn		
Enzenauer, Lizette		8.00	466.69			
Robles, Cynthia		8.00	410.80			
Arquette, Jocelyn		6.00	463.86			
Zavala, Isaac		5.00	340.30			
Garcia, Ruby		0.50	17.06			
Landini, Karleena		3.50	250.62			
Total Public Health & Preventative Care		42.00	2591.03		0.75	38.65

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	753.72	Cavin Erin		
Billings, Jacob		5	376.86	Charfauros Adair		
Cohen, Valerie		7	527.6	Decicco Natalya		
Edwards, Tara		1.25	91.77	Gonzalez Kimberly		
Sheffer, Thanh		5	340.3	Hemberger Adriana		
Woods, Heather		1	66.28	Hernandez Lillian		
Piar, Diane		8.5	578.5	Herrera Carlos		
Pontius, Kevin		3	198.85	Johnson Rabea		
Lucas, Brianna		12	756.52	Jones Alexandria		
Moreno, Kristina		4.75	292.03	Jones Jalen		
Walton, Shaunte		2.5	142.22	Ramakrishnan Veena		
Cummins, Veronica		21.25	1239.66	Robinson Gary		
Wills, Jerry		17.25	956.86	Wade Cynthia		
Blackard, Brittanie		9.5	526.96	Schuler Emalee		
Darang, Chase		5.5	290.04	Ramos Anabel		
Rakita, Daniel		10	513.5			
Diaz-Ontiveros, Luz		5.25	276.85			
McCann, Alexandra		9	462.15			
Calzado, Neil		16.25	834.43			
Thein, Kelsey		4	205.4			
Wells, Jordan		9.25	474.98			
Sripramong, Jacqueline		7.5	385.12			
Najera, Luisa		14	718.89			
Charfauros, Adair		0.5	25.67			
Jufar, Lydia		0.5	25.67			
Ross, Alyssa		4	190.35			
Ahmed, Maryam		0.5	25.05			
Bidinger, Joy		5.5	275.53			
Galvez, Alexus		17	851.63			
Hall, Alyssa		2.5	122.02			
Gonzalez, Kimberly		11.25	549.1			
Vinh, Jonathan		17.25	800.94			
Concepcion, Derrell Glen		13.75	638.44			
Roberts, Jamie		7.5	339.2			
Nwaonumah, Nosa		10.75	486.18			
Hernandez, Abel		2.5	113.07			
Rivera Perez, Alexia		3.75	169.6			
Gonzalez, Jorge		2	90.45			
Thompson, Deshawn		11	510.74			
Total Environmental Health		299.00	16223.13		98.25	3602.67

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Rossi Boudreaux-Thibodeaux, Dustin (T)	HV2PRV25	6.00	408.36	McNee Nicol	10.50	278.28
O'Connor, Kelli	HV2PRV25	5.00	331.42	Raman Devin	4.13	207.27
Ewing, Tabitha	HV2PRV25	7.00	463.99			
Palmer, Treva		0.25	17.90			
Herrera, Reyna	HV2PRV25	5.00	307.40			
McIntyre, Eric		1.00	63.04			
Martinez Sainz, Jose (Cassandra)	HV2PRV25	3.00	139.29			
Total Disease Surveillance & Control		27.25	1731.40		14.63	485.55
<b>Combined Total</b>		<b>406.50</b>	<b>21978.69</b>		<b>122.63</b>	<b>4366.10</b>



# Memorandum

**Date:** November 20, 2025

**To:** Southern Nevada District Board of Health

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

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**Subject:** Community Health Division Monthly Activity Report – October 2025

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

### **A. Chronic Disease Prevention Program (CDPP)**

Fall **Pop-Up Produce Stands** at the Regional Transportation Commission's Bonneville Transit Center started in September. Nearly 100 lbs. of produce was sold in September, and over 45% of transactions were SNAP sales. The pop-up stands offer fresh, low-cost fruits and vegetables to help increase access to healthy foods for those with financial and transportation barriers. Additional pop-ups are scheduled for October, November, and December.

The CDPP partnered with ten (10) members of our Partners for a Healthy Nevada (PHN) coalition to raise awareness of the 5210 guidelines during **Childhood Obesity Awareness Month** in September. Partners distributed 5210 materials and education at community events, programs, and activities during September. Communication toolkits in English and Spanish were shared with all coalition partners and CDPP ran a social media campaign to raise awareness. CDPP sponsored and participated in the Healthy Kids Festival and continued to service requests for 5210 materials submitted through our 5210 Shop Page with seven (7) new providers requesting materials in September.

CDPP staff provided two (2) in-person **Diabetes Self-Management Education and Support (DSMES)** classes during September in English and Spanish, reaching 20 participants. A media campaign and press release in September helped increase awareness of our DSMES class schedule leading to a media interview and 25 new sign-ups on our DSMES class interest list.

Our CDPP Diabetes Self-Management & Prevention Program was selected as one (1) of twenty-five (25) awardees to receive **mini-grant for materials from The American Diabetes Association**

to support ongoing DSMES classes and allow access to the ADA Diabetes Support Forum to our DSMES class participants.

Team CDPP staff and partners conducted a **blood pressure screening** at Johnston Middle School back to school event. There were twenty-four (24) people screened and the team provided education and referral as necessary. A Health and Wellness Guide was developed to provide at screenings to help connect people to community resources for food, housing, and healthcare.

The **2025 Move Your Way Summer** initiative wrapped up in September. Over the course of the summer, the CDPP team and partners participated in eighteen (18) community events at local pools or recreation centers reaching 4,400 people. Separately, program partners also participated in fourteen (14) events and activities in the Hispanic community reaching an additional 5,150 people. The Move Your Way initiative provides education and free access to local pools and water activities to increase opportunities for physical activity during the summer months.

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

TCP staff participated in the Be the Light in the Darkness Youth Conference hosted by Al-Maun Mosque (Neighborly Needs) of Las Vegas. Educational materials were distributed to address tobacco flavoring and vaping disparities among youth in priority populations disproportionately affected by tobacco use. The event reached 48 youth and 24 young adults.

Staff worked with Nevada State University to continue to promote their tobacco-free campus policy. This includes assisting in campus cessation promotion. In September, SNHD's Director of Community Health, Dr. Xavier Gonzales, and SNHD's Tobacco Control Program Coordinator, Malcolm Ahlo, attended the Nevada State University Breathe with Ease event to celebrate the adoption of a comprehensive tobacco-free campus policy. SNHD was presented with a certificate for supporting the passage of the policy, with Dr. Gonzales delivering opening remarks for the event.

This month, staff launched a new **youth-focused educational tobacco initiative** on social media to increase awareness about the dangers of experimentation with tobacco products, including e-cigarettes and other emerging tobacco products.

Our staff partnered with NVHAND to support the **Senior Wellness event** held on September 5<sup>th</sup> at the YMCA. Staff shared information on the benefits of smoke-free housing and provided cessation resources to encourage healthy and active living. Staff also had the opportunity to speak in front of residents to promote the smoke-free housing initiative. Over 250 seniors attended the event.

A total of **128 worksites** throughout Clark County have expanded their smoke-free policy from October 2024 through September 2025. Expansion of policy includes limiting smoking and vaping in locations excluded from the Nevada Clean Indoor Air Act and limiting tobacco use in outdoor

areas near entrances and exits of buildings. During the same timeframe, **19 multi-unit housing properties consisting of 186 buildings and 4,267 units** have expanded or implemented a new smoke-free policy.

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

The OEMSTS plays a vital role in maintaining a responsive, well-trained, and integrated EMS and trauma system that serves the diverse needs of Southern Nevada's population.

### **A. October Meetings**

#### **Education Committee**

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

This Committee worked on the education component for the obstetric protocols.

#### **Drug/Device/Protocol Committee (DDP)**

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

The Committee discussed the certification/licensure/scope of practice for the newly-approved Emergency Medical Responder level of certification.

#### **Medical Advisory Board (MAB)**

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

The Board heard reports from the Education, Drug/Device/Protocol, and Quality Improvement Directors sub-committees.

#### **Regional Trauma Advisory Board (RTAB)**

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 approved the re-authorization applications from Sunrise Hospital as a Level II Trauma Center & St Rose Siena Hospital as a Level III Trauma Center. The Board reviewed the 1<sup>st</sup> & 2<sup>nd</sup> Quarters 2025 trauma transport data, as well as discussed E-Scooter/E-Bike statistical patient data

**B. OEMSTS – October 2024 / 2025 Data**

October EMS Statistics	Oct	Oct	Mo. Fiscal
	2024	2025	Average 2024-2025
<b>Total certificates issued</b>	89	142	244
<b>New licenses issued</b>	83	8	86
<b>Renewal licenses issued (recert only)</b>	7	0	135
<b>Driver Only</b>	47	64	57
<b>Active Certifications: EMT</b>	858	1,144	958
<b>Active Certifications: Advanced EMT</b>	1,882	1,898	1,889
<b>Active Certifications: Paramedic</b>	2,069	2,250	2,182
<b>Active Certifications: RN</b>	66	86	80

**III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)**

**A. Planning and Preparedness**

*Ongoing/Continuing Activities*  
**(Emergency Planning & Preparedness)**

1. Continued review and revision of:
  - a) Nuclear/Radiation
  - b) Administrative Preparedness
  - c) SNHD Basic EOP and Direction and Control Annexes
  - d) BioWatch
  - e) Recovery Annex
2. SNHD Continuity of Operations Plan
  - a) A COOP working group comprised of staff from each office that will oversee regular updates to the approved plan. The group meets quarterly, and the next meeting will be in January.
  - b) BioWatch Plan under review considering elimination in federal funding to support local operations and local impacts to future emergency management and preparedness operations.

- c) OPHP planners are continuing development of a Recovery Annex based on lessons learned from real world events and exercises.
- d) Planners are serving as co-chairs for Access to Care working group as part of Community Health improvement Plan Steering Committee.
- 3. State and Local Community Working Group meetings and OPHP Participation
  - a) Monthly State of Nevada Division of Public and Behavioral Health Public Health Preparedness Strategic Plan Subcommittees (Required Activity under federal grants)
    - i. Resources & Supply Chain Work Group
    - ii. Health Equity Work Group
  - b) Other Community Partner Meetings, Drills, and Exercises
    - i. Local Emergency Planning Committee (LEPC) at Station 18
    - ii. Extreme Heat Transportation Access to Parks (TAP) Discussion hosted by RTC.
    - iii. Planners attended All-In Henderson Implementation Blueprints to mitigate Extreme Heat effects.
    - iv. Weekend-MACC Operational Briefing to discuss potential issues over October 18<sup>th</sup> – 19<sup>th</sup> weekend.
- 4. Monthly SNHD Meetings
  - a) Central Safety Committee
  - b) Joint Labor Management Committee
  - c) Policy Committee (Manager)
  - d) Institutional Review Committee
  - e) Community Health Improvement Plan Steering Committee
    - i. Funding and Access to Care Working Group

## **B. Training, Exercises, and Public Health Workforce Development**

### ***Ongoing/Continuing Activities***

- 1. Perpetual support for the City of Las Vegas ICS 300/400 training schedule. ICS 400 was provided October 15<sup>th</sup> – 16<sup>th</sup> to eight (8) students for the City of Henderson.
- 2. A CPR course and skills training scheduled for October 8<sup>th</sup> – 9<sup>th</sup> were cancelled due to insufficient registration.
- 3. The next New Hire Orientation will be held in November.

### ***Upcoming Training and Exercise Events***

- 1. Trainers scheduled an Introduction to Radiological/Nuclear WMD Operations AWR-140 for November 4<sup>th</sup>, in the SNHD Red Rock Conference room.

## **C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)**

### ***Ongoing/Continuing Activities***

- 1. Manager, Senior Planner, Trainer, and Southern Nevada Healthcare Preparedness Coalition Clinical Advisor continue planning and supporting the National Disaster Medical System-Federal Coordination Center Full Scale Exercise in November 2025, which has been impacted due to the continuing government shutdown.

2. Trainers and Clinical Advisor conducted an updated HERT course on October 1<sup>st</sup> at Henderson Hospitals for 26 staff from Henderson, Valley and West Henderson Hospitals.
3. Our trainers conducted a HERT practical training at Henderson Hospital on October 2<sup>nd</sup> for eight (8) staff.
4. SNHPC held its monthly meeting. Supervisor, Senior Planners, and Planners attended.
5. Clinical Advisor, Sr. Planner, and Planner conducted Hospital Area Command Full Scale Exercises in coordination with Fire Departments at Mountain View Hospital, North Vista Hospital, UMC, Valley Hospital, Spring Valley Hospital, Southern Hills Hospital, Sunrise Hospital, St. Rose Siena Hospital, West Henderson Hospital, St. Rose San Martin Hospital, St. Rose De Lima Hospital, Centennial Hills Hospital, and Summerlin Hospital from October 8<sup>th</sup> - 21<sup>st</sup>.
6. Senior Planner supported the 5<sup>th</sup> Annual CAER Exercise in Henderson, on October 23<sup>rd</sup>.
7. Our Senior Planner supported the LAS In-Person & Virtual Tabletop Exercise (TTX) – IS Cybersecurity Tabletop Exercise on October 23<sup>rd</sup>.
8. The Trainers attended the Region 1 Instructor meeting on October 14<sup>th</sup> with Nevada OEM Training Officer.

***New/Upcoming Activities***

1. Senior Planner continue planning and coordination for Radiation/Community Reception Center workshop scheduled for February 2026.
2. Ongoing planning for Pediatric Disaster Response and Emergency Management and Medical Management of Chemical, Biological, Nuclear and Explosive (CBRNE) Events courses in 2026.
3. An introduction to Radiological/Nuclear WMD Operations AWR-140 course at SNHD on November 4<sup>th</sup> was opened up to SNHPC members for registration.

**D. PHP Technician and N-95 Fit Testing**

- f) Fifty-three SNHD Employees were FIT tested for personal protective equipment during the month of October.

**E. Fusion Center Public Health Analyst**

***Ongoing/Continuing Activities***

1. Disseminated public health information between SNHD and the Southern Nevada Counter Terrorism Center (SNCTC) in October.
2. Provided public health input for threat assessments on special events of local significance.
3. Continuance to provide weekly verbal public health briefings during SNCTC collaboration meetings.
4. Participation in weekly counter terrorism analytic group (CTAG) meetings.
5. Our analyst continues to develop appropriate connections to increase communication between SNHD, SNCTC and its partner organizations.
6. Collaborating with five (5) surrounding fusion centers on areas of public health concern for production of monthly joint public health bulletins.

**F. Grants and Administration**

***Ongoing/Continuing Activities***

1. The manager continues to monitor grant renewal applications and budgets for FY 2026 with the State of Nevada Division of Public and Behavioral Health.
2. OPHP staff continue to adjust federal and state requested modifications to budget and scope of work plan activities for cooperative agreements. Continued budget and scope modifications for cooperative agreements.
3. Our manager continues to represent Community Health Division management on various SNHD working group committees.
4. The OPHP Manager continues to represent Community Health Division management on various SNHD working group committees.
5. Staff updated State on Preparedness Planning, Operations, Exercises, Training and Evaluation (POETE) working group.

***New/Upcoming Activities***

**G. Medical Reserve Corps (MRC) of Southern Nevada**

***Ongoing/Continuing Activities***

1. MRC Coordinator attended the SNHPC meeting, VOAD meeting, planned training and activities for upcoming months, sent out newsletters, and continued to recruit and deactivate volunteers.
2. MRC Volunteers provided health and preparedness information at community health fairs sponsored by Assemblywoman Monroe Moreno and the Nevada Office of Minority Health and Equity at Craig Ranch Park and the Clark County Employee Health Fair.
3. Volunteers provided a first aid station at the Walk a Mile in My Shoes fundraiser for the Las Vegas Rescue Mission. No injuries were reported. The Mission raised over \$90,000.

**MRC Volunteer Hours FY2026 Q1**

(Economic impact rates updated April 2025):

Activity	October	November	December
<b>Training</b>			
<b>Community Event</b>	32.50		
<b>SNHD Clinic</b>			
<b>Emergency Deployment</b>			
<b>Total Hours</b>	<b>32.50</b>		
<b>Economic Impact</b>	<b>\$1,318.53</b>		
<b>FY2025 Total Hours</b>	<b>5.00</b>		
<b>FY2025 Economic Impact</b>	<b>\$167.45</b>		

Source: Department of Labor Economic Value Calculator for medical volunteers. For general volunteer help, which is most of the time, the Independent Sector calculates the value of volunteer time and publishes it each year.

**IV. VITAL RECORDS**

A. October is currently showing an **8% decrease in birth certificate** sales in comparison to October 2024. **Death certificate** sales is currently showing a **14% decrease** in comparison to October 2024. SNHD received revenues of \$29,874 for birth registrations, \$20,085 for death registrations; and an additional \$7,274 in miscellaneous fees.

**COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data**

Vital Statistics Services	Oct 2024	Oct 2025	Yr Average	
			10/2024-	10/2025
			10/2024-10/2025	
Births Registered	2,367	1,716	↓	2,035
Deaths Registered	1,876	1,535	↓	1,784
Fetal Deaths Registered	13	9	↓	15

**COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data**

Vital Statistics Services	Oct 2024	Oct 2025	Yr Average	
			10/2024-10/2025	
Birth Certificates Sold (walk-in)	6	0	↓	11
Birth Certificates Mail	108	83	↓	115
Birth Certificates Online Orders	3,544	3,318	↓	3,902
Birth Certificates Billed	140	104	↓	108
<b>Birth Certificates Number of Total Sales</b>	<b>3,798</b>	<b>3,505</b>	<b>↓</b>	<b>4,138</b>
Death Certificates Sold (walk-in)	14	10	↓	19
Death Certificates Mail	133	102	↓	151
Death Certificates Online Orders	8,114	6,937	↓	7,760
Death Certificates Billed	36	64	↑	44
<b>Death Certificates Number of Total Sales</b>	<b>8,297</b>	<b>7,113</b>	<b>↓</b>	<b>7,975</b>

**COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data**

Revenue	Oct 2024	Oct 2025	Yr Average	
			10/2024-10/2025	
<b>Birth Certificates (\$25)</b>	\$94,950	\$87,625	↓	\$103,438
<b>Death Certificates (\$25)</b>	\$207,425	\$177,825	↓	\$199,380
<b>Births Registrations (\$13)</b>	\$31,824	\$29,874	↓	\$34,774
<b>Deaths Registrations (\$13)</b>	\$23,582	\$20,085	↓	\$22,824
<b>Convenience Fee (\$2)</b>	\$7,240	\$6,806	↓	\$7854
<b>Miscellaneous Admin</b>	\$690	\$468	↓	\$655
<b>Total Vital Records Revenue</b>	<b>\$365,711</b>	<b>\$322,683</b>	<b>↓</b>	<b>\$368,925</b>

### **COMMUNITY HEALTH Passport Program – Fiscal Year Data**

**B. PASSPORT SERVICES** – Passport Services is appointment only.

<b>Applications</b>	<b>Oct</b>	<b>Oct</b>	<b>Yr Average</b>	
	<b>2024</b>	<b>2025</b>	<b>10/2024-10/2025</b>	
Passport Applications	651	551	↓	755
<b>Revenue</b>				
Revenue	<b>Oct</b>	<b>Oct</b>	<b>Yr Average</b>	
	<b>2024</b>	<b>2025</b>	<b>10/2024-10/2025</b>	
Passport Execution/Acceptance fee (\$35)	\$22,785	\$19,285	↓	\$26,422

### **V. HEALTH EQUITY**

#### **Health Equity Program – October Highlights**

The Health Equity Program continues to strengthen community partnerships and collaborations aimed at increasing the capacity of local communities to address health disparities.

#### **Key Activities in October:**

- 1. Youth Advisory Board Council Launch**
  - A. On October 1<sup>st</sup>, and 15<sup>th</sup>, SNHD's youth advisory council **SPARK** (Students Promoting Awareness, Responsibility & Knowledge) completed their third and fourth meeting. The focus of these meetings included leadership development and presentations on the Federally Qualified Health Center and Behavioral Health program.
- 2. End Alzheimer's Walk**
  - A. On October 18<sup>th</sup>, the Health Equity program was tabled at the End Alzheimer's Walk and provided information and SNHD resources to over 85 participants. In addition, the Health Equity program and SNHD staff participated in the walk and helped raise \$1,325.
- 3. Durango High School Presentation**
  - A. On October 21<sup>st</sup>, the Health Equity Coordinator conducted a presentation on Public Health and Health Equity at the Durango High School student group, Medical Society Club.

### **VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)**

#### **A. Clinical Testing: Key Updates**

##### **1. SNHD Nursing Division Support**

SNPHL provides laboratory services to the SNHD Nursing Division, including:

- a) Molecular and microbiological culture testing
- b) Sexually Transmitted Disease (STD) diagnostics

## **2. STD Surveillance and Testing**

SNPHL collaborates with the SNHD STD Department in the following activities:

- a) Participation in the CDC's Gonococcal Isolate Surveillance Project (GISP) and the enhanced GISP (eGISP).
- b) Performing NAAT and culture testing for *Neisseria gonorrhoeae* isolates, which are submitted to reference laboratories for antimicrobial susceptibility testing.
- c) Participation in eGISP Part B to expand culture-independent testing for antimicrobial resistance genes in gonococcal isolates.
- d) A detailed breakdown of monthly sample volumes provided on the accompanying table:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	12	32
NAAT NG/CT	1527	1569
Syphilis	591	752
RPR/RPR Titers	104/42	124/43
Hepatitis Total	2006	2392
HIV/differentiated	585/13	694/20
HIV RNA	118	121

## **3. COVID-19 Testing Operations**

- a) SARS-CoV-2 PCR testing is performed exclusively on the KingFisher Flex platform exclusively.
- b) SNPHL maintains a testing capacity of 2,000 tests per day, with a turnaround time (TAT) of less than 48 hours.
- c) In October, the average daily testing volume was five (5) samples, with an average TAT of 48 hours from collection to report release.
- d) IT enhancements include streamlined patient accession and direct report verification from SNPHL's Laboratory Information Management System (LIMS) into the SNHD patient portal.
- e) High-throughput automation has been incorporated, including the Eppendorf 5073 specimen fluid handling station.

A detailed summary of COVID-19 testing volumes and performance metrics provided in the accompanying table:

Month	# PCR & NAAT/#POS	Month	# PCR & NAAT/#POS
January	471/74	July	280/58
February	656/55	August	156/83
March	630/22	September	146/57
April	195/22	October	121/29
May	141/9	November	-----
June	190/43	December	-----

#### 4. Reportable Disease Testing

- a) SNPHL continues routine testing of reportable disease specimens submitted by community stakeholders.
- b) A monthly summary of reportable disease testing provided on the accompanying table:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Campylobacter	Campy ID	9	4	3	2	2	5	6	4	7	7			49
	Campy Screen	12	8	4	3	6	10	8	6	8	10			75
Neisseria species	Gonorrhoeae Culture	33	32	47	48	30	33	21	35	33	12			324
	Gram Stain/WBC	0	5	0	0	0	5	0	0	5	0			15
	Neisseria ID	2	0	0	0	0	0	0	0	2	0			4
	Haemophilus ID	0	0	0	0	1	0	0	0	0	0			1
Unknown ID	Bacterial ID	6	0	8	0	2	0	14	0	0	0			30
	WGS (PulseNet)	14	12	20	14	26	25	33	21	24	35			224
Salmonella	Salmonella Screen	3	6	14	13	11	10	18	14	14	18			121

	Salmonella Serotype	3	7	13	13	9	8	17	10	14	14			108
Shigella	Shigella Screen	2	5	3	6	4	0	4	3	7	4			38
	Shigella Serotype	2	4	3	0	1	1	3	3	4	3			24
STEC	STEC Screen	0	3	3	1	5	4	3	4	4	1			28
	STEC Serotype	0	0	1	0	1	1	2	3	4	3			15
Unknown	Stool Culture	1	5	1	4	5	5	0	1	7	0			29
Vibrio	Vibrio ID	0	0	0	1	0	3	0	0	0	0			4
	Vibrio Screen	1	0	0	3	0	5	1	1	1	1			13
Yersinia	Yersinia Culture/ID	1	0	0	2	2	1	0	0	1	0			7

**B. Epidemiological Testing and Consultation - Key Updates:**

**1. Outbreak Investigation Committee Participation**

SNPHL actively participates in the SNHD Outbreak Investigation Committee and the Foodborne Illness Taskforce. There were no gastrointestinal (GI) outbreak samples were received for investigation in October.

**2. Influenza Surveillance Reporting**

SNPHL continues to report influenza testing results to the CDC's National Respiratory and Enteric Virus Surveillance System (NREVSS). In October, SNPHL performed nineteen (19) respiratory panel tests using the BioFire platform.

**C. Emergency response and reportable disease isolate testing report - Key Activities and Capabilities:**

**1. Reportable Disease Isolate Testing and Confirmation**

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. Whole Genome Sequencing (WGS) Validation**

SNPHL is clinically validated to use 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.

**3. PulseNet Surveillance**

In October 2025, SNPHL performed 35 WGS tests as part of the PulseNet Foodborne Outbreak Surveillance program.

**4. Bacterial Isolate Screening**

Using the Bruker MALDI-TOF instrument, SNPHL identified 178 bacterial organisms in October, streamlining the screening process for bacterial isolates.

**5. SARS-CoV-2 Sequencing**

SNPHL is validated for sequencing SARS-CoV-2 and variants of concern, through the identification of lineages and clades.

- a) Current capacity: up to 96 SARS-CoV-2-positive RNA extracts per week
- b) October 2025: 12 SARS-CoV-2-positive RNA extracts sequenced.

**6. Legionella Surveillance**

SNPHL collaborates with Environmental Health and Veritas Labs for Legionella surveillance. Monthly isolate counts for 2025 are as follows:

2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	3	22	0	26	62	45	33	22	61	46		

**7. Vector-Borne Disease Testing**

SNPHL provides viral testing for Zika, West Nile Virus (WNV), Western Equine Encephalitis, and Saint Louis Encephalitis.

- a) October 2025: 448 mosquito pool samples tested.
- b) Fourteen (14) WNV-positive mosquito pool identified.
- c) Results were communicated to Environmental Health and subsequently released to the public.

**8. Gonococcal Isolation Surveillance Program (GISP/eGISP)**

In October, SNPHL collected 12 clinical isolates:

- a) *Neisseria gonorrhoeae*: five (5) isolates
- b) *Neisseria meningitidis*: zero (0) isolate

These will be sent to regional labs or the CDC for antimicrobial susceptibility testing (AST). Remnant NAATs or *N. gonorrhoeae* samples will be submitted to the CDC for molecular-based AST under eGISP Part B.

**9. C. auris PCR Screening**

SNPHL performed 1,102 Real-Time PCR screenings for *Candida auris* in October 2025.

**D. All-Hazards Preparedness:**

**1. Coordination with First Responder Training**

SNPHL collaborates on training and exercises with first responder agencies including the Civil Support Team, HazMat units, the Federal Bureau of Investigation (FBI), and the Las Vegas Metropolitan Police Department.

**2. Laboratory Packaging and Shipping Guidance**

SNPHL offers guidance to local laboratorians on CDC protocols for packaging and shipping infectious substances, including chain of custody procedures.

**3. Onsite Training for Long-Term Care Facilities**

SNPHL provided onsite training for long-term care facilities on the use of COVID-19 online ordering applications.

**4. Monkeypox Biosafety Guidance**

Biosafety guidance was supplied to sentinel sites in response to Monkeypox surveillance and containment efforts.

**5. Vaccination Support for Laboratory Staff**

SNPHL facilitated Monkeypox and bivalent COVID-19 booster vaccinations for laboratory personnel.

**6. Ongoing Biosafety Training for SNPHL Staff**

The laboratory continues to provide perpetual biosafety training and updated guidance to SNPHL personnel.

**7. Training After Equipment Upgrade**

SNPHL will provide training for all BSL-3 staff after installing the double door autoclave and fixing the leaking problem in October 2025.

**E. October 2025 SNPHL Activity Highlights:**

**1. COVID-19 Testing Supplies and Reagent Forecast**

SNPHL has maintained a consistent supply of Viral Transport Medium (VTM) for COVID-19 collection kits, even following the cessation of ELC COVID funding.

**2. Proficiency Testing Performance**

SNPHL achieved 100% proficiency across a wide range of tests, including:

- a) CAP VM-C Viral Markers (VM1, VM5)
- b) LN15-B Hemoglobin Automated Diff Series

**3. Facility Infrastructure and Equipment Calibration**

Phoenix Controls completed system integration adjustments for the installation of the onsite monitor computer and network connection on the 2<sup>nd</sup> floor. This enables facility staff and Sunbelt Control employees to manage and modify the airflow, pressure, and temperature remotely or onsite.

**4. Genomic Surveillance – SARS-CoV-2**

WGS and genomic data analysis indicate that the Omicron variant XFG lineage was the dominant strain among samples received in October. SNPHL will continue sequencing close-

contact samples to support ongoing investigations by the Office of Disease Surveillance (ODS).

**5. Influenza Surveillance**

Early data from the new influenza season show that A/H3, A/H1, and B/Victoria are the predominant subtypes of influenza.

**6. Avian Influenza Surveillance**

SNPHL participates in the CDC's Avian Influenza Surveillance Project by distributing testing guidance and specimen collection procedures to local hospitals via the Health Alert Network (HAN). Any ICU patients testing positive for Influenza A are required to submit specimens for subtyping to rule out avian influenza. No suspect avian flu samples were received in October.

**7. Facility Expansion Planning**

Phase I of the new facility design may focus on constructing BSL-3 and microbiology laboratories on the 2<sup>nd</sup> floor, with a semi-shell layout planned for the 1<sup>st</sup> floor.

**8. Expanded Clinical Testing Services**

New test offerings in clinical chemistry, hematology, and urinalysis have formally opened for service for FQHC and DPP division. The SNPHL website of test menu has have been updated and added those new additional tests.

**F. COMMUNITY HEALTH – SNPHL – Calendar Year Data**

October SNPHL Services	2024	2025	
Clinical Testing Services <sup>1</sup>	6,886	5,615	↓
Epidemiology Services <sup>2</sup>	412	294	↓
State Branch Public Health Laboratory Services <sup>3</sup>	0	0	=
All-Hazards Preparedness Services <sup>4</sup>	7	5	↓
Environmental Health Services <sup>5</sup>	389	485	↑

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

<sup>2</sup> Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.

<sup>3</sup> 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.

<sup>4</sup> Includes Preparedness training, teleconferences, and Inspections.

<sup>5</sup> Includes vector testing.

## MEMORANDUM

**Date:** November 18, 2025

**To:** Southern Nevada Community Health Center Governing Board

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

Cassius Lockett, PhD, District Health Officer *CL*

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

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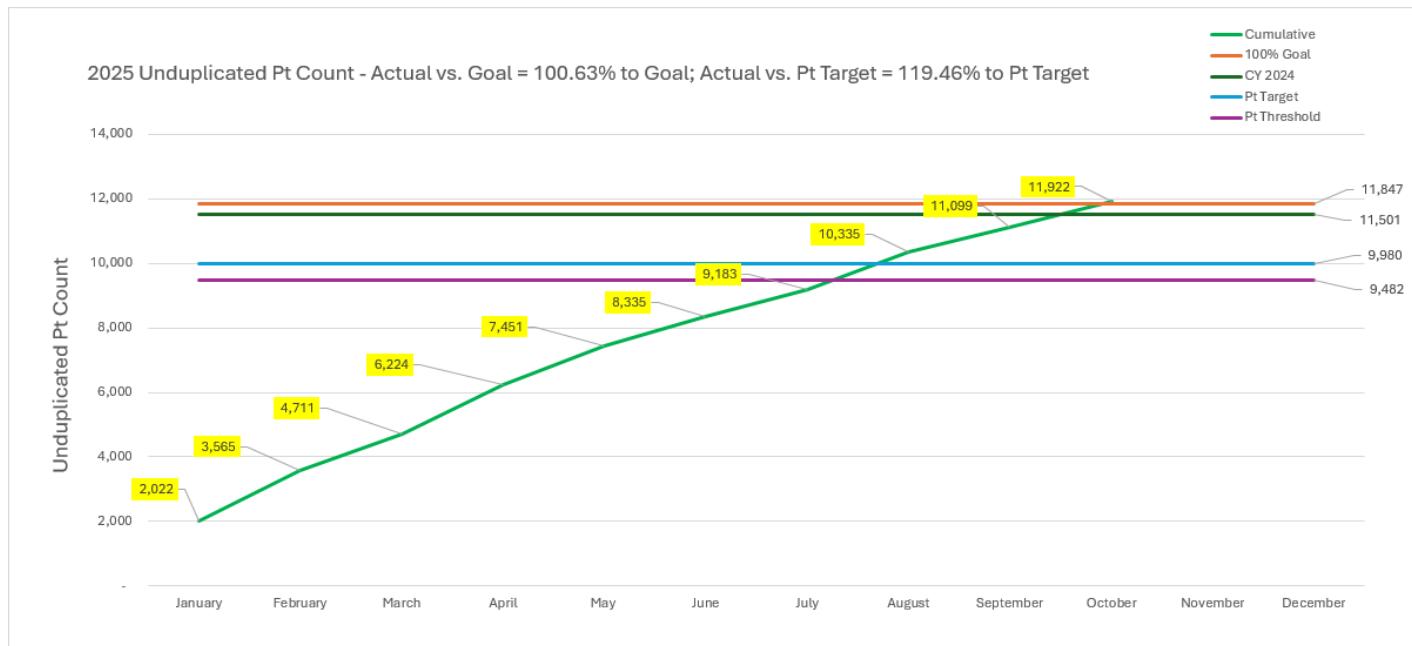
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

### October Highlights - Administrative

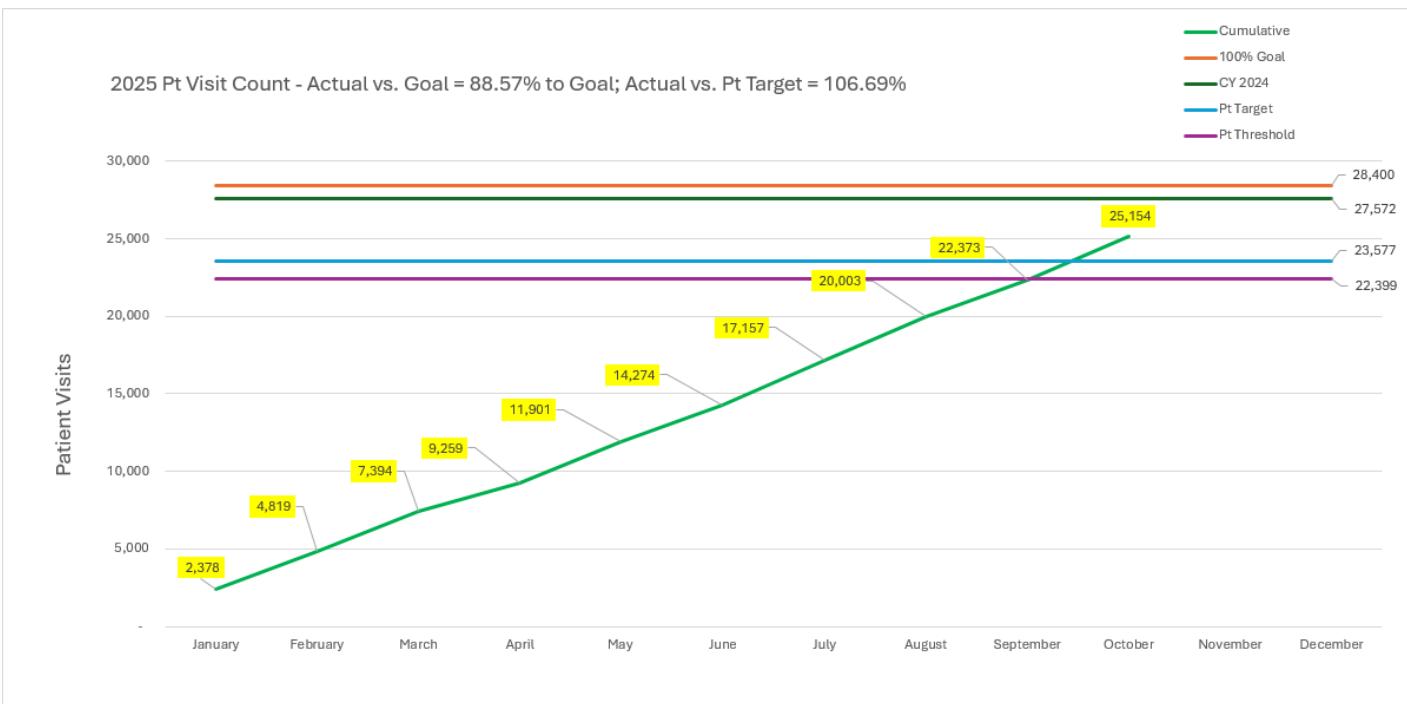
- As of October 31<sup>st</sup>, SNCHC has provided care 11,922 unique patients beating CY24's previous high mark of 11,501.
- A corrective action plan in response to the comprehensive Title X audit has been submitted to the Office of Populations Affairs.
- The Pharmacy Manager is conducting a financial impact analysis in response to HRSA's 340b drug rebate pilot program set to commence in CY26.
- Representative Susie Lee toured the Decatur Health Center and met with SNCHC leadership team members on October 16<sup>th</sup>.
- The health center CEO was a panelist for a session on community health at the 18<sup>th</sup> annual Nevada Healthcare Forum on October 23<sup>rd</sup>.
- A new Clinical Pharmacist has been hired for the Decatur Health Center.
- Recruitment for a Staff Physician for the Fremont Public Health Center is ongoing.
- One health center employee was promoted to the position of Sr. Administrative Assistant.
- Two Community Health Nurse Managers recognized as SNHD Managers of the Quarter.

## Access

### Unduplicated Patients – October 2025



### Patient Visits Count – October 2025



### **Provider Visits by Program and Site – October 2025**

Facility	Program	OCT '25	OCT '24	OCT YoY %	FY26 YTD	FY25 YTD	FY YTD YoY%
Decatur	Family Health	787	714	9%	3,268	2,389	27%
Fremont	Family Health	581	400	31%	2,009	1,411	30%
<b>Total</b>	<b>Family Health</b>	<b>1,368</b>	<b>1,114</b>	<b>19%</b>	<b>5,277</b>	<b>3,800</b>	<b>28%</b>
Decatur	Family Planning	212	220	-4%	485	665	-37%
Fremont	Family Planning	221	172	22%	807	523	35%
<b>Total</b>	<b>Family Planning</b>	<b>433</b>	<b>392</b>	<b>9%</b>	<b>1,292</b>	<b>1,188</b>	<b>8%</b>
Decatur	Sexual Health	426	604	-42%	2,095	2,219	-6%
Fremont	Sexual Health	119	150	-26%	503	506	
ASEC	Sexual Health				0	113	
<b>Total</b>	<b>Sexual Health</b>	<b>545</b>	<b>754</b>	<b>-38%</b>	<b>2,598</b>	<b>2,838</b>	<b>-9%</b>
Decatur	Behavioral Health	205	145	29%	735	496	33%
Fremont	Behavioral Health	181	126	30%	599	481	
<b>Total</b>	<b>Behavioral Health</b>	<b>386</b>	<b>271</b>	<b>30%</b>	<b>1,334</b>	<b>977</b>	<b>27%</b>
Decatur	Ryan White	260	264	-2%	1,012	975	4%
Fremont	Ryan White	31	15	52%	108	78	
<b>Total</b>	<b>Ryan White</b>	<b>291</b>	<b>279</b>	<b>4%</b>	<b>1,120</b>	<b>1,053</b>	<b>6%</b>
<b>FQHC Total</b>		<b>3,023</b>	<b>2,810</b>	<b>7%</b>	<b>11,621</b>	<b>9,856</b>	<b>15%</b>

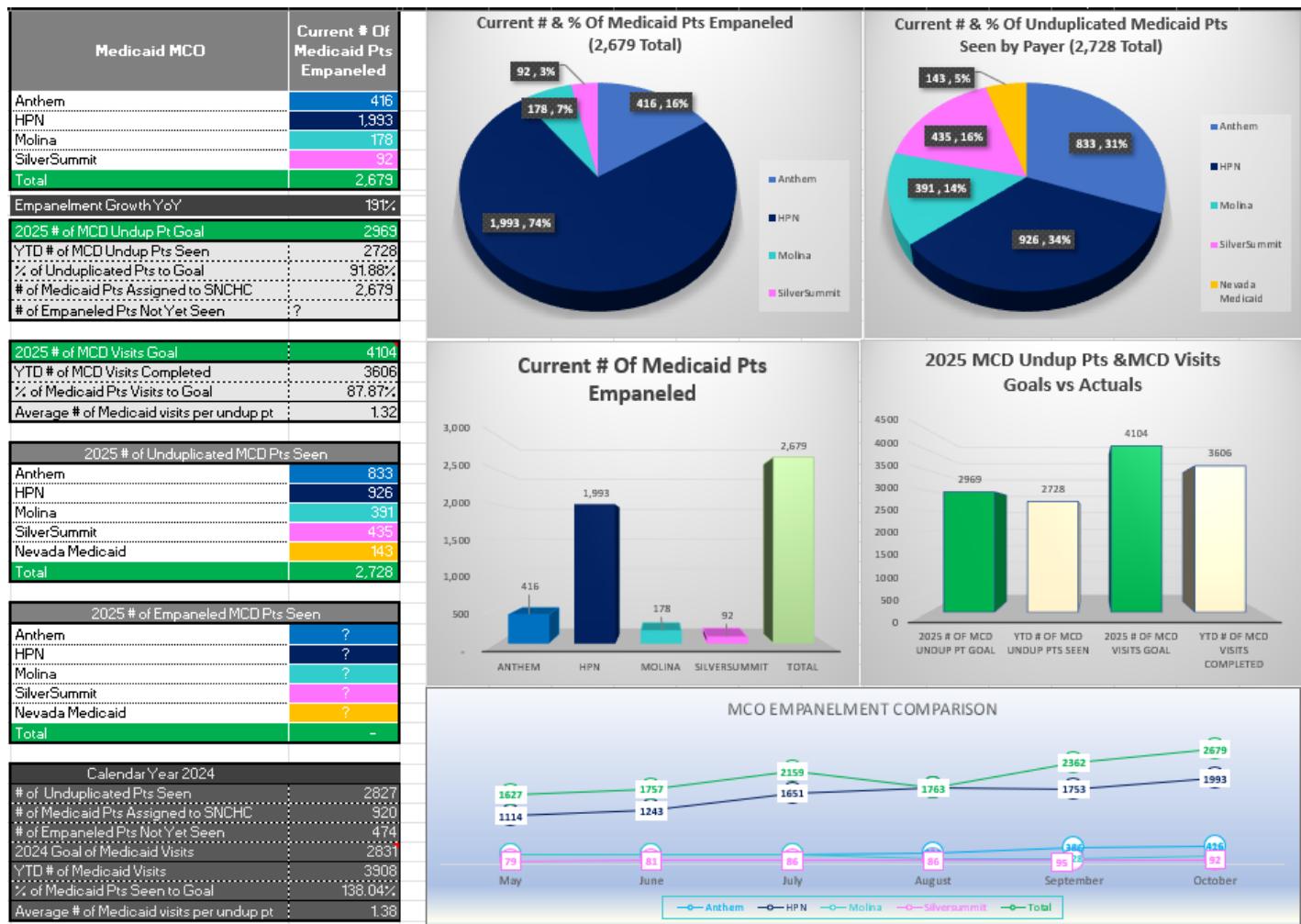
### **Pharmacy Services**

	25-Oct	24-Oct		FY26 YTD	FY25 YTD		% Change YOY
<b>Client Encounters (Pharmacy)</b>	1,709	1,555	↑	6,927	5,739	↑	<b>20.7%</b>
<b>Prescriptions Filled</b>	3,187	2,571	↑	12,835	9,360	↑	<b>37.1%</b>
<b>Client Clinic Encounters (Pharmacist)</b>	71	71	→	237	222	↑	<b>6.8%</b>
<b>Financial Assistance Provided</b>	15	42	↓	48	138	↓	<b>-65.2%</b>
<b>Insurance Assistance Provided</b>	13	2	↑	40	37	↑	<b>8.1%</b>

- A. Dispensed 3,187 prescriptions for 1,709 clients.
- B. Pharmacist completed 71 client clinic encounters.
- C. Assisted 15 clients to obtain medication financial assistance.
- D. Assisted 13 clients with insurance approvals.

## Medicaid Managed Care Organization (MCO)

SNCHC at 91.88% to goal for MCD Unduplicated Pts, and 87.87% to goal for MCD Visits for the year. The health center is on pace to beat both goals. Empanelment numbers are up 191% over last year.



## Behavioral Health Services

- The Behavioral Health Manager presented to the Southern Nevada Health District Public Health Advisory Board on the behavioral health program and integrated care model.
- The Behavioral Health Manager and key leadership staff gave a tour of the behavioral health space to Representative Susie Lee and discussed services being offered.
- Integrated care continues to be thriving at both clinic locations, and the behavioral health team has begun increasing access to care by way of scheduling changes.

## Family Planning Services

- A. Family Planning program access was up 9% in October and is up 8% year-over-year. Program team administrators and clinical staff are working with SNHD's Quality Improvement and Accreditation Program Manager on a quality improvement project to increase access to care by simplifying the scheduling process and reducing waste in the appointment templates. Standardized metrics are being used to track the percentage of appointments scheduled per provider per day, appointment no-show rates, and the third next available appointment (TNAA) for new and established appointment types. Meetings with key staff stakeholders and clinic observations are being conducted to fine tune potential interventions. The goal is to implement new, streamlined and standardized appointment templates in January 2026.
- B. SNCHC received the final report from its comprehensive Title X audit conducted last month. The report indicates that the health center was compliant with 82/85 criteria. The areas requiring correction include adding language to program forms indicating the document was created with support of Title X funding and updates to the health center's sliding fee discount policy and procedure. The health center has submitted its plan to correct these deficiencies. Actions to correct these findings include revisions to the health center's Sliding Fee and Materials Review and Approval Process policies.

## HIV / Ryan White Care Program Services

- A. The Ryan White program received 52 referrals between October 1<sup>st</sup> and October 30<sup>th</sup>. There were two (2) pediatric clients referred to the Medical Case Management in October, and the program received one (1) referral for a pregnant women living with HIV during this time.
- B. There were 757 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 414 unique clients served under these programs in October.
- C. The Ryan White ambulatory clinic provided a total of 521 visits in the month of October, including 20 initial provider visits, 230 established provider visits including four (4) tele-visits to established patients. Additionally, there were 15 nursing visits and 256 lab visits provided. There were 55 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of October. There were 18 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in October.
- D. The Ryan White clinic provides 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 four (4) patients seen under the Rapid StART Program in October.

## FQHC-Sexual Health Clinic (SHC)

- A. The Sexual Health Clinic (SHC) clinic provided 864 unique services to 633 unduplicated patients for the month of October. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- B. The SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the 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 SHC continues to refer pregnant patients with syphilis and patients needing complex STI evaluation and treatment to PPC SHOPP for nurse case management services.

C. There are two (2) Community Health Nurse vacancies in SHC due to a resignation and a transfer to another division.

## Refugee Health Program (RHP)

Refugee Health Program for the month of October.

Client required medical follow- up for Communicable Diseases	
Refugee Health Screening for Ova and Parasites (positive tests)	0
Referrals for TB issues	0
Referrals for Chronic Hep B	0
Referrals for STD	0
Pediatric Refugee Exams	3
Clients encounter by program (adults)	3
<b>Refugee Health Screening for October 2025</b>	<b>6</b>
<b>Total for FY25-26</b>	<b>12</b>

## Outreach/In Reach Activity

Month of October 2025

Number of events	2 – Outreach 0 - In reach
Number of people reached	173
Number of people linked to the clinic	4
Number of hours dedicated to outreach	3

## Eligibility and Insurance Enrollment Assistance

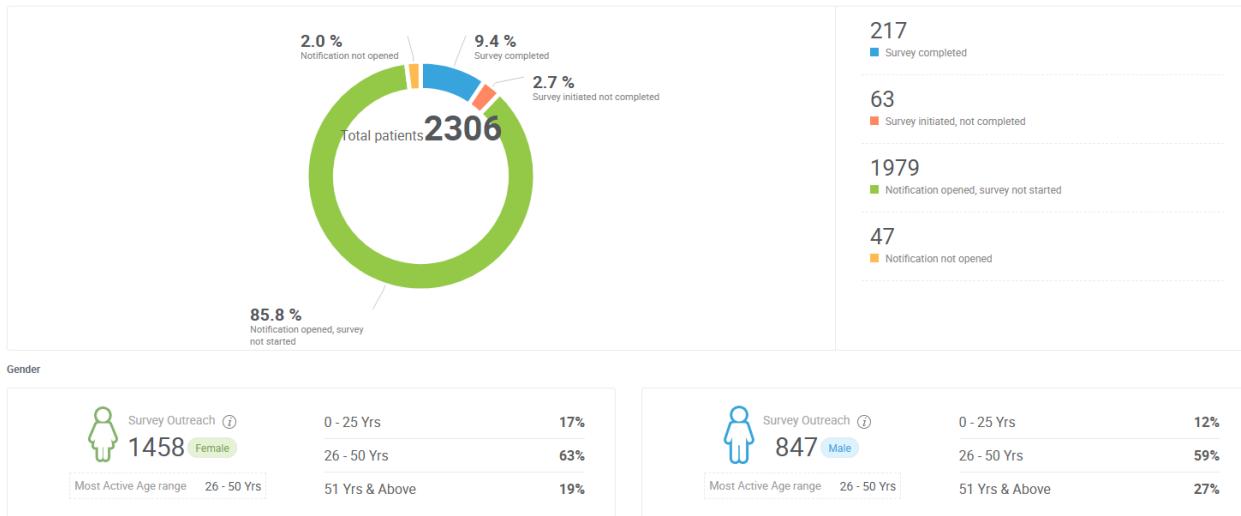
Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of support.

## Patient Satisfaction: See attached survey results.

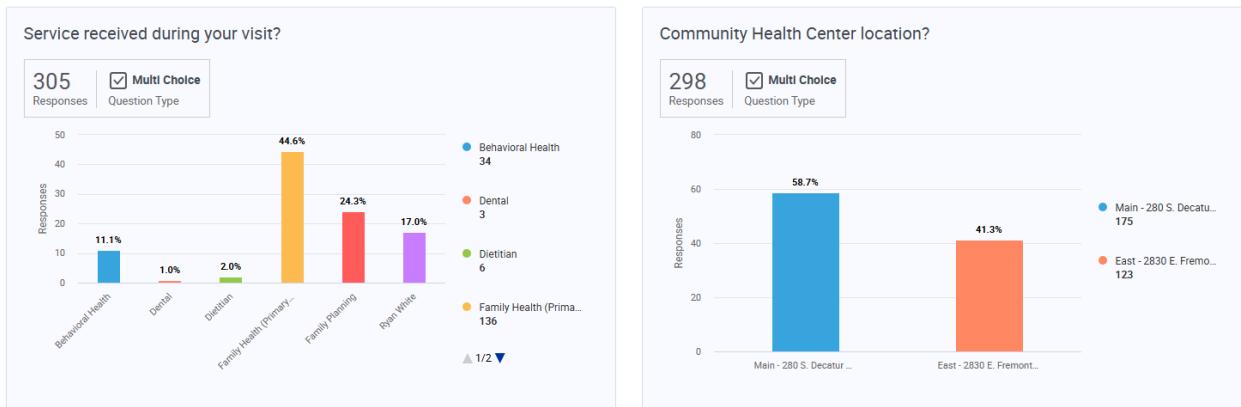
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

# Southern Nevada Community Health Center Patient Satisfaction Survey – October 2025

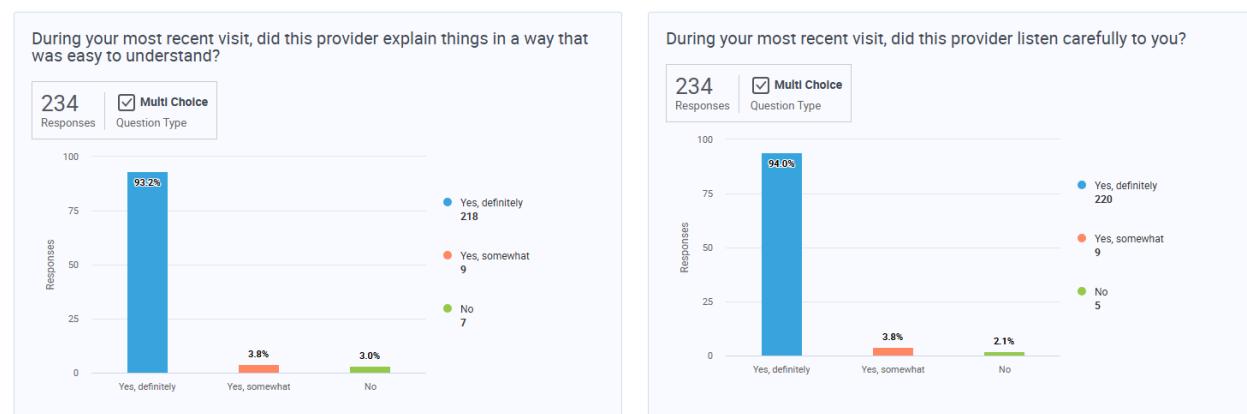
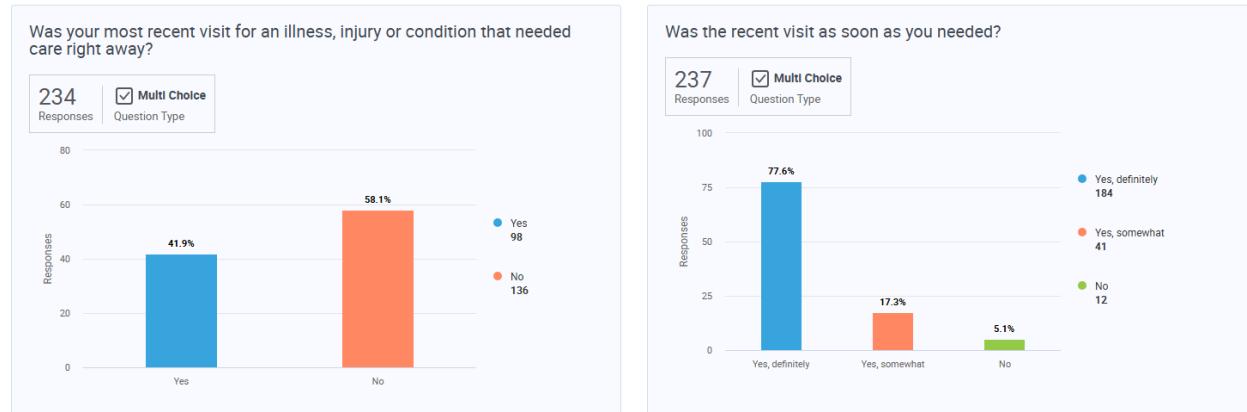
## Overview

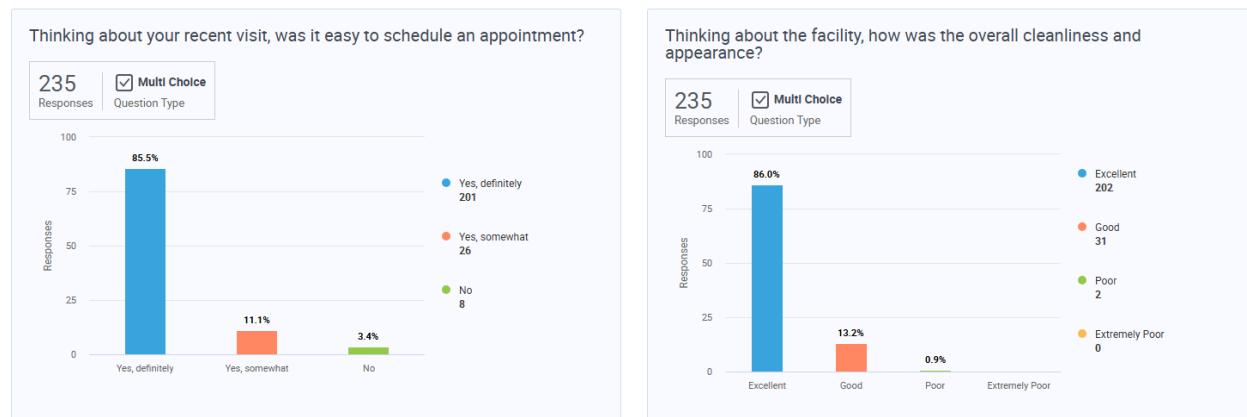


## Service and Location



## Provider, Staff, and Facility





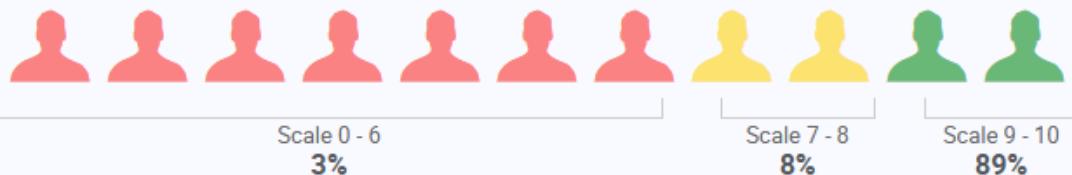
How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?

235  
Responses

123  
Numbers  
Question Type

86

Net Promoter Score (NPS)



8

Scale 0 - 6

19

Scale 7 - 8

208

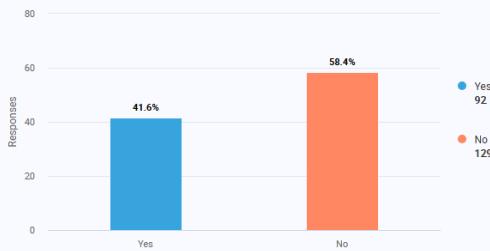
Scale 9 - 10

## General Information

Do you have health insurance?

221  
Responses

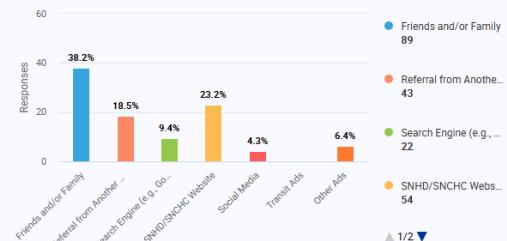
Multi Choice  
Question Type



How did you hear about us?

233  
Responses

Multi Choice  
Question Type





# Memorandum

**Date:** November 4, 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 – October 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.

	October 2024	October 2025		YTD 24	YTD 25	
<b>Sexually Transmitted</b>						
Chlamydia	1139	997	↓	10,810	10,080	↓
Gonorrhea	449	398	↓	4485	4136	↓
Primary Syphilis	8	4	↓	129	73	↓
Secondary Syphilis	10	2	↓	204	83	↓
Early Non-Primary, Non-Secondary <sup>1</sup>	49	18	↓	497	295	↓
Syphilis Unknown Duration or Late <sup>2</sup>	142	43	↓	1290	1047	↓
Congenital Syphilis (presumptive)	1	4	↑	29	30	↑
<b>Moms and Babies Surveillance<sup>3</sup></b>						
Pregnant Persons Living with HIV <sup>4</sup>	7	1	↓	51	44	↓
Pregnant Syphilis Cases	9	12	↑	103	204	↑
Perinatally Exposed to HIV	3	2	↓	32	33	↑

<sup>1</sup> Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary

<sup>2</sup> Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late

<sup>3</sup> Counts under this section represent investigations conducted by ODS concerning pregnant persons with HIV or syphilis and do not reflect actual counts of cases diagnosed in the specified period. These investigations are aimed at monitoring and preventing adverse health outcomes, such as perinatal HIV transmission and congenital syphilis.

<sup>4</sup> The count reflects ODS efforts around pregnant persons with HIV and is not a reflection of the 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.

	October 2024	October 2025		YTD 24	YTD 25	
<b>Vaccine Preventable</b>						
<b>Haemophilus influenzae, invasive disease</b>	2	1	↓	38	26	↓
<b>Hepatitis A</b>	1	1	→	9	2	↓
<b>Hepatitis B, acute</b>	3	1	↓	35	22	↓
<b>Influenza Hospitalizations and Deaths</b>	45	15	↓	783	1256	↑
<b>Mpox</b>	2	0	↓	10	2	↓
<b>Mumps</b>	0	1	↑	3	2	↓
<b>Covid-19 Hospitalizations and Deaths</b>	160	56	↓	1971	1028	↓
<b>Pertussis</b>	5	0	↓	49	51	↑
<b>RSV</b>	50	56	↑	2017	2317	↑
<b>Enteric Illness</b>						
<b>Amebiasis</b>	1	0	↓	6	8	↑
<b>Campylobacteriosis</b>	17	22	↑	188	216	↑
<b>Cryptosporidiosis</b>	6	1	↓	28	25	↓
<b>Giardiasis</b>	2	5	↑	53	44	↓
<b>Listeriosis</b>	0	2	↑	5	3	↓
<b>Rotavirus</b>	1	3	↑	120	225	↑
<b>Salmonellosis</b>	13	12	↓	145	174	↑
<b>Shiga toxin-producing Escherichia coli (STEC)</b>	9	4	↓	83	78	↓
<b>Shigellosis</b>	10	3	↓	126	59	↓
<b>Yersiniosis</b>	6	3	↓	35	43	↑
<b>Other</b>						
<b>Carbapenem-resistant Enterobacterales (CRE)</b>	54	40	↓	587	517	↓
<b>Candida auris</b>	134	153	↑	1528	1218	↓
<b>Coccidioidomycosis</b>	27	10	↓	223	185	↓
<b>Cyclosporiasis</b>	0	0	→	11	9	↓
<b>Dengue</b>	5	1	↓	17	6	↓
<b>Hepatitis C, acute</b>	0	0	→	11	7	↓
<b>Invasive Pneumococcal Disease</b>	10	19	↑	191	200	↑
<b>Lead Poisoning</b>	26	6	↓	164	138	↓
<b>Legionellosis</b>	2	1	↓	28	38	↑
<b>Lyme Disease</b>	0	0	→	8	4	↓
<b>Malaria</b>	1	0	↓	5	3	↓
<b>Meningitis, aseptic</b>	2	1	↓	27	18	↓
<b>Meningitis, Bacterial Other</b>	0	0	→	4	5	↑
<b>Rabies, animal</b>	1	0	↓	6	5	↓
<b>Streptococcal Toxic Shock Syndrome (STSS)</b>	0	0	→	28	21	↓
<b>Streptococcal disease, invasive, Group B</b>	2	0	↓	13	1	↓
<b>New Active TB Cases Counted (&lt;15 yo)</b>	0	0	→	3	0	↓
<b>New Active TB Cases Counted (&gt;= 15 yo)</b>	8	3	↓	59	52	↓

## 2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters <sup>1</sup>	Reactors/ Symptomatic/ Xray <sup>2</sup>	OOJ/ FUP <sup>3</sup>
Chlamydia	11	1	28	0
Gonorrhea	3	0	6	0
Syphilis	11	3	172	0
<b>HIV/AIDS (New to Care/Returning to Care)</b>	26	5	68	0
Tuberculosis	20	0	2	1
<b>TOTAL</b>	71	9	276	0

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

## 3. Disease and Outbreak Investigations

- a. **Mpox:** As of October 23, 2025, Clark County had 324 cases of Mpox.
- b. **Influenza:** SNHD started the influenza surveillance for the 2025-2026 season on September 28, 2025. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Due to the government shutdown, national and state-level seasonal influenza activity data are currently not available. Locally, as of 11/01/2025, during the 2025 - 2026 influenza season, 14 influenza-associated hospitalizations and zero deaths have been reported and processed. The total number of cases presented in this report is subject to change due to potential delays in reporting and data processing. Influenza surveillance will continue through 5/23/2026.
- c. ACDC investigated a small gastrointestinal outbreak in an elementary school. On 10/23/25 ACDC received a report of 3 students in the same classroom out or sent home with diarrhea. We received one additional report of vomiting on 10/24/25. No organism was identified as all children had recovered from their symptoms, and no sampling was performed. This investigation is closed.

## 4. 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 October:

<b>Naloxone Distribution</b>	<b>Agency</b>	<b># of Naloxone doses distributed</b>
10/1/2025	Young People in Recovery	192
10/2/2025	NaphCare	480
10/2/2025	Wynn	-120 (Doses given back to SNHD to redistribute)
10/2/2025	SNHD - L2A	120
10/2/2025	Wynn	120
10/2/2025	SNHD - FQHC	46
10/2/2025	Toni's House	480
10/2/2025	Sin Sity Sisters	240
10/2/2025	SNHD Pharmacy - Decatur	182
10/6/2025	SNHD - FQHC	-10 (Doses given back to SNHD to redistribute)
10/6/2025	SNHD - L2A	10
10/6/2025	SNHD - L2A	360
10/7/2025	SNHD - SHOPP	48
10/8/2025	SNHD Pharmacy - Fremont	60
10/8/2025	SNHD - SHOPP	-8 (Doses given back to SNHD to redistribute)
10/8/2025	SNHD - L2A	8
10/9/2025	Silverton Casino & Lodge	24
10/9/2025	UNLV Fraternity & Sorority Life	120
10/9/2025	Henderson Angels	720
10/9/2025	Silverton Casino & Lodge	-24 (Doses given back to SNHD to redistribute)
10/9/2025	SNHD - L2A	24
10/9/2025	NDOC - High Desert	120
10/9/2025	Protective Force International	48
10/13/2025	SNHD - FQHC	72
10/13/2025	OYO Hotel and Casino	48
10/14/2025	City of North Las Vegas	1008
10/14/2025	Inner Healing Center	144
10/14/2025	The Promise	96
10/14/2025	PACT Coalition	216
10/14/2025	Vegas Stronger	192
10/14/2025	UNLV HEALTH MOJAVE COUNSELING	24
10/14/2025	The Courtyard	72
10/14/2025	Foundation For Recovery	9936
10/15/2025	FirstMed Health and Wellness	24
10/15/2025	Streetdogz	72
10/15/2025	AIDS Healthcare Foundation	144
10/15/2025	Community Counseling Center	48
10/16/2025	Dr. Miriam and Sheldon G. Adelson	960
10/16/2025	NAMI	72
10/16/2025	The Vinny Nolo Project	72
10/16/2025	Henderson Police Dept	-358 (Doses given back to SNHD to redistribute)
10/16/2025	SNHD - L2A	358
10/16/2025	Roseman University - Empowered Program	72

10/16/2025	SNHD - Behavioral Health Clinic	104
10/16/2025	The Center	720
10/16/2025	The Center Mobile Unit	480
Total		17816

b. Overdose Data to Action (ODTA): The ODS ODTA Health Education team monitors the Fentanyl (FTS) and Xylazine (XTS) Test Strip Program.

The following participating agencies and internal SNHD programs received FTS and XTS during the month of October:

DATE	AGENCY	FTS	XTS	QTY
10/01/2025	SNHD L2A Team	400	400	800
10/02/2025	SNHD Office of Disease Surveillance	100	0	100
10/02/2025	Sin City Sisters of Perpetual Indulgence Inc	300	300	600
10/06/2025	SNHD ODS Health Education	100	100	200
10/07/2025	SNHD Office of Disease Surveillance	100	100	200
10/09/2025	SNHD L2A Team	400	400	800
10/14/2025	SNHD L2A Team	400	100	500
10/14/2025	Foundation for Recovery	4,000	4,000	8,000
10/14/2025	PACT Coalition	300	300	600
10/14/2025	The Promise	1,000	0	1,000
10/16/2025	First Med Health and Wellness	100	0	100
10/16/2025	UNLV Student Health Center	800	800	1,600
10/21/2025	Valley View Community Cares	2,000	2,000	4,000
10/21/2025	The Cupcake Girls	300	300	600
10/31/2025	Mesa View Vending (for the month of October)	8	14	22
<b>TOTALS:</b>		<b>10,308</b>	<b>8,814</b>	<b>19,122</b>

## 5. 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. Our continued collaboration and presence at events in the community is key to gaining community trust and to help destigmatize HIV/STI testing which is vital to ending the HIV epidemic. ODS again this month had outreaches with new community partners. On October 18<sup>th</sup> we provided services to Club 5150 located at 5150 S. Pecos Rd. On October 26<sup>th</sup> we were onsite for the health fair held at Christian Embassy Worship Center located at 10072 W. Bartlett Ave. As ODS strives to expand our reach to populations with high disease burden, having broader access points in the community are integral. We provided our full service offering of rapid HIV and HCV testing, syphilis testing, overdose prevention services, PrEP navigation, condoms, and educational/informational navigation. We continue to collaborate with LVMPD to offer condoms, education, and overdose prevention supplies at National Night Out. This event is held annually on October 7<sup>th</sup>. We were present at both Bolden and Northeast Area Command events.
- 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	Oct-24	Oct-25		YTD 24	YTD 25	
<b>Outreach/Targeted Testing</b>	1501	480	↓	11624	10996	↓
<b>Clinic Screening (SHC/FPC/TB)</b>	706	336	↓	7906	5324	↓
<b>Outreach Screening (Jails)</b>	358	68	↓	2563	1427	↓
<b>Collect2 Protect</b>	8	1	↓	93	66	↓
<b>TOTAL</b>	2573	885	↓	22186	17813	↓
<b>Outreach/Targeted Testing POSITIVE</b>	1	1	→	44	34	↓
<b>Clinic Screening (SHC/FPC/TB) POSITIVE</b>	0	1	↑	12	5	↓
<b>Outreach Screening (Jails, SAPTA) POSITIVE</b>	2	1	↓	7	7	→
<b>Collect2 Protect POSITIVE</b>	0	0	→	0	0	→
<b>TOTAL POSITIVES</b>	3	3	→	63	46	↓

Targeted outreaches in unhoused communities are ongoing. These efforts are included in the total high impact HIV/STD/Hepatitis screening sites above.

**C. Staff Facilitated/Attended the following Trainings/Presentations**

1. 10/01/2025: Facilitated PrEP Education Visit at Ruffin Family Clinic, Volunteers in Medicine; 1 person in attendance; 1 ODS Health Educator in attendance.
2. 10/02/2025: Facilitated SNOAC Executive Committee Meeting on Opioids and Overdose Prevention; 10 people in attendance; 2 ODS staff in attendance.
3. 10/03/2025: Attended Big Cities Health Coalition (BCHC) Substance Use Working Groups as SNHD Representative; 25 people in attendance; 1 ODS Staff in attendance.
4. 10/03/2025: Facilitated the Clark County Children's Mental Health Consortium (CCCMHC) Monthly Meeting as the current Chair; ~42 people in attendance; 1 SNHD ODS staff in attendance.
5. 10/08/2025: Interviewed on Roseman University's Empowered Voices Podcast - Season 3 on Overdose Trends; 4 people in attendance, 1 ODS staff in attendance.
6. 10/08/2025: Facilitated Harm Reduction Education Symposium; 10 people in attendance; 8 SNHD staff in attendance.
7. 10/08/2025: Facilitated Harm Reduction 101 and 201 Training; 15 people in attendance; 2 SNHD staff attendees.
8. 10/13/2025: Presented CredibleMind Update to the Public Health Advisory Board; ~30 people in attendance; 4 SNHD ODS staff in attendance.
9. 10/13/2025: Facilitated Overdose Response Training at Coral Academy of Science; 18 people in attendance; 1 SNHD staff in attendance.
10. 10/14/2025: Media Interview with Telemundo on National Latinx AIDS Awareness Day; 3 people in attendance; 2 SNHD ODS staff in attendance.
11. 10/15/2025: Media Interview with Channel 8 News about National Latinx AIDS Awareness Day; 1 person in attendance; 2 SNHD staff in attendance.
12. 10/15/2025: Media Interview with Univision on National Latinx AIDS Awareness Day; 2 people in attendance; 1 ODS staff in attendance.
13. 10/16/2025: Facilitated Making Every Door the Right Door Training for Signs of Hope; 8 people in attendance; 1 ODS staff in attendance.
14. 10/16/2025: Facilitated Infant Sleep Workgroup Meeting; 10 people in attendance; 2 SNHD ODS Health Educator staff in attendance.
15. 10/20/2025: Facilitated Overdose Response Training at SNHD; 6 SNHD staff in attendance.
16. 10/21/2025: Attended the Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup Meeting as a SNHD Representative; ~10 people in attendance; 2 SNHD ODS staff in attendance.
17. 10/21/2025: Facilitated PrEP Education Visit at Clinica Mi Pueblo; 1 person in attendance; 1 ODS staff in attendance.
18. 10/21/2025: Trained FQHC staff on Expedited Partner Therapy; 8 people in attendance; 3 Health Educator staff in attendance.
19. 10/23/2025: Moderated and facilitated Health District After Dark: The State of Nevada's Public Health Safety Net; 49 people in attendance; 22 SNHD staff in attendance.
20. 10/27/2025: Facilitated "SafeTALK Suicide Prevention" Training with Office of Suicide Prevention; ~14 people in attendance; 1 SNHD ODS staff in attendance.
21. 10/28/2025: Facilitated Chlamydia Targeted Education for Nurse Practitioners at local provider practice; 1 person in attendance; 1 ODS staff in attendance.
22. 10/28/2025: Facilitated the TB Cohort Review; 45 people in attendance from various hospitals and healthcare facilities; 13 SNHD staff in attendance.
23. 10/29/2025: Presented to the CHIP Steering Committee on Implementation Science and Theory of Behavior Change; 25 people in attendance; 3 ODS staff in attendance.

- 24.** 10/29/2025: Facilitated Overdose Response Training at Help of Southern Nevada; 15 people in attendance; 1 SNHD staff in attendance.
- 25.** 10/29/2025: Facilitated Community Health Improvement Plan Core Group Steering Committee Mid-Point Meeting; 35 people in attendance; 2 ODS Health Educator staff in attendance.
- 26.** 10/30/2025: Facilitated Overdose Response Training at SNHD; 6 SNHD staff in attendance.

## **D. Office of Epidemiology**

### **1. Epidemiology Reports**

- a. Data quality reports to support the Office of Disease Surveillance's activities and STD/HIV grant deliverables
- b. Monthly and quarterly disease statistics
- c. Weekly Mpox case and vaccination report
- d. Ongoing monthly and quarterly reports for FOCUS HIV grant project
- e. Monthly NVDRS, SUDORS and NCLPP reports
- f. Outreach site HIV testing stats-weekly
- g. EPT report- weekly
- h. Weekly Arbovirus update
- i. Monthly Heat Related Death and ED Visits report
- j. Weekly Wastewater Surveillance Report now available on SNHD website.

### **2. Other Project Updates**

- a. Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard
- b. 2025 SNHD Health Equity Report in progress

### **3. Disease Statistics**

- a. Communicable Disease Statistics: August 2025 disease statistics are below. Please note that these data are retrieved as of August 1, 2025. (see Table 1 and Table 2)

Table 1 Monthly Communicable Disease Statistics (September 2025) and Quarterly Communicable Disease Statistics (QTR 3 2025)

**September 2025: Clark County Disease Statistics\***

Data as of 11/04/2025

Disease	2023		2024		2025	
	SEP	YTD	SEP	YTD	SEP	YTD
<b>VACCINE PREVENTABLE</b>						
COVID-19	2,180	23,654	1,744	15,624	1,267	8,790
Haemophilus influenzae, invasive	4	25	4	36	0	25
Hepatitis A	0	6	1	8	0	1
Hepatitis B, acute	2	24	4	32	3	21
Hepatitis B, chronic	168	1,174	91	1,012	80	864
Influenza	13	217	14	736	20	1,239
Meningococcal disease ( <i>N. meningitidis</i> )	2	2	0	2	0	1
MPOX	1	4	0	8	0	2
Mumps	0	0	0	3	0	1
Pertussis	9	27	3	44	3	51
RSV	52	761	23	1,967	23	2,261
<b>SEXUALLY TRANSMITTED</b>						
Chlamydia	1,089	9,876	1,022	9,671	1,025	9,091
Gonorrhea	480	4,354	450	4,036	383	3,739
HIV	52	381	38	436	**	**
Stage 3 HIV (AIDS)	17	123	10	136	**	**
Syphilis (Early non-primary, non-secondary)	34	471	43	448	35	279
Syphilis (Primary & Secondary)	43	447	35	315	8	153
<b>CONGENITAL CONDITIONS</b>						
Hepatitis C, Perinatal Infection	0	1	0	3	0	1
Congenital Syphilis	6	43	1	28	1	27
<b>ENTERICS</b>						
Amebiasis	2	4	0	5	0	8
Campylobacteriosis	16	145	17	171	27	194
Cryptosporidiosis	4	10	1	22	4	24
Giardiasis	7	57	4	51	3	39
Rotavirus	7	101	3	119	8	222
Salmonellosis	18	160	21	132	19	162
Shiga toxin-producing <i>E. coli</i> (STEC)	4	42	8	74	10	74
Shigellosis	9	61	16	116	5	56
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	1	4	1	13	1	10
Yersiniosis	1	12	1	29	2	40
<b>OTHER</b>						
Coccidioidomycosis	22	202	19	196	12	175
Exposure, Chemical or Biological	0	1	0	4	0	2
Hepatitis C, acute	0	3	1	11	0	7
Hepatitis C, chronic	148	1,990	163	1,270	164	1,787
Invasive Pneumococcal Disease	9	150	12	181	21	181
Lead Poisoning	9	130	16	138	16	132
Legionellosis	4	28	5	26	4	37
Listeriosis	0	0	1	5	0	1
Lyme Disease	1	7	0	8	0	4
Malaria	0	7	0	4	0	3
Meningitis, Aseptic	5	25	2	25	3	17
Meningitis, Bacterial Other	3	8	0	4	0	5
Meningitis, Fungal	0	0	0	3	0	1
Q Fever, acute	0	1	0	0	0	0
Rabies, exposure to a rabies susceptible animal	23	264	26	267	132	620
Spotted Fever Rickettsiosis	0	0	1	1	0	0
Streptococcal Toxic Shock Syndrome (STSS)	1	26	0	28	0	21
Tuberculosis (Active)	7	56	7	53	4	49
West Nile virus neuroinvasive disease	1	1	0	14	0	0

\*\*Please note that the data is currently unavailable due to state system outage.

\*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.

Quarter 3 2025: Clark County Disease Statistics\*

Data as of 11/04/2025

Disease	2023		2024		2025		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison
	Qtr 3	YTD	Qtr 3	YTD	Qtr 3	YTD	Qtr 3 (2020-2024 aggregated)	Qtr 3 (2025)	Change b/t current & past 5-year?
<b>VACCINE PREVENTABLE</b>									
COVID-19	8	23,654	7,385	15,624	4,785	8,790	577.91	65.70	↓X
Haemophilus influenzae, invasive	6	25	10	36	2	25	0.10	.	-
Hepatitis A	3	6	4	8	0	1	.	.	-
Hepatitis B, acute	10	24	10	32	3	21	0.11	.	-
Hepatitis B, chronic	457	1,174	291	1,012	262	864	4.39	3.60	↓X
Influenza	51	217	39	736	63	1,239	0.43	0.87	↑X
Influenza-associated pediatric mortality	0	0	0	2	0	2	.	.	-
Meningococcal disease ( <i>N. meningitidis</i> )	2	2	0	2	0	1	.	.	-
MPOX	2	4	2	8	2	2	0.91	.	-
Mumps	0	0	0	3	1	1	.	.	-
Pertussis	15	27	7	44	16	51	0.17	0.22	↑
RSV	97	761	40	1,967	48	2,261	3.64	0.66	↓X
<b>SEXUALLY TRANSMITTED</b>									
Chlamydia	3,445	9,876	3,181	9,671	3,125	9,091	58.10	42.91	↓X
Gonorrhea	1486	4,354	1362	4,036	1,255	3,739	27.71	17.23	↓X
HIV	131	379	132	435	**	**	2.03	.	-
Stage 3 HIV (AIDS)	46	119	19	101	**	**	0.63	.	-
Syphilis (Early non-primary, non-secondary)	167	471	120	448	87	279	2.69	1.19	↓X
Syphilis (Primary, Secondary)	151	447	107	315	45	153	2.80	0.62	↓X
<b>CONGENITAL CONDITIONS</b>									
Hepatitis C, Perinatal Infection	0	1	1	3	1	1	.	.	-
Congenital Syphilis	12	43	10	28	0	0	54.17	.	-
<b>ENTERICS</b>									
Amebiasis	3	4	0	5	1	8	.	.	-
Campylobacteriosis	48	145	47	171	72	194	0.71	0.99	↑
Cryptosporidiosis	5	10	5	22	8	24	0.08	.	-
Giardiasis	23	57	18	51	12	39	0.26	0.16	↓
Rotavirus	33	101	17	119	30	222	0.22	0.41	↑
Salmonellosis	62	160	58	132	71	162	0.86	0.97	↑
Shiga toxin-producing <i>E. coli</i> (STEC)	18	42	34	74	26	74	0.31	0.36	↑
Shigellosis	23	61	41	116	19	56	0.42	0.26	↓
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	2	4	4	13	4	10	0.04	.	-
Yersiniosis	4	12	6	29	9	40	0.06	.	-
<b>OTHER</b>									
Coccidioidomycosis	65	202	72	196	37	175	0.89	0.51	↓X
Encephalitis	0	0	0	1	0	0	.	.	-
Exposure, Chemical or Biological	0	1	2	4	0	2	.	.	-
Hepatitis C, acute	2	3	3	11	1	7	.	.	-
Hepatitis C, chronic	432	1,990	430	1,270	652	1,787	11.33	8.95	↓X
Invasive Pneumococcal Disease	25	150	33	181	50	181	0.42	0.69	↑
Lead Poisoning	37	130	43	138	47	132	0.51	0.65	↑
Legionellosis	10	28	13	26	11	37	0.14	.	-
Listeriosis	0	0	1	5	1	1	.	.	-
Lyme Disease	7	7	4	8	2	4	0.07	.	-
Malaria	0	7	3	4	1	3	.	.	-
Meningitis, Aseptic	16	25	10	25	6	17	0.22	.	-
Meningitis, Bacterial Other	6	8	1	4	1	5	0.06	.	-
Meningitis, Fungal	0	0	0	3	1	1	.	.	-
Spotted Fever Rickettsiosis	0	0	1	1	0	0	.	.	-
Streptococcal Toxic Shock Syndrome (STSS)	9	26	6	28	3	21	0.07	.	-
Tuberculosis, Active	16	56	19	53	12	49	0.24	0.16	↓
West Nile Virus neuroinvasive disease	1	1	3	14	0	0	.	.	-

\*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.

\*\*Please note that the data is currently unavailable due to state system outage.

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

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



# Memorandum

**Date:** November 20, 2025

**To:** Southern Nevada District Board of Health

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

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**Subject:** Environmental Health Division Monthly Report

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## **I. FOOD OPERATIONS PROGRAM**

### **ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data**

Food Operation Services	Oct. 2024	Oct. 2025	FY 24-25	FY 25-26
<b>Routine Inspections</b>	2,091	2,240	↑	8,882
<b>Reinspections</b>	160	212	↑	723
<b>Downgrades</b>	158	179	↑	663
<b>Closures</b>	10	14	↑	48
<b>Special Events</b>	122	151	↑	320
<b>Temporary Food Establishments &amp; Tasting Event Booths</b>	1,458	1,349	↓	2,519
<b>TOTALS</b>	<b>3,999</b>	<b>4,145</b>	<b>↑</b>	<b>13,155</b>
				<b>14,233</b>

↑ (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. **Hacienda El Conejo, 1775 E. Tropicana Ave.**: On October 2, the facility was closed for an Imminent Health Hazard (IHH), pest infestation. The inspector documented 45 demerits. Other violations included touching food with bare hands, operating a bar without an approved health permit, expired foods, improper food and medicine storage, and improperly stocked hand sink. The owner attended a supervisory conference prior to reopening. The facility was reinspected and reopened with zero demerits on October 7.

- B. Green Valley Grocery #34, 6055 W. Flamingo Rd.:** On October 5, the facility was closed for an IHH, sewage overflowing from a servicing manhole. The inspector documented five demerits. The facility was reinspected and reopened with three demerits on October 14.
- C. California Pizza Kitchen at Fashion Show Mall, 3200 S. Las Vegas Blvd.:** On October 6, the facility was closed for an IHH, pest infestation. The inspector documented three demerits. The facility was reinspected and reopened with zero demerits on October 8.
- D. Mother Falafel, 6375 S. Rainbow Blvd.:** On October 6, the facility was closed for a failed CPH inspection that resulted in more than 15 demerits. The inspector documented 23 demerits. The facility was reinspected and reopened with zero demerits on October 8.
- E. Bikini Bay Bar, 1955 S. Casino Dr.:** On October 7, the facility was closed for an IHH, no potable or hot water. The inspector documented 10 demerits. The facility was reinspected and reopened with zero demerits on October 9.
- F. Cheba Hut “Toasted” Subs, 470 N. Stephanie St.:** On October 7, the facility was closed for an IHH, no potable or hot water. The inspector documented 19 demerits. The facility was reinspected and reopened with zero demerits on October 8.
- G. El Herradero Night Club, 3402 E. Lake Mead Blvd.:** On October 17, the facility was closed for an IHH, pest infestation. The inspector documented 12 demerits. The facility remains closed at this time.
- H. Subway #968, 4955 E. Craig Rd.:** On October 17, the facility was closed for an IHH, no potable or hot water. The inspector documented 21 demerits. The facility was reinspected and reopened with zero demerits on October 18.
- I. Toto’s Grill, 3910 S. Maryland Pkwy.:** On October 23, the facility was closed for an IHH, no potable or hot water. The inspector documented 40 demerits. The facility was reinspected and reopened with zero demerits on October 24.
- J. Crown Café and Bakery, 4355 Spring Mountain Rd.:** On October 24, the facility self-closed due to finding evidence of pests. The owner is addressing the issue, and the facility remains closed at this time.
- K. China A Go Go, 1983 N. Nellis Blvd.:** On October 28, the facility was closed for an IHH, pest infestation. The inspector documented 20 demerits. The facility remains closed at this time at this time.
- L. Biwon, 2721 W. Sahara Ave.:** On October 29, the facility was closed for an IHH, pest infestation. The inspector documented 36 demerits. The facility remains closed at this time.
- M. Staff conducted unpermitted food vending complaint investigations with representatives from City of North Las Vegas Business License, City of North Las Vegas Police Department, City of Las Vegas Business License, and the Las Vegas Metropolitan Police Department.**
- N. Staff closed 63 unpermitted food vending complaint investigations.**

**2. Food Safety Assessment Meetings (FSAMs):**  
An FSAM was held with the following facility: Nattie’s Thai Kitchen, 949 Empire Mesa Way; Rosticeria Litzzy, 2987 N. Las Vegas Blvd.; Alta Water, 7518 Westcliff Dr.; and Tacos Colima #4, 439 Rock Quarry Way.

**3. Supervisory/Managerial Conferences:**  
Conferences were held with the following facilities: Tambayan BBQ at Fantastic Swap Meet, 1717 S. Decatur Blvd.; Hacienda El Conejo, 1775 E. Tropicana Ave.; Nana Sushi, 4870 Blue Diamond Rd.; Famous Dave’s Rainbow, 1951 N. Rainbow Blvd.; and Fuddruckers at Orleans, 4500 W. Tropicana Ave.

### ENVIRONMENTAL HEALTH Outbreak Response – Fiscal Year Data

Outbreak Response	Oct. 2024	Oct. 2025	FY 24-25	FY 25-26
<b>Foodborne Illness Investigations</b>	11	7	↓	28
<b>Childhood Elevated Blood Lead Levels</b>	1	2	↑	6
<b>Legionella Travel Associated Investigations</b>	5	2	↓	14
<b>Legionella Residential Investigations</b>	0	3	↑	10
				16
				↑

**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. 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. **Chick-fil-A, 7010 S. Las Vegas Blvd.:** On October 2, staff responded to a confirmed case of campylobacter. Staff observed risk factors that could lead to illness including improper storage of raw foods. The inspection resulted in an A grade.
- B. **Café Zupas, 5758 Centennial Center Blvd.:** On October 6, 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.
- C. **Burger Barn, 3000 S. Las Vegas Blvd.:** On October 14, 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.
- D. **Rivas Mexican Grill, 775 W. Craig Rd.:** On October 17, staff responded to a confirmed case of salmonella. Staff observed risk factors that could lead to illness including improper handwashing practices, improper storage of raw meats, and food held at improper temperatures. The inspection resulted in a B downgrade. The facility was reinspected and passed with an A grade.
- E. **Smith and Wollensky, 3377 S. Las Vegas Blvd.:** On October 17, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness, including improper storage of chemicals, use of food additives without an approved plan, and improper use of chemical pesticides. The inspection resulted in an A grade.
- F. **Jack's Place, 544 Nevada Way:** On October 22, staff responded to a confirmed case of yersinia. Staff observed risk factors that could lead to illness including cross contamination between raw and ready-to-eat foods and improper sanitizing of food contact surfaces. The inspection resulted in a B downgrade. The facility was reinspected and passed with an A grade.
- G. **McDonald's, 310 N. Boulder Hwy.:** On October 24, staff responded to a confirmed case of Shiga toxin-producing E. coli (STEC). Staff did not observe any risk factors that could lead to illness. The inspection resulted in an A grade.

## II. SOLID WASTE AND COMPLIANCE

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

Illegal Dumping and Hearing Officer Process	Oct. 2024	Oct. 2025	FY 24-25	FY 25-26
Notices of Violations (New & Remails)	7	5	19	17
Adjudicated Hearing Cases	6	5	15	13
Total Cases Received	79	63	318	299
Total Cases Referred to Other Agencies	10	13	77	52
Hearing Penalties Assessed	\$10,000	\$3,108	\$18,500	\$11,108

*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	Oct. 2024	Oct. 2025	FY 24-25	FY 25-26
Inspections	242	216	1,098	1,035

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

Underground Storage Tanks	Oct. 2024	Oct. 2025	FY 24-25	FY 25-26
Compliance Inspections	53	64*	245	190
Final Installation/Upgrade/Repair Inspections	4	1	10	6
Closure Inspections	2	1	5	3
Spill Report Investigations	3	1	7	4

*\*UST inspection numbers include Sept. 2025 when NDEP was down for a cyber-attack.*

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

Permitted Disposal Facilities	Oct. 2024	Oct. 2025	FY 24-25	FY 25-26
Inspections	38	27	100	90
Reinspections	1	0	3	2

### **III. VECTOR SURVEILLANCE**

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

<b>Vector Surveillance and Other EH Services</b>	<b>Oct. 2024</b>	<b>Oct. 2025</b>	<b>FY 24-25</b>	<b>FY 25-26</b>	
<b>West Nile Virus Surveillance Traps Set</b>	431	378	1,948	1,587	↓
<b>West Nile Virus Surveillance Mosquitoes Tested</b>	3,883	6,387	20,506	23,526	↑
<b>West Nile Virus Surveillance Submission Pools Tested</b>	414	417	1,661	1,469	↓
<b>West Nile Virus Surveillance Positive Mosquitoes</b>	0	0	1,237	545	↓
<b>West Nile Virus Surveillance Positive Submission Pools</b>	0	0	42	14	↓
<b>St. Louis Encephalitis Surveillance Positive Mosquitoes</b>	0	0	0	0	→
<b>St. Louis Encephalitis Surveillance Positive Submission Pools</b>	0	0	0	0	→
<b>Mosquito Activity Complaints</b>	32	61	137	110	↓
<b>Public Accommodations Inspections</b>	13	10	34	45	↑
<b>Public Accommodations Complaints</b>	27	10	86	62	↓
<b>Mobile Home/Recreational Vehicle Park Inspections</b>	6	5	7	9	↑
<b>Mobile Home/Recreational Vehicle Park Complaints</b>	4	4	9	6	↓

*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** – Baker Commodities, Inc (Waste Grease) and EvTerra (Recycling Center)
- B. Landfills** – Apex Regional Landfill; Boulder City Landfill; Laughlin Landfill; Nellis Air Force Base (Post Closure Monitoring); Timet; Sunrise Mountain (Post Closure Monitoring); and Wells Cargo
- C. Facility Applications Being Processed** – Recycling Centers (2); Waste Grease (2); and Medical Waste Management (1)
- D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in November:** None

**ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data**

Asbestos Permitting Services	Oct. 2024	Oct. 2025	FY 24-25	FY 25-26
Asbestos Permits Issued	81	58	↓	290
Revised Asbestos Permits Issued	9	6	↓	31
				16

**ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data**

Subdivision Plan Review	Oct. 2024	Oct. 2025	FY 24-25	FY 25-26
Tentative Maps-Received	18	27	↑	52
Tentative Maps-Lot Count	825	1,606	↑	3,036
Final Maps-Received	23	26	↑	69
Final Maps-Lot Count	1,142	792	↓	2,784
Final Maps-Signed	20	16	↓	60
Final Maps (Signed)-Lot Count	1,057	778	↓	2,903
Improvement Plans-Received	18	25	↑	60
Improvement Plans-Lot Count	1,006	791	↓	2,784
Expedited Improvement Plans-Received	0	1	↑	0
Expedited Improvement Plans-Lot Count	0	1	↑	1

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

Individual Sewage Disposal Systems	Oct. 2024	Oct. 2025	FY 24-25	FY 25-26
Residential ISDS Permits	7	8	↑	24
Commercial ISDS Permits	1	0	↓	2
Commercial Holding Tank Permits	1	0	↓	14
Residential Tenant Improvements	19	23	↑	73
Residential Certifications	0	0	→	0
Compliance Issues	8	11	↑	32
				37
				↑

**ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data**

Safe Drinking Water Program	Oct. 2024	Oct. 2025	FY 24-25	FY 25-26
Public Water System Sanitary Surveys	20	13	↓	27
Public Water System Violations Issued	9	15	↑	44
				28
				↓

**2. Safe Drinking Water Activity:**

A. Three *coliform* positive results were reported from routine monitoring events. Other than where noted, those samples were *E. coli* negative:

- **Indian Springs Water Co. Inc.:** One routine sample was *coliform*-positive. The repeat samples were *coliform*-negative.
- **Loves Travel Stop and Country Store:** One routine sample was *coliform*-positive. The repeat samples were *coliform*-negative.
- **North Las Vegas Utilities:** One routine sample was *coliform*-positive. The repeat samples were *coliform*-negative.

B. Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon; Laker Plaza; Red Rock Campground; Cowboy Trail Rides; Spring Mountain Youth Camp; the Coyote Springs Golf Course; and Blue Diamond Rainbow SW.

## **V. SPECIAL PROGRAMS**

### **ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data**

Special Programs	Oct. 2024	Oct. 2025	FY 24-25	FY 25-26	
<b>School Facility Kitchen Inspections</b>	74	118	↑	243	292
<b>School Facility Kitchen Complaints</b>	0	1	↑	3	3
<b>School Facility Inspections</b>	97	137	↑	276	344
<b>School Facility Complaints</b>	4	3	↓	15	10
<b>Summer Food Service Surveys</b>	8	3	↓	33	11
<b>Child Care Facility Inspections</b>	21	12	↓	145	153
<b>Child Care Facility Complaints</b>	2	0	↓	11	9
<b>Body Art Facility Inspections</b>	54	39	↓	233	234
<b>Body Art Facility Complaints</b>	5	6	↑	23	16
<b>Body Art Artist Special Event Inspections</b>	6	26	↑	12	132
<b>Total Program Services Completed</b>	271	345	↑	994	1,204

#### **1. Schools:**

A. **Oran Gragson Elementary School, 555 N. Honolulu St.:** During a routine inspection, SNHD staff closed some restrooms because water was not available at the hand sinks. School staff had turned off the water because the hot water temperature posed a scalding hazard. Hand sanitizer had been placed at each hand sink as a substitute for handwashing. SNHD staff required school administration to close the restrooms and repair the hand sinks. Students were directed to use the nearest set of restrooms until the hot water was repaired. The violation was corrected the following day, with the hot water temperature adjusted to below 110°F.

B. **Burkholder Middle School, 355 W. Van Wagenen St.:** Staff investigated a complaint alleging that no water was available at the school. School administration reported that the main water line to the school had been damaged during repairs resulting in the loss of water. Clark County School District representatives had already notified SNHD as required by the regulations and had implemented their contingency plans for loss of water service. These plans include the placement of portable handwashing stations and drinking fountains throughout the school with custodial staff using buckets of water to flush toilets. Water was restored after the end of the school day, and all restrooms were operational the following day. The

drinking fountains remained out of use while awaiting water safety test results. The school kitchen continued to operate by serving only pre-packaged food during the water outage.

- C. **Vanderburg, John C. Elementary School, 2040 Desert Shadow Trail:** SNHD staff observed operators of the student store selling food that requires refrigeration for safety. The student store does not have a health permit for food that requires refrigeration. A Cease-and-Desist Order was issued, and school administration was given a copy of the SNHD policy for food service in schools.
- D. **Innovation Academy, 5705 N. Rainbow Blvd.:** During a routine inspection, staff observed several hazards that resulted in the closure of the playground. Hazards included inadequate loose-fill surfacing depth, inadequate use-zones, a head entrapment hazard, a potential entanglement hazard near a slide entrance, and protrusions. Loose-fill surfacing must be maintained at a minimum depth of nine inches to prevent injuries resulting from falls and use zones are required to prevent serious collisions. The playground remains closed at this time.
- E. **Legacy Charter School, 5024 Valley Dr.:** During a routine inspection, staff observed several hazards that resulted in two swing sets being taken out of use. These hazards included potential entanglement hazards on the support beam of one swing set and protrusions on the seats of both swing sets. Staff also observed several hazards on one play structure including missing handrails, missing signage, and excessive dirt and debris. The play equipment cannot be used at this time and has been placed on a repair timeline.

2. **Body Art:**

- A. **Storytellers Tattoo, 3335 E. Russell Rd.:** Staff investigated a complaint alleging that artists were returning used ink to the original ink container and touching needles with gloved hands, compromising sterile techniques. The shop owner clarified that ink is dispensed into single service containers used for each tattoo. Any ink remaining at the end of a session is left in the container to dry and is then disposed of in the trash. An artist who was present confirmed that leftover inks are never returned to the original container. Staff observed one artist setting up for a tattoo, and no violations were observed. The complaint was unsubstantiated at the time of the investigation.
- B. **Las Vegas Tattoo Studios, 1955 E. Tropicana Ave.:** Staff investigated a complaint alleging that dermal piercing procedures were being performed using dermal punch instruments. Dermal piercing is prohibited by SNHD Regulations. The shop owner confirmed that the facility does not perform any dermal piercings or any similar procedures. The shop sells dermal jewelry but does not offer piercing services. Staff did not find any piercing equipment at the facility and all workstations were equipped exclusively with tattooing tools. A review of the consent forms found no references to piercing services. The complaint was unsubstantiated at the time of the investigation.
- C. **Crown Electric Tattoo Company Piercing, 2470 E. Tropicana Ave.:** Staff investigated a complaint alleging that dermal piercings were being performed in the facility. The piercing artist stated that they perform "staple" piercings, which is a piercing technique that complies with SNHD Regulations. Consent forms could not be reviewed because they were not being kept onsite or otherwise available for review. The owner of the facility was instructed to maintain consent forms onsite for at least two years for review upon request by SNHD staff. The piercing station did have dermal punch tools present, but no dermal jewelry was found. The owner reported that dermal punch tools were given to them as donations after their previous

location had burned down. Staff witnessed the disposal of the dermal tools. The complaint was unsubstantiated at the time of the investigation.

D. **Alpha Male SMP, 9640 W. Tropicana Ave.:** A routine inspection resulted in a noncompliant status due to multiple violations. An artist was providing services with a full sharps container, with no replacement available to dispose of their sharps. The artist was not able to provide any biohazardous waste records for the past three years to show proof of proper disposal. The patron consent forms were missing many required items including health questions, informed consent statements, and a listing of supplies used during the procedure. The aftercare instructions were not prominently displayed and were missing the required adverse reaction statement. A reinspection was conducted, and the facility was in compliance with the SNHD Regulations.

E. **Trip Ink, 5115 Dean Martin Dr.:** A routine inspection resulted in a noncompliant status. Violations included a body artist working with an expired body art card, failure to provide proper documentation for a visiting body artist, no hot water provided at two workstation hand sinks, expired spore tests, incomplete documentation for the sterilization logs, and noncompliant consent forms. A supervisory conference has been scheduled, and a reinspection is still pending.

## VI. PLAN REVIEW PROGRAM

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

Food Pre-Permitting Services	Oct. 2024	Oct. 2025	FY 24-25	FY 25-26
Food Safety Assessment Meetings	0	0	2	1
Total Pre-Permitting Services	1,350	740	4,284	3,877
New Project Submissions	207	180	989	992
Completed Projects	260	209	950	1,042
Total Service Requests Currently in Pre-Permitting	1,380	1,230		

#### 1. Enforcement Actions and Investigations:

A. **Masterpiece Cuisine Sun City Anthem Buffet, 2450 Hampton Rd.:** During a routine inspection, staff found an unpermitted Sunday brunch buffet. The operator was issued a Cease-and-Desist Order until a health permit was approved. A plan review application for the Sunday brunch was received, plans were reviewed, and the health permit was approved following a final permitting inspection.

B. **Viareggio Italian, 4275 S. Durango Dr.:** A CPH inspection for the bar failed due to lack of ware washing equipment, inadequate refrigeration, and no functional hand sinks. At the reinspection, most deficiencies were corrected but the ware wash sink lacked a drain board resulting in another failed inspection. A second reinspection was conducted, and the health permit was approved.

C. **Tacos Los Gueros de Tijuana, 320 N. Nellis Blvd.:** During a CPH inspection, staff found two refrigerators operating at unsafe temperatures. The affected foods were voluntarily discarded by the operator, and one of the refrigerators was taken out of service by SNHD staff. The thermostat on the other refrigerator was adjusted, which corrected the problem. Staff also found a blender that was not sanitation certified, and a penetration in the wall of the kitchen. All equipment must be sanitation certified

and working properly. The health permit was approved with corrections required within ten days.

- D. **Harvest Café #2, 6412 N. Losee Rd.:** A final permitting inspection failed due to an IHH, no hot water. SNHD Regulations require that facilities maintain a continuous supply of hot water and minimum temperatures. A reinspection is still pending.
- E. **Penang Hawker Food, 7400 S. Las Vegas Blvd.:** During a CPH inspection, staff found a meat grinder with a falsified UL Sanitation sticker. The grinder had rust on the food contact surfaces and dried food debris lodged between the cutting components. Staff also found a non-draining ice chest holding consumable ice. SNHD Regulations require food equipment to meet American National Standards Institute (ANSI) sanitation standards and that ice bins be sloped to an outlet that allows complete and continuous draining. The owner was instructed to remove the meat grinder and replace the ice chest with a self-draining bin. The health permit was approved following corrections.
- F. **Frank Food Truck Commissary, 4300 W. Tropicana Ave.:** A final permitting inspection resulted in failure due to the three -compartment sink being connected to an unapproved grease interceptor, an unfinished truck servicing depot area, and lack of water test results for total coliforms. Grease interceptors must be approved by the sewer authority and water test results showing samples are negative for coliforms are required once construction is complete. A reinspection is still pending.
- G. **Papa Joes Chicken and Waffles, 6320 Simmons St.:** Submitted plans were not approved because they did not include the refrigeration equipment. Adequate refrigeration must be verified for the proposed menu for plan approval. Plans were resubmitted the following day and approved with five refrigeration units. A final permitting inspection is still pending.
- H. **Capital One Lounge LAS, 5757 Wayne Newton Blvd.:** During a final permitting inspection, staff observed a waste line with no secondary containment over a section of the remote storage area. SNHD Regulations prohibit food storage under sewer lines that are not shielded to intercept potential drips. The permit was approved with the stipulation that the area under the waste line will not be used for food or equipment storage until containment is installed and approved.
- I. **Resorts World Crockford Lobby Pantry, 3000 S. Las Vegas Blvd.:** During a final permitting inspection, several violations were observed including failure to seal the mop sink closet to the wall, gaps around outlets, and a broken soap dispenser with no alternative soap provided. Gaps must be sealed to prevent pests from entering and any gap in an area subject to moisture can damage walls and harbor pests. Soap must always be provided at all hand sinks. A temporary soap dispenser was provided, and the gaps were sealed by end of day. The health permit was approved.
- J. **Kiddie Academy of Northwest Las Vegas, 6031 W. Craig Rd.:** A final permitting inspection failed due to hazards observed on the playground and in classrooms. Playground fencing had large gaps between the fences and support walls, and gaps beneath gates created head entrapment hazards. Head entrapment can lead to strangulation and death. The American Society for Testing and Materials (ASTM) standards for playgrounds prohibit openings between 3.5 inches and 9 inches because small children entering the opening, either feet first or headfirst, may not be able to get themselves out. Unshaded metal drinking fountains on the playground presented burn hazards for children. Hand sink heights were too high within the classrooms causing the fixtures to be out of reach for small children. Following corrective actions and reinspection, the health permit was approved.
- K. **Alta Water, 7518 Westcliff Dr.:** A CPH inspection resulted in failure for an IHH, no hot water. The inspector documented 36 demerits. The water temperature taken from

the three-compartment sink and both hand sinks was 77°F. SNHD Regulations require a minimum of 100°F hot water at all hand sinks. Additionally, the person-in-charge (PIC) was unable to identify the source of minerals for the alkaline water, there was a complete absence of sanitizer, water test results were not available, there was a large leak beneath the filtration equipment, a gap beneath the back door, and a rodent snap trap inside the facility. SNHD Regulations require that all food ingredients be from an approved source, the facility must be in good condition, and all pest control must be done by a licensed operator. The new owner is in the process of making corrections. A Food Safety Assessment Meeting is scheduled, and a reinspection is still pending.

## VII. AQUATIC HEALTH PROGRAM

### ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

Aquatic Health Operations	Oct. 2024	Oct. 2025	FY 24-25	FY 25-26
<b>Total Operation Inspections</b>	664	608	3,084	2,560
<b>Complaint Investigations</b>	8	20	144	170
<b>Inactive Body of Water Surveys</b>	7	6	32	22
<b>Drowning/Near Drowning/Accident Investigations at Permitted Facilities</b>	4	1	31	17
<b>Total Program Services Completed</b>	683	635	3,291	2,769

#### 1. Aquatic Health Operations

- A. **Bella Terra Apartments, 1349 W. Horizon Ridge Pkwy.**: A routine inspection conducted at the pool resulted in an IHH closure for multiple violations. The pool had high chlorine, high cyanuric acid, and an unsecured drain cover. High chlorine concentrations can cause skin, eye, and lung irritation. High cyanuric acid levels inhibit the action of chlorine. A reinspection is still pending.
- B. **Sonoma Palms Apartments, 3050 N. Jones Blvd.**: A routine inspection conducted at the pool resulted in an IHH closure due to multiple violations. The pool had a broken drain cover and high cyanuric acid. Broken or unsecured suction outlet covers can create a suction entrapment hazard, which could result in drowning. A reinspection is still pending.
- C. **Tropical Vista Homeowner's Association (HOA), 6100 Schmidt St.**: A routine inspection conducted at the pool resulted in an IHH closure due to broken glass near the aquatic venue. Broken glass can cause lacerations. Following corrections, the pool was reinspected and approved to reopen.
- D. **Park 80 Apartments, 4480 Sirius Ave.**: A routine inspection conducted at the pool resulted in an IHH closure due to the southwest gate not self-latching. An unsecure and improperly working gate may allow a child to access the pool area without supervision, which could result in drowning. The gate was repaired the same day, and the pool was reinspected and approved to reopen.
- E. **Maycliff Mobile Home Park, 3601 E. Wyoming 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. Immediate corrections were made, and the spa was reinspected and approved to reopen.

**F. Auric at Symphony Park, 250 Promenade Pl.:** A routine inspection conducted at the spa resulted in an IHH closure due to multiple violations. The spa had no detectable chlorine, a water temperature of 107.8°F, and a broken drain cover. Water temperatures greater than 104°F may cause overheating, dehydration, burns, and rashes. A reinspection is still pending.

**G. AC and Element Hotel, 330 S. Grand Central Pkwy.:** A routine inspection conducted at the pool resulted in an IHH closure due to multiple violations. One door was not self-closing, there was no detectable chlorine, and the disinfection feeder was not functioning. A non-functioning disinfection feeder will not provide proper chlorine levels, which could expose bathers to unknown pathogens. A reinspection is still pending.

**H. WorldMark Club, 8601 S. Las Vegas Blvd.:** A routine inspection conducted at the South Spa resulted in an IHH closure due to multiple violations. The spa had high chlorine and a broken drain cover. Corrections were made, and the spa was reinspected and approved to reopen.

**I. Colton Apartments, 320 Conestoga Way:** A routine inspection conducted at the pool resulted in an IHH closure due to the gates not self-closing. A reinspection is still pending.

**J. Independence, 3113 Independence Park St.:** A routine inspection conducted at the pool resulted in an IHH closure due to the North gate not self-closing. The gate was secured the same day, and the pool was reinspected and approved to reopen.

## ENVIRONMENTAL HEALTH Aquatic Health Plan Review Program - Fiscal Year Data

Aquatic Health Plan Review	Oct. 2024	Oct. 2025	FY 24-25	FY 25-26	
<b>Total Pre-Permitting Services</b>	461	330	↓	1,819	1,642
<b>New Project Submissions</b>	152	105	↓	410	477
<b>Completed Projects</b>	68	95	↑	335	467
<b>Total Projects Currently in Plan Review</b>	412	501	↑		

### 2. Aquatic Health Plan Review:

**A. Aria, 3730 S. Las Vegas Blvd.:** A final inspection was conducted for a new chemical controller installed on the spa. The pH was initially below the acceptable range, which would impact the effectiveness of the disinfecting agent. After the controller was recalibrated, the pH tested within the acceptable range and the remodel was approved.

**B. Caesars Palace Hotel and Casino, 3570 S. Las Vegas Blvd.:** Suction outlet fitting assembly (SOFA) remodels were submitted for the health spas. The SOFA flow rates were unknown due to the presence of existing custom-designed grates. An engineer has provided maximum flow rates for the grates, and staff review is still pending.

**C. Boulder City Main Pool, 861 Avenue B:** At a plumbing inspection for the pool, staff found an insufficient sump for the drain covers. Failure to obtain sufficient sump depth could result in a suction entrapment hazard. Corrections were made and the inspection was approved.

- D. Las Vegas Grand Apartment Spa, 818 E. Flamingo Rd.:** A SOFA remodel application was denied because the plumbing configuration was not correct. Corrections were made and the application was approved.
- E. Allegro at La Entrada, 951 Las Palmas Entrada Ave.:** A SOFA plumbing inspection resulted in failure because the plumbing configuration was not correct. A resubmittal is still pending.

### **VIII. TRAINING OFFICE**

- 1. Training Office staff provided onsite intervention training to: Soulbelly BBQ, 1327 Main St.; Brother's Restaurant, 1720 E. Charleston Blvd.; Kamu at the Palazzo, 3325 S. Las Vegas Blvd.; Taj Palace Indian Cuisine, 7175 W. Lake Mead Blvd.; PF Chang's, 6671 S. Las Vegas Blvd.; and Kebab and Kurry, 6825 S. Las Vegas Blvd.

### **IX. REGULATORY SUPPORT**

- 1. Staff participated in or performed the following activities and participated in the following external meetings: Regulatory and Laboratory Training System Steering Committee virtual and in-person meetings; Association of Food and Drug Officials Food Protection Education Resource Collection Committee and Local Retail Training Focus Group; National Environmental Health Association (NEHA) Environmental Health Leadership Academy Year 5 Mentorship meetings; Conference for Food Protection (CFP) Executive Board meeting; NEHA Food Safety Program Committee; CFP Food Safety Culture at Retail Committee meeting; CFP Program Standards Committee meetings; assisted with Accela User Acceptance Testing reviews; Retail Flexible Funding Model Mentorship meetings and quarterly call; began work for 2026 Crumble Award application; attended SNHD All-Hands 2025 meeting; updated beer line data collection survey, trained collectors, and conducted surveys; held calls with other jurisdictions to provide information on SNHD's restaurant grading process; attended EH Food Safety Partnership quarterly meeting; met with Nevada Department of Agriculture representatives regarding current policies and practices; and worked with SNHD Finance and the grantor to update the budget for additional funding for a site visit to the mentee.
- 2. Staff attended the following webinars: *From Challenge to Change: How Oral Culture Training Transforms Food Safety Practices*; *Rodent Control Foundations: Behavior, Risks, and Real-World Challenges*; *Interrogate Your Assumptions*; and *Weathering the Storm: The Importance of Environmental Health Preparedness and Response, Part I*.
- 3. Staff issued renewals for two organizations who conduct training and testing in lieu of individuals taking the SNHD onsite food handler safety training card exam.
- 4. 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 submissions of labels for review, waivers, operational plans, and Hazard and Critical Control Point (HACCP) plans.
- 5. Special Processes staff planned and facilitated the Retail Specialized Processes Mentoring Program quarterly call on October 10.
- 6. Special Processes staff assisted EH Food Operations staff with two special events: Art in the Park on October 4 and Aki Matsuri on October 11.
- 7. Special Processes staff received 11 new submissions and released six special process files affecting seven facilities. There are currently 23 files in review.
- 8. Label Review staff received 17 new submissions, released 15 label files consisting of 86 labels, and there are currently 21 active files in review.

- 9.** Cottage Food Operations staff completed 61 new registrations and 83 new inquiries, frequently with multiple follow-up inquiries per individual.

CDS/hh

# Memorandum



**Date:** November 20, 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 *JL*

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

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The Public Health and Preventive Care (PPC) Division is dedicated to protecting and promoting the health of our community. Through a range of clinical services, programmatic initiatives, and community outreach efforts, PPC works to prevent disease, support wellness, and ensure access to essential health resources for all residents. Our goal is to create a healthier, more equitable community by addressing public health needs with care, collaboration, and evidence-based practices.

## I. PPC Administrative Updates

- A. The expanded use of the electronic health record system (eClinicalWorks) has improved patient access to online self-scheduling.
- B. Michelle Wong, Community Health Nurse with our SHOPP program, received the Employee of the month recognition in October.
- C. FOCUS Project received year 4 subaward in the amount \$205,586.00.

## II. Immunization Program

### A. Immunization Program Activities

#### 1. **Influenza (Flu) Vaccine (2025-2026 Season)**

All Public Health Centers have continued to provide influenza vaccinations to the community. Although delays persisted in the distribution of state-funded influenza vaccines, no clients were turned away. Alternative arrangements were implemented to ensure that all individuals requesting influenza vaccination were able to receive the vaccine without interruption in service delivery.

#### 2. **COVID-19 Vaccine (2025–2026 Season)**

The 2025–2026 COVID-19 vaccine has been made available to clients with private and commercial insurance coverage. Public Health Centers continue to experience delays in the receipt of state-funded COVID-19 vaccine allocations. Despite these delays, all clients requesting vaccination were accommodated through alternative arrangements to ensure uninterrupted access to COVID-19 immunization services.

#### 3. **Respiratory Syncytial Virus (RSV) Vaccine**

RSV vaccine continues to be encouraged to all those who are eligible and continue to provide the vaccine those at risk.

Public Health Centers continue to promote and administer the RSV vaccine to eligible populations, with emphasis on individuals at increased risk for severe disease outcomes. The Centers for Disease Control and Prevention (CDC) provides the following recommendations for RSV vaccination timing and eligibility:

- **Adults ages 50–74 years** who are at increased risk for severe RSV infection are recommended to receive the vaccine at any time, with optimal timing in late summer through early fall.

- **Adults ages 75 years and older** are recommended to receive the vaccine at any time, with optimal timing in late summer through early fall.
- **Infants and young children:** The RSV vaccine is recommended for infants whose mothers did not receive RSV vaccination during pregnancy and for certain children ages 8–19 months who are at increased risk for severe RSV. The optimal vaccination period is from October through March.
- **Pregnant individuals between 32 weeks and 0 days through 36 weeks and 6 days of gestation** are recommended to receive the RSV vaccine between September and January to provide passive protection to their infants.

B. Immunization Outreach Activities

1. Immunization outreach clinics in October- ten clinics, 378 vaccines were administered to 179 clients. The clinics were held at CCSD Family Support Center, Liberty High School, Delta Academy, Homeless outreaches, Mexican Consulate, Binational event at East LV Center, North LV workplace vaccination, and Boulder City library.

**III. Community Health Nursing**

A. Maternal Child Health

The Maternal Child Health (MCH) Nurse received 1 new lead referral and no newborn screening referrals in October. There are currently 9 active clients enrolled in the lead case management program. The MCH Nurse continues to support the Healthy start program by completing joint home visits with the community health workers. In addition, the MCH Nurse attended 2 outreach events: West Henderson Family Night and the Airport Employee Health Fair. The MCH Nurse also assisted in 3 employee health flu clinics and during a community immunization outreach event.

B. Nurse Family Partnership (NFP)

The Southern Nevada Health District Nurse-Family Partnership (NFP) is an evidence-based nurse home visiting program that provides services to pregnant first-time mothers across the nation including Las Vegas. In October, the program had 145 families enrolled. Of those 145 enrolled, 61 families participated in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, a grant funded by the Nevada Division of Public and Behavioral Health. Education, support, and resources were provided during each of these visits to improve pregnancy outcomes, growth and development of children, and the economic self-sufficiency of the families.

C. 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 84 families served by SNHD's Healthy Start program in October 2025. In-person program outreach was conducted at the Clark County Health and Wellness Fair, UNLV's Step Up for Kids event and at 9 Department of Welfare and Supportive Service locations.

D. Embracing Fatherhood

The Embracing Fatherhood of Southern Nevada program currently has 14 families enrolled. The community health worker continues to provide education, support, and community resources to families.

**IV. 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 217 screening encounters for the month of October.

- 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 40 active clients and completed 2 educational community events.
- C. SHOPP houses Complex STI navigation services including Neurosyphilis Emergent Onsite Navigation (NEON) program which aims to provide critical linkage services to patients suspected of neurosyphilis. Three NEON referrals were received, and three clients were navigated.
- D. The SHOPP *Rapid PREVENT* program has a total of 15 enrolled clients. CHW's for this initiative work collaboratively with Express Testing to assess and provide linkage to care services and community resources.
- E. 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. This program now has a total of 36 active clients.

## **V. Street Medicine (SM) – Introduction of New Program**

### **A. Program Launch & Staffing**

The new Street and Medicine program was launched to deliver essential primary care services directly to unhoused individuals—meeting them where they are, in line with the recognized philosophy of street medicine: going to the people and centering their needs. APRN and Senior Community Health Nurse continue with orientation and are integral in program development. A nurse supervisor is assisting in the program development.

### **B. Community Engagement & Collaboration**

The Street Medicine team toured and met with key personal at Help of Southern Nevada and Shine A Light to explore opportunities to collaborate.

### **C. Approach & Intent**

This primary care initiative embraces a harm-reduction and trauma-informed care model—focused on building trust through consistent outreach, nonjudgmental engagement, and accountability in meeting patients where they are. Community partnerships will play an instrumental role in both piloting and scaling the program effectively.

### **D. Statistical report on program activities will be added to BOH reports later in the year.**

## **V. Tuberculosis (TB) Clinic**

### **A. TB clinic has five (5) new adult TB active cases and zero (0) pediatric cases for the month of October 2025.**

## **VI. Employee Health Nursing – October 2025**

- A. There were two (2) SNHD employees who tested positive for COVID-19. Zero (0) PCR tests were conducted. Zero (0) tests from outside entities.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continues, and annual catch-up TB testing is ongoing. Twenty-one (21) Tuberculosis tests were completed.

C. Employee New Hire and Annual FIT Testing Medical Evaluations continue. Fifteen (15) medical clearances were completed.

D. Vaccine Clinics

1. October 1 – October 31, 2025

2. Employees Total: 171 employees

- a) 91 COVID-19 Updated booster.
- b) 164 Influenza Vaccine
- c) 0 Monkeypox Vaccine
- d) 6 other vaccines
- e) 2 Hepatitis B vaccines- Immz Policy

3. Total Vaccines Given: 263

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

F. Employee Health Nurse Accomplishments:

1. Six (6) Employee Health Flu Clinics held.

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

Client Encounters by Locations												
Location	DECATUR PHC	Bonanza PHC	Henderson PHC	Mesquite PHC	Fremont PHC	UNLV	Homeless Outreach	Other Outreach	School Based Outreach	Mobile Clinic	TOTAL	
Immunization Clinics and Outreach	1,083	483	240	60	0		16	69	96		2,047	
Immunization Records Issued and Transcription	133	40	23	3	0						199	
SHOPP Express Testing (ET)	147		1	0	12	40	17	0			217	
TB Treatment & Control	1,401										1,401	
CHN Home Visits ^	282										282	
<b>TOTAL</b>	<b>3,046</b>	<b>523</b>	<b>264</b>	<b>63</b>	<b>12</b>	<b>40</b>	<b>33</b>	<b>69</b>	<b>96</b>	<b>0</b>	<b>4,146</b>	

<sup>^</sup> Data reporting began 7/1/2025

Client Encounters by Program						
Program	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
Immunization Clinics and Outreach**	2,928	1,876	↓	14,502	11,740	↓
Immunization Records Issued and Transcription	227	199	↓	2,171	1,803	↓
SHOPP Express Testing	297	217	↓	1,100	883	↓
TB Treatment & Control	1,945	1,401	↓	6,161	6,305	↑
CHN Home Visits^		282	↑		964	↑
<b>TOTAL</b>	<b>5,397</b>	<b>3,975</b>	<b>↓</b>	<b>23,934</b>	<b>21,695</b>	<b>↓</b>

<sup>^</sup> Data reporting began 7/1/2025

Total Client Immunizations Administered by Locations												
Location	DECATUR PHC	Bonanza PHC	Henderson PHC	Mesquite PHC	Fremont PHC	UNLV	Homeless Outreach	Other Immunization Outreach	School Based Outreach	Mobile Clinic	TOTAL	
<b>Total Immunizations Administered ***</b>	<b>2,433</b>	<b>1047</b>	<b>427</b>	<b>75</b>	<b>0</b>		<b>35</b>	<b>131</b>	<b>212</b>		<b>4,360</b>	

\*Includes Family centers, School clinics, and Immunization Outreach BTS clinics  
\*\*Includes BTS encounters by clinic, outreach, and COVID teams  
\*\*\* New category added 07/01/2024

Total Client Immunizations Administered by Locations						
Program	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
<b>Total Immunizations Administered ***</b>	<b>9,695</b>	<b>4,163</b>	<b>↓</b>	<b>33,232</b>	<b>25,856</b>	<b>↓</b>

## Immunization Clinic and Outreach Programs

Immunizations	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
Flu Vaccine Given	2,944	735	↓	3,572	1,035	↓
COVID Vaccine Given	646	193	↓	1,388	309	↓
TB Skin Test *		10	↑		33	↑
Newborn Screening	0	0	→	0	2	↑
Immunization Record Review and Release Only*		179	↑		1,669	↑
Transcription of Immunization Records Only*		20	↑		134	↑
Same Day Appts *		287	↑		3,345	↑
Referred to Civil Surgeon for Medical Assessment*		1	↑		17	↑
Vaccine Counseled **		49	↑		278	↑

\*Started data collection 07/01/2025

\*\*Counseled related to travel or routine vaccinations; no vaccine provided at appointment.

Vaccines for Children (VFC)	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
Number of VFC Compliance Visits	9	8	↓	24	21	↓
Number of IQIP Visits	0	0	→	0	0	→
Number of Follow Up Contacts	35	39	↑	107	39	↓
Number of Annual Provider Training	10	8	↓	25	8	↓
Number of State Requested Visits	26	11	↓	73	11	↓

Perinatal Hepatitis B	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
# of Expectant Women	10	8	↓	14	10	↓
# of Infants	63	47	↓	64	56	↓
Total # of Infants Delivered	4	3	↓	18	13	↓
New Cases	1	2	↑	12	11	↓
Closed Cases	3	16	↑	38	22	↓

Childcare Program	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
Childcare Audits	12	12	→	16	31	↑
Baseline Immunization Rate	84%	80%	↓	85%	88%	↑
# of Final Audits	12	12	→	16	31	↑
Final Immunization Rate	99%	97%	↓	94%	96%	↑
# of Records Reviewed	1151	790	↓	1384	1970	↑

Community Health Program						
Program	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
Nursing Field Services	20	1	↓	63	40	↓
MCH Team Home Visit Encounters	121	145	↑			
NFP (Team 1)	19	12	↓	62	56	↓
Referrals	4	10	↑	25	32	↑
Enrolled						
Active						
NFP (Expansion Team)**	1	0	↓	15	0	↓
Referrals	0	0	→	7	0	↓
Enrolled	55	0	↓			
Active						
** Pending receipt of NOA**						
MCH	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
# of Referrals Received	7	3	↓	20	17	↓
# from CPS	5	2	↓	13	10	↓
# of Lead Referrals	1	1	→	6	5	↓
# of Total Admissions	5	1	↓	19	11	↓
Thrive by 0 - 3	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
Referrals	50	40	↓	124	204	↑
One-Time Home Visits	6	4	↓	9	10	↑
Enrolled	5	1	↓	10	11	↑
Active	21	14	↓			
Healthy Start**	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
Referrals	21	33	↑	63	121	↑
Enrolled	2	8	↑	26	31	↑
Active	40	84	↑			
Embracing Fatherhood***	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
Referrals ***	n/a	0		n/a	8	↓
Enrolled ***	n/a	1		n/a	5	↓
Active	n/a	14				

\*\*\*New program as of 1/2025

## Tuberculosis Program

Tuberculosis	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
Number of Case Manager Encounters^		132	↑		371	↑
Number of Unduplicated Clients Seen by a Provider^		48	↑		231	↑
Number of Clients Seen by TB Clinic Nurse^		436	↑		1752	↑
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	73	84	↑	282	423	↑
New Active Clients^		5	↑		13	↑
Number of Clients Receiving LTBI Treatment^		287	↑		1119	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	7	8	↑	24	27	↑
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,765	1,353	↓	5,409	5,924	↑

<sup>^</sup> No data available; data reporting started 7/1/2025

Sexual Health Outreach and Prevention Program (SHOPP)

SHOPP - Express Testing (Asymptomatic Patients)	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
# of Screening encounters	265	217	⬇️	970	883	⬇️
# of Clients Screened	265	216	⬇️	968	882	⬇️
# of Clients with positive STI identified	29	27	⬇️	89	88	⬇️
STI Positivity Rate*		12	⬆️		10	⬆️
SHOPP All CHW Linkages	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
# of clients referred to Linkage	18	13	⬇️	69	80	⬆️
# of clients linked to care	18	13	⬇️	65	80	⬆️
SHOPP- Congenital Syphilis Case Management Program (CSCMP)	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
# of Referrals (pregnant, post-partum, infants)	10	8	⬇️	37	30	⬇️
# of Clients enrolled in CM	7	6	⬇️	24	19	⬇️
# of Active pregnant/ postpartum clients	45	40	⬇️			
# of Infants being followed	18	11	⬇️			
# of Provider/ Community trainings	3	2	⬇️	14	20	⬆️
SHOPP -Services for Unhoused Patients with Resources and Engagement in core (SURE)	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
# of Outreach events	5	10	⬆️	20	33	⬆️
SHOPP- Complex STI Navigation	Oct 2024	Oct 2025		FY 24-25	FY 25-26	
# of Clients referred	4	3	⬇️	21	25	⬆️
# of Clients navigated	4	3	⬇️	20	24	⬆️
# of Home administered treatment of STI (HATS)*		4	⬆️		5	⬆️
*No data available; data reporting started 7-1-2025						
Non- cumulative						

**From:** [Kodiak Yazzie](#)  
**To:** [SNHD Public Comments](#)  
**Subject:** SNHD Nov 30th meeting agenda item ISDS open comment  
**Date:** Tuesday, November 18, 2025 8:36:48 AM

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Southern Nevada Health District, Abandon your regulations, not my septic and well!

Please read into the record

ISDS proposal to force homeowners to convert is outrageous. I didn't purchase by dream home which has a well and septic only to be forced to come out of pocket likely \$100k-\$200k in fees to abandon it and forced to tie into city water and sewer. This would be a catastrophic expense which I cannot do, the rising living expenses are challenging enough. The tearing up of yard and removal of the tank would be a burden no homeowner can take on nor should they foot the bill for this either. I have meticulously maintained my system with zero issues. This is unlawful to force such action and expenses on private homeowners. Private owners with already established wells and septic tanks need to be grandfathered in without any mandatory changes.

Eugene Yazzie

89129 homeowner on well and septic