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GENERAL INFORMATION

<u>History</u>

The Southern Nevada Health District was created in 1962, following statutory authorization from the Nevada State Legislature to combine the county health department and the health departments of several surrounding cities. Pursuant to Nevada Revised Statute (NRS) Chapter 439 the Health District's powers and jurisdictions are as follows:

- Prevent and control nuisances.
- Regulate sanitation and sanitary practices in the interests of the public health.
- Provide for the sanitary protection of water and food supplies.
- Protect and promote the public health generally in the geographical area subject to the jurisdiction of the health district; and
- Improve the quality of health care services for members of minority groups and medically underserved populations.

At the time of its creation, the Health District had approximately 30 employees, including four sanitarians who inspected 800 eating and drinking establishments. The Health District currently employs approximately 800+ staff members and inspects over 22,000+ active food and beverage establishments.

Today, the Southern Nevada Health District is one of the largest local public health organizations in the United States. The health district serves more than 2.2 million residents, which represents 72 percent of Nevada's total population. Additionally, the Health District is charged with safeguarding the public health of more than 32.2 million visitors to Las Vegas each year.

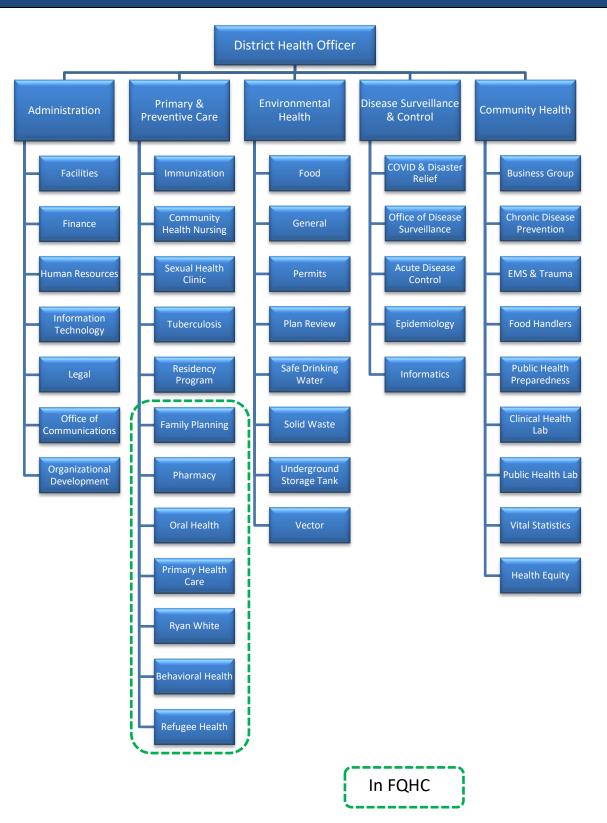
In the past decade, the role of public health has expanded to include oversight and participation in areas such as bioterrorism and disaster and emergency preparedness.

Mission

The mission of the health district is, "To assess, protect, and promote the health, the environment, and the well-being of Southern Nevada communities, residents, and visitors."

To this end, the Health District offers services and provides regulatory supervision that impact the public every day – from the food they eat and the water they drink, to the public establishments they visit, the businesses they operate and the requirements they must meet to work in certain industries such as food service and childcare.

ORGANIZATION CHART



BUDGET PROCESS

The budget is developed annually to meet the needs and goals of the Health District and the community it serves. It also serves a management tool by measuring actual performance against budget standards. The budget cycle involves all divisions/departments to analyze their fiscal year-to-date revenue and expenses and make recommendations or adjustments as necessary. Since Southern Nevada Health District's (SNHD) budget is part of Clark County's budget, the deadlines for tentative and adopted budgets are completed normally before April 1st.

Below are the summarized highlights in preparing the annual fiscal budget.

- 1. During mid-fiscal year, divisions, departments, and programs begin GL budget worksheet analysis report with assistance of budget analyst and accountants. This involves analyzing fiscal year-to-date expenditures and adjust accounts as needed.
- 2. Salary and benefits for full-time and part-time employees are reconciled and projected for estimated current year and for the following fiscal year. This process is accomplished by the budget analyst and verified by the departments.
- 3. Projections for revenues such as property tax are received from Clark County and SNHD charges for services such as permits, licenses etc. are also projected for the following fiscal year. Grants are also reviewed and projected for any renewal and new awards that are expected to be received in the upcoming year.
- 4. Capital projects requests are reviewed, and any significant projects are considered and approved by upper management.
- 5. A proposed fiscal budget is compiled by the budget analyst which involves summaries of all funds. All revenues, expenditures including capital outlay are outlined and presented in a standard format and reviewed by the CFO.
- 6. A tentative budget is presented to the Board of Health by the CFO. Any changes are still allowed at this point.
- 7. By the end of March, the budget is presented to the Board of Health for adoption. This is the final budget. Any subsequent change/s will be captured in budget augmentation. The final report is submitted to Clark County.
- 8. Clark County submits SNHD adopted budget to State Department of Taxation.
- 9. The budget book is developed and compiled by the budget analyst.

BUDGET AUGMENTATION

Adjustments to the adopted budget are accomplished through an augmentation process. A formal approval is required from the Board of Health to make any adjustments to the adopted budget. Once this is achieved, the general ledger budget amounts are updated in the accounting system.

SUMMARY OF ALL FUNDS

FY 2022-2023 ADOPTED BUDGET											
		General Fund	Ca	Capital Projects Fund		Bond Reserve Fund		Special Revenue Fund		Proprietary Fund	Total All Funds
Revenues:											
Property Tax	\$	29,671,494	\$	-	\$	-	\$	-	\$	-	\$ 29,671,494
Charges for Services		26,329,659		-		-		-		-	26,329,659
Licenses/Permits		18,911,491		-		-		-		-	18,911,491
Grant Revenues		-		-		-		103,115,698		-	103,115,698
Interest Earnings		327,927		80,000		55,000		-		10,100	473,027
Other		1,497,594		-		-		847,838		-	2,345,432
Total Revenue		76,738,165		80,000		55,000		103,963,536		10,100	180,846,801
Expenditures:											
Salaries		41,088,312		-		-		21,758,161		-	62,846,473
Taxes & Fringe Benefits		17,472,840		-		-		9,248,284		-	26,721,124
Supplies		352,981		-		-		89,306,744		8,000	89,667,725
Capital Outlay		232,921		2,282,433		3,045,479		3,241,458		-	8,802,291
Total Expenditures		59,147,054		2,282,433		3,045,479		123,554,647		8,000	188,037,613
				4							
Excess (Deficiency) of Revenues		17,591,111		(2,202,433)		(2,990,479)		(19,591,111)		2,100	(7,190,812)
Other Financing Sources(Uses)											
Transfers In		-		-		-		19,591,111		-	19,591,111
Transfers Out		(19,591,111)		-		-		-		-	(19,591,111)
Beginning Fund Balance		32,666,047		2,202,433		2,990,479				160,232	38,019,191
Ending Fund Balance	\$	30,666,047	\$	-	\$	-	\$	-	\$	162,332	\$ 30,828,379

FUND BALANCE ANALYSIS

Fiscal Year (FY) 2022-2023 Adopted Budget for all funds amounts to \$180.6 million and is comprised of four major components: General Fund, Capital Projects Fund, Bond Reserve Fund and Special Revenue (Grant) Fund. SNHD has one Proprietary fund which is called Insurance Liability Fund.

Nevada Revised Statutes 354.533 defines Fund Balance as the excess of assets over liabilities in a governmental fund. In other words, fund balance represents the net difference between total financial resources and total appropriated uses. Fund balances provide a financial cushion against predicted changes. While changes may occur from year to year, maintaining proper fund balances over the long term is an important component of sound financial management.

General Fund — This fund is the main operating account of SNHD which accounts for financial resources except those required to be accounted for in another fund. Beginning fund balance for FY 2022-2023 is projected to be \$32.3 million. Fund balance is the amount of unencumbered cash that ensures services could be provided for a short time if commitments exceeded revenues. The General Fund has a budget of \$76.7 million in total revenues for FY 2022-2023 which includes \$29.7 million in property (ad valorem) tax. Charges for services revenues are projected at \$26.3 million followed by licenses/permits at \$18.9 million. Interest earnings from investments and other revenues add up to \$1.8 million. On the expenditures side, salaries and employee benefits add up to \$58.5 million which is 76% of total revenue. Supplies and capital outlay total is \$585,902. There are no significant projects under the general fund.

<u>Capital Projects Fund</u> — Beginning Fund balance for FY 2022-2023 is \$2.2 million. This fund accounts for resources committed or assigned to the acquisition of capital assets other than a new administration building. There are no requirements to maintain a specific excess of assets over liabilities in the capital fund. Most capital expense is budgeted to be spent in FY 2022-2023.

<u>Bond Reserve Fund</u> — Beginning Fund balance for FY 2022-2023 is \$2.9 million. This fund accounts for resources that have been committed to or assigned to the future acquisition of a new administration building. The are no plans in the near future to acquire a new building. Most expenses are projected to be spent in FY 2022-2023.

<u>Special Revenue Fund</u> — This fund is interchangeably called Grant Fund as it tracks all awards received by SNHD. Grants are accounted for in the Special Revenue fund as they are approved at the federal, state and county level or received from awarding agencies. In FY 2022-2023, projected grants to be received total \$104 million, an increase compared of 45.7% compared to previous fiscal year estimate of \$71.3 million. About \$40 million are COVID-19 related grants.

<u>Insurance Liability Fund</u> — This fund accounts for SNHD employees' worker's compensation liabilities. It is considered a Proprietary fund because is accounts for activities that are similar to private sector and involves interactions with Clark County in terms of investing transactions.

Revenues and operating expenditures are monitored closely during the fiscal year to ensure that expenditures are consistent with actual revenue collections, with adjustments made as necessary.

EMPLOYEE COUNT BY DIVISION

FY 2022-2023 employee count total 825.10, a slight decrease from estimated prior fiscal year total. SNHD current has five major divisions: Administration, Community Health, Disease Surveillance and Control, Environmental Health and Primary and Preventive Care which has a subdivision called FQHC. The table below shows FQHC – Primary and Preventive Care employee separately to distinguish the different functions of the departments.

Divisions	FY 20/21 Actual	FY 21/22 Adopted	FY 21/22 ESTIMATED *	FY 22/23 ADOPTED	% FTE Change Adopted vs Estimated
Administration	154.5	125.1	163.0	143.5	-12.0%
Community Health	114.9	117.4	115.4	119.0	3.1%
Disease Surveillance & Control (1)	183.0	189.1	197.0	165.0	-16.2%
Environmental Health	172.0	167.9	173.0	172.0	-0.6%
FQHC - Primary & Preventive Care (2)	88.1	72.6	88.3	85.3	-3.4%
Primary & Preventive Care (2)	151.0	108.1	148.0	140.3	-5.2%
Total	863.5	780.1	884.7	825.1	-6.7%

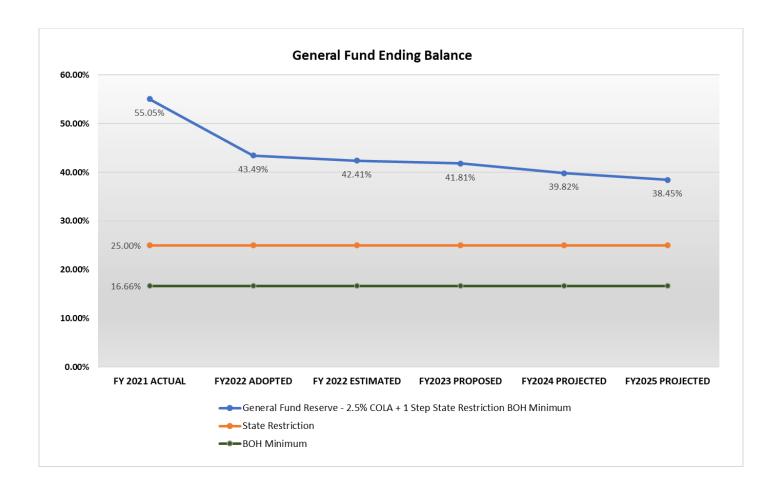
^{*} Estimated FTE count was before vacant positions were eliminated

⁽¹⁾ Disease Surveillance & Control Division was created in FY22 formerly named Communicable Disease & Prevention

⁽²⁾ FQHC - Primary & Preventive Care was under Clinicial Services which was renamed Primary & Preventive Care in FY22

GENERAL FUND BALANCE

The General Fund anticipated ending fund balance for FY 2022-2023 total \$30.6 million, which is approximately 41.8% of total general fund expenditures. State restriction is currently at 25% and Board of Health minimum requirement is 16.66%. Revenues and operating expenditures are monitored closely during the fiscal year to ensure that expenditures are consistent with actual revenue collections, with adjustments made as necessary.



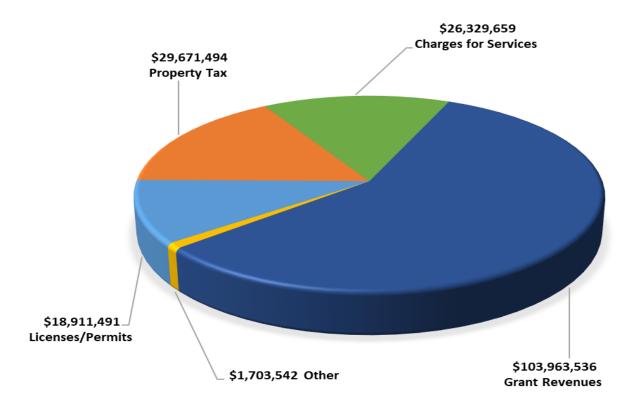
Combined General Fund and Special Revenue Funds

REVENUES BY SOURCE

Budget Highlights

FY 2022-2023 projected revenue for all major funds amounts to \$180.6 million. Property tax is anticipated to increase to \$29.7 million, a 5% increase from FY 2021-2022. The Southern Nevada Health District's property tax is based on the assessed valuation of real and personal property as determined by the Clark County Assessor's Office and the Nevada Department of Taxation. Grant revenues continue to increase which is attributed to COVID related grants. FY 2022-2023 expected grant revenues totals \$104 million an increase of 45.7% compared to \$71.4 million estimated FY 2021-2022.

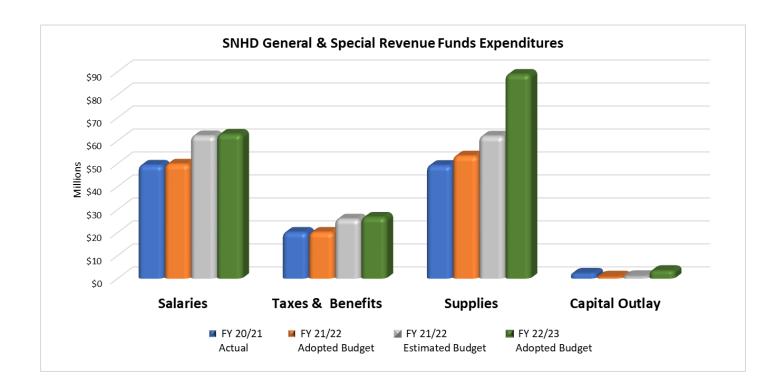
SNHD TOTAL REVENUES \$180,579,700



EXPENDITURES BY CATEGORY

Budget Highlights

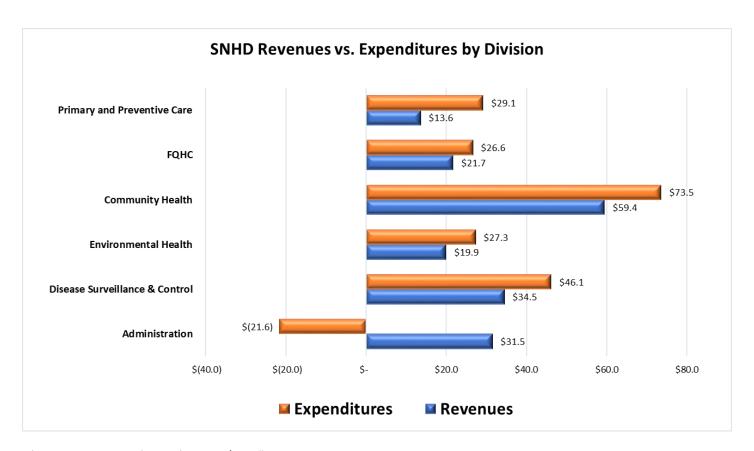
SNHD FY 2022-2023 projected expenditures for general and special revenue funds amounts to \$180.6 million. Salaries, taxes, and benefits total is \$90 million or 49.6% of total expenditures. Supplies and services add up to \$89 million which includes contractual costs of \$36 million. The Southern Nevada Health District has been awarded multiple COVID related grants in the past two years and which has made a significant impact on supplies category.



PRIMARY DIVISIONS

SNHD operates with five main divisions. Primary and Preventive Care which has a subdivision called FQHC (Federally Qualified Health Centers), Community Health, Environmental Health, Disease Surveillance & Control and Administration. FQHC are community-based health care providers that received funds from the HRSA (Health Resources and Services Administration) Health Center Program to provide primary care services in underserved area.

FY 2022-2023 projected grant revenues total \$104 million, an increase of 45.7% compared to \$71.2 million FY 2021-2022 estimate. The increase in grant revenue is attributed to a \$41.3 million ELC COVID Grant under Community Health division for primary purpose of studying COVID reagents and upgrading/replacing laboratory supplies.



Administration is negative due to Indirect Costs/Cost Allocations

General Fund Revenues and Expenditures

GENERAL FUND REVENUES

Revenues		FY 20/21 Actual	FY 21/22 Adopted Budget		FY 21/22 Estimated Budget		Estimated		FY 22/23 Adopted Budget	% Change FY22 Est vs. FY23 Adopted
Business Licenses & Permits	\$	19,179,957	\$ 20,430,848	\$	20,430,848	\$	18,911,491	-7.4%		
Property Tax	·	26,169,886	28,258,566	·	28,258,566	·	29,671,494	5.0%		
Charges for Services		21,602,711	27,074,597		26,326,165		26,329,659	0.0%		
Interest Earnings		121,743	327,927		327,927		327,927	0.0%		
Other		1,438,802	1,480,757		1,827,107		1,497,594	-18.0%		
		68,513,099	77,572,695		77,170,613		76,738,165	-0.6%		
Other Financing Sources										
Transfer In		53,995	-		-		-	0.0%		
Total General Fund Revenues	\$	68,567,094	\$ 77,572,695	\$	77,170,613	\$	76,738,165	-0.6%		

GENERAL FUND EXPENDITURES

Expenditures by Division (General Fund)	FY 20/21 Actual		FY 21/22 Adopted Budget	ı	FY 21/22 Estimated Budget		FY 22/23 Adopted Budget	% Change FY22 Est vs. FY23 Adopted
Primary & Preventive Care								
Salaries	5,783,177		7,002,411		7,271,408		7,202,573	-0.9%
Taxes & Fringe Benefits	2,299,361		2,715,713		2,896,739		3,061,096	5.7%
Supplies	10,838,444		4,622,491		2,787,853		3,033,421	8.8%
Travel & Training	46,601		61,354		48,025		70,321	46.4%
Contractual	1,373,371		960,712		907,112		817,764	-9.8%
Capital Outlay	710		-		-		-	0.0%
Indirect Costs/Cost Allocations	8,363,485		_		2,810,594		4,113,741	46.4%
Transfers In	(53,995)		_		-		-	0.0%
Transfers Out	3,220,492		704,510		802,844		1,586,595	97.6%
Total Primary & Preventive Care \$	31,871,647	\$	16,067,191	\$	17,524,575	\$	19,885,511	13.5%
		-						
FQHC			2 655 176		2 466 410		2 24 4 220	10.20/
Salaries			2,655,176		2,466,410		2,214,239	-10.2%
Taxes & Fringe Benefits			1,135,089		1,024,303		941,050	-8.1%
Supplies			8,725,763		8,906,310		9,673,192	8.6%
Travel & Training			46,045		46,663		46,913	0.5%
Contractual			540,519		535,155		604,638	13.0%
Capital Outlay			10,000		10,000		10,000	0.0%
Indirect Costs/Cost Allocations Transfers In			-		4,005,801		4,001,539	-0.1%
Transfers Out			070 200		1 420 600		1 201 040	0.0%
Total FQHC \$		\$	878,288 13,990,880	\$	1,438,689 18,433,331	\$	1,381,949 18,873,520	-3.9% 2.4%
		Υ.	13,330,000	Y	10,433,331	Υ .	10,073,320	2.470
Environmental Health								
Salaries	10,409,280		12,347,710		13,260,461		13,857,705	4.5%
Taxes & Fringe Benefits	4,186,873		5,278,647		5,503,716		5,894,131	7.1%
Supplies	184,290		111,800		111,800		130,500	16.7%
Travel & Training	224,990		361,521		348,666		354,917	1.8%
Contractual	212,355		248,850		248,850		272,350	9.4%
Capital Outlay	131,452		-		-		-	0.0%
Indirect Costs/Cost Allocations	4,084,433		-		5,296,391		5,574,647	5.3%
Transfers In	-		-		-		-	0.0%
Transfers Out	640,489	_	234,235	_	276,983	<u>,</u>	294,474	6.3%
Total Environmental Health \$	20,074,162	Þ	10,582,703	Þ	25,046,867	Þ	20,3/8,724	5.3%
Community Health								
Salaries	4,094,514		5,036,270		4,537,739		4,954,489	9.2%
Taxes & Fringe Benefits	1,653,008		2,101,577		1,888,393		2,105,658	11.5%
Supplies	1,242,060		1,936,171		2,055,607		2,367,471	15.2%
Travel & Training	12,513		41,587		41,602		43,054	3.5%
Contractual	457,645		922,831		979,401		924,120	-5.6%
Capital Outlay	-		124,110		124,110		129,681	4.5%
Indirect Costs/Cost Allocations	1,984,927		-		2,565,202		2,883,035	12.4%
Transfers In	-		-		-		-	0.0%
Transfers Out	5,953,840		1,948,346		1,845,466		9,603,810	420.4%
Total Community Health \$	15,398,507	\$	12,110,892	\$	14,037,520	\$	23,011,318	63.9%

⁻ continued the next page -

GENERAL FUND EXPENDITURES

Expenditures by Division (General Fund)	FY 20/21 Actual	FY 21/22 Adopted Budget	FY 21/22 Estimated Budget	FY 22/23 Adopted Budget	% Change FY22 Est vs. FY23 Adopted
Disease Surveillance & Control					
Salaries		2,958,650	2,944,970	2,840,882	-3.5%
Taxes & Fringe Benefits		1,234,530	1,234,690	1,207,375	-2.2%
Supplies		36,693	66,940	34,532	-48.4%
Travel & Training		32,557	33,072	32,911	-0.5%
Contractual		299,766	286,746	150,021	-47.7%
Capital Outlay		-	-	16,740	0.0%
Indirect Costs/Cost Allocations		-	1,154,725	1,163,972	0.8%
Transfers Out		8,485,550	6,448,209	6,646,774	3.1%
Total Disease Surveillance & Control	\$ -	\$ 13,047,746	\$ 12,169,352	\$ 12,093,207	-0.6%
Administration					
Salaries	9,810,761	8,428,019	9,717,939	10,018,424	3.1%
Taxes & Fringe Benefits	3,953,480	3,602,977	4,070,882	4,263,530	4.7%
Supplies	1,195,035	815,862	818,462	778,777	-4.8%
Travel & Training	37,947	87,576	87,576	93,938	7.3%
Contractual	4,919,346	6,339,502	6,482,502	6,684,644	3.1%
Capital Outlay	121,315	235,000	235,000	76,500	-67.4%
Indirect Costs/Cost Allocations	(30,527,308)	(15,735,422)	(31,709,427)	(45,497,437)	43.5%
Transfers Out	4,793,028	-	256,034	77,509	-69.7%
Total Administration	\$ (5,696,396)	\$ 3,773,514	\$ (10,041,032)	\$ (23,504,115)	134.1%
All Divisions					
Salaries	30,097,732	38,428,236	40,198,927	41,088,312	2.2%
Taxes & Fringe Benefits	12,092,722	16,068,533	16,618,723	17,472,840	5.1%
Supplies	13,459,829	16,248,780	14,746,972	16,017,893	8.6%
Travel & Training	322,052	630,640	605,604	642,054	6.0%
Contractual	6,962,717	9,312,180	9,439,766	9,453,537	0.1%
Capital Outlay	253,477	369,110	369,110	232,921	-36.9%
Indirect Costs/Cost Allocations	(16,094,463)	(15,735,422)	(15,876,714)	(27,760,503)	74.9%
Transfers Out	14,607,849	12,250,929	11,068,225	19,591,111	77.0%
Total All Divisions	\$ 61,647,920	\$ 77,572,986	\$ 77,170,613	\$ 76,738,165	-0.6%

Special Revenue Fund Revenues and Expenditures

SPECIAL REVENUE FUND REVENUES

Revenues	FY 20/21 Actual		FY 21/22 Adopted Budget		FY 21/22 Estimated Budget		FY 22/23 Adopted Budget	% Change FY22 Est vs. FY23 Adopted
Intergovernmental Revenues								
Federal Grants								
Department of Agriculture	\$	92,043	\$	111,453	\$	106,638	\$ 111,914	4.9%
Department of Health & Human Services		56,139,012		48,314,683		69,151,993	101,911,010	47.4%
Department of Homeland Security		949,290		-		201,194	127,960	-36.4%
Department of Justice		33,663		-		32,885	89,824	173.1%
Environmental Protection Agency		302,452		320,000		356,469	-	-100.0%
Department of Treasury		2,185,794		4,752,273		-	-	0.0%
State Grants								
Department of Health & Human Services		1,733,529		-		270,268	874,990	223.7%
Other Grants								
Other		707,323		1,007,107		1,220,997	847,838	-30.6%
Subtotal Revenues	\$	62,143,106	\$	54,505,516	\$	71,340,444	\$ 103,963,536	45.7%
Other Financing Sources								
Transfer In		14,677,609		12,250,930		11,068,225	19,591,111	0.0%
Total Special Revenue Fund Revenues	\$	76,820,715	\$	66,756,446	\$	82,408,669	\$ 123,554,647	49.9%

SPECIAL REVENUE FUND EXPENDITURES

Expenditures by Division	FY 20/21 Actual	FY 21/22 Adopted	ı	FY 21/22 Estimated	FY 22/23 Adopted	% Change FY22 Est vs.
(Special Revenue/Grants Fund)		Budget		Budget	Budget	FY23 Adopted
Primary & Preventive Care						
Salaries	6,315,866	1,056,053		3,511,450	3,167,827	-9.8%
Taxes & Fringe Benefits	2,391,734	444,716		1,475,592	1,346,327	-8.8%
Supplies	1,028,716	89,298		102,424	1,271,741	1141.6%
Travel & Training	85,018	7,997		19,255	166,876	766.7%
Contractual	2,640,986	58,540		96,313	2,481,829	2476.8%
Capital Outlay	139,744	-		-	-	0.0%
Indirect Costs/Cost Allocations	3,327,044	454,376		1,330,455	2,406,779	80.9%
Transfers In	(3,220,492)	(391,152)		(1,302,844)	(1,586,595)	21.8%
Transfers Out	53,995	-		-	-	0.0%
Total Primary & Preventive Care \$	12,762,611	\$ 1,719,828	\$	5,232,645	\$ 9,254,784	76.9%
FQHC						
Salaries		2,323,559		3,847,325	4,264,504	10.8%
Taxes & Fringe Benefits		993,322		1,603,355	1,812,414	13.0%
Supplies		310,454		310,454	769,516	147.9%
Travel & Training		35,756		35,756	45,958	28.5%
Contractual		223,578		223,578	419,588	87.7%
Capital Outlay		10,420		10,420	73,455	604.9%
Indirect Costs/Cost Allocations		1,395,972		1,636,355	1,724,551	5.4%
Transfers In		(1,198,299)		(1,438,689)	(1,426,062)	-0.9%
Total FQHC \$	-	\$ 4,094,762	\$	6,228,554	\$ 7,683,924	23.4%
Environmental Health						
Salaries	1,808,818	318,269		810,859	546,764	-32.6%
Taxes & Fringe Benefits	753,076	136,058		336,761	232,374	-31.0%
Supplies	19,574	45,870		45,870	99,948	117.9%
Travel & Training	13,738	32,503		32,503	6,013	-81.5%
Contractual	18,980	58,728		58,728	40,700	-30.7%
Capital Outlay	-	-		-	· -	0.0%
Indirect Costs/Cost Allocations	695,967	352,302		355,833	251,632	-29.3%
Transfers In	(640,489)	(227,582)		(276,983)	(224,676)	-18.9%
Total Environmental Health \$	2,669,664	\$ 716,148	\$	1,363,571	\$ 952,755	-30.1%
Community Health						
Salaries	6,488,373	3,359,948		4,011,938	4,423,276	10.3%
Taxes & Fringe Benefits	2,625,885	1,390,359		1,670,168	1,879,889	12.6%
Supplies	962,358	2,318,670		2,053,010	32,330,452	1474.8%
Travel & Training	68,738	145,346		127,978	157,338	22.9%
Contractual	14,978,179	3,223,910		3,134,518	5,223,432	66.6%
Capital Outlay	140,338	294,933		294,933	3,017,401	923.1%
Indirect Costs/Cost Allocations	6,756,348	3,272,053		3,069,311	12,718,351	314.4%
Transfers In	(5,926,641)	(1,996,680)		(1,845,466)	(9,306,018)	404.3%
Total Community Health \$	26,093,578	\$	\$	12,516,390	\$ 50,444,121	303.0%

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SPECIAL REVENUE FUND EXPENDITURES

Expenditures by Division (Special Revenue/Grants Fund)	FY 20/21 Actual	FY 21/22 Adopted Budget	FY 21/22 Estimated Budget	FY 22/23 Adopted Budget	% Change FY22 Est vs. FY23 Adopted
Disease Surveillance & Control					
Salaries	-	9,159,714	9,756,182	9,347,997	-4.2%
Taxes & Fringe Benefits	-	3,915,776	4,226,562	3,972,898	-6.0%
Supplies	-	1,937,373	939,556	1,492,251	58.8%
Travel & Training	-	130,827	129,299	120,150	-7.1%
Contractual	-	19,153,694	28,988,725	16,679,515	-42.5%
Capital Outlay	-	353,004	386,889	150,602	-61.1%
Indirect Costs/Cost Allocations	-	10,309,053	6,947,937	8,878,422	27.8%
Transfers In	-	(8,485,550)	(6,448,209)	(6,640,952)	3.0%
Total Disease Surveillance & Control	\$ -	\$ 36,473,891	\$ 44,926,941	\$ 34,000,883	-24.3%
Administration					
Salaries	5,259,346	28,021	19,341	7,793	-59.7%
Taxes & Fringe Benefits	1,937,604	11,979	9,337	4,382	-53.1%
Supplies	5,702,492	,	922	922	0.0%
Travel & Training	11,105	_	4,739	4,739	0.0%
Contractual	2,723,611	_	916,026	1,487,254	62.4%
Capital Outlay	1,757,718	_	-	-	0.0%
Indirect Costs/Cost Allocations	5,315,105	8,418,990	256,034	406,808	58.9%
Transfers In	(4,889,987)	(9,887,133)	(256,034)	(406,808)	58.9%
Total Administration		\$ (1,428,143)	\$ 950,365	\$ 1,505,090	58.4%
All Divisions					
Salaries	19,872,403	16,245,564	21,957,096	21,758,161	-0.9%
Taxes & Fringe Benefits	7,708,299	6,892,210	9,321,774	9,248,284	-0.8%
Supplies	7,713,140	4,701,665	3,452,235	35,964,830	941.8%
Travel & Training	178,599	352,429	349,530	501,074	43.4%
Contractual	20,361,756	22,718,450	33,417,888	26,332,318	-21.2%
Capital Outlay	2,037,800	658,357	692,242	3,241,458	368.3%
Indirect Costs/Cost Allocations	16,094,464	24,202,746	13,595,925	26,386,543	94.1%
Transfers In	(14,677,609)	(22,186,396)	(11,568,225)	(19,591,111)	69.4%
Transfers Out	53,995	-	-	-	0.0%
Total All Divisions	\$ 59,342,847	\$ 53,585,025	\$ 71,218,466	\$ 103,841,557	45.8%

Divisions and Department Information

PRIMARY & PREVENTIVE CARE

The Primary & Preventive Care Division provides the following services: Family Planning, Adult and Childhood immunizations, Covid Vaccinations, Maternal and Child Health Care; Child Protective Services; Nurse Family Partnership Sexual Health; Substance Abuse, Tuberculosis Control and Residency Program. SNHD Primary & Preventive services are delivered at the 280 S. Decatur Blvd Public Health Center, East Las Vegas Public Health Center, Henderson-Touro Clinic, and limited services in Mesquite, in addition to the services delivered at the SNHD Mobile Unit. Additional clinics and services are provided regularly through field visits and at various sites throughout the urban and rural Clark County.

	General Fund		Re	Special venue Fund	Total
Revenues	\$	18,358,445	\$	16,938,708	\$ 35,297,153
Transfer In				3,012,657	3,012,657
Expenditures		27,665,207		15,746,580	43,411,787
Capital Outlay		10,000		73,455	83,455
Indirect Cost/Cost Allocations		8,115,280		4,131,330	12,246,610
Transfers Out		2,968,544		-	2,968,544
Revenue/Over (Under) Expenditures	\$	(20,400,586)	\$	-	\$ (20,400,586)

Program Name	Adopted FY 22-23 FTE
Primary & Preventive Care Administration	12.0
Behavioral Health	2.0
Community Health Nursing	23.0
Family Planning	20.5
Immunization	69.5
Oral Health Care	-
Pharmacy	3.0
PM Residency Program	2.0
Primary Health Care	36.0
Refugee Health	-
Ryan White	22.8
Sexual Health	21.0
Tuberculosis	13.8
Total FTE	225.6

PRIMARY & PREVENTIVE CARE

Community Health Nursing Department

Department Description

The Community Health Nursing (CHN) Program is part of the Primary and Preventative Care Division. All sections of the Community Health Nursing Program are committed to advancing the vision, mission, and goals of the Southern Nevada Health District. CHN staff work to promote health and prevent disability, injury, and disease in the Southern Nevada population through screenings, health education, monitoring, anticipatory guidance, and referrals to needed community resources. The CHN sections are Maternal Child Health Nursing (MCH), Embracing Healthy Baby (including Thrive by 0-3), and Nurse Family Partnership (NFP). Included in the MCH section is the Child Protective Services (CPS) Nurse Liaison and the nurse case management of children with elevated blood lead levels.

Department Objectives

- Promote health and prevent disability, injury, and disease in the Southern Nevada population through screenings, health education, monitoring, anticipatory guidance, and referrals to community resources.
- Promote the health of the overall MCH population of Nevada through the implementation of an evidence-based home visiting model and programs using evidence-based tools.
- Maintain partnerships with the Nevada Department of Public and Behavioral Health and community resources to promote departmental and program goals and objectives.
- Reduce infant mortality, reduce health disparities, and improve perinatal outcomes.

Program Objectives

Maternal Child Health Nursing:

Promote maternal and child health through screening, teaching, counseling, and referrals. Assist with finding medical home. To work with high-risk families referred to the program by community agencies. Assure that all children identified with lead poisoning receive proper medical, environmental, and case management services.

Goals:

- 1. Educate all families served regarding childhood safety issues (back to sleep, car seats, etc). Families have medical home/able to verbalize when to seek medical assistance.
- 2. Provide nursing case management/follow-up to 99% of the children up to 6 years of age with reported venous blood lead levels of 10 micrograms per deciliter or greater. (Acceptance of services is voluntary for families.)

PRIMARY & PREVENTIVE CARE

Community Health Nursing Department

CPS Nurse Liaison:

Goals:

- 1. CPS Liaison will make 100% of requested visits with CPS workers to provide nursing assessments and nursing case management for children ages birth to 4 years old in Clark County.
- 2. CPS Liaison will consult with CPS for children needing CHN and CPS intervention.
- 3. The CPS Liaison will achieve and maintain an average monthly caseload of 20 through which she will provide her services.

Embracing Healthy Baby:

The Embracing Healthy Baby target population is African American women of childbearing age and their children through the age of 1 year residing in 17 zip codes within the cities of Las Vegas and North Las Vegas.

Goals and benchmarks:

- Increase percent of infants/children up to date on immunizations to 90%.
- Increase percent of children/infants who have a medical home to 80%.
- Increase percent of women who have a medical home to 78%.
- Increase percent of infants who have a developmental screening to 90%.
- Increase percent of women screened for Intimate Partner Violence (IPV) to 85%.
- Increase percent of women screened for Depression to 85%.

The Thrive by 0-3 sub-program receives referrals directly from Clark County Department of Family Services. The sub-program provides intervention services to prevent and/or mitigate the effects of child abuse and neglect to families with children ages 0-3 years who have been brought to the attention of the Department of Family Services (DFS), but do not meet the requirement of an investigation. The sub- program offers voluntary home visiting services to families referred using the same parenting/educational curriculum and providing the same screenings as Embracing Healthy Baby. The program serves all of Clark County, NV.

Additional Goal:

1. Ensure the safety of children ages 0-3 years

PRIMARY & PREVENTIVE CARE

Community Health Nursing Department

Nurse-Family Partnership:

Serves low-income women pregnant with their first child. The three major program goals as per the NFP Nation Service Office are: 1. Improve pregnancy outcomes by helping women engage in good preventative health practices; 2. Improve child health and development by helping parents provide responsible and competent care; and 3. Improve the economic self-sufficiency of the family.

Goals and benchmarks:

- Achieve maximum enrollment of 200 with 8 Nurse Home Visitors.
- 80% of births in program will be full term.
- 50% of clients will be breast feeding at 6 months.
- 90% of infants in the program will be age appropriately immunized.

- 1. Implement the Nurse-Family Partnership program as designed to maximize outcomes.
- 2. Participate in the Nevada Home Visiting Quality Improvement process as part of the Nurse-Family
- 3. Partnership MIECHV funding to improve benchmarks.
- 4. Provide outreach for both the Nurse-Family Partnership and Embracing Healthy Baby programs to achieve
- 5. enrollment goals.
- 6. Work towards meeting the 6 Embracing Healthy Baby program outcomes.
- 7. Maintain collaboration and communication with the State Title V program.

PRIMARY & PREVENTIVE CARE

Immunization Department

Department Description

Immunization Program is dedicated to ensuring that infants, children, and adults are protected against vaccine preventable diseases in Clark County through community partnerships and evidence-based practices. Immunization services are provided throughout the community augmented with vaccine programs that promote vaccines. These programs include the Immunization Child Care Program, the Vaccine for Children Program, the Perinatal Hepatitis B Program, Flu Campaign, COVID-19 Vaccine Campaign, and other immunization outreach clinics in Clark County. Funding is provided by general funds, collected fees, insurance billing, federal and state grants.

Department Objectives

- Provide immunization services to individuals in Clark County focusing on underserved populations including individuals that experience homelessness, health inequities, crowded living conditions and lack of health insurance.
- In collaboration with community partners, analyze immunization and corresponding disease rates and trends and provide services based on need.
- Promote proper and safe vaccine use in the community through provider education and community partnerships such as CCSD, healthcare providers, childcare facilities, and community leaders.

Program Objectives

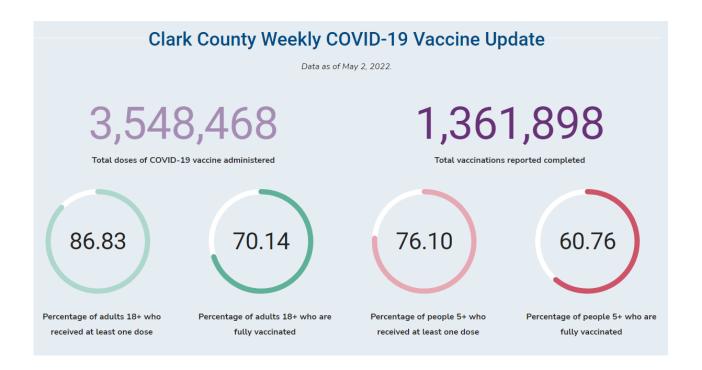
Immunization Program:

- Provide safe and effective vaccine to clients regardless of ability to pay or client status according to CDC guidelines and recommendations, state requirements and SNHD protocols.
- Maintain adequate vaccine supply for all Health district operations in safe and financially sound manner.
- Provide education and competence in all Health district work force members that provide immunizations.
- Maintain clinic operations in all identified location focusing on client-centered care and culturally appropriate approaches.
- Provide technical assistance to health care providers regarding vaccine administration, storage, and handling.
- Collaborate with community partners and stakeholders to enhance vaccine access in the community.

PRIMARY & PREVENTIVE CARE

Immunization Department

- 1. Increase the number of 16-18 years old vaccinated for the 2nd (booster) dose of MenACWY in preparation of the new mandate for CCSD 2022-23 school year.
- 2. Increase routine MenB vaccination by 5% for 16-23-year-old.
- 3. Improve HPV9 Gardasil series completion for those who initiated HPV series by 5%.
- 4. Increase flu vaccination for all ages by 10%.
- 5. Enroll 25 healthcare providers into the COVID-19 vaccination program.
- 6. Identify sustainable COVID vaccine system for long term care facilities and residential homes.



PRIMARY & PREVENTIVE CARE

Sexual Health Department

Department Description

The Southern Nevada Health District's Sexual Health Clinic (SHC)/Annex A is part of the Primary and Preventive Care Division. SHC/Annex A is committed to advancing the vision, mission, and goals of SNHD through high quality, accessible services aimed at preventing and suppressing the transmission of sexually transmitted infections (STI) for all Clark County residents and visitors. Services include STI prevention, counseling, screening, diagnosis, and treatment services in a confidential, non-judgmental, and inclusive environment.

Department Objectives

- Reduce sexually transmitted infections and their complications.
- Increase outreach and access to quality care for high-risk population groups, particularly the underserved community, through innovative and non-traditional partnerships with the community.
- Operate a total of three full-service SHC sites by the end of FY 2022-23.

Program Objectives

- Open up SHC services in SNHD's East Clinic.
- Scale up operations in the new church clinic (All Saints Episcopal Church) to include full SHC services.
- Reduce the number of new HIV infections through counseling, testing and preventive services, in particular:
 - Increase by 10% the number of patients provided with HIV pre-exposure prophylaxis (PrEP) which will expand PrEP clinic
 - Increase to 50% the number of point-of-care (rapid HIV) tests in the clinic as compared to send-out tests.
 This will decrease the time from HIV diagnosis to treatment.
- Increase by 10% the number of high-risk patients screened for viral Hepatitis infection, particularly Hepatitis B and C, and refer to primary care or infectious disease specialist for treatment.
- Provide same-day antiretroviral treatment to patients diagnosed with HIV and refer to HIV specialist/primary care for ongoing care.
- Collaborate with internal and external partners to enhance client access to high-quality and patient-centered sexual health services.
- Provide low-cost/affordable testing and treatment options for those in need; no client is turned away solely for inability to pay.
- Increase by 10 % the use of telehealth services to enhance access to care.
- Implement patient specimen self-collection to increase clinic efficiency and improve STI testing rates, in collaboration with internal partners.
- Expand to other locations in the community to serve more at-risk population groups.
- Develop new sexual health programs that enhance and complement SHC services.

PRIMARY & PREVENTIVE CARE

Sexual Health Department

- 1. Increase third party billing through quality staff training and enhancement of current third-party payer contracts.
- 2. Increase the number of prescribing providers to help meet the Program Objectives.
- 3. Implement and scale up the new Congenital Syphilis Case Management Program (CSCMP)
- 4. Bring in new programs that complement the clinic services by securing grant funds to support this plan.
- 5. Ensure quality training so SHC workforce members can deliver high quality, culturally responsive, and patient-centered care.
- 6. Develop an SHC report dashboard that can be used to inform practice.



PRIMARY & PREVENTIVE CARE

Tuberculosis and Refugee Health Department

Department Description

The Southern Nevada Health District's TB/Refugee Program is dedicated to suppressing the transmission of tuberculosis disease for all Clark County residents and visitors in Clark County. The Refugee program ensures the smooth integration for newly arrived refugees into the American health care system and screens the newly arrived for communicable diseases. The program is the designated provider for active TB treatment in the county and is the contracted agency by Catholic Charities to provide refugee screening.

Department Objectives

- Treat active TB disease.
- Treat contacts of active TB to prevent further spread of the disease.
- Screen newly arrived Refugees in Clark County.
- Screen individuals/immigrants referred by community partners for active TB disease.

Program Objectives

TB Clinic:

- Receive all active TB cases in the county and treat them in conjunction with the latest CDC recommendations.
- Conduct extensive field work to ensure continued compliance for all clients.
- Provide education, training and consultation with area hospitals and providers.

Refugee Health:

- Screen all newly arrived clients within 30 days, as scheduled by Catholic Charities of Southern Nevada.
- Ensure treatment for communicable disease via case management.
- Refer primary health concerns to local clinics and physicians.

- 1. Maintain collaboration with Refugee resettlement groups and agencies to maximize the number of clients screened
- 2. Maintain TB program protocols to ensure alignment with the latest CDC recommendations.
- 3. Maintain collaboration with the State TB Program and Controller to suppress the transmission of tuberculosis.
- 4. Work to maintain a 95% rate for completion of treatment within 12 months for patients with TB disease diagnosis, as case appropriate.
- 5. Work to maintain at least 92% initiation of Latent Tuberculosis Infection (LTBI) treatment and 92% completion of LTBI treatment in contacts diagnosed with LTBI.

PRIMARY & PREVENTIVE CARE

Residency Program Department

Department Description

The Residency Program trains physicians in the specialty of public health and general preventive medicine. It also coordinates and provides support for several District-wide training and educational efforts.

Department Objectives

- Train physicians in the specialty of public health and general preventive medicine.
- Coordinate student internships.
- Coordinate opportunities for resident physicians, fellows, and nursing and physician assistant students to shadow clinicians and field staff and to participate in didactic sessions.
- Collaborate with external partners on the continued development and implementation of the District's Academic Health Department initiative.
- Develop and provide educational and training opportunities to include the Health District's After Dark (HDAD) seminar series.

Program Objectives

See Department Objectives

Additional 2022/2023 Goals

1. Further develop the program, to include identifying partner organizations that can serve as training sites and that can help fund the program and addressing any findings identified from accreditation site visits.



PRIMARY & PREVENTIVE CARE

FQHC Primary Health Department

Department Description

The primary care clinic at Southern Nevada Community Health Center is a low-cost medical clinic for adults and children residing in Clark County. Primary care services are necessary to maintain health and wellness, for acute illness treatment and/or for the management of chronic disease.

Department Objectives

- Provide low-cost services for low-income residents of Southern Nevada.
- Assessing clients' general health to determine the need for ongoing healthcare management.
- * Ensuring that all clients receive appropriate screenings, examinations, and other services in a voluntary, client-centered, and non-coercive manner.

Program Objectives

- Delivery of comprehensive primary care services for adults and children which includes preventive health services including immunizations, and the evaluation and management of acute and chronic conditions.
- Provide access to a broad range of effective interventions related to preventive primary healthcare management.
- Provide medical management for individuals with chronic healthcare conditions with the aim of improving their general health outcomes.
- Identify individuals, families, and communities in need, but are not currently receiving primary care services, and bring those services to them through mobile unit events and through the use of telehealth.
- Increase the number of individuals with medical insurance who will have better access to care for medical, behavioral, and dental services.

- 1. Increase automation of services, by optimizing eClinicalWorks, to streamline the collection of data, improve the quality of assessment tools, and thereby improve factors related to providing quality care.
- 2. Add additional clinical providers to increase the number of patients seen by offering services 10 hours/day, 5 day-a-week.
- 3. Increase the use of telehealth services to reach our clients who care but cannot always come to the brick-and-mortar facility.
- 4. Improve clinic workflows to expediate patient visit cycle times.
- 5. Incorporate the care of COVID + clients into our workflow in a safe and expeditious manner.

PRIMARY & PREVENTIVE CARE

FQHC Family Planning Department

Department Description

The Family Planning Clinic is a low-cost clinic for Clark County residents who need birth control or who want to plan and space their pregnancies. Confidential services are offered, and parental permission is not required for adolescent visits.

Department Objectives

- Provide low or no cost Title X services for all Southern Nevada residents.
- Assessing patients' reproductive life plan/reproductive intentions as part of determining the need for family planning services.
- Ensuring that all clients receive contraceptive and other services in a voluntary, client centered and non-coercive manner.

Program Objectives

- Assuring the delivery of quality family planning and related preventive health services, including basic hypertension and diabetes care, with priority for services to individuals from low-income families.
- Providing access to a broad range of acceptable and effective family planning methods and related preventive health services.
- Identifying individuals, families, and communities in need of, but not currently receiving, family planning services.

- 1. Increased automation of services, by optimizing eClinicalWorks, and upgrading assessment tools
- 2. Upgrade to FPAR 2.0 for enhanced reporting of family planning services
- 3. Add additional clinical providers to increase the number of patients seen at both clinic locations and through using the family planning mobile unit
- 4. Upgrade, enhance and increase the number of telehealth visits
- 5. Increase the number of mobile unit events to outlying areas

PRIMARY & PREVENTIVE CARE

FQHC Pharmacy Department

Department Description

Pharmacy Services provides access to medications and medication management services to Primary and Preventative Services clients to improve therapeutic outcomes.

Department Objectives

- Grow patient/prescription volume by 10% above FY2022.
- Grow revenue 5% above FY2022.
- ❖ Provide financial/insurance to > 160 clients.

Program Objectives

- Ryan White: Provide pharmacy services to increase clients that receive same day ART (Antiretroviral therapy) on initiation of treatment to >90% and receive ART refills within five days of due date.
- HIV Prevention: Provide pre-exposure and post-exposure prophylaxis medications and medication management to prevent HIV transmission.
- Community Health Center: Provide medication and medication management services to primary clients to prevent complications of chronic disease.

- 1. Add local medication delivery service to increase medication access.
- 2. Add Optum to the 340B contract pharmacy network to increase capture of 340B savings.
- 3. Expand pharmacist provider services to include HIV PrEP, PEP, and chronic disease management.
- 4. Support 340B audit tasks to ensure compliance.
- 5. Support public access to COVID-19 therapeutics through medication and medication management.

PRIMARY & PREVENTIVE CARE

FQHC Oral Health Department

Department Description

Once the SNCHC Dental Clinic is open, we will offer low-cost dental care for adults and children residing in Southern Nevada who need primary dental care services to maintain their health and wellness, for acute oral conditions and treatment and/or the management of chronic oral/dental conditions.

Department Objectives

- Provide low-cost services for low-income residents of Southern Nevada.
- Assessing clients' general oral health to determine the need for ongoing dental management.
- Ensuring that all clients receive appropriate screenings, examinations, and other services in a voluntary, client-centered and non-coercive manner.

Program Objectives

- Provide the delivery of dental services for adults and children which includes preventive oral health services, and the evaluation and management of chronic dental/oral conditions.
- Provide access to a broad range of acceptable and effective interventions related to oral preventive health services.
- Provide oral healthcare management for individuals with chronic oral/dental conditions with the aim of improving their general health outcomes.
- Identify individuals, families, and communities in need, who are not currently receiving dental care services and bring oral/dental care to them.

- 1. Open a dental clinic on premises in 2022 which would allow us to offer dentistry services for our community residents.
- 2. Through the eClinicalWorks Dental module in the EHR, streamline the collection of data, improve the quality of assessment tools, and improve factors related to providing and maintaining quality oral/dental healthcare.
- 3. Hire dentists, dental assistants, and administrative assistants to run the dental program.
- 4. Develop a telehealth platform for dental visits, as applicable, based on patient condition.
- 5. Offer dental screening and cleaning services through community outreach activities.

PRIMARY & PREVENTIVE CARE

FQHC Behavioral Health Department

Department Description

The Behavioral Health (BH) program at the Southern Nevada Community Health Center (SNCHC) is dedicated to identifying and addressing mental health conditions that may impact one's physical health. We offer a variety of screening exams to identify depression, anxiety, suicide risk, drug and alcohol use/abuse, exposure to violence in the home, and other common mental illnesses that may impact one's well-being.

The Behavioral Health program is comprised of one psychiatric APRN who provides medication treatment and management, and one licensed clinical social worker (LCSW) who offers counseling services. We offer mental health screenings and exams, initiation of a treatment plan which may include medication and/or counseling, stabilization, and long-term medication management. The LCSW may identify and treat the client's personal and interpersonal problems, including depression, drug and alcohol abuse, anxiety, and other concerns. They apply psychotherapeutic techniques to counsel and offer options for mentally gaining control of one's life and choices.

Getting patients into mental health care for the first time or back into care after a lapse in treatment may reduce the burden of mental health problems across our valley, such as, drug and alcohol abuse, depression, anxiety disorders, homelessness, and suicidal tendencies, etc. The BH services are a critical resource for the underserved and marginalized individuals in Southern Nevada who experience a lack of resources to seek mental health care for their well-being.

Department Objectives

- Provide low-cost behavioral health services for clients with mental health problems, including substance use disorders, psychiatric disorders, and psycho-social impediments to health.
- Assess the mental health and well-being of every patient in the SNCHC upon initial intake and annually.
- Ensure that all clients receive appropriate mental health screening exams in a voluntary, client-centered, and non-coercive manner.

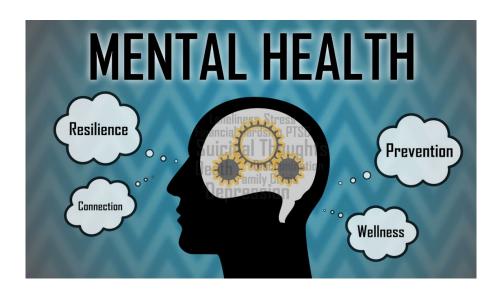
Program Objectives

- Offering low-cost, high-quality behavioral health service options for those in need; no client is turned away solely for inability to pay.
- Provide client-centered, and when necessary or desired, family-centered education, to improve the mental and behavioral well-being of the clients.
- Identifying individuals, families, and communities in need of, but not currently receiving, behavioral health services.
- Increase the use of telehealth services to maximize the potential to reach patients in need to care.

PRIMARY & PREVENTIVE CARE

FQHC Behavioral Health Department

- 1. Increased automation of services, by implementing eClinicalWorks kiosk check-in, and upgrading screening tools to be completed on the iPads.
- 2. Increase third party billing to increase revenue.
- 3. Augment the number of providers to increase both the quality and quantity of services made available for patients.
- 4. Increase the role of telehealth in serving clients who experience barriers to receiving face-to-face care.
- 5. Increase the use of Medication Assisted Therapy (MAT) for clients experiencing narcotic dependency.



PRIMARY & PREVENTIVE CARE

FQHC Ryan White Department

Department Description

The Ryan White (RW) program at the Southern Nevada Community Health Center (SNCHC) is dedicated to suppressing the transmission of HIV and other communicable diseases, such as hepatitis B and C, in our community. The care that is offered through Ryan White Parts A & B include provider clinical exams, initiation of treatment, stabilization, and long-term management for program eligible individual. Our team of eligibility workers and case managers make needed referrals to assist with addressing the social determinants of health (SDOH) that may be impacting the client's ability to stay in care. Concerns may include issues with housing, need for medical insurance, food insecurity, etc. We offer services to anyone living with HIV who are either newly diagnosed, out-of-care, out-of-jurisdiction and newly discharged from detention facilities in Clark County. Patients may continue their RW care through our RW program or can be referred to another resource for care if the patient desires. Getting patients into care for the first time or back into care after a lapse in treatment will reduce the burden of disease across Southern Nevada. The RW services at SNCHC are a critical resource for the underserved, disenfranchised, HIV + individuals in Southern Nevada.

Program Objectives

- By partnering with Community Health's Disease Investigative Intervention Staff (DIIS), Ryan White services provide low-cost treatment options for those in need; no client is turned away solely for inability to pay.
- Provides Pre-Exposure Prophylaxis (PrEP) services to further reduce the impact of HIV/AIDS in Clark County, NV.
- Provides intensive case management to medically fragile individuals living with HIV/AIDS.
- Provides linkage to care across the spectrum of Ryan White partners in Southern Nevada.
- Provides Outpatient Ambulatory Health Services (OAHS) to individuals living with HIV/AIDS in Las Vegas
- Provide client-centered education to mitigate further transmission of disease.

- 1. Increased automation of services, by implementing eClinicalWorks kiosk check-in, and upgrading screening tools to be completed on the iPads.
- 2. Increase third party billing to increase revenue.
- 3. Increase provider and mid-level providers to increase both the quality and quantity of services.

ENVIRONMENTAL HEALTH

The Environmental Health Division protects the environment in Clark County through education as well as enforcement of State and/or Health District regulations governing food service establishments; swimming pools and spas; hotels and motels; mobile home parks; childcare facilities; schools; correctional facilities; tattoo, body piercing and permanent makeup artistry; subdivisions; recycling plants; underground storage tanks and hazardous waste management. Approximately 30,000 facilities are permitted each year and more than 60,000 inspections are conducted annually. The Division is responsible for updating Clark County's Solid Waste Management Plan. Staff specialists are also involved in disease outbreak investigation and control, as well as monitoring for various diseases such as West Nile Virus, plague, rabies, and hantavirus.

	General Fund	R	Special evenue Fund	Total
Revenues	\$ 18,946,643	Ş	952,755	\$ 19,899,398
Transfer In	-		224,676	224,676
Expenditures Capital Outlay	20,509,603		925,799 -	21,435,402
Indirect Cost/Cost Allocations	5,574,647		251,632	5,826,279
Transfers Out	294,494		-	294,494
Revenue/Over (Under) Expenditures	\$ (7,432,101)	\$	-	\$ (7,432,101)

Program Name	Adopted FY 22-23 FTE
Environmental Health Administration	3.0
Food	75.0
General Environmental	8.0
Permits	31.0
Plan Review	21.0
Safe Drinking Water	1.0
Solid Waste Management	22.0
Underground Storage Tank	4.0
Vector	7.0
Total FTE	172.0

ENVIRONMENTAL HEALTH

Environmental Health General Department

Department Description

The department includes Epidemiological Support, Legionella case & outbreak investigation, Foodborne Illness Surveillance grant, Vector Surveillance and Control, Landlord Tenant Complaint (LLT) investigations, Elevated Blood Level Investigations (EBL) and Staff Training initiatives such as initial on-boarding and Standardization training.

Department Objectives

- ❖ Improve effectiveness of foodborne illness response and intervention via the Foodborne Illness Surveillance grant.
- Provide timely, efficient, effective investigation of foodborne illness outbreaks and Legionellosis cases and outbreaks.
- Provide timely, efficient, effective, and community-balanced vector surveillance and control regular activities, complaint response, per policy.
- Provide accurate, timely, efficient LLT, EBL, investigations within guidelines & timelines provided by regulation and policy.
- Provide clear, concise, and useable public information regarding vector-borne disease, Lead issues, Rental Habitability, and program services.
- Provide timely and efficient customer service to complainants, cases, and the general public.
- Standardize all existing Food Inspection Staff and work to maintain compliance with the FDA Voluntary National Retail Food Regulatory Program Standards.

Program Objectives

EPI/COMM

- Determine the extent to which integrating the software into current surveillance methods may change the amount of time spent investigating both verified sanitation complaints and verified foodborne illness complaints.
- Assist the Office of Epidemiology with conducting environmental investigations of outbreaks of disease.
- Conduct environmental investigations of legionellosis with an exposure at a permitted facility or other public venue in a timely manner.
- Conduct environmental investigations into complaints of foodborne illness referred to Environmental Health within three business days of receipt.

Healthy Homes

• Conduct a thorough environmental assessment of the home for every child ≤72 months of age having been found to have a blood lead level ≥10µg/dL per new policy guidelines.

ENVIRONMENTAL HEALTH

Environmental Health General Department

Internship

- Train new and existing EHS staff.
- Develop and implement new regulations along with building industry relations.
- Program development for Food Operations following recommendations of the FDA Voluntary National Retail Food Regulatory Program Standards.
- Conduct environmental investigations into complaints of foodborne illness referred to Environmental Health.

Vector

- Identify diseases in vectors and provide public health intervention prior to, and after, reports of human cases and disease.
- Treat emergent issues as they are found and refer to governmental partners for environmental management and mitigation.

Additional 2022/2023 Goals

Foodborne Illness Surveillance grant

- 1. Maintain and update the software to continue to receive more highly refined information.
- 2. Analyze results and make adjustments to the program based on findings.
- 3. Disseminate information via published articles, conference presentations, and networking with other agencies.
- 4. Train and fund staff on environmental assessments for a more thorough and scientifically based method of foodborne illness investigations.

General Epidemiological Support/Legionellosis

1. Strengthen foodborne illness surveillance, investigation, and response protocol within SNHD.

Landlord Tenant Program

- 1. Maintain a Landlord Tenant Hotline and website to provide situation-specific information related to NRS 118A and guidance advising renters on step s necessary to initiate a field response.
- 2. Initiate field responses to document the conditions of the rental units and provide the complainant and management with a field inspection observational report.
- 3. Collaborate with UNLV to utilize student interns for the Landlord Tenant Hotline and ensure minimal financial impact to EH.

ENVIRONMENTAL HEALTH

Environmental Health General Department

Internship

- 1. Adopt and implement updated food regulations to include meeting the requirements of Retail Program Standard 1 and training of Inspection staff and industry partners.
- 2. Develop communication with the regulated food industry regarding information of concern such as outbreaks and recall information that involves the community and SNHD updates on administrative changes.
- 3. Complete Standardization of Food Inspection Staff in Accordance with Standard 2 of the FDA Voluntary National Retail Food Regulatory Program Standards.
- 4. Train enough new inspection staff to allow for all five Food Operations offices to maintain 11 inspection staff each.
- 5. Conduct self-assessment of Voluntary National Retail Food Regulatory Program Standards 1-9
- 6. Meet obligations outlined in awarded grants: Cooperative Agreement Grant, AFDO Grants and NACCHO Mentorship Grant.
- 7. Continue to apply for NACCHO and AFDO Grants as well as any other funding opportunities designed to support Food Inspection Program growth and Industry outreach.
- 8. Update educational and outreach material used as a resource for SNHD Food Industry stakeholders.
- 9. Continue to provide Intervention Training to operators demonstrating challenges in meeting compliance requirements as the first step in the Administrative Process.

Vector Control Program

- 1. Monitor mosquito and rodent populations and associated disease prevalence within Clark County.
- 2. Identify, report, and assist jurisdictions with targeted vector control measures utilizing Integrated Pest Management principles.
- 3. Develop an Interlocal agreement with all jurisdictions that defines all partner roles regarding vector control and surveillance along with effective and timely public education messages regarding vector borne disease prevention.
- 4. Conduct environmental investigations related to cases of vector borne diseases reported by the Office of Epidemiology or the Department of Agriculture.
- 5. Maintain communication with state and federal agencies to ensure WNV, WEE and SLE surveillance activities are included on nationwide monitoring systems.
- 6. Identify sustainable funding sources and create initial regulation drafts for Vector Surveillance and Control programs and pursue other grant opportunities.
- 7. Provide staff with educational training to remain current on industry developments and to earn Continuing Education Units for Nevada Restricted Use Pesticide and Nevada Environmental Health Specialist certifications.

Elevated Blood Level Investigations (EBL) Program

1. Maintain EBL certification

Legionella Program

1. Increase surveillance on water management programs for all public accommodations permitted facilities.

ENVIRONMENTAL HEALTH

Permits Department

Description

The EH Permits Department encompasses operational activities for permitted Aquatic Facilities, Body Art Facilities, Childcare Facilities, Public Accommodations, Schools, Institutions and Children's Camps.

Department Objectives

The EH Permits Department is responsible for ensuring regulatory compliance during initial inspections, routine inspections, special event inspections, surveys and complaint investigations as required by regulations and state and federal laws. Additional services provided by staff include educational outreach and collaboration with other agencies. The ultimate goal of the inspection and intervention processes outlined in the department and activity objectives is the proper evaluation of food facilities to assure safe food is provided to the residents and visitors of Clark County.

Activity Objectives

Aquatic Facilities

- Assist with initial permitting inspections for new facilities, change of permit holder, and remodels upon request from plan review inspector.
- Conduct routine annual inspections for all permitted facilities.
- Conduct inspections at special events.
- Respond to complaints regarding permitted facilities within three business days.
- Investigate accidents, near drowning and drowning incidents within two business days.
- Conduct review of required lifeguard staffing plans
- Provide training to industry professionals as needed to communicate program news and updates.

Body Art Facilities, Child Care Facilities, Schools, Institutions and Children's Camps

- Assist with initial permitting inspections for new facilities, change of permit holder, and remodels upon request from plan review inspectors.
- Conduct routine inspections twice per calendar year for body art, schools and school kitchens that participate in the USDA National School Lunch Program.
- Conduct routine inspections for all other permits once per calendar year.
- Conduct inspections at special events.
- Respond to complaints regarding permitted body art facilities within three business days.
- Provide training to industry professionals as needed to communicate program news and updates.

ENVIRONMENTAL HEALTH

Permits Department

Hotel/Motel Facilities, Mobile Home/RV Parks

- Assist with initial permitting inspections for new facilities, change of permit holder, and remodels upon request from plan review inspectors.
- Conduct routine inspections for all permitted establishments once per calendar year.
- Respond to complaints regarding permitted facilities within three business days.
- Provide training to industry professionals as needed to communicate program news and updates.

Additional 2022/2023 Goals

Aquatic Health Program Operations:

- 1. Provide industry training sessions regarding methods for evaluating lifeguard zones for bather surveillance
- 2. Develop and implement a standardized risk-based inspection method assessment tool to support staff development
- 3. Increase community outreach/participation in community programs (ex. Southern Nevada Child Drowning Prevention Coalition; work with regulatory partners to accomplish shared goals; etc.)

Special Programs (Body Art Facilities, Child Care Facilities, Schools, Institutions and Children's Camps)

- 1. Have all EHS that conduct routine childcare or school facility inspections successfully complete the National Parks and Recreation Association Certified Playground Safety Inspector course.
- 2. Utilize Administrative Process to address operators with ongoing compliance issues.
- 3. Draft a revision of body art regulations

Hotel/Motel Facilities, Mobile Home/RV Parks

- 1. All public accommodations facilities will have at minimum one annual sanitation inspection each calendar year.
- 2. Enforce all State Bulletins associated with pandemic/endemic situations.
- 3. Improve relationships with Business License, Gaming Control and State Public Health Authorities.
- 4. Facilities demonstrating ongoing non-compliance with SNHD regulations will be brought into compliance through compliance schedules, supervisor conferences and management conferences.
- 5. Determine the most frequent violations observed during regulatory inspections; develop Standard Operating Procedures for field staff and informational materials for operators that provide guidance on preventing these frequently violated items.
- 6. Develop and implement regulatory updates for the Public Accommodation program.

ENVIRONMENTAL HEALTH

Plan Review Department

Department Description

The EH Plan Review Department is responsible for ensuring regulatory requirements for permitting are met through application intake, review of plans & specifications, Food Safety Assessment Meetings, pre-permitting site inspections, and final permitting inspections for Aquatic Facilities, Body Art Facilities, Childcare Facilities, Food Establishments, Cosmetic and Drug Manufactures, Public Accommodations, Schools, Institutions and Children's Camps.

Department Objectives

The EH Plan Review Department applies the most current regulations, state and federal laws to the analysis of regulated facility plans to ensure adherence to sanitary design and construction principles. Once construction is complete, staff ensure built environments are consistent with approved plans and that facility operators are knowledgeable about sanitation and safety regulations. Staff must provide concise and useable public information regarding regulatory requirements, plan review and the permitting process, as well as efficient and courteous customer service to permit applicants, permit holders, and the general public.

Activity Objectives

<u>Aquatic Facilities, Body Art Facilities, Childcare Facilities, Food Establishments, Public Accommodations, Schools, Institutions, and Children's Camps</u>

- Provide timely and accurate review of plans for new construction or remodels to ensure compliance with the regulations
- Perform required construction inspections to ensure regulatory compliance of all projects
- Provide training to industry professionals as needed to ensure that any program news and updates are effectively communicated to the regulated community

Additional 2022/2023 Goals

Plan Review

- 1. Repair or replace computer hardware (keyboards, tablets, batteries, docking stations) as needed.
- 2. Further develop our web presence. Improve customer interface that will allow real-time application submission, expeditious reporting of financial status on pending applications, and remote plan review capabilities.
- 3. Implement fee schedule revisions as they become available.
- 4. Incorporate sanitary construction and design principals into the updated regulations.
- 5. Participate in up to two industry outreach meetings per year to address new technologies, barriers to compliance, and needed regulation updates.
- 6. Increase staffing levels to reduce wait times for intake appointments and field inspections

ENVIRONMENTAL HEALTH

Plan Review Department

<u>Aquatic Health Program – Plan Review</u>

- 1. Further develop our web presence and Improve customer interface that will allow real-time application submission, expeditious reporting of financial status on pending applications, and develop remote plan review capabilities
- 2. Provide regular training sessions for the regulated community
- 3. Streamline application and plan review processes to reduce wait times for applicants.
- 4. Increase staffing levels to reduce wait times for intake appointments and field inspections



ENVIRONMENTAL HEALTH

Safe Drinking Water Department

Department Description

Established by an interlocal contract with the Nevada Division of Environmental Protection (NDEP), the EH Safe Drinking Water Program (SDWP) is focused upon overseeing regulatory compliance of NDEP permitted public water systems (PWS) in Clark County, apart from systems which withdraw water from the Colorado River (e.g., permits regulated by the Long-Term Treatment Stage II Rule). EH SDWP's regulatory role involves on-going review of water quality analytes submitted by permits; routine sanitary surveys; and complaints regarding water infrastructure issues.

Department Objectives

- Provide timely, efficient, and accurate review various laboratory results from the various PWS assigned to SNHD.
- Provide accurate, efficient routine inspections per regulatory requirements within timelines provided by regulation and policy.
- Provide excellent, timely and efficient customer service to assigned PWS, NDEP and the general public.

Activity Objectives

Administration

- Conduct routine triennial sanitary surveys of every assigned PWS.
- Review and enter, as necessary, all water quality data for assigned PWS that were submitted by NDEP certified laboratories.
- Issue violations and take other enforcement action as determined by NDEP.
- Work closely with NDEP in ensuring that the US Safe Drinking Water Act is adequately enforced.
- Work with a UNLV intern supporting non-permitted well identification

Additional 2022/2023 Goals

1. Negotiate increased funding for next budget cycle.

ENVIRONMENTAL HEALTH

Solid Waste and Compliance Department

Department Description

The Solid Waste and Compliance is committed to advancing environmental and public health goals by working collaboratively with community partners to conduct culturally sensitive community engagement, education, and enforcement to ensure a healthy and sustainable environment.

Department Objective

- The Solid Waste and Compliance is committed to protecting and promoting the well-being of the residents and visitors of Southern Nevada and their environment by regulating the management and disposal of solid waste and restricted waste and the regulation of facilities that accept solid waste.
- To regulate thoroughly while providing training, technical expertise and routine mandated inspections and evaluations

Activity Objectives

Restricted Waste Management

 To investigate improper management, use and disposal of hazardous waste which adversely affect the navigable waters and soils of Southern Nevada and provide educational resources to the regulated public in the application of Best Management Practices and methods for the reduction of hazardous waste through waste minimization strategies.

Illegal Dumping

To investigate and take appropriate action on the improper disposal of solid waste which may adversely affect
public health and the environment in Clark County and to provide avenues available to the regulated public for
education in the proper storage, handling, and disposal of solid waste.

Plan Review

Communicate, meet, guide, and inform potential and current permit holders regarding issuance of Permits and
Permit Modifications to Solid Waste Management Facilities and Disposal Sites that ensures that the Facility
complies with the latest revision of the Solid Waste Management Authority Regulations Governing the Facility
type and all other applicable federal, state and local laws, statutes and regulations.

Solid Waste Management

 To improve permitted disposal facility compliance when managing solid waste by investigating improper management, use and disposal of solid waste which adversely affect the soil, surface waters and the environment; and to provide educational resources to the regulated public in the application of Best Management Practices for managing solid waste.

ENVIRONMENTAL HEALTH

Solid Waste and Compliance Department

Liquid Waste

- To regulate the permitting and field inspection for New ISDS permits, Tenant Improvements (Tenant Improvements), Septic System Review of Residential Pools.
- Respond to complaints within three business days.

ISDS/TI/Mattress

- The ISDS program reviews Parcel Maps and Use Permits based on existing ISDS permits.
- To regulate the sanitation of used mattress sanitizers and refurbishes by registration via an application and site approval inspection process

Subdivision Review

Reviewing the Civil Improvement Plans in accordance with SNHD online Guidelines and UDACS (Uniform Design and Construction Standards for Water Distribution Systems) and DCSWCS (Design and Construction Standards for Wastewater Collection Systems for Southern Nevada)

- 1. Improve the level of compliance with solid waste regulations by creating a data base tracking system to document post permitting requirements at permitted disposal facilities.
- 2. Work closely with management, staff, and the Environmental Health Analyst to promote and justify the creation of two new staffing positions for the anticipated increase in Restricted Waste Management Inspections.
- 3. Provide educational resources for Permitted Disposal Facilities Workgroup and the Solid Waste Industry Workgroup to improve Best Management Practices and methods for managing solid waste and provide avenues available to the regulated public for education in the proper storage, handling, and disposal of solid waste.
- 4. Conduct Quarterly Working Group Meetings
- 5. Provide support to staff in the development and use of EC and prepare for the implementation of tablets and ECR. To develop an app for the Illegal Dumping program to maximize staff productivity and effectiveness.
- Maintain and strengthen relations with other community stakeholders through collaborations (i.e., CMART (County Multi-Agency Response Team) which continually educate them on the proper regulatory handling and disposal of solid waste.
- 7. Issue and update Tenant Improvement vouchers based on compliance with the SNHD ISDS Regulations.
- 8. Develop interlocal agreements with SNWA, Water of Reclamation and the LVVWD on reducing septic systems and improving Clark County's water recycle credits.
- 9. Continue to improve Commercial Parcel Map Review processes and pursue enforcement through regulatory and jurisdictional communication.

ENVIRONMENTAL HEALTH

Underground Storage Tank Department

Department Description

The Underground Storage Tanks (UST) program performs routine inspections of UST facilities, notes any compliance violations at the time of the inspection, formally notifies the facility of all violations noted at the time of the inspection in writing, follow up with the facility to determine if violations have been corrected. The program also oversees UST installations, repairs and removals and verifies compliance with regulatory requirements per 40 CFR 280

Department Objectives

- ❖ To improve the compliance rate of UST facilities where inspection documentation shows compliance violations.
- ❖ Identify UST facilities that remain non-compliant and refer the facilities to NDEP for potential enforcement actions.
- Promote compliance with UST regulations through communication and education of the regulated public.

Activity Objectives

Administration

• The Underground Storage Tanks will protect human health and the environment by preventing future petroleum underground storage tank releases through the annual monitoring of existing petroleum underground storage tanks and the over-site of the removal and old and new installations.

- 1. Train recent new employee quickly and efficiently to be able to maintain inspection schedule
- 2. Maintain regulatory enforcement through inspections, plan reviews and outreach training
- 3. Update UST contract with NDEP
- 4. Identify UST facilities that remain non-compliant and gain enforcement action authority from NDEP

COMMUNITY HEALTH

The Community Health Division monitors, promotes, protect, and improve health status and reduce health disparities by gathering and interpreting data to guide public health decision-making and supporting action based on evidence-based practices, assuring readiness and response for public health emergencies, and promoting healthy behaviors to preserve wellness. The following programs comprise this division: office of chronic disease prevention and health promotion, emergency medical services and trauma systems, office of epidemiology and disease surveillance, office of public health preparedness, the public laboratory, clinical laboratory and passport/vital records.

	General Fund	Special Revenue Fund	Total
Revenues	\$ 8,939,732	\$ 50,444,121	\$ 59,383,853
Transfer In		9,306,018	9,306,018
Expenditures	10,394,792	44,014,387	54,409,179
Capital Outlay	129,681	3,017,401	3,147,082
Indirect Cost/Cost Allocations	2,883,035	12,718,351	15,601,386
Transfers Out	9,603,810	-	9,603,810
Revenue/Over (Under) Expenditures	\$(14,071,586)	\$ -	\$(14,071,586)

Program	Adopted FY 22-23 FTE
Community Health Administration	4.0
Business Group	11.0
Chronic Disease Prevention and Health Promotion	17.0
Clinical Health Laboratory	7.0
Emergency Medical Services & Trauma	8.0
Food Handler Education	8.0
Health Equity	4.0
Laboratory	37.0
Public Health Preparedness	11.0
Vital Records	12.0
Total FTE	119.0
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COMMUNITY HEALTH

Business Group Department

Department Description

The Business Group's primary function is to provide cashiering support to the entire Health District. We also provide primary support for the main switchboard and the front desk.

Department Objectives

- Ensure a high level of accuracy in all areas.
- Provide excellent customer service to all clients serviced whether in-person or on the phone, both external and internal clients.
- Constantly look for improvement opportunities to serve our clients and co-workers better and more efficiently.

Program Objectives

- Provide accurate and efficient payment collection at each of our cashiering stations.
- ❖ Direct all clients in person as well as those calling in to the appropriate service or program, as well as answer any questions regarding Health District functions

- 1. Continued use of Vend HQ point-of-sale software to ring client transactions and capture sales data. Work with Finance and I.T. to explore enhancements to improve service (ex integrated credit/debit card processing).
- 2. Cross-train additional program staff to back-up switchboard and front desk.
- 3. Ensure adequate coverage at all locations that we operate at.
- 4. Utilize appropriate technology and resources to get the job done.
- 5. Assist other programs who will be accepting payments with training on Vend HQ point-of-sale software and associated reports.
- 6. Continued oversight of front door screener to check clients for COVID-19 symptoms.
- 7. Continued participation in ICS "Planning" meetings for Operations with regards to Screening and Triage

COMMUNITY HEALTH

Chronic Disease Prevention and Department

Department Description

Chronic diseases including cardiovascular disease, cancer and diabetes are now among the most prevalent and costly of all health problems. According to the Centers for Disease Control and Prevention (CDC), "four common, health-damaging, but modifiable behaviors—tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use—are responsible for much of the illness, disability, and premature death related to chronic diseases." Most chronic diseases are preventable since they are primarily the result of longstanding risk factors which are completely modifiable, including tobacco use, sedentary lifestyles, and poor dietary choices. The impact of chronic disease has been particularly evident during the COVID-19 pandemic, as chronic diseases such as diabetes, heart disease and obesity are all underlying conditions that appear to put people infected with COVID-19 at greater risk for severe illness. Related health inequities in underserved populations and communities of color are particularly evident.

The Office of Chronic Disease Prevention and Health Promotion (OCDPHP) is comprised of educated, trained, and certified health educators and one community health worker who work with community partners and stakeholders to foster physical, social and policy changes that reduce health disparities and make it easier for residents to live healthy. We are committed to leading efforts to bring creative, innovative, culturally appropriate, population and evidence-based health promotion programming to the community. OCDPHP is focused on addressing chronic diseases which are among the leading causes of preventable death in Clark County. We address chronic disease risk factors including tobacco use, exposure to secondhand smoke, physical inactivity, and unhealthy diets. We also develop and implement programs to help those currently living with chronic disease to better self-manage their conditions including hypertension and diabetes. Our efforts have led to decreased rates of tobacco use among adults and youth, decreases in consumption of sugar-sweetened soda, increases in youth levels of physical activity, a downward trend in youth obesity rates and increased number of people enrolling in diabetes self-management courses.

The conditions in which we are born, live, learn, work, play, worship, and age – known as social determinants of health (SDOH) have a profound impact on health. They influence the opportunities available to us to practice healthy behaviors, enhancing or limiting our ability to live healthy lives. Differences in SDOH contribute to the persistent chronic disease disparities in the United States among racial, ethnic, and socioeconomic groups, systematically limiting opportunities for members of some groups to be healthy. The OCDPHP is committed to addressing these inequities through fostering multisectoral collaboration across various community sectors. Interventions targeting SDOH have tremendous potential to narrow disparities across many chronic diseases by removing systemic and unfair barriers to practicing healthy behaviors. By addressing SDOH, we make progress toward health equity, a state in which every person has the opportunity to attain their highest level of health.

Department Objectives

- Reduce tobacco use and exposure to secondhand smoke
- Increase the number of residents who meet physical activity guidelines
- Increase the number of residents who consume recommended amounts of fruits and vegetables
- Improve health outcomes and self-management efficacy for people diagnosed with chronic disease
- Leverage community partnerships and stakeholder collaboration to achieve health equity

COMMUNITY HEALTH

Chronic Disease Prevention and Department

Program Objectives

Chronic Disease Prevention Program

- Increase the number of people meeting physical activity guidelines
- Work with partners to address built environment barriers to physical activity and increase active routes to everyday destinations
- Increase fruit and vegetable consumption
- Increase access to healthier foods among priority populations
- Increase the number of women from priority populations that initiate and maintain breastfeeding
- Increase the number of people who are at a healthy weight
- Increase the number of priority population members screened for hypertension and prediabetes and who receive referrals to clinical and/or community programs, resources, and education
- Increase the number of people participating in evidence-based chronic disease self-management programs
- * Reduce and eliminate chronic disease-related health disparities

Tobacco Control Program

- Prevent initiation of tobacco products, including e-cigarettes, for youth and young adults
- Increase utilization of State Tobacco Quitline
- ❖ Increase the number of worksites and other locations with expanded smoke-free policy.
- Promote health systems changes to support tobacco cessation.
- Work toward eliminating tobacco-related disparities among populations with behavioral health conditions or low socioeconomic status
- Implement evidence-based culturally and linguistically appropriate communication interventions

- Collaborate with SNHD's IT department and community partners to complete upgrades related to CDPHP online programs, Apps, and other virtual projects.
- ❖ Promote the importance of receiving a flu and COVID-19 vaccine, dispel common myths, and connect people in priority populations to available COVID-19 flu clinics.
- Expand partnerships with Community Health Workers to increase outreach, communication, and programming among priority populations.

COMMUNITY HEALTH

Emergency Medical Services & Trauma Department

Department Description

The Office of Emergency Medical Services and Trauma System (OEMSTS) is responsible for establishing and enforcing regulations related to the structure and operation of the Emergency Medical Services (EMS) and Trauma System, including planning, developing, monitoring, and improving the system. OEMSTS also oversees all initial and continuing education for EMS providers and is responsible for ensuring providers meet established standards for certification and licensure.

Department Objectives

- ❖ Assure competent public health care workforce in Clark County EMS and Trauma System.
- Enforce laws and regulations that protect health and ensure public safety.
- Monitor health status to identify and solve community health problems through the tracking of trauma patterns.

Program Objectives

- We have two programs in OEMSTS, the EMS Program and the Trauma System Program. The EMS program sets
 minimum standards for permitting the operation of ambulances, fire-fighting agency vehicles, and air
 ambulances. We certify and license emergency medical personnel, and define the educational requirements
 used to instruct them, as well as the approval, regulation, and evaluation of the EMS training institutions. We
 establish treatment protocols for individuals in need of emergency care.
- The Trauma System Program monitors acuity, number, and distribution of trauma patients in Clark County. We
 assess trauma system need for the presence of more trauma centers to treat the injured. We collect and analyze
 trauma data and track injury patterns in order to aid in injury prevention efforts. In both the Trauma and EMS
 programs, OEMSTS establishes and participates in peer review committees to review, monitor, and evaluate
 system performance.

- 1. Continued in house training on new software system (ImageTrend) as well as moving forward in the use of ESO data software for patient and incident data tracking.
- 2. Continued training with EMS agencies on the use of ImageTrend for the submission of education and tracking of provider applications and continuing education training hours.
- 3. Begin utilization of EMS data for protocol development.
- 4. Assist in strengthening relationships between local hospital systems and EMS, allowing for the expansion of data linkages between stakeholders to create an environment of data driven system oversight.
- 5. Continued development of the Southern Nevada Trauma System including the potential addition of new trauma facilities and catchment development.

COMMUNITY HEALTH

Food Handler Education Department

Department Description

Promote public health and protect the quality of the environment in Clark County by ensuring regulated food and beverage workers are adequately trained as food handlers, and the issuance of a Health Card used for field confirmation of such training and education. The card identifies those who have successfully passed the required testing to demonstrate knowledge of techniques for safe food handling. Regulatory requirement – Section 2-404.11 of the SNHD 2010 Regulations Governing the Sanitation of Food Establishments.

Department Objectives

- Identify client by reviewing accepted forms of identification.
- Photo capture and assist with data entry as needed.
- Administer approved food safety training test to Food Handler and Body Art card applicants. Refer those who do not pass to appropriate training resources.
- ❖ Issuance of Food Handler card, Certified Food Safety Manager (CFSM) card and Body Art card to applicants who have either passed approved test or provided certificate of completion of approved coursework.

Program Objectives

- Provide a high level of customer service to all clients applying for Health Cards or CFSM cards, or testing for Body Art cards.
- Verify that applicants have successfully passed the approved food safety training or body art test, or review documentation presented for approved training courses; verify as needed to ensure validity of certification.
- Respond to inquiries regarding all aspects of Food Handler cards, training, and accepted forms of identification by phone, in-person, or e-mail.
- Support Health Inspectors by providing card information when they call from the field

- 1. Continue to identify improvement opportunities with the new FormsAdmin system for a better customer experience as well as employee efficiency.
- 2. Work with I.T. staff to fully leverage FormsAdmin.
- 3. Ensure cards issued are accurate and have sufficient security features to deter tampering or forgery
- 4. Work with I.T. staff to develop work processes to enable us to provide card services in the field, for example, at NASCAR, casino openings, job fairs.

COMMUNITY HEALTH

Health Equity Department

Department Description

N/A

Department Objectives

N/A

Program Objectives

Health Equity Program

- ❖ Establish, enhance and main workgroups and task forces to guide addressing COVID-19 among communities at higher risk and that are underserved.
- ❖ Build and expand community capacity to assess and address the needs of communities disproportionately affected by COVID-19.

- 1. Continue to expand COVID-19 activities within high-risk communities.
- 2. Continue to participate support and participate in workgroups and task forces to guide addressing COVID-19.
- 3. Continue to support the expansion of increased community capacity to assess and address the needs of community.
- 4. Conduct outreach activities.
- 5. Provide health equity training to SNHD staff.

COMMUNITY HEALTH

Public Health Laboratory Department

Department Description

The Southern Nevada Public Health Laboratory (SNPHL) is a CLIA certified laboratory and is licensed by the State of Nevada to perform high complexity testing. It was established in 2002 primarily to analyze suspect bioterrorism agents but has since expanded to include testing on a whole array of public health matters such as sexually transmitted diseases, foodborne outbreaks investigations, and most recently COVID-19 testing.

Department Objectives

- The provision of rapid, thorough, and quality analyses of specimens related to an actual or suspected bioterrorism event
- ❖ The provision of laboratory support for the assessment, investigation, prompt diagnosis, and control of communicable disease outbreaks
- The collection and analysis of data to rapidly identify emerging disease
- The provision of timely, quality testing results in support of other core public health functions such as food-borne disease investigations.

Program Objectives

Immunology/Serology Department

The Immunology/Serology section of SNPHL performs a full range of testing for a wide variety of infectious diseases. Works with the Southern Nevada Health District (SNHD) Clinical Services Division, the Office of Epidemiology and Disease Surveillance (OEDS), and other community partners. By analyzing clinical samples, this department assists in activities pertaining to Southern Nevada's surveillance, disease management, and delivery of clinical testing services. The following services are offered routinely:

- Syphilis testing
- Hepatitis testing, including Hepatitis A, B and C
- QuantiFERON testing for latent TB
- HIV antigen/antibody, confirmation and viral load
- NAAT testing for Chlamydia trachomatis, Neisseria gonorrhea, SARS-CoV-2
- SARS-CoV-2 Antibody

COMMUNITY HEALTH

Public Health Laboratory Department

Microbiology Department

The Microbiology section of SNPHL uses the latest methods to isolate, identify and characterize pathogens. Works with the SNHD OEDS, SNHD Environmental Health (EH) Division, government agencies, and hospital sentinel laboratories. They analyze clinical, environmental samples and participate in the core activities of Southern Nevada surveillance, quality assessment, assurance, and safety. Some of the services offered in the Microbiology Department are:

- Culture of specimens' uncommon pathogens, stools for fecal pathogens and confirmation of STEC broth
- Identification of difficult to identify isolates by whole-genome sequencing
- Confirmation of vancomycin-resistant or intermediate Staphylococcus aureus (VRSA/VISA)
- Confirmation of suspect agents of bioterrorism

Molecular Department

The Molecular Department has a range of polymerase chain reaction (PCR) tests for a variety of infectious diseases. These tests use real-time PCR assays that target the DNA or RNA of a variety of bacteria such as Brucella and viruses such as influenza. Some of the services offered in the Molecular department includes:

- Surveillance for respiratory pathogens
- Gastrointestinal pathogens identification
- Surveillance of vaccine-preventable diseases and vector-borne diseases
- Perform testing for suspected bioterrorism incidents

COVID-19 Department

The COVID-19 Department uses state-of-the-art technology to identify SARS-CoV-2 using PCR instruments, the high throughput liquid handler system, and the nucleic acids extractors. The department has grown exponentially in the past two years and is now able to perform 2000 tests/day.

- 1. Promoting quality improvement programs for partner laboratories through activities such as training and consultation.
- 2. Functioning as a Laboratory Response Network (LRN) Reference laboratory for biological agents and as an LRN Chemical laboratory at a level designated by the CDC.
- 3. Continuing to develop, evaluate and implement new technologies and methodologies particularly focused on the expansion of our Whole Genome Sequencing capability.
- 4. Communicate directly with the Center for Disease Control and Prevention (CDC) to ensure knowledge and action for the most critical public health concerns.
- 5. Expand Clinical Lab services to include routine testing such as Chemistry and Hematology to better support the public health initiative of the SNHD.
- 6. Renovate Clinical Laboratory and move the whole-genome sequencing laboratory from the second floor to the first floor to increase the public health laboratory space.

COMMUNITY HEALTH

Public Health Preparedness Department

Department Description

The Office of Public Health Preparedness (OPHP) works with other health district programs and community partners to prepare for and respond to the consequences of man-made and naturally occurring emergencies including infectious disease outbreaks, bioterrorism events, Mass Casualty Incidents, and other public health threats. Core capabilities are aligned with 10 Essential Public Health Services, SNHD and Community Health Strategic Plan, and Community Threat Hazard Identification and Risk Assessment (THIRA).

Programs are supported through several federal and state cooperative agreement funding sources. Essential Public Health Services goals also align with Homeland Security's National Response Framework Objectives and supports National Incident Command System. The department also in charge of building workforce preparedness to respond to public health emergencies and threats with other community response partners.

Department Objectives

- CHS Programs will strive to improve SNHD financial stability through increased grant writing, improved operational efficiencies and through enhanced reimbursements for services rendered. OPHP will continue to manage federal cooperative agreements ensuring grant deliverables are being met and grant funding accurately leveraged where possible to save Health Districts and community need to use property tax revenue dollars.
- CHS Programs will initiate Quality Improvement (QI) activities to support workforce development and will make recommendations and suggestions for improvements in SNHD workforce strategies and Public Health Accreditation standards. OPHP will link agency and CHS quality improvement activities with existing QI practice using HSEEP and grant guidance and activities to continue meeting grant deliverables while also supporting workforce development objectives and strategies.
- CHS Programs will recommend improvements in Information management and implement new technology whenever possible. OPHP will cross walk data from community needs assessments and improvement plans and CH goals with preparedness planning that include community partners and align with grant work plan activities.

Program Objectives

Personnel in several Divisions and offices at SNHD are funded from several federal grant sources from the Department of Health & Human Services (HHS), which includes the Centers for Disease Control and Prevention (CDC). Funds are intended to build community resilience, strengthen the core capabilities necessary for preparedness according to Presidential Policy Directive/PPD 8 and build local public health jurisdictions' preparedness and response capabilities and capacity to respond to public health threats. Continue to lead Health District and community partners in response to COVID-19 threat with COVID-19 vaccination and testing, improving seasonal influenza rates with mitigation measures, and provision of COVID-19 Vaccine, testing, and other public health services to population to slow/eliminate spread of disease and mitigate negative outcomes.

COMMUNITY HEALTH

Public Health Preparedness Department

Public Health and Emergency Preparedness (PHEP)

PHEP funding is aligned with the national response framework target capabilities. The grant provides for the planning and training of Health District personnel to increase response capability to real incidents. The grant also provides for the development of incident management, internal communication, crisis and emergency risk communication, exercise design, performance and improvement of Health District plans, epidemiology surveillance, and laboratory capabilities. OPHP will continue to provide staff with opportunities to be trained in ICS for NIMS compliance and participation in Point of Dispensing drills. This includes training personnel for real events including COVID-19 response in 2022/2023. Improvement Plan activities will also be completed following COVID-19 response with community Emergency Management, Healthcare System, EMS and law enforcement partners. This includes BioWatch Program support activities for future local, special events.

Hospital Preparedness Program (HPP)

A CDC-sponsored grant assists health care systems, e.g. hospitals, Emergency Medical Services, healthcare providers and others to develop and exercise plans, and respond to public health emergencies. Program priorities include maintaining 24/7/365 interoperable communication systems, hospital bed availability/tracking, MRC volunteer management, agency responder safety and health, and others such as fatality management planning in conjunction with the Clark County Office of the Coroner and Medical Examiner. All of these objectives have been tested and exercised during the 2022/23 continued COVID-19 declared emergency and response. The Health District continues to develop and build, with local public and private partners, a functional Healthcare Coalition that assists the health care system during medical surge, public health and natural disasters that may occur in Southern Nevada. The office also supports the Medical Reserve Corps of Southern Nevada which is a communitybased civilian volunteer program that recruits, trains and utilizes healthcare and other volunteers to strengthen public health, emergency response and community resiliency in the community. Goals and objectives include preparedness activities following identified gaps in medical surge response to COVID-19. SNHD will also be working through Southern Nevada Healthcare Preparedness Coalition for improving Medical Surge Area Command/Medical Surge Support Team coordination through Clark County Office of Emergency Management's Multi Agency Coordination Center (MACC). These plan improvements will be tested through planned exercises and real events or during real events such as COVID-19 response.

COMMUNITY HEALTH

Public Health Preparedness Department

Cities Readiness Initiative (CRI)

• A CDC sponsored grant that enables cities to provide preventive medications to their populations within 48 hours of a public health emergency. The Health District continues to work with local and federal law enforcement, the Clark County Office of Emergency Management, the Clark County School District, and other community partners to enhance CRI planning activities. The Health District continues to maintain partnerships with the resort properties, health care systems, and other local businesses to continue development of the southernnevadapod.com project to better provide information, medications to public, Closed POD Partner staff, families, and visitors during a medical countermeasure and dispensing emergency. This system has been modified to support COVID-19 test collection as well as community vaccination. These partnerships plans are tested in annual agency, community exercises, real events. For the 2022/2023 fiscal year, OPHP will complete 2 drills in combination with providing services for COVID-19 response, training up to 70 staff each event in POD Manager, Operations and/or Logistics Section Chief roles and responsibilities in management of POD. Goal is to have every Health District employee to participate in one drill or real event by the end of the 5-year cooperative agreement.

SNCTC 21

• This grant funds one full-time employee to work in the Southern Nevada Counter Terrorism Center (SNCTC, aka Fusion Center) with law enforcement and community partner analysts to review information, data, and support bidirectional information sharing and exchange. The Public Health Preparedness Analyst also serves as a public health liaison between Health District public health programs and Division Directors, local law enforcement and other agencies at the Southern Nevada Fusion Center. Public Health Analyst uses public health data and performs analyses of public health and Fusion Center data sources using appropriate analytical methods to identify potential public health threats and hazards. These threats may be from natural causes or related to bioterrorism incidents; to identify and present data sources in a confidential environment to be used for information sharing applications; to manage data sets and insure the data are of high quality; to interpret the analysis and prepare comprehensive reports under general supervision; participates in site visits and inspections as deemed necessary and appropriate to fulfill duties; performs a variety of duties involved in data analysis, implementation, coordination and maintenance; and performs related duties as assigned. This funding is competitive and must be applied for each year. OPHP was awarded a third year of funding to continuing to support this position. The period to expend these funds is 18 months from notice of award.

COMMUNITY HEALTH

Public Health Preparedness Department

- 1. Continue to increase the public health capacities of our community to prepare, plan, prevent and recover from public health emergencies and disasters through a minimum of two exercises testing emergency response plans.
- 2. Continue to build and maintain partnerships necessary to ensure a trained and competent workforce that is available to respond through a minimum of 5 training opportunities using Health District, contracted and community partner personnel.
- 3. To provide improved communication and information sharing with public, visitors and community partners through public information messaging, information sharing tools and best practices prior to, during and following a public health emergency or disaster.
- 4. Leveraging federal and state preparedness funding, continue to support Nevada, local, Health District, division and program missions and objectives. OPHP will recommend improvements in Information management and implement new disaster recovery technology whenever possible leveraging grants dollars to support infrastructure personnel working on grant required activities.
- 5. Continue active search for public health preparedness funding and opportunities to partner with federal and local educational institutions to augment program staff with professional public health placement programs. OPHP will support Health District objective to develop future public health preparedness professionals.
- 6. Continue to ensure that Emergency Operation Planning includes considerations for vulnerable populations and Divisional goals to improve Health Equity.

COMMUNITY HEALTH

Vital Records Department

Department Description

In the United States, vital statistics play a central role in the health and welfare of its citizens from birth to death. Capturing accurate vital statistics provides the building blocks for the human rights of identity, nationality, inheritance, education, health, and other social services.

Department Objectives

- Examine each birth/death certificate and ensure that it has been completed in accordance with NRS 440, NAC 440 and CDC instruction.
- Work closely with hospitals, funeral homes, and Coroner's office to improve upon and gather accurate data.
- Issue birth and death certificates through a careful and secure process to protect and prevent identity theft and other fraudulent acts.
- **Solution** Ensure we demonstrate excellence in customer service through communication, respect, empathy, and integrity.

Program Objectives

For more than 50 years the Southern Nevada Health District Vital Records Program has provided services as the local registrar (NRS 440.190). The local health authorities (SNHD Vital Records) in Nevada counties have authority to act on the state's behalf as registrars of vital records. In addition to the activities that the Nevada State Office of Vital Statistics conducts, Southern Nevada Health District Vital Records also submit payments from the fees collected from clients to the state and to the Clark County Office of the Coroner/Medical Examiner. These fees are outlined in NRS 440.175, 440.700, 440.715 and NAC 440.400.

- 1. Collect and disperse fees as prescribed in NRS, NAC and local SNHD fee schedule.
- 2. Ensure Vital Records program sustainability
- 3. Develop systems to support SNHD mortality and maternal/child health surveillance.
- 4. Ensure security and confidentiality of systems and procedures
- 5. Ensure staff competency
- 6. Provide training to local hospitals and funeral homes to improve quality of data and timeliness of reporting
- 7. Build reports to show statistical information that will benefit the program as well as the health and wellness of our community.

COMMUNITY HEALTH

Passport Services Department

Department Description

A U.S passport is a single document that serves as both identification and proof of U.S. citizenship. As a passport acceptance facility, we will assist residents and nonresidents planning to travel abroad with the passport application process

Department Objectives

- Review, approve and prepare passport application documents
- Transmit by mail final applications to the Department of State passport office.
- Generate additional revenue for SNHD by collecting a \$35 fee for each passport application.

Activity Objectives

Assist our community by accepting and executing passport applications on behalf of the U.S. Department of State. Customers who apply for a passport do so in-person at a passport acceptance facility near where the live or work. SNHD is centrally located for both Las Vegas and North Las Vegas customers and provides complementary services. Those born in Clark County can obtain their birth certificate, receive travel immunizations, and submit their passport application in one location. Customers born outside of Clark County are required to bring proof of citizenship but can still use the same complementary services of travel immunizations and passport services

- 1. Ensure Passport Services program sustainability
- 2. Ensure security and confidentiality of systems and procedures
- 3. Ensure staff competency
- 4. Build reports to show statistical information that will benefit the program

DISEASE SURVEILLANCE AND CONTROL

The Disease Surveillance & Control Division collaborates in partnership with the community to promote health and quality of life for residents and visitors and to protect the public from the spread of acute and chronic communicable diseases. To accomplish these objectives the Division conducts routine disease surveillance, monitors health status, uses statistics to come to inferences about disease causation, manages system information, delivers indirect and direct services, provides training, educational materials, program planning and technical assistance. Further, the Division provides both stationary and mobile screening and prevention services that engages substance users and responds to public health emergencies. Offices and programs in the Division include but may not be limited to the Office of Disease Surveillance, the Acute Communicable Disease Control program, Office of Epidemiology, and the Office of Informatics.

	General Fund	Special Revenue Fund	Total
Revenues	\$ 451,687	\$ 34,000,883	\$ 34,452,570
Transfer In	-	6,640,952	6,640,952
Expenditures	4,265,721	31,612,811	35,878,532
Capital Outlay	16,740	150,602	167,342
Indirect Cost/Cost Allocations	1,163,972	8,878,422	10,042,394
Transfers Out	6,646,774	-	6,646,774
Revenue/Over (Under) Expenditures	\$ (11,641,520)	\$ -	\$ (11,641,520)

	Adopted
Program	FY 22-23 FTE
Disease Surveillance & Control Administration	3.0
Acute Disease Control	82.0
Office of Disease Surveillance & Control	51.0
Epidemiology	14.0
Informatics	15.0
Total FTE	165.0

DISEASE SURVEILLANCE AND CONTROL

Acute Communicable Disease Control Department

Department Description

The Acute Communicable Disease Control (ACDC) program incorporates the guiding principles of outbreak response, surveillance, disease investigation, prevention, and education. The program aims to implement responses and strategies to reduce disease incidence, prevalence, and control combinable disease transmission in Clark County. The program ensures the collection, analysis, and dissemination of high-quality and comprehensive health data within Clark County and Southern Nevada. Analysis of health data facilitates its use for public health assessment, policy development, program planning and evaluation. The ACDC program was newly established in late 2021 to include COVID-19 response and relief effort in addition to communicable disease outbreak and control activities. The program acquired a leadership team with existing experience already within the Disease Surveillance and Control Division to lead three primary staff positions including skilled of Disease Data Collection Specialists, Disease Investigation and Intervention Specialists, and Contact Tracers. Staff have experience in timely response and implementing CDC recommended guidance to implement control measures and mitigation strategies informed by local, state, and national data. ACDC is responsible for SNHD's COVID-19 contact tracing efforts and implementation of the community testing plan.

Department Objectives

- Prevent and Control Communicable diseases in Clark County
- Receive, respond, and report communicable diseases
- Respond to suspected and/or potential outbreaks and clusters of communicable disease
- Enhance and implement control measures with both primary and secondary interventions
- Respond to suspected and/or potential outbreaks and clusters of communicable disease
- To detect and communicate early warning signs for communicable disease increases and develop strategies and policies that aid in the control, prevention, and suppression of communicable diseases.
- Strengthen data driven activities and community disease awareness
- Participate in Bioterrorism and Response and Bio surveillance activities

Program Objectives

Public Health Emergency Preparedness (PHEP) Activities

- Build and strengthen abilities to effectively respond to public health threats, including infectious diseases, natural and biological threats.
- Information management-develop and maintain systems and procedures that facilitate the communication of timely, accurate, accessible information, alerts, and warnings using a whole community approach, and to exchange health information and situational awareness with federal, state, local, territorial, and tribal levels of governments and partners.
- Provide Healthcare partners with timely and accurate public health information to provide community awareness and assist with their response to increases or trends of disease throughout the budget period.

DISEASE SURVEILLANCE AND CONTROL

Acute Communicable Disease Control Department

Continued:

- SNHD will update the Health Alert Network Database by contacting rejected recipients and make updates and perform maintenance on distribution lists.
- Enroll and add new medical providers and new contacts to the Health Alert Network Database from HAN Enrollment Forms and email requests.
- Facilitate laboratory testing to identify, discover, locate, and monitor through active and passive surveillance threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public.
- Maintain existing surveillance activities and systems to monitor trends and/or increases in communicable disease surveillance, and foodborne illnesses complaint surveillance.
- Monitor Disease report Timeliness by determining reports of selected reportable disease that are received within
 the required time frame along with monitoring public health control measure for selected agents.
- Identify facilities and providers that are not reporting in compliance with NAC 441A and provide education regarding Reportable Diseases and Conditions and facilitate timely and accurate reporting.
- Provide trainings for Disease Data Collection Specialists related to communicable diseases and select agents that require immediate or timely response and improve their investigation/outbreak skills and response.
- Conduct hot washes for large scale outbreaks and complex/unusual occurrences.
- Review and make updates to disease investigation protocols that include new reportable diseases and COVID-19 disease investigation.
- Develop materials and/or training document for at least 2 Category A/B bioterrorism agents.
- Improve disease surveillance and the ELR systems by upgrading from Trisano to Epitrax and onboarding new providers and new reportable conditions.

COVID-19 Response Efforts, ELC Enhanced Detection, ELC Expansion

- Implement and maintain training and guidance for all COVID-19 response ensuring updates are made with changes to CDC guidance, state and SNHD leadership guidance.
- Ensure safety practices and trainings are conducted regular for field safety, donning and doffing procedures and emergency operations.
- Establish or enhance ability to aggressively identify cases, conduct tracing and follow up, as well as implement recommended containment measures.
- Contract with UNLV, community partners and outside agencies as needed to maintain a robust workforce that
 meets the needs of Clark County including but not limited to staffing needs to enhance contact tracing efforts as
 needed, staffing to operate mobile and community test sites, expanding, and maintaining our mobile and kiosk
 test sites as needed, expand our laboratory capacity for community testing as needed, etc.
- Hire and maintain staff dedicated COVID-19 activities and work with HR to maintain fill vacancies and initiate recruitments timely.

DISEASE SURVEILLANCE AND CONTROL

Acute Communicable Disease Control Department

Continued:

- Collaborate with IT and informatics on using, updating and maintain technology used for COVID-19 contract tracing, testing, results, and morbidity reports processing.
- Work with OOE epidemiologists to identify trends and changes in COVID-19 in Clark County including, variants, geographic and population-based info.
- Implement and maintain SNHD's community testing plan, providing strike teams as necessary, standing up community test site locations, and enhancing access to testing.
- Purchase and maintain equipment used in the direct support of day-to-day operations involving contact tracing, testing, vaccine support and other various aspects of the teams operations.
- Ensure system access to our contracted partners in a secure manner allowing information sharing only on an as needed basis. In collaboration with IT, work to ensure the list of users is updated regularly with only active users.

COVID-19 Response Efforts (CVDIS Health Disparities)

- Control COVID-19 in high-risk settings and protect vulnerable or high-risk populations.
- Advance testing, reduce vaccination hesitancy and reduce health disparities.
- Complement diagnostic testing with wastewater surveillance together with partners at Southern Nevada Water Authority and a University partner to identify underserved communities and sites with high viral loads, variants of concern and low vaccination rates.
- Create the infrastructure for a continuing medical education delivery system initially focused on COVID-19 Clinics
 for urban underserved, and rural health but with long term implications of growing past this into other disease
 educational resources.
- Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved by providing expanded testing (including at home test kits and mobile testing sites) and contact tracing among these populations which also include racial and ethnic minority populations and people living in rural communities.
- Identify and establish collaborations with critical partners affiliated with populations at higher risk and that are
 underserved, including racial and ethnic minority groups at higher risk for COVID-19 to connect community
 members to programs like health care, transportation, house, etc. while also lessening the adverse effects of
 mitigation strategies.
- Utilize technology automate redundant processes to improve the quality and speed of contact tracing and surveillance.
- Implement a task-specific Conversational AI bot which can handle complex patient interactions in a natural and friendly way to gather surveillance data for backlogged cases of COVID-19, learn about vaccine hesitancy or other implement surveys intended on information gathering to enhance the data collection related to COVID-19.
- Ensure access to testing and other COVID-19 services to underserved populations including rural communities of Clark County, minority populations and those most vulnerable to disease.

DISEASE SURVEILLANCE AND CONTROL

Acute Communicable Disease Control Department

- 1. Implement and train staff on new Epitrax Surveillance System.
- 2. Develop and implement new QA processes for data quality and accuracy to compliment the new Epitrax Surveillance System.
- 3. Create additional ELR workflows and protocol changes for diseases with susceptibilities reported.
- 4. Enhance/update our foodborne illness complaint database in collaboration with EH's new system.
- 5. Evaluate our HAN system to determine if it is sustainable and meeting our needs.
- 6. Acquire additional COVID-19 funds specifically to be utilized for populations experiencing homelessness and establishing a sustainable partnership with community stakeholder for COVID-19 and other communicable disease response.
- 7. In collaboration with informatics, update our reporting system to receive ECR improving our overall disease investigation and outbreak response, as well as data collection quality.
- 8. Utilize surveillance data to drive interventions and make updates to existing protocols, practices, and response.
- 9. Ensure that our surveillance system is able to capture all CDC MMG required data variables.

DISEASE SURVEILLANCE AND CONTROL

Office of Disease Surveillance and Control Department

Department Description

The Office of Disease Surveillance (ODS) incorporates the guiding principles of surveillance, prevention, and education. The office serves to ensure the collection, analysis, and dissemination of high-quality and comprehensive health data within Clark County and Southern Nevada. Analysis of health data facilitates its use for public health assessment, policy development, program planning and evaluation. ODS has extensive experience working on community planning groups, engaging high risk populations, providing screening services during nontraditional hours at nontraditional venues and ensuring we are meeting our community needs to provide evidenced based interventions and services to promote change. Staff strive to improve and streamline processes and services and implement new prevention and treatment strategies that help the identify and address behaviors that contribute to disease transmission. Lastly, ODS has extensive experience working in adult and juvenile correctional facilities and has established office space for staff whose primary responsibility is care navigation and linkage to client identified services.

Department Objectives

- **Second Property of Second Prope**
- To detect and communicate early warning signs for communicable disease increases and develop strategies and policies that aid in the control, prevention, and suppression of communicable diseases.
- Strengthen data driven activities and community disease awareness.
- Monitor community health status conduct community health assessments and develop community health improvement plan.
- Enhance access to care services.
- Enhance violence prevention efforts Specifically Addressing Suicide, Domestic Violence and Sexual assault.

Program Objectives

Adult Hepatitis

- Upscale HBV/HCV testing
- Patient and Provider Education identification of HEP, vaccination, linkage to care
- Provide rapid HCV testing, confirm all rapid positives, link confirmed cases to care
- Collect and provide HBV and HCV data to NVDPBH 5/30/18 or as requested
- Policy work describe gaps in laws/reporting requirements

HIV Surveillance

- Active HIV Surveillance chart review/provider call on 100 % of reported HIV cases.
- Active HIV Surveillance document all new/new to jurisdiction cases in eHARS w/required information
- Active HIV Surveillance update previously reported cases w/ new information in eHARS

DISEASE SURVEILLANCE AND CONTROL

Office of Disease Surveillance and Control Department

Continued:

- Case Completeness/Timeliness >90% of expected cases are reported w/in 6 months of diagnosis
- Death Ascertainment >85% of deaths occurring in 2016 have an underlying cause by 12/31
- Ensure laboratory/provider reporting for HIV related diseases
- Conduct risk factor ascertainment for HIV related reported cases
- Participate in of De-Duplication of HIV related report cases
- Conduct perinatal HIV Surveillance >85% of HIV exposed infants for a birth year have HIV infections status determined by 18 months
- Plan and respond to HIV transmission clusters and outbreaks identify, investigate, and respond to HIV transmission clusters and outbreaks

HIV Prevention

- Testing Conduct 18,000 HIV tests targeted to high-risk individuals defined by NV Integrated HIV Prevention and Care plan
- Testing Ensure all testing data and partner services data are entered into Evaluation Web
- Testing Conduct 2 provider education presentations to educate hospital/medical staff on benefits of HIV testing and requirements to test pregnant women who are not in prenatal care
- HIV Partner Services utilize STD and HIV Prevention data to identify HIV positive individuals, their contacts and disease clusters
- HIV Partner Services provide data and technical assistance to medical and community providers upon request
- Data to Care work with HPP to provide missing or updated data to HIV Surveillance for review, entry into eHARS and QA
- Rapid response to and intervene in HIV transmission clusters and outbreaks to develop and maintain outbreak and detection plan for rural counties
- Provide Linkage, re-engagement and retention in HIV medical care. Perform data to care activities to identify HIV positive individuals and ensure they are linked to care.
- Work with HPP to identify social determinants of health that are impacting linkage/retention in care
- Promote early ART initiation and support adherence to educate primary care MDs on importance of early ART initiation and offer wrap around services
- Promote and monitor HIV viral suppression and monitor HIV drug resistance use peer navigators to increase access, linkage and retention in care and use client centered counseling strategies
- Conduct risk reduction interventions for PLWH ensure client centered counseling, provide education and risk reduction strategies to all positives
- Prevention services for HIV-negative persons at risk work with HPP to introduce legislation requiring MDs to offer annual HIV test as part of routine medical care. Increase awareness of and expand PrEP and medication adherence to PrEP

DISEASE SURVEILLANCE AND CONTROL

Office of Disease Surveillance and Control Department

Continued:

- Conduct perinatal HIV Prevention and Surveillance re-educate providers on NRS regarding pregnant women and HIV testing and follow up.
- Conduct FIMR activities, develop/update SOPs, review cases with clinicians
- Conduct community level HIV prevention activities
- Implement Structural Strategies ensure data security, confidentiality and sharing training is CDC compliant
- Implement Structural Strategies work with community to support legislation/policy changes
- Implement Structural Strategies enhance integrated information systems/workforces between HIV Prevention and Surveillance
- Implement Structural Strategies utilize CDC approved software/hardware and develop integration processes (SAS, eHARS, Evaluation Web, agency EMR)
- Conduct data driven planning monitoring/evaluation participate in statewide group to monitor and evaluate Integrated HIV Prevention and Care Plan
- Conduct data driven planning monitoring/evaluation use epidemiologic data to assist with monitoring HIV trends, ID priority populations and resource allocation
- Assess capacity and TA needs

Ending the HIV Epidemic

- Enhance testing availability, universal screening, rapid testing (POC) discreet and low-cost testing in various access points that include UMC Quick Care locations, Express Testing and online ordering through Collect2Protect
- Enhance HIV testing in University Medical Center Hospital Emergency Department
- Increase treating people newly diagnosed with HIV rapidly and effectively so that they reach sustained
- Increase awareness for PrEP/PEP services within the community and local syringe services program (SSP)
- Enhance Public Health Detailing efforts to providers and pharmacists regarding PrEP/PEP
- Enhance messaging to community regarding HIV, Hep C, STI testing, PrEP/PEP, Rapid Start and Linkage to Care via the "ReThinkHIV NV" campaign
- Build capacity through UMC Quick Care provider awareness of POC testing, PrEP/PEP, rapid start and linkages to care
- Enhance Surveillance-develop and maintain outbreak response
- Conduct outreach and education to high-risk populations through non-clinical settings via Mobile Testing
- Assess capacity and TA needs- participate in EHE CDC identified trainings

DISEASE SURVEILLANCE AND CONTROL

Office of Disease Surveillance and Control Department

Continued:

STD Prevention and STD Supplement (Enhancing the DIIS Workforce)

- Identify and report persons with STD ensure complete reporting on all required reportable conditions
- Identify and report persons with STD conduct PS and additional testing on all primary, secondary and Congenital Syphilis cases
- Enhance Surveillance ensure minimum required variables are completed and entered into NBS within 90 days of receiving report
- Enhance Surveillance develop and maintain an outbreak response plan
- Outreach and Education educate community and providers focusing on trends, trainings to strengthen screening processes and recognizing symptoms
- Reports annual and interim, narrative and POM
- Follow AAPS Objectives such as monitor Syphilis in pregnant women, provide safety net services, etc.
 Monitor POM indicators
- Strengthen DIIS workforce through enhancement of standardized training and identification of ongoing training opportunities
- Maintain Congenital Syphilis Review Board and enhance outreach to community providers regarding CS

STI Health Disparity (Nevada Department of Corrections)

- Establish/maintain staff to address communicable disease within the Nevada Department of Corrections High Desert and Florence McClure location, as well as local correctional facilities.
- Develop policies and procedures on investigation processes, access to facilities, and early identification of disease with the incarcerated populations.
- Report on case investigation outcomes that include demographics related to populations with specific health disparities.
- Support and track increased testing efforts though funding for syphilis, gonorrhea, and chlamydia in the High Desert and Florence McClure locations

TB Surveillance

- Provide TB Evaluation/Testing and Case Management for all active TB cases, suspected cases and high-risk contacts including LTBI cases in children under 5
- Targeted testing to high-risk communities
- Monitor epidemiological trends, maintain investigation files, conduct source investigations

DISEASE SURVEILLANCE AND CONTROL

Office of Disease Surveillance and Control Department

Continued:

- Monitor EDN system initiate Class B cases for follow up
- Report all cases in NBS utilizing RVCT form
- Submit ARPE report

Overdose Data to Action

- Implement innovative surveillance to support intervention activities
- Create collection tools and build reports from collected data. Reports will be identifying service gaps and drive prevention efforts.
- Track outcomes of those who interact with SU linkage teams. Report outcomes include # of people referred, # of service categories given, # of those linked to MAT, and # of linkage successes.
- Create and distribute questionnaire for identified target populations. This will drive development of a drug use report that can be disseminated to partners.
- Innovative surveillance of the illicit opioid drug supply -testing of collected materials from the local syringe service program, conducted monthly to identify drug use trends. This will drive harm reduction and education messaging.
- Enhance the timely and quality of reporting for those with opioid overdose and/or death as a result.
- Ensure Prescription Drug Monitoring Programs are easy to use and access by providers.
- Coordinate activities with the State Health Offices on PMDP messaging.
- Promote the PMDP as a clinical decision-making tool through the use of existing local provider networks
- Integration of state and local prevention response efforts. Create and maintain partnerships on substance use related initiatives.
- Maintain Linkage to Action teams, including those created through community partnerships, to provide comprehensive linkage to services based on client need
- Maintain outreach services including prevention of drug overdose
- Integrate technology-based systems to enhance linkage services

Additional 2023 Goals

- 1. Enhance capacity to report on grant deliverables, identify outbreaks and investigate disease trends.
- 2. Develop Community Health Improvement Plan and maintain partnerships on this effort.
- 3. Ensure and promote Communicable Diseases, Mental Health and Drug and Alcohol treatment.
- 4. Implement and sustain violence prevention training for SNHD staff, and community providers.
- 5. Implement or ensure the availability of MAT, Safe Injection sites, Jail's disease screenings, and safe injection equipment through vending.
- 6. Interventions that promote ACES, DIIS education, strengthen Social Service connections, and linkage to Mental Health services countywide.

DISEASE SURVEILLANCE AND CONTROL

Office of Epidemiology Department

Department Description

The Office of Epidemiology (OOE) incorporates the guiding principles of analysis and dissemination of high-quality and comprehensive health data within Clark County and Southern Nevada. Analysis of health data facilitates its use for public health assessment, policy development, program planning and evaluation. OOE works closely with other programs in the Disease Surveillance and Control division as well as across SNHD to provide epidemiological support designing and managing studies of important public health issues, communicating findings to decision makers and the general public, and examining the effectiveness of public health programs and interventions.

Department Objectives

- To detect and communicate early warning signs of emerging diseases and conditions.
- To develop strategies and policies that aid in the control, prevention, and suppression of communicable and noncommunicable diseases.
- ❖ To strengthen data driven activities across the Health District.
- To monitor community health status by conducting community health assessments.
- To facilitate public health data system modernization by conducting surveillance system evaluations.

Program Objectives

Lead Surveillance

- Strengthen blood lead level testing.
- Strengthen blood lead level surveillance.
- Inform data-driven intervention and prevention efforts targeted at childhood lead poisoning.

National Violent Death Reporting System (NVDRS)

- Provide timely information on violent deaths through data abstraction from death certificates, coroner reports, law enforcement case files, and child death review records.
- Describe in detail the circumstances that may have contributed to similar violent deaths.
- Characterize perpetrators.
- Identify risk factors for violent deaths.

State Unintentional Drug Overdose Reporting System (SUDORS)

- Monitor unintentional drug overdose deaths through a variety of data sources, including death certificates, coroner reports, and toxicology reports.
- Conduct timely and comprehensive toxicology testing of suspected opioid overdose deaths (contracted with Coroner's office).

DISEASE SURVEILLANCE AND CONTROL

Office of Epidemiology Department

Continued:

- Identify suspect opioid overdoses through CDC's Rapid Overdose Drug Detection (RODD) report.
- Provide information to help public health officials, overdose prevention groups, policymakers, law enforcement, community stakeholders and the general public to better understand the problems and guide local action plans for prevention.

Overdose Mapping Application Program (ODMAP)

- Monitor fatal and nonfatal drug overdose events near real time.
- Connect with interdisciplinary overdose response teams.
- Share data with stakeholders to facilitate rapid and targeted deployment of resources.
- Evaluate outcomes of response efforts and communicate findings to policy makers.

Additional Goals for FY2023

- 1. Provide timely EPI reports to support COVID-19 response.
- 2. Enhance capacity to report on grant deliverables, identify outbreaks and investigate disease trends.
- 3. Participate in the development of Community Health Improvement Plan and maintain partnerships on this effort.
- 4. Develop epidemiology workforce capacity by supporting staff participations in training opportunities offered by CDC, CSTE, and other similar agencies.

DISEASE SURVEILLANCE AND CONTROL

Office of Informatics Department

Department Description

Public Health Informatics is the application of technology, people, and information systems in a healthcare context. We provide informatics support to the Southern Nevada Health District by selecting, developing, and maintaining informatics tools and software systems that enable SNHD employees to efficiently perform their work.

Department Objectives

- Develop and maintain public health informatics systems to create actionable data for disease intervention and prevention, to improve population health.
- Enhance interoperability across different health information systems or platforms.
- Improve access to and use of information to make public health decisions.

Program Objectives

Disease Surveillance Systems

- Upgrade Trisano to EpiTrax to meet the latest surveillance needs.
- Enhance EMSA to consume eICR and CCDs.
- Maintain and enhance SNHD online morbidity reporting portal and import data into Trisano/EpiTrax.
- Developed MMG/NEDSS data export process from EpiTrax for State and CDC reporting.
- Maintain and onboard Electronic Lab Reporting (ELR) and Electronic Case Reporting (eCR).

SNPHL Laboratory Information Management System (LIMS)

- Maintain and upgrade LIMS regularly to accommodate new instruments and testing.
- Provide daily tech support for printer, fax reports.
- Update test order mapping for CDC Influenza SARS-CoV-2 multiplex assay, CDC Subtyping, and CDC Genotyping.
- Develop COVID-19 interface between instruments, COVID POD app and Orchard, COVID testing and reporting as needed.
- Develop bidirectional orders/results interface with NSPHL.
- Develop and maintain a lab supply inventory system.
- Develop Pentaho and Power BI reports for SNPHL operation and grant management.

Clinic Services and Electronic Health Record (EHR) System

• Work with IT to implement and maintain the Electronic Health Record (EHR) system for COVID test ordering and COVID vaccination.

DISEASE SURVEILLANCE AND CONTROL

Office of Informatics Department

Continued:

- Develop an application to import COVID-19 testing demographic data from POC application into eCW.
- Produce various reports for Clinical Services including Uniform Data System (UDS) reports, HRSA reports, EHB Annual report and SBIRT Quarterly Report, and Chronic Disease Prevention and Promotion Reports.

Data Reporting

- Maintain Trisano/EpiTrax Data warehouse for data analysis and reporting.
- Develop and manage Pentaho reports for CDC Overdose Data to Action (ODTA) project.
- Develop Pentaho reports for Epi reporting, program management and data QA.
- Maintain and update COVID19 dashboard, COVID19 maps, lab testing and ED admission trend analysis and other urgent data requests.
- Assist Office of Epidemiology and Office of Disease Surveillance (OEDS), Office of Chronic Disease Prevention &
 Health Promotion, Office of Public Health Preparedness, Office of EMS/Trauma System, Environmental Health
 (EH), Clinic Services with various data requests, data exports, and report generation.

System Integration and Interoperability

- Continue to enhance the iCircle web application for OEDS, and transmission of STD, HIV and Hepatitis testing data to CDC, and enhance a QA process between iCircle with eCW data.
- Develop applications to import genomic sequencing results into Orchard and share them with disease surveillance and Epi Teams using HL7 messages.
- Develop an ECW data warehouse to exchange clinic data with Trisano/EpiTrax.
- Develop an interface for bi-directional data exchange between eCW and NV HIE.
- Develop an Electronic Testing Order and Results (ETOR) interface between eCW and Orchard

COVID-19 Response

- Enhance COVID19 surveillance by automating COVID19 hospitalization notification, and extract demographics, lab tests and treatment information from HIE CCDs for public health surveillance.
- Maintain and enhance COVID19 lab results portal to include NSPHL overflow test results. Clients can access their results online.
- Maintain automate COVID19 patient notification application and perform QA for contact tracing and identification.

DISEASE SURVEILLANCE AND CONTROL

Office of Informatics Department

Additional 2022/2023 Goals

- 1. Pursue new funding opportunities as well as renewing existing grants to enhance SNHD informatics infrastructure and workforce.
- 2. Work with IT to implement AI Bot system for automated disease surveillance and import results into Trisano/EpiTrax.
- 1. Implement automate STD patient notification application and perform QA for contact tracing and identification.
- 2. Implement an application to collect test results from at-home testing automatically.
- 3. Develop and upgrade Trac-B online sign-up system for syringe/medical vending machine project.
- 4. Collection Antibiogram data and support Epi team for reporting.
- 5. Maintain and upgrade SNHD pharmacy information system.
- 6. Maintain and enhance Syndromic Surveillance System (ESSENCE) for all jurisdictions in Nevada
- 7. Support Clark County Coroner's Office (CCCO) on new CME implementation, data requests and reports
- 8. Onboarding new providers for COVID-19 testing and perform data QA.
- 9. Work with NV HIE for improving COVID-19 race/ethnicity collection and reporting.
- 10. Work with UNLV for COVID19 data geocoding, analysis, and reporting.
- 11. Provide technical support to the state for EpiTrax system implementation and data modernization initiative (DMI) project.

SNHD ADMINISTRATION

Overall Health District management is provided by the District Health Officer through the Administration Division. General administrative functions provided by the division include human resources; accounts payable/receivable; purchasing; shipping/receiving; cash accountability; financial analysis; internal audit; grant management; contract administration; food handler education; public information; information technology; business group; records management; general supply; mailroom; print shop services; accreditation; quality improvement; performance management and strategic planning. Maintenance of the 166,583 square feet of Health District facilities include janitorial services, security, and grounds maintenance.

	General Fund	Rev	Special enue Fund	Total
Revenues	\$ 30,041,658	\$	1,505,090	\$ 31,546,748
Transfer In	-		406,808	406,808
Expenditures	21,839,313		1,505,090	23,344,403
Capital Outlay	76,500		-	76,500
Indirect Cost/Cost Allocations	(45,497,437)		406,808	(45,090,629)
Transfers Out	77,509		-	77,509
Revenue/Over (Under) Expenditures	\$ 53,545,773	\$	-	\$ 53,545,773

	Adopted
Program	FY 22-23 FTE
Administration	2.0
Facilities	38.0
Finance	33.0
Human Resources	14.5
Information Technology	35.0
Legal Services	7.0
Office of Communications	8.0
Organizational Development	6.0
Total FTE	143.5

SNHD ADMINISTRATION

Facilities Department

Department Description

Facilities is comprised of four departments: Maintenance, Janitorial, Security and Warehouse.

Department Objectives

- Provide facilities support to all SNHD departments
- Maintain safe, clean, and comfortable buildings for all staff and visitors.
- Support the overall goals and objectives of the Southern Nevada Health District

Program Objectives

Maintenance

• Repair and maintenance of all mechanical, electrical, plumbing, and structural items. Operate extensive preventative maintenance program to decrease breakdowns of building components.

Security

• Ensure the safety and security of all staff, visitors and SNHD facilities by providing uniformed staff to patrol and oversee all areas of SNHD facilities. Serve as direct contact with local law enforcement. Oversite of all fleet vehicle purchase, upkeep, and disposal.

Janitorial

 Daily cleaning and disinfection of all SNHD facilities. Upkeep clean and neat appearance of the interior and exterior of all buildings

Warehouse

• Serve as shipping and receiving for all SNHD mail, trucking and packages. Operation of SNHD print shop. Storage and distribution of supplies for all SNHD departments.

Additional 2022/2023 Goals

- 1. Continue to support all departments in the daily operation of the Health District.
- 2. Assist with the expansion of Behavioral Health.
- 3. Oversee construction of SNPHL expansion.
- 4. Oversee construction and opening of new East Las Vegas facility.
- 5. Continue to support COVID 19 response.

SNHD ADMINISTRATION

Finance Department

Department Description

The Finance department is responsible for planning, controlling, and managing all financial aspects of the Southern Nevada Health District's programs and services.

Department Objectives

- Ensure a high level of accuracy in all areas
- Provide excellent customer service to both internal and external customers
- Constantly look for improvement opportunities to operate efficiently to serve our clients
- Assurance of fiscal viability and sustainability of SNHD
- Efficient and effective delivery of all financial related services
- Efficient and effective delivery of ONESolution and Timekeeping system
- Efficient, accurate, and effective billing practices for clinical services

Program Objectives

- Assist SNHD internal department with any financial related needs
- Efficient and effective delivery of payroll, accounts payable/receivable, purchasing services
- Use of fund balances accumulated through prior year savings are thoroughly planned
- Use of Fund balances/net assets will be prioritized based on:
 - Community priorities for emergencies
 - Non-recurring expenditures
 - Major capital purchases or investments in infrastructure or projects necessary to sustain improvements in the delivery of public health services and/or positive community health outcomes

Additional 2022/2023 Goals

- 1. Issuance of SNHD-wide financial reports; responsible for SNHD-wide internal controls to ensure that financial transactions are properly reported; responsible for cash management for SNHD-wide reconciliation of cash, ensuring that departments are following internal policies and procedures.
- 2. Preparation and submission of SNHD Budgets; preparation of documents required for annual external audit; preparation of Annual Comprehensive Financial Report.
- 3. Receipt and documentation of goods and services received; timely and accurate payment processing of vendor invoices; submission of request for grant expense reimbursement; timely and accurate billing for services rendered; collection of accounts receivable; update grant processing procedures; user-friendly accounting system for better financial reporting and/or providing more useful information both to programs that closely monitor budgets and current expenditures/revenues.

SNHD ADMINISTRATION

Human Resources Department

Department Description

The Human Resources Department strives to attract, hire, develop, support and retain employees who are critical to achieving the mission and vision of SNHD. Human Resources supports and partners with the organization through providing the following Human Resources services: benefits, recruitment and selection, workers compensation, classification and compensation, HRIS, labor and employee relations, employee recognition and engagement, and other HR support services.

Department Objectives

- Implement FMLA Source for administration and management of FMLA & ADA ensuring compliance with all regulations.
- ❖ Enhance recruitment, selection, onboarding, and orientation processes using NeoGov functionality and best practices in Human Resources.
- Seek approval for implementation of non-represented classification and compensation study to enhance recruitment and retention efforts.
- Revamp New Employee Orientation and Onboarding processes to enhance the new employee experience.
- Provide professional development and team building opportunities for the Human Resources staff to enhance knowledge, skills and abilities as well as build trust and engagement.

Program Objectives

- Recruitment and Selection Partners with hiring managers to strategically plan recruitment and selection processes. Develop assessment tools and job descriptions.
- HRIS Manages employee data/records management and other software products to enhance HR services.
- Labor & Employee Relations Works collaboratively with employees, managers & supervisors and union representatives to resolve concerns, issues and questions.
- Benefits Administers employee benefit programs and onboards new employees through orientations and enrollment; handles leave management processes, processes workers compensation claims.
- Employee Engagement Creates opportunities for employees to connect with the organization and promote retention and foster community.

SNHD ADMINISTRATION

Human Resources Department

Additional 2022/2023 Goals

- 1. Implement FMLA / ADA Management Services.
- 2. Achieve designation of IPMA-CP (IPMA-HR Certified Professionals) or IPMA-SCP (Senior Certified Professional) for at least 80% of HR staff to educate on baseline knowledge of all functional HR areas and HR best practices to enhance HR team knowledge and services.
- 3. Successfully implement improved recruitment techniques and assessments as well as train SNHD hiring managers and staff on utilizing NeoGov functionality.
- 4. Seek approval for implementation of non-represented Classification and Compensation Study recommendations to have a positive impact on recruitment and retention efforts.
- 5. Create opportunities for team building and professional development for the HR staff.
- 6. Continue to enhance the image of Human Resources through implementation of formal HR communication tools such as an HR Newsletter and employee recognition and employee engagement events.

SNHD ADMINISTRATION

Information Technology Department

Department Description

The Information Technology (IT) department ensures that the Health District's systems, networks, data and applications are all connected and function properly. The IT team handles three major areas:

- 1. Deploys and maintains business applications, services, and infrastructure (servers, networks, storage)
- 2. Monitors, optimizes, and troubleshoots the performance of applications, services, and infrastructure
- 3. Oversees the security and governance of applications, services, and infrastructure.

Department Objectives

Most IT staff have different responsibilities within the team that break into several key areas including:

- Administration. Administrators handle the day-to-day deployment, operation and monitoring of an IT environment, including systems, networks, and applications. Admins often perform a range of other duties such as software upgrades, user training, software license management, procurement, security, data management and observing adherence to business process and compliance requirements.
- ❖ **Support**. Help desk staff specialize in answering questions, gathering information, and directing troubleshooting efforts for hardware and software. IT support often includes IT asset and change management, helping admins with procurement, handling backup and recovery of data and applications, monitoring and analyzing logs and other performance monitoring tools and following established support workflows and processes.
- ❖ Applications. All District programs rely on software to perform work. Some applications are procured and deployed from third parties, while many applications and interfaces -- such as APIs -- needed to deliver critical business capabilities and services are developed in-house. Developers are also tasked with creating interactive websites and building mobile applications. The trend toward agile or continuous development paradigms requires the developers to be increasingly involved with IT operations, such as deploying and monitoring applications.
- ❖ Security and Compliance. SNHD is obligated to observe varied government- and industry-driven regulatory requirements including HIPAA and PCI. IT staff play a major role in securing and monitoring access to business data and applications to ensure that such resources are used according to established business governance policy that meets regulatory requirements. Such staff are deeply involved with security tasks and routinely interact with legal and business teams to prevent, detect, investigate, and report possible breaches.

Activity Objectives

- Update infrastructure to improve performance and reliability.
- Ensure SNHD business units are properly equipped to perform their duties efficiently and securely.
- Increase cybersecurity posture and establish IT and Data Governance programs.
- Improve customer satisfaction through application and infrastructure improvements.

SNHD ADMINISTRATION

Information Technology Department

Department 2022/2023 Goals

- 1. Upgrade end of life infrastructure equipment including servers and network switches and routers.
- 2. Replace all existing Windows 2007 desktop computers with new desktops or virtual desktops (VDI).
- 3. Implement IT and Data Governance program and establish a Governance Committee.
- 4. Purchase and implement VMWare Horizon to improve VDI performance and stability.
- 5. Complete Mongo database upgrade for District applications including FormsAdmin and API.
- 6. Identify, purchase, and implement new IT Service Management System to replace old Help Desk software.

SNHD ADMINISTRATION

Legal Services Department

Department Description

The Legal Department provides support to all divisions and programs at SNHD.

Department Objectives

- Provide counsel to the Board of Health, Southern Nevada Community Health Center, and Advisory Board, as well as the respective committees of these Boards.
- Provide legal advice to leadership, managers, and staff to ensure compliance governance and legal requirements.
- Prosecute Environmental Health administrative cases.
- ❖ Manage public and medical records requests, as well as subpoenas duces tecum.
- ❖ Manage contracts, compliance, records management, and risk management programs effective

Activity Objectives

N/A

Department 2022/2023 Goals

None

SNHD ADMINISTRATION

Office of Communications Department

Department Description

The Southern Nevada Health District Office of Communications is responsible for crisis and emergency risk communication planning and response, media relations, website development and maintenance, brand management, product development, social media planning and content management, marketing/advertising, community and stakeholder outreach/relations, legislative tracking, and special event planning.

Department Objectives

- ❖ Implement four multi-media marketing campaigns during the fiscal year designed to increase overall brand/agency awareness and increase website and social media platform traffic and following.
- Increase awareness of the Health District and subscribers to the agency's public e-newsletter by expanding to a multi-media format and cross promoting on social media platforms. Distribute on a bi-monthly basis.
- Boost brand awareness, educate the public on timely public health issues and emerging topics by highlighting Health District subject matter experts on social media platforms including boosted posts, blogs, videos, e-newsletters and ongoing branding and marketing activities.

Activity Objectives

- Increase page views/social media views/following of Spanish language content/social media platforms by developing more culturally appropriate content.
- Create internal website review committee made up of representatives from Health District programs to assist with keeping content updated and relevant. Cross-promote new and relevant content on all Health District platforms.
- Create videos for the Health District's YouTube Channel and other media platforms on emerging public
 health issues on a monthly basis to inform the public, stakeholders, and partners about public health topics
 throughout the year, cross promote on social media platforms with boosted and promoted posts.
- Update news release site to include more photos and relevant resources as appropriate.

Department 2022/2023 Goals

- 1. Increase brand and agency awareness to promote the Health District as a trusted public health and health care resource in the community.
- 2. Develop, execute, and assess integrated strategic marketing and communications programs, both internal and external, that strengthen, promote, and protect the Health District's brand identity, relevance, and accomplishments.
- 3. Increase community engagement through outreach activities.
- 4. Raise awareness about public health issues and the role public health plays to improve the health, the environment,
- 5. Elevate the presence of the Health District and staff as a resource and subject matter experts on public health issues and new and emerging public health topics.

SNHD ADMINISTRATION

Organizational Development Department

Department Description

Support the District through interventions for Performance Management, Quality Improvement, and Talent Development

Department Objectives

- ❖ Show measured Quality Improvement (QI) through intervention in Finance
- ❖ Build more capable leaders through a new Leadership Development Program
- Demonstrate positive impact of QI in one program per quarter (double this if 1 FTE QI Coordinator is approved)

Program Objectives

- QI: Drive awareness through training across the District, Measure and publicize meaningful QI projects, establish QI as an important component of performance as we serve our community and publish the Strategic Plan
- **Learning & Development:** make accessing and reporting on learning easier, offer new topics that program leaders can assign, easily, to their groups. Focusing on individual contributors and leaders
- **OD Program**: conduct measured interventions to enable higher performance of teams and programs, upgrade the performance appraisal system to bring more value and clarity to performance and expectations

Department 2022/2023 Goals

- 1. Reduce unplanned turnover through improved performance management and Leadership tools
- 2. Capture all compliance and department-specific training and/or records in Saba (Learning Management System)
- 3. Enable program-level reporting and assignment of specific or "elective" training materials in the library
- 4. Publish the new Strategic Plan and support District stakeholders in measurement of plan progress/execution
- 5. Launch tools and workshops for re-Accreditation document storage and recordkeeping for successful annual reports to PHAB

Other Funds Revenues and Expenditures

CAPITAL PROJECTS FUND

The Capital Projects Fund is used to account for acquisition of capital assets other than building. This fund used to account for fixed assets such as furniture, equipment, vehicles and building improvements. Current capitalization threshold is \$5,000. Total capital outlay includes \$600K in computer hardware/software updates, \$1.5 million in building improvements (includes CIP) and an estimated \$115K in new vehicles. FY 2022-2023 ending fund balance is zero as SNHD anticipates to use all expenditures during the fiscal year. There are no planned transfers in/out during the fiscal year to general fund or other funds.

	FY 20/21 Actual Adopte		FY 21/22 Adopted Budget	FY 21/22 Estimated Budget			FY 22/23 Adopted Budget	% Change FY22 Est vs. FY23 Adopted
Revenues								
Interest Earnings	\$ 36,332	\$	80,000	\$	40,000	\$	80,000	100.0%
Expenditures								
Supplies	385,328		-		-		-	0.0%
Capital Outlay	508,947		3,129,477		1,385,000		2,282,433	64.8%
Excess (Deficiency) of Revenues	 (857,943)		(3,049,477)		(1,345,000)		(2,202,433)	63.7%
Other Financing Sources/Uses								
Transfer In	1,250,000		1,250,000		500,000		-	-100.0%
Transfer Out	-		-		-		-	0.0%
Beginning Balance	2,655,376		1,799,477		3,047,433		2,202,433	-27.7%
Ending Fund Balance	\$ 3,047,433	\$	-	\$	2,202,433	\$	-	-100.0%

BOND RESERVE FUND

The Bond Reserve Fund accounts for resources that have been assigned or committed to the future acquisition of a new administration building. The are no planned building acquisition in the near future. FY 2022-2023 ending fund balance is zero as SNHD anticipates to use all expenditures during the fiscal year. There are no planned transfers in/out during the fiscal year to general fund or other funds.

	-	FY 20/21 Actual		FY 21/22 Adopted Budget		FY 21/22 Estimated Budget		FY 22/23 Adopted Budget	% Change FY22 Est vs. FY23 Adopted
Revenues									
Interest Earnings	\$	(72,376)	\$	55,000	\$	54,085	\$	55,000	1.7%
Expenditures									
Capital Outlay		-		2,367,855		100,000		3,045,479	2945.5%
Excess (Deficiency) of Revenues		(72,376)		(2,312,855)		(45,915)		(2,990,479)	6413.1%
Other Financing Sources/Uses									
Transfer In		350,000		-		-		-	0.0%
Transfer Out		-		1,250,000		500,000		-	-100.0%
Beginning Balance		3,258,770		3,562,855		3,536,394		2,990,479	-15.4%
Ending Fund Balance	\$	3,536,394	\$	-	\$	2,990,479	\$	-	-100.0%

PROPRIETARY FUND

The Proprietary Fund is an internal service fund and accounts for SNHD employees' workers compensation liability. The table below depicts projected operating and investing cash flow activities.

	Y 20/21 Actual	FY 21/22 Adopted Budget	FY 21/22 Estimated Budget	FY 22/23 Adopted Budget	% Change FY22 Est vs. FY23 Adopted
Cash Flows From Operating Activities Other Receipts	\$ (1,648)	\$ 5,100	\$ (5,000)	\$ (8,000)	60.0%
Cash Flows From Investing Activities Interest Earnings	2,813	5,000	3,500	10,100	188.6%
Net Increase (Decrease) in cash and cash equivalents	1,165	10,100	(1,500)	2,100	-240.0%
Cash & Cash Equivalents @ July 1	160,567	170,767	161,732	160,232	-0.9%
Cash & Cash Equivalents @ June 30	\$ 161,732	\$ 180,867	\$ 160,232	\$ 162,332	1.3%

Public Notice

PUBLIC NOTICE

PUBLIC NOTICE

Pursuant to Nevada Administrative Code (NAC) 354.561, Clark County, the Clark County Stadium Authority, and the Clark County Redevelopment Agency are required to publish a summary fiscal report of their General and Proprietary funds. The information contained in the summary has been prepared as adopted by the Committee on Local Government Finance.

Southern Nevada Health District General Fund

	ACTUAL PRIOR YEAR ENDING 6/30/2021	ESTIMATED CURRENT YEAR ENDING 6/30/2022	BUDGET YEAR ENDING 06/30/23 FINAL APPROVED
Beginning Fund Balance	30,109,146	35,304,646	32,666,047
Total Available Revenues*	68,567,094	77,170,613	78,696,749
Total Expenditures**	63,371,594	79,809,212	78,738,165
Ending Fund Balance	35,304,646	32,666,047	32,624,631

^{*} Includes Transfers In

[&]quot;" Includes Transfers Out