



## **MINUTES**

### **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING**

**August 8, 2022 – 9:00 A.M.**

**Meeting was conducted via Webex Event**

**MEMBERS PRESENT:**

Kenneth Osgood – Chair, Physician  
Ronald Kline – Member, City of North Las Vegas  
Paul Klouse – Member, City of Boulder City  
Holly Lyman – Member, City of Henderson  
Reimund Serafica – Member, Nurse  
Francisco Sy – Member, Environmental Health  
Jennifer Young – Member, City of Las Vegas

**ABSENT:**

Dick Tomasso – Member, City of Mesquite

**ALSO PRESENT:**

Linda Anderson

(In Audience)

**LEGAL COUNSEL:**

Heather Anderson-Fintak, General Counsel

**EXECUTIVE SECRETARY:**

Fermin Leguen, MD, MPH, District Health Officer

**STAFF:**

Andria Cordovez Mulet, Rebecca Cruz-Nanez, Jason Frame, Jacques Graham,  
John Hammond, Carmen Hua, Jessica Johnson, Michael Johnson, David  
Kahananui, Josie Llorico, Cassius Lockett, Cort Lohff, Sarah Lugo, Chris Saxton,  
Daniele Staple, Tamera Travis

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

Chair Osgood called the Public Health Advisory Board meeting to order at 9:01 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present.

**II. PLEDGE OF ALLEGIANCE**

**III. OATH OF OFFICE**

- At-Large Members – Kenneth Osgood, Reimund Serafica, Francisco Sy
- Officers – Kenneth Osgood (Chair), Ronald Kline (Vice-Chair)

The Oath of Office was administered to members Kenneth Osgood and Francisco Sy and to officers Kenneth Osgood and Ronald Kline by Andria Cordovez Mulet, Executive Assistant. The Oath of Office would be administered to Member Serafica once he joined the meeting.

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

Seeing no one, the Chair closed this portion of the meeting.

**V. ADOPTION OF THE AUGUST 8, 2022 MEETING AGENDA** *(for possible action)*

*A motion was made by Member Klouse, seconded by Vice-Chair Kline and carried unanimously to approve the August 8, 2022 Agenda, as presented.*

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

**1. APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING:** April 11, 2022 *(for possible action)*

*A motion was made by Member Klouse, seconded by Member Sy and carried unanimously to approve the August 8, 2022 Consent Agenda, as presented.*

**VII. REPORT / DISCUSSION / ACTION**

**1. Receive and Discuss a Report on Trauma System Information related to Trauma Centers;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

John Hammond, EMS & Trauma System Manager, provided an overview of the different Trauma Center Levels (Level I, II, and III), which are determined by the American College of Surgeons and are defined by state law. Mr. Hammond outlined the Trauma Center locations in Clark County and their location on a map. Mr. Hammond outlined the four steps (physiological criteria, anatomic criteria, mechanism of injury and special considerations) that patients are categorized into using the Trauma Field Triage Criteria, which was based on ACS and CDC triage guidelines. Mr. Hammond concluded by providing map graphic representation of the patient distribution in all Steps for 2021, along with the individuals Steps.

*Member Serafica joined the meeting at 9:23 a.m.*

There was no action taken.

Chair Osgood welcomed Member Serafica to the meeting, who proceeded to briefly outline his background experience. The Oath of Office was administered to Member Serafica by Ms. Cordovez Mulet, Executive Assistant.

**2. Receive and Discuss an Update on Teen Mental Health and Suicide Prevention – Clark County;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Rebecca Cruz-Nañez, Health Educator in the Office of Disease Surveillance, provided an update on teen mental health and suicide prevention in Clark County. This was an update from her presentations in January 2020 on teen suicide data and January 2021 on suicide prevention. Ms. Cruz-Nañez outlined that suicide was a major health problem and leading cause of death worldwide, even prior to the COVID-19 pandemic. Ms. Cruz-Nañez outlined the identifying warning signs and risk factors. Following an overview of some statistics, Ms. Cruz-Nañez outlined the Health District's current efforts in suicide prevention and collaborations with community partners. Ms. Cruz-Nañez provided information on the 988 Suicide & Crisis Lifeline which is available nation-wide. Ms. Cruz-Nañez concluded with the next steps.

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

Member Sy requested an update on Monkeypox at the next meeting.

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

- DHO Comments

Dr. Leguen outlined that this week was National Health Center Week to recognize and raise awareness of federally qualified health centers (FQHCs). The Health District had an FQHC, the Southern Nevada Community Health Center, which was approved by HRSA almost 3 years ago. Our FQHC currently provides services out of the Health District's main location but will be opening a new facility at the end of August.

Dr. Leguen advised that the 2022 Southern Nevada Substance Misuse and Overdose Prevention Summit was scheduled for this week and requested that Ms. Cordovez Mulet share the information on the summit with the members.

Dr. Leguen concluded that the Health District worked on an application for the CDC's Strengthening Public Health Infrastructure, Workforce, and Data Systems grant, which was a 5-year grant for almost \$28M. It is anticipated that we would receive funds in November 2022.

- COVID-19 Surveillance and Contact Tracing Update

Dr. Lockett advised that, last week, the CDC updated their website and Clark County had dropped from high to medium community level. Dr. Lockett encouraged everyone to remain up to date with the COVID-19 boosters and to be kind to individuals who continue to wear masks. Dr. Lockett advised that COVID-19 cases continue to decline, with the 7-day moving average, as of August 3<sup>rd</sup>, being 259 cases. Dr. Lockett advised that true case counts were under reported due to the availability of at-home test kits. Lockett advised that hospitalizations and deaths, as of August 7<sup>th</sup>, continue to decline. Dr. Lockett advised that the test positivity rate was 18.6%. Dr. Lockett advised that his team currently has 36 internal contact tracers and 100 on contract. Contact tracers are staffing the three CSN testing site locations, assisting CCSD, including providing technical assistance to parents, and investigating individuals that are in high-risk settings, children and those over the age of 65 years.

Further to a request, Dr. Lockett provided a brief update on Monkeypox, outlining that the primary mode of transmission is prolonged skin to skin and bedding contact. There was no evidence of respiratory transmission. Dr. Lockett advised that there was concentration in wastewater in various locations.

- Community Health Center Update

David Kahananui, FQHC Manager, provided an updated on the Southern Nevada Community Health Center (SNCHC). Mr. Kahananui advised that the SNCHC's served 2,764 unique patients through the end of June 2022, with 6,032 patient visit encounters. Mr. Kahananui outlined new workflows and protocols related to the Call Center, Eligibility Workers, Monkeypox and the Refugee Clinic. Mr. Kahananui advised that the new Fremont location was scheduled to open on August 30<sup>th</sup>, which will operate Tuesday to Friday from 8 a.m.-6:00 p.m., and initially include Family Planning and Primary Care providers, with Behavioral Health, Ryan White and Dental services to follow. Mr. Kahananui advised that a HRSA Operational Site Visit was conducted the end of June 2022, with 87 out of 93 program requirement elements met and six areas of non-compliance. Mr. Kahananui

advised that, of the six areas of non-compliance, either were corrected or action plans were provided. The Final OSV report was pending. Any non-compliance items will be documented as findings on the Final OSV report with additional opportunities to fix the compliance finding and clear the grant condition.

*Member Serafica left the meeting at 10:43 a.m. and did not return.*

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

Seeing no one, the Chair closed this portion of the meeting.

XI. **ADJOURNMENT**

The Chair adjourned the meeting at 10:48 a.m.

Fermin Leguen, MD, MPH  
District Health Officer/Executive Secretary

/acm



## AGENDA

### SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

August 8, 2022 – 9:00 a.m.

Meeting will be conducted via Webex Event

## NOTICE

WebEx Event address for attendees:

<https://snhd.webex.com/snhd/onstage/g.php?MTID=e68b2439ff63a0d081023507c13f0fe82>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2553 669 2274](https://snhd.webex.com/snhd/onstage/g.php?MTID=e68b2439ff63a0d081023507c13f0fe82)

For other governmental agencies using video conferencing capability, the Video Address is:  
[25536692274@snhd.webex.com](https://snhd.webex.com/snhd/onstage/g.php?MTID=e68b2439ff63a0d081023507c13f0fe82)

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#### NOTE:

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

#### II. PLEDGE OF ALLEGIANCE

#### III. OATH OF OFFICE

- At-Large Members – Kenneth Osgood, Reimund Serafica, Francisco Sy
- Officers – Kenneth Osgood (Chair), Ronald Kline (Vice-Chair)

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

**There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By Webex:** Use the Webex link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Southern Nevada Health District employee or by raising your hand during the public comment period and a Southern Nevada Health District employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** [public-comment@snhd.org](mailto:public-comment@snhd.org). For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

**V. ADOPTION OF THE AUGUST 8, 2022 AGENDA** *(for possible action)*

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

1. **APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING:** April 11, 2022 *(for possible action)*

**VII. REPORT / DISCUSSION / ACTION**

1. **Receive and Discuss a Report on Trauma System Information related to Trauma Centers;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
2. **Receive and Discuss an Update on Teen Mental Health and Suicide Prevention – Clark County;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

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

- DHO Comments
- COVID-19 Pandemic Update
- Community Health Center Update

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

**XI. ADJOURNMENT**

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

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



## MINUTES

### SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

April 11, 2022 – 8:30 A.M.

Meeting was conducted via Webex Event

**MEMBERS PRESENT:**

Michael Collins – Chair, Registered Nurse  
Kenneth Osgood – Vice Chair, Physician  
Ronald Kline – Member, City of North Las Vegas  
Paul Klouse – Member, City of Boulder City  
Holly Lyman – Member, City of Henderson  
Francisco Rojas – Member, Environmental Health  
Jennifer Young – Member, City of Las Vegas

**ABSENT:**

Dick Tomasso – Member, City of Mesquite

**ALSO PRESENT:**

Linda Anderson, Kim Dokken, Douglas Fraser, Lisa Rogi, Stacie Sasso

(In Audience)

**LEGAL COUNSEL:**

Edward Wynder, Associate General Counsel

**EXECUTIVE SECRETARY:**

Fermin Leguen, MD, MPH, District Health Officer (*absent*)

**STAFF:**

Paula Carrasco, Andria Cordovez Mulet, Aaron DelCotto, Jason Frame, Rich Hazeltine, Michael Johnson, David Kahananui, Chad Kingsley, Theresa Ladd, Cassius Lockett, Kyle Parkson, Larry Rogers, Chris Saxton, Herb Sequera, Karla Shoup, Randy Smith, Karen White

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

Chair Collins called the Public Health Advisory Board meeting to order at 8:30 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present.

**II. PLEDGE OF ALLEGIANCE**

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

Stacie Sasso, Health Services Coalition, commented on the proposed trauma regulations and advised that she attended a workshop on Friday and submitted formal comments for review and consideration. Ms. Sasso stated that they have concerns regarding the proposed trauma regulations as they are proposed today and have provided those comments to Dr. Kingsley and looks forward to reviewing them today.

Seeing no one further, the Chair closed this portion of the meeting.

**IV. ADOPTION OF THE APRIL 11, 2022 MEETING AGENDA (for possible action)**

*A motion was made by Member Klouse, seconded by Member Kline and carried unanimously to approve the April 11, 2022 Agenda, as presented.*

*Vice-Chair Osgood joined the meeting at 8:33 a.m.*

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

- 1. APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING:** January 21, 2022 (for possible action)

*A motion was made by Chair Collins, seconded by Vice-Chair Osgood and carried unanimously to approve the January 21, 2022 Public Health Advisory Board Minutes, as presented.*

**VI. REPORT / DISCUSSION / ACTION**

- 1. Receive and Discuss the 2020 Southern Nevada Trauma System Report;** direct staff accordingly or take other action as deemed necessary (for possible action)

Chad Kingsley, MD, Regional Trauma Coordinator, presented the 2020 Southern Nevada Trauma System Report and advised this was the third year of the report, that will be prepared and presented as an annual report for Clark County and the trauma system.

*Member Young joined the meeting at 8:35 a.m.*

Vice-Chair Osgood inquired whether there were any staffing issues with not having enough responders available. Dr. Kingsley advised that there had not been any staffing issues at trauma centers. Dr. Kingsley advised that trauma centers have to guarantee an activation, so when there is a trauma and it arrives, they have to 'activate' onsite 15 to 30 minutes, depending on the level of the appropriate response. Dr. Kingsley further advised that the actual hospital has to guarantee it and if they are not able to, when the hospital submits for their ACS accreditation, they may not be able to get re-certified.

Member Kline inquired as to the concerns raised in the Public Comment. Dr. Kingsley clarified that the concerns raised in the Public Comment section were related to the Proposed Trauma System Regulations, which was the next item on the Agenda.

*A motion was made by Vice-Chair Osgood, seconded by Member Kline and carried unanimously to accept the 2020 Southern Nevada Trauma System Report.*

- 2. Receive and Discuss Update to the Southern Nevada Health District Trauma System Regulations;** direct staff accordingly or take other action as deemed necessary (for possible action)

Dr. Kingsley presented an update on the Proposed Trauma System Regulations. Dr. Kingsley advised that the current regulations were authorized in 2015 and used NRS 450B.237 to regulate verified trauma care. Dr. Kingsley provided a timeline of the development of the draft regulations, mainly the passage of AB317 that required the updating of the regulations. The salient revisions included:

1. Update and revision of Definitions
2. Update and revision of Trauma System Administration



- a. Addition of an annual report
  - b. Addition of an impact report
3. Update to Provisional Authorization and Designation Processes
  - a. Addition: Corresponds to NRS 450B.237 that requires state authorization for initial entry as Level III Trauma Center before seeking Board of Health authorization
  - b. Update: Revisions to processes for renewal and increase in ACS-COT level
  - c. Addition: Process for accepting applications for federally exempt hospitals seeking to participate in the trauma system
4. Update and revisions to Advisory Board and Peer Review Committee

Dr. Kingsley outlined the steps taken by the Office of Emergency Medical Services and Trauma System (OEMSTS), particularly related to the Business Impact Notification and noted that no responses or comments were received. Following that, a Trauma Regulation Public Workshop was held and Dr. Kingsley noted the following highlights:

- Concerns related to some of the terminology
- Clarification on application process
- Clarification of Regional Trauma Advisory Board/Trauma Medical Audit Committee regulatory authority and purpose

Further to a question from Chair Collins, Dr. Kingsley outlined the differences between the levels of trauma centers and the process in approving new trauma centers. Dr. Kingsley advised that the state would have to review, analyze and determine the need for another trauma center.

Further to a question from Member Kline, Dr. Osgood requested an update/presentation outlining the location of trauma centers, the zip codes of traumas and transportation times.

*A motion was made by Vice-Chair Osgoode, seconded by Member Kline and carried unanimously to accept the update on the Southern Nevada Health District Trauma System Regulations.*

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

Dr. Osgood requested an update/presentation outlining the location of trauma centers, including the north-west, the zip codes of traumas and transportation times, along with any additional information available.

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

- DHO Comments

On behalf of Dr. Leguen, Dr. Lockett, Director of Disease Surveillance and Control, advised that COVID-19 testing went well at Fiesta Henderson, which closed on February 2<sup>nd</sup> and conducted approximately 14,000 tests in a three-week period. Further COVID-19 testing went well at Texas Station, which closed on February 20<sup>th</sup> and conducted over 15,000 tests over a six-week period. Dr. Lockett advised that there was still testing capacity at three CSN locations, the Southern Nevada Public Health Lab, four kiosk locations around the valley and numerous mobile test sites. Information on testing locations can be found on the Health District website. Dr. Lockett advised that the Health District continued to distribute rapid antigen test kits to community partners in rural and underserved communities.

Dr. Lockett advised that the Health District worked with UNLV on wastewater surveillance. UNLV issued a wastewater surveillance website, in partnership with the Health District, Southern Nevada Water Authority and Desert Research Institute. The website was [www.empower@unlv.edu](http://www.empower@unlv.edu).

Dr. Lockett advised that two vending machines for free COVID-19 antigen tests have been installed in two locations, Moapa Valley Recreation Center and Mesaview Emergency Room. Discussions were underway with the Regional Transportation Commission (RTC) for a vending opportunity at one of their locations.

Dr. Lockett introduced Edward Wynder, Associate General Counsel at the Health District. Mr. Wynder previously worked at the Health District from 2007-2012 as an Environmental Health Specialist in solid waste, when he left for law school.

- COVID-19 Surveillance and Contact Tracing Update

Dr. Lockett advised, with respect to COVID-19 cases, from March 22<sup>nd</sup> to April 4<sup>th</sup>, the 7-day case rate was 24.8%, which deaths declining by 53% from 3.1 to 1.6. Dr. Lockett advised that the case count appears to slightly increase and encouraged everyone to remain vigilant. With respect to COVID-19 death, from January 3-16, the 7-day moving average decreased by 32.2%. Dr. Lockett advised that wastewater concentration indicates that BA.2 continues to increase. Dr. Lockett advised that the test positivity, at April 4<sup>th</sup>, was 5.2%, however was slightly increasing. Dr. Lockett confirmed that Omicron remains the dominant strain in cases. Breakthrough cases are at 14.8%, hospitalizations are at 70.4% and deaths are at 82.7% in individuals over the age of 65. Dr. Lockett advised that his team currently has approximately 50 internal contact tracers and approximately 200 on contract. Contact tracers are staffing the testing sites, assisting CCSD, including providing technical assistance to parents, and investigating individuals that are in high-risk settings, children and those over the age of 65 years.

Further to an inquiry from Dr. Osgood, Dr. Lockett advised that the Health District provided information on the website and encouraged the public to report the results of home test kits.

- Community Health Center Update

David Kahananui, Senior FQHC Manager, provided an update on the Southern Nevada Community Health Center (SNCHC). Mr. Kahananui advised that the SNCHC's noncompeting continuation for the designation of a Federally Qualified Health Center was approved. Mr. Kahananui advised that a HRSA Operational Site Visit was scheduled at the end of June 2022. Mr. Kahananui provided updates on the Q1 2022 patient counts, eligibility assistance and outcomes of the patient satisfaction surveys. With respect to COVID-19, Mr. Kahananui outlined the testing and vaccine efforts and advised that from May 3, 2021 to March 31, 2022, SNCHC administered 40,267 doses of vaccine and conducted 88,081 tests. These efforts are in addition to the Health District. The SNCHC is providing anti-viral medication to treat symptomatic COVID-19 patients who are 65+ years and/or patients with co-morbidities. Mr. Kahananui continued with an update on funding opportunities, behavioral health, accepted insurance and marketing.

Dr. Osgood advised that he continues to interact with school counselors, that requested resources for youth suicide prevention and depression. Dr. Osgood reached out to the Health District for information and forwarded that information to a number of school counselors, that provided him with positive feedback.

Member Young suggested that staff contact La Pulga de Las Vegas, which is a Spanish network advertising agency, that has a readership of approximately 300,000 for possible advertising.

- EH Fees Business Impact Survey and EH Update

Christopher Saxton, Director of Environmental Health, presented an overview of the Environmental Health (EH) Division and the Proposed EH Fee Schedule Adjustments. Mr. Saxton advised that there has not been a fee adjustment since 2009 and advised that the proposed increase is 29%,

which is less than the cost of inflation. Mr. Saxton outlined staff's recommendation to proceed with a 29% overall fee increase, along with a link to the Consumer Price Index (Western Region) with a 1% floor / 3% ceiling annual adjustment to give programs sustainability as the community continues to grow. Mr. Saxton advised that the Business Impact Survey was with the industry and the deadline for feedback was April 15, 2022. At that point the results of the Business Impact Survey and Proposed EH Fee Schedule would be brought before the Board of Health.

Member Klouse inquired whether an evaluation was conducted on the cost per staff hour. Mr. Saxton advised that an evaluation was conducted and as Environmental Health this increase was required to cover the gaps and to allow the ability to hire additional staff to be able to provide better service to industry.

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

Seeing no one, the Chair closed this portion of the meeting.

Dr. Osgood wished to commend some Health Educators who provided him with some information on malnutrition, obesity and the programs available, which he forwarded to a number of organizations, including the Council on Food Security.

Further to a question from Member Klouse, Mr. Wynder advised that the Proposed EH Fee Schedule Adjustment would be presented directly to the Board of Health and would not normally be presented to the Public Health Advisory Board for pre-approval.

**X. ADJOURNMENT**

The Chair adjourned the meeting at 10:08 a.m.

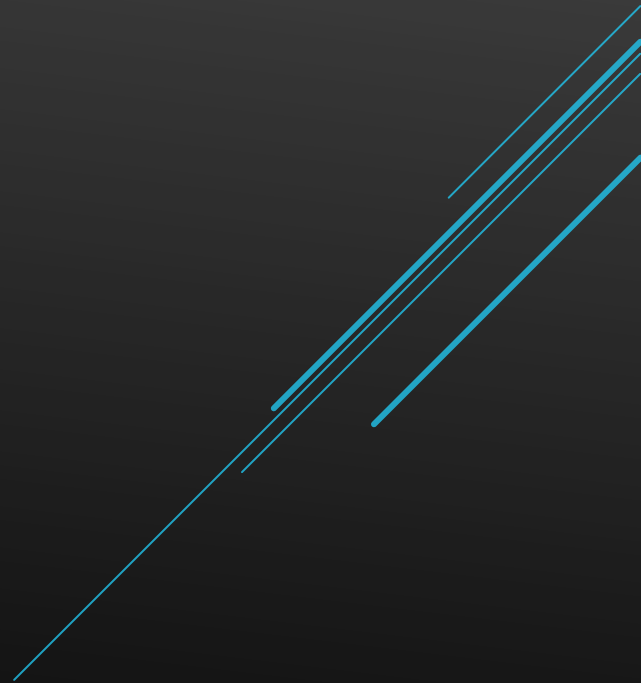
Fermin Leguen, MD, MPH  
District Health Officer/Executive Secretary

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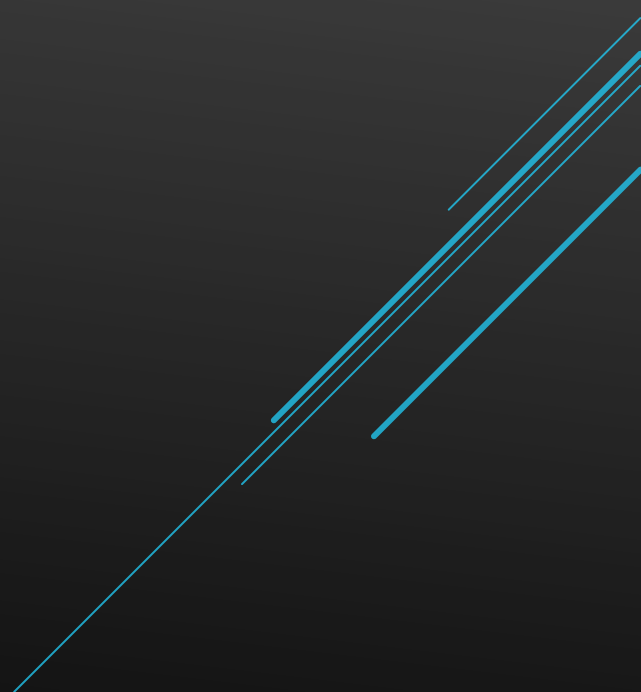
# SNHD TRAUMA SYSTEM INFORMATION



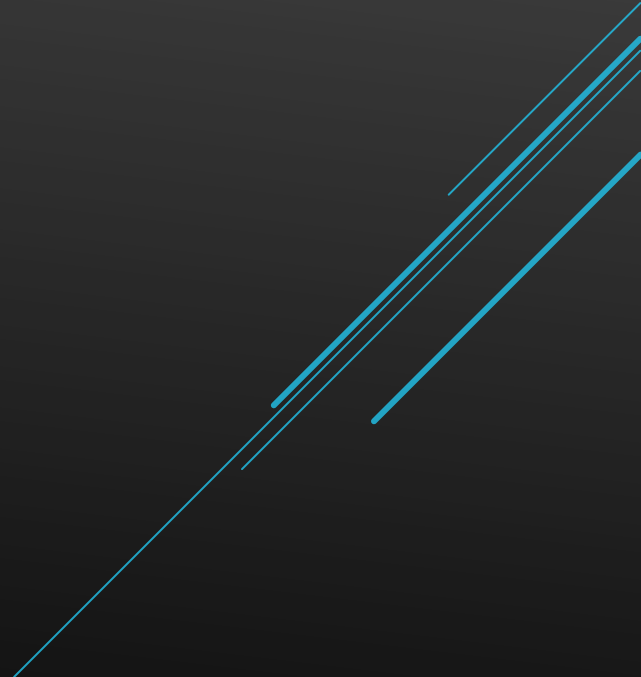
- ▶ Trauma Center Levels
- ▶ Trauma Center Locations
- ▶ Trauma Patient Step
- ▶ 2021 Trauma Patient Acuity and Destination



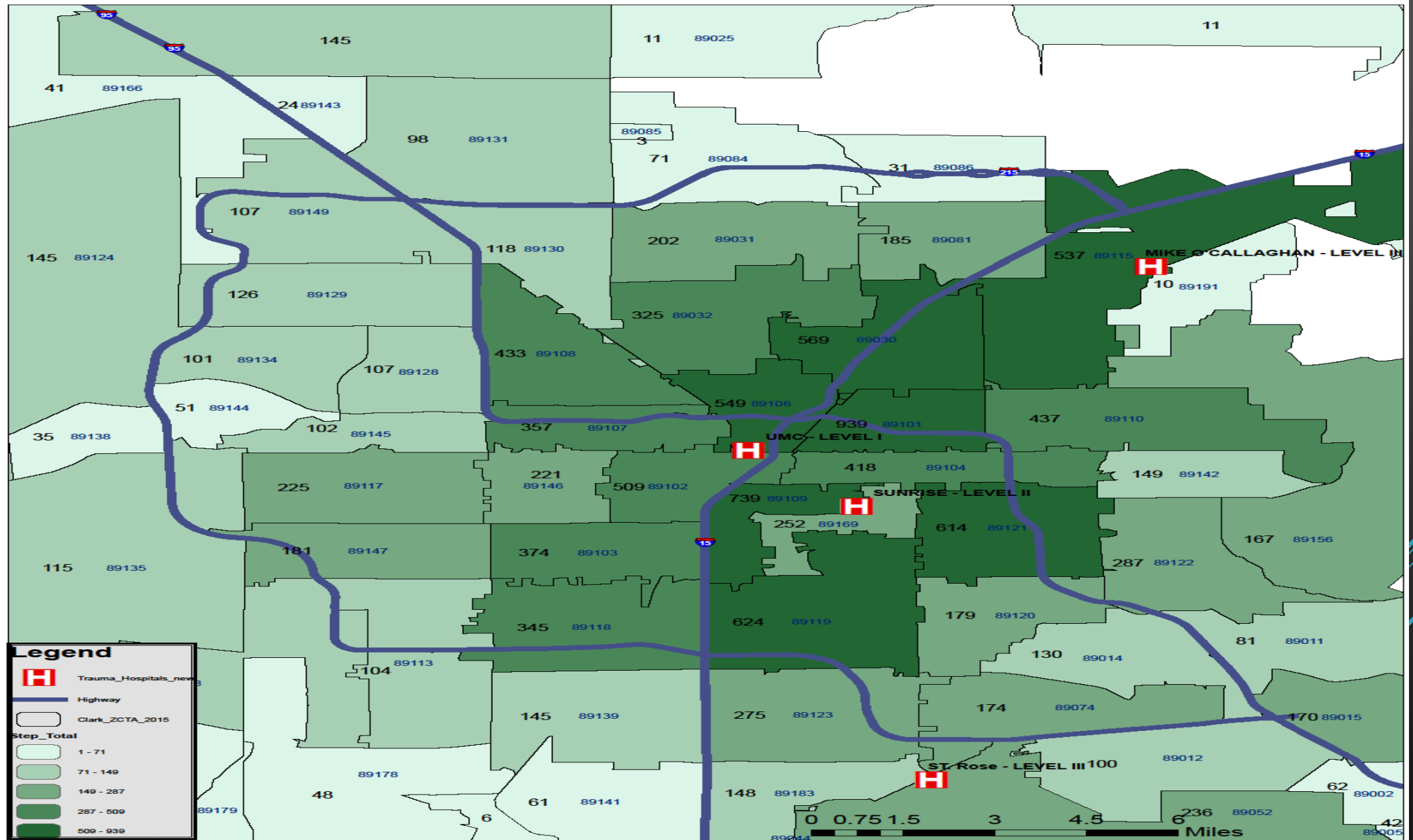
# TRAUMA CENTER LEVELS

- ▶ Levels are determined by the American College of Surgeons and are defined by state law
  - ▶ Level I TC must provide system leadership and provide care for all injuries. Teaching and research are required.
  - ▶ Level II TC Clinically similar to the Level I but not required to teach or research
  - ▶ Level III TC Provide prompt evaluation and treatment of injuries and refers as needed
- 
- Several parallel teal lines of varying lengths and orientations are positioned on the right side of the slide, extending from the middle to the bottom right corner.

# TRAUMA CENTER LOCATIONS

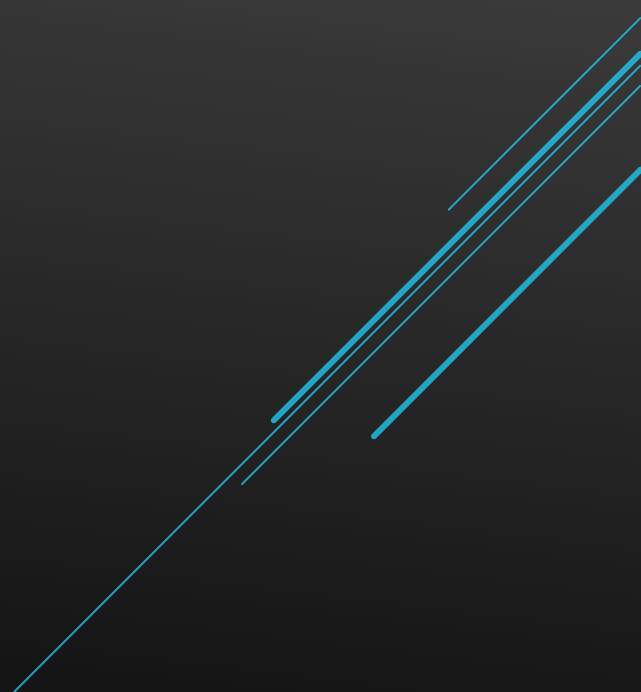
- ▶ UMC Level I adult and Level II pediatric. Accepts all patient steps
  - ▶ Sunrise Level II. Accepts all adult steps and pediatric steps 3 and 4.
  - ▶ St. Rose Siena Level III. Accepts adult and peds step 3 and 4. Will see patients *in extremis* as needed
  - ▶ Pts Mike O'Callaghan Military Medical Center Level III. Accepts adult and peds step 3 and 4. Will see patients *in extremis* as needed
- 
- Several parallel teal lines of varying lengths and orientations are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.

# Total TFTFC Incidents in Clark County, NV, 2021



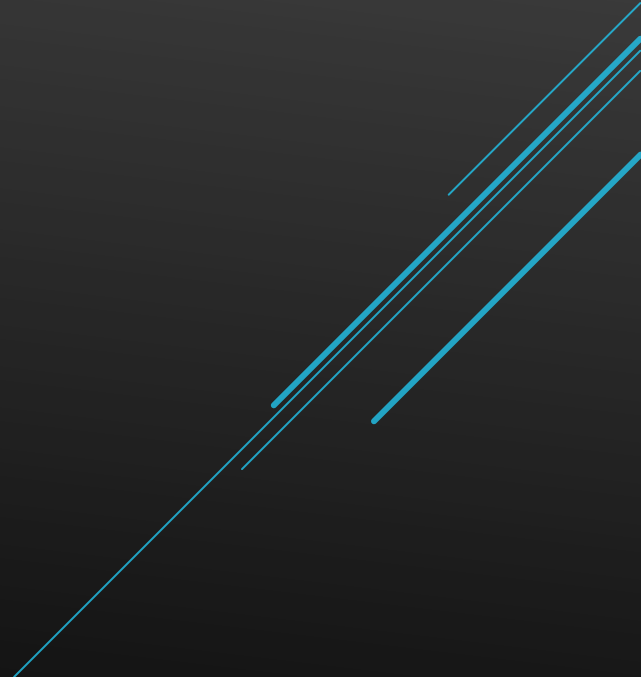


# TRAUMA PATIENT STEPS

- ▶ Patients are categorized into 4 steps via the Trauma Field Triage Criteria (TFTC).
  - ▶ The criteria is based on ACS and CDC triage guidelines
  - ▶ New guidelines are available from ACS for implementation and the OEMSTS is working on them
- 
- Several parallel teal lines of varying lengths and orientations are located in the bottom right corner of the slide, serving as a decorative element.

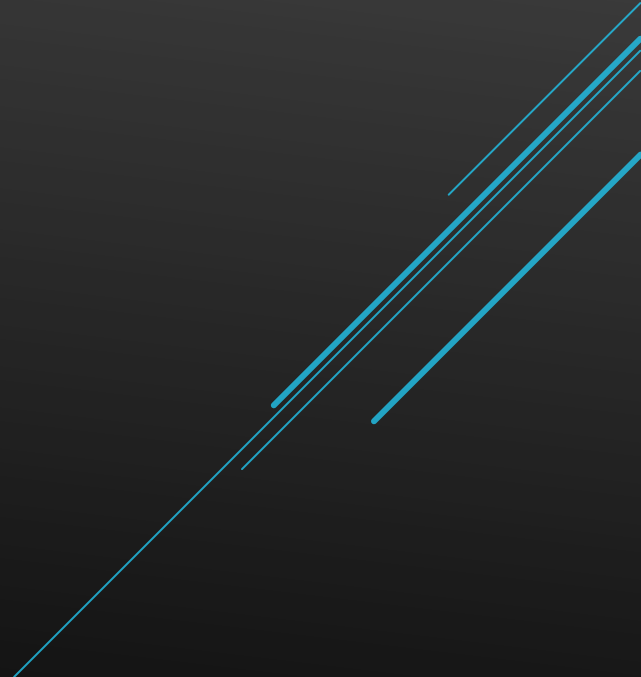
# STEP 1

## PHYSIOLOGICAL CRITERIA

- ▶ Measurement of vital signs and level of consciousness
    - ▶ Glasgow Coma Scale of 13 or less (GCS measures level of consciousness using response to stimulus)
    - ▶ Systolic blood pressure less than 90 mmHg
    - ▶ Respiratory rate less than 10 or greater than 29 (less than 20 in infants aged less than 1 year) or needs ventilatory support
- 
- A series of parallel teal lines of varying lengths and orientations, located in the bottom right corner of the slide, creating a modern, abstract graphic element.

# STEP 2

## ANATOMIC CRITERIA

- ▶ Assess anatomy of injury
    - ▶ Penetrating injuries to the head, neck, torso or proximal extremities
    - ▶ Chest wall instability
    - ▶ Two or more proximal long bone fractures
    - ▶ Crushed, degloved, mangled or pulseless extremity
    - ▶ Amputation proximal to wrist or ankle
    - ▶ Pelvis fracture
    - ▶ Open or depressed skull fracture
    - ▶ Paralysis
- 
- Several parallel teal lines of varying lengths and orientations are located in the bottom right corner of the slide, serving as a decorative element.

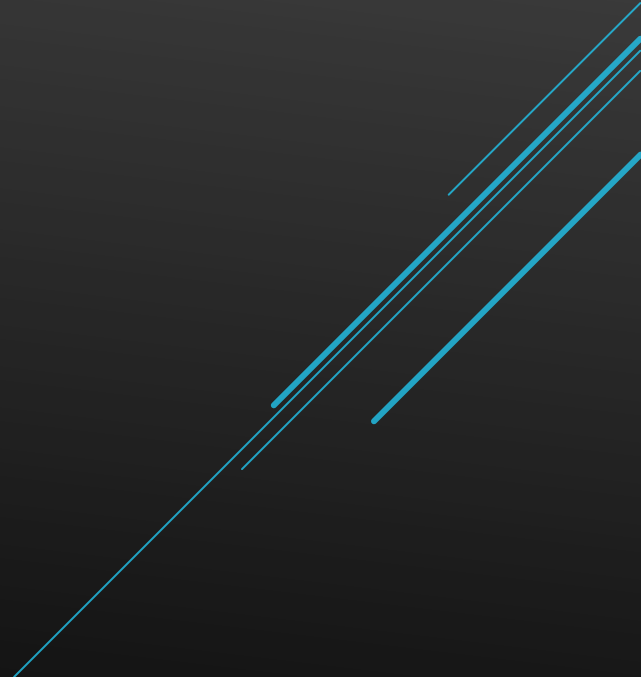
# STEP 3

## MECHANISM OF INJURY

- ▶ Assess mechanism of injury
  - ▶ Falls
    - ▶ Adult: greater than 20 feet
    - ▶ Children: Greater than 10 feet or two times the height of the child
  - ▶ High risk auto crash
    - ▶ 40 mph or higher crash
    - ▶ Passenger compartment intrusion of 12 inches on passengers side or 18 inches non-passenger side
    - ▶ Roll over with unrestrained occupant
    - ▶ Death in same passenger compartment
  - ▶ Motorcycle crash greater than 20 mph
  - ▶ Auto vs pedestrian/bicyclist thrown, run over or with greater than 20 mph impact

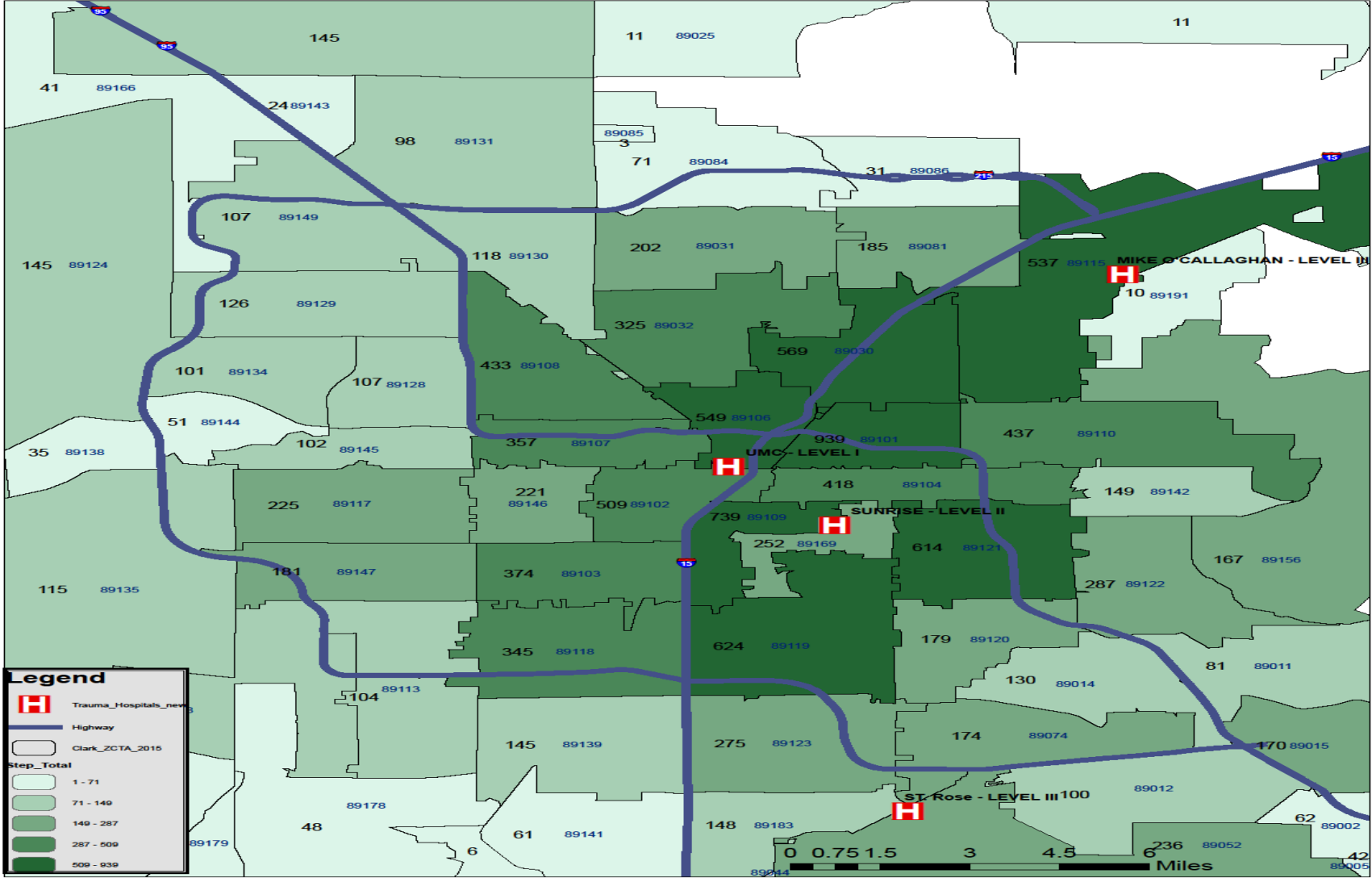
# STEP 4

## SPECIAL CONSIDERATIONS

- ▶ Older adults
    - ▶ Risk of death or injury increase after age 55
    - ▶ Systolic blood pressure less than 110 mmHg might represent shock after age 65
    - ▶ Low impact mechanisms (ground level fall) might result in severe injury
  - ▶ Children should be preferentially transported to a trauma center
  - ▶ Use of anticoagulants or bleeding disorders
  - ▶ Burns with trauma
  - ▶ Pregnancy greater than 20 weeks
  - ▶ EMS provider judgment
- 
- Several parallel teal lines of varying lengths and orientations are located in the bottom right corner of the slide, serving as a decorative element.

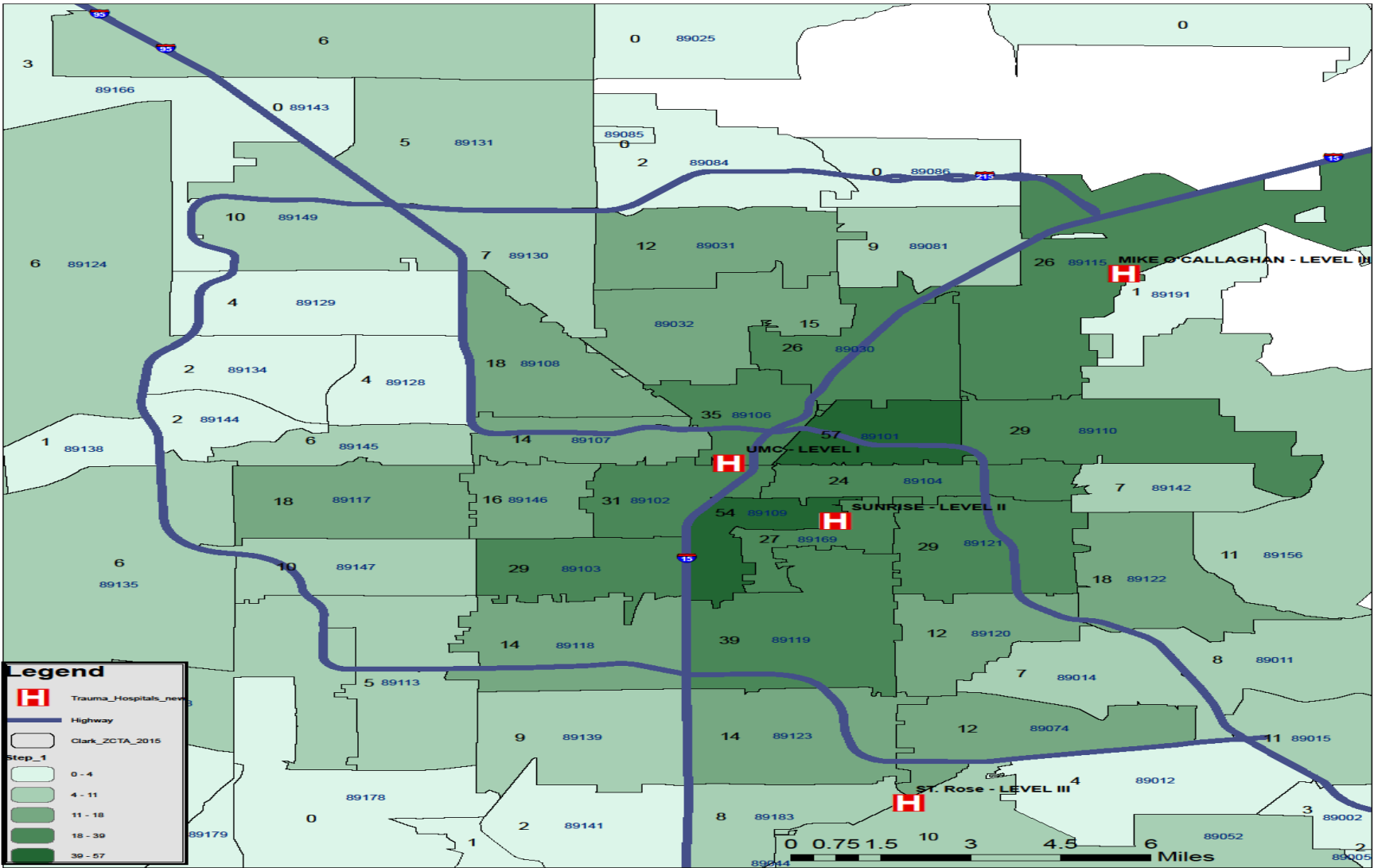
# PATIENT DISTRIBUTION ALL STEPS 2021

Total TFTC Incidents in Clark County, NV, 2021



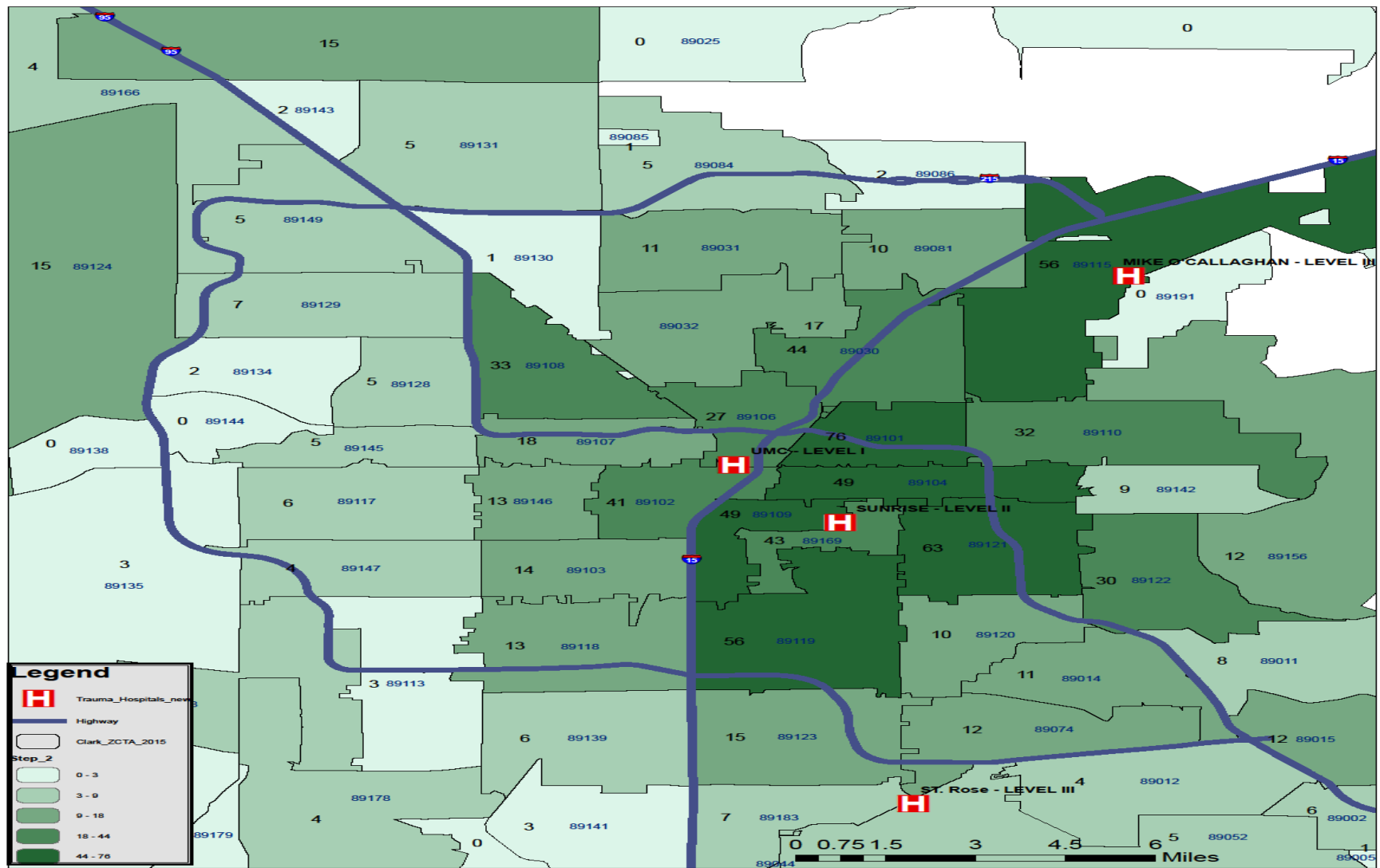
# PATIENT DISTRIBUTION STEP 1 2021

Step 1 TFTC Incidents in Clark County, NV, 2021



# PATIENT DISTRIBUTION STEP 2 2021

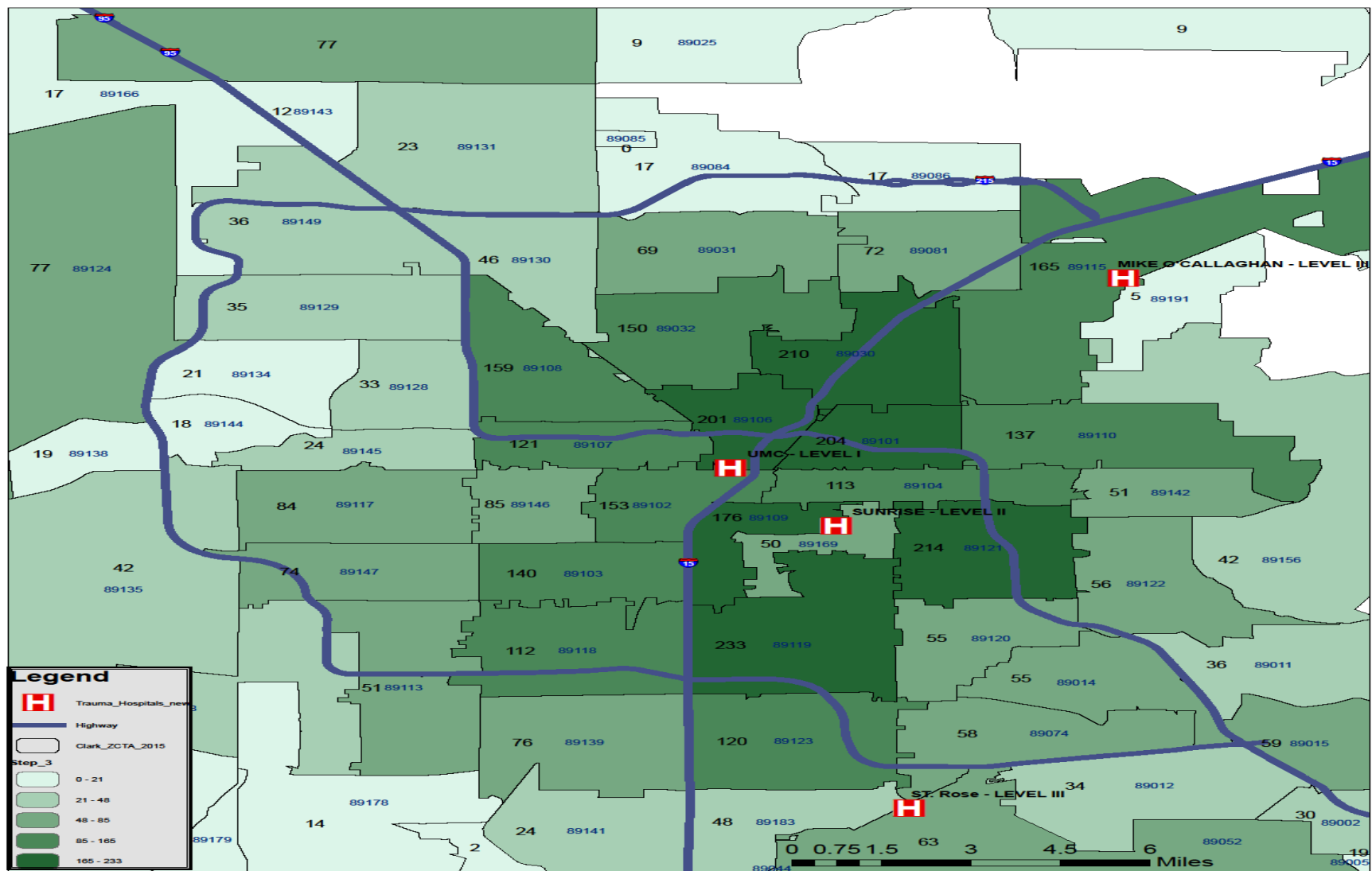
## Step 2 TFTC Incidents in Clark County, NV, 2021





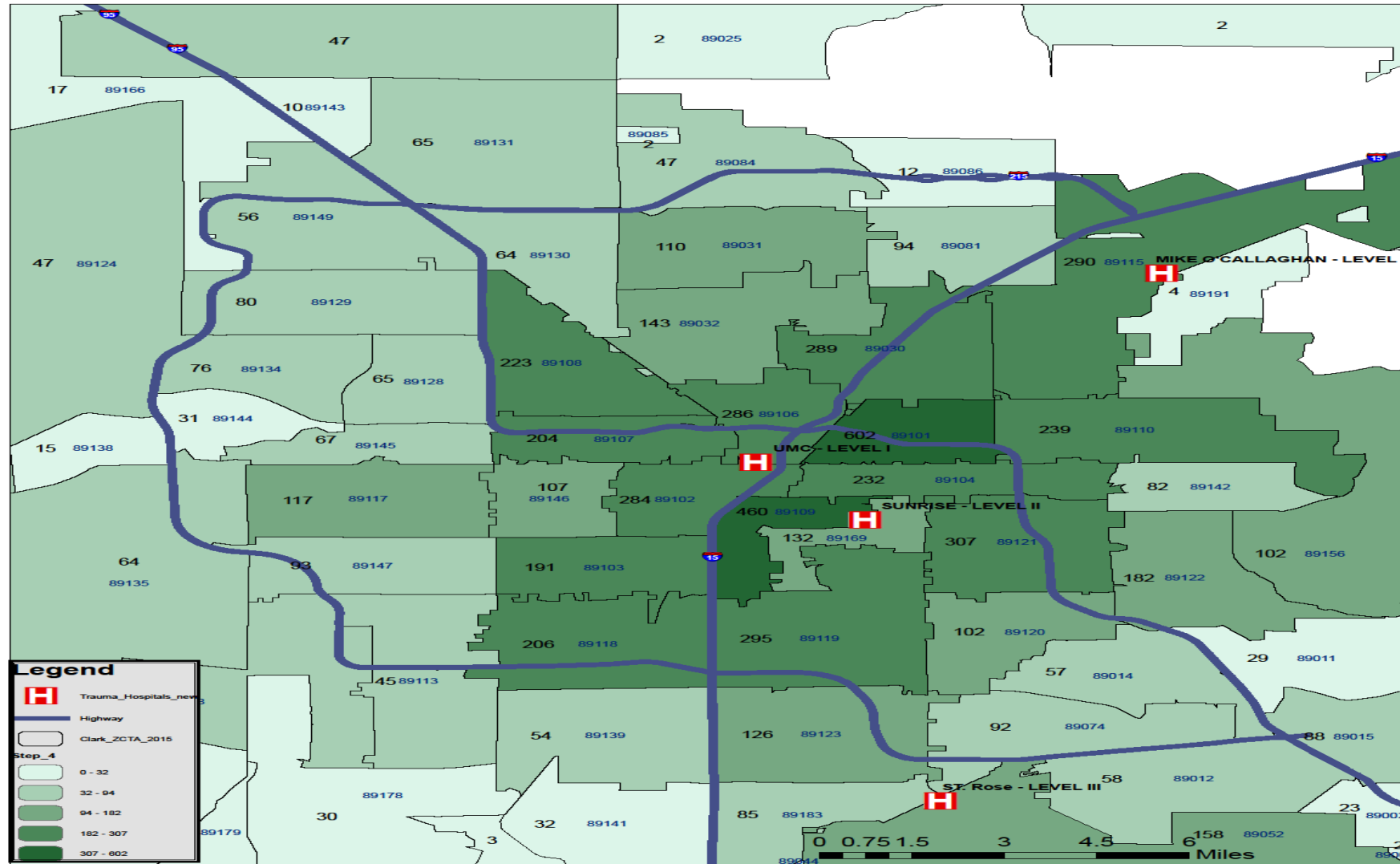
# PATIENT DISTRIBUTION STEP 3 2021

Step 3 TFTC Incidents in Clark County, NV, 2021



# PATIENT DISTRIBUTION STEP 4 2021

### Step 4 TFTC Incidents in Clark County, NV, 2021



# QUESTIONS



# Youth Suicide Prevention and Mental Health



SOUTHERN NEVADA HEALTH DISTRICT



# Overview

## TOPICS TO DISCUSS

- Encourage Awareness
- Identifying Warning Signs
- Statistics
- SNHD Prevention Efforts
- Community Partner Prevention Efforts
- Resources



# Encourage Awareness

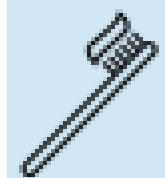


## WHY WE CARE

Suicide is a major health problem and a leading cause of death worldwide. The uncertainty and exposure to high-stress situations during the COVID-19 pandemic has significantly impacted youth throughout Nevada. Increased social isolation, missed developmental milestones, and separation from social support systems have contributed to rising rates of depression and anxiety amongst adolescents (Racine et al., 2021).

Prior to the pandemic, rates of Nevada high school students that made a suicide plan and attempted suicide were already on the rise.

# Identifying Warning Signs



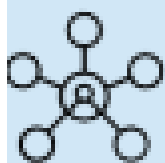
Physical changes in appearance or hygiene<sup>1</sup>



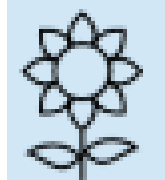
Increase in alcohol or drug use<sup>1</sup>



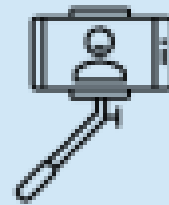
Trouble concentrating and/or a sudden drop in grades or academic performance<sup>1</sup>



Social withdrawal<sup>1</sup>



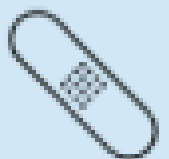
Suddenly becoming calm or cheerful after a long period of depression.<sup>2</sup>



Talking about suicide or preoccupation with death, talking or posting on social media about suicide or wanting to die<sup>2</sup>



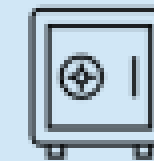
Risky or reckless behaviors (such as reckless driving or unsafe sex)<sup>2</sup>



Self-harm or self-destructive behaviors such as cutting<sup>2</sup>



Talking about feeling hopeless or having nothing to live for<sup>2</sup>



Researching suicide methods and/or acquiring weapons<sup>2</sup>



Visiting or calling people to say goodbye, and giving away prized possessions<sup>3</sup>



Migraines, frequent stomach aches, or other physical complaints<sup>3</sup>

If you have any concerns about your teen's mental health, take action.





“

Asking 'why' only makes us feel hopeless. Asking 'how' points the way forward and shows us what we must do.

— Sue Klebold (mother of a child with past suicidal ideation)

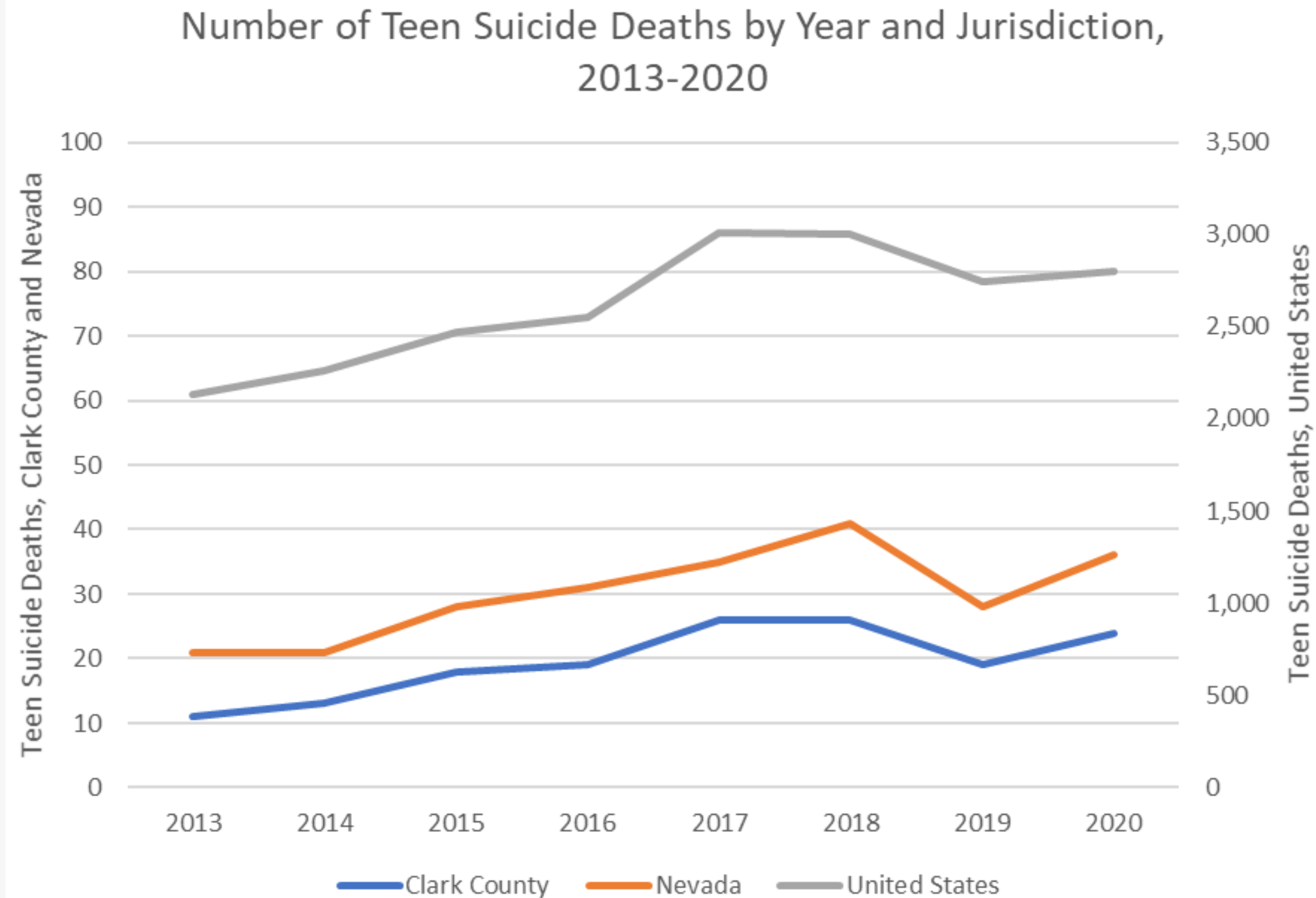


# The Statistics

## NUMBERS ON THE RISE

A statewide reduction was observed in 2019, but CDC reported an increase in 2020 and preliminary reports show an increase of 11% in 2021. It is important to note, the youngest suicide in Nevada lowered from 12 years in 2019 to 8 years of age in 2020.

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics.

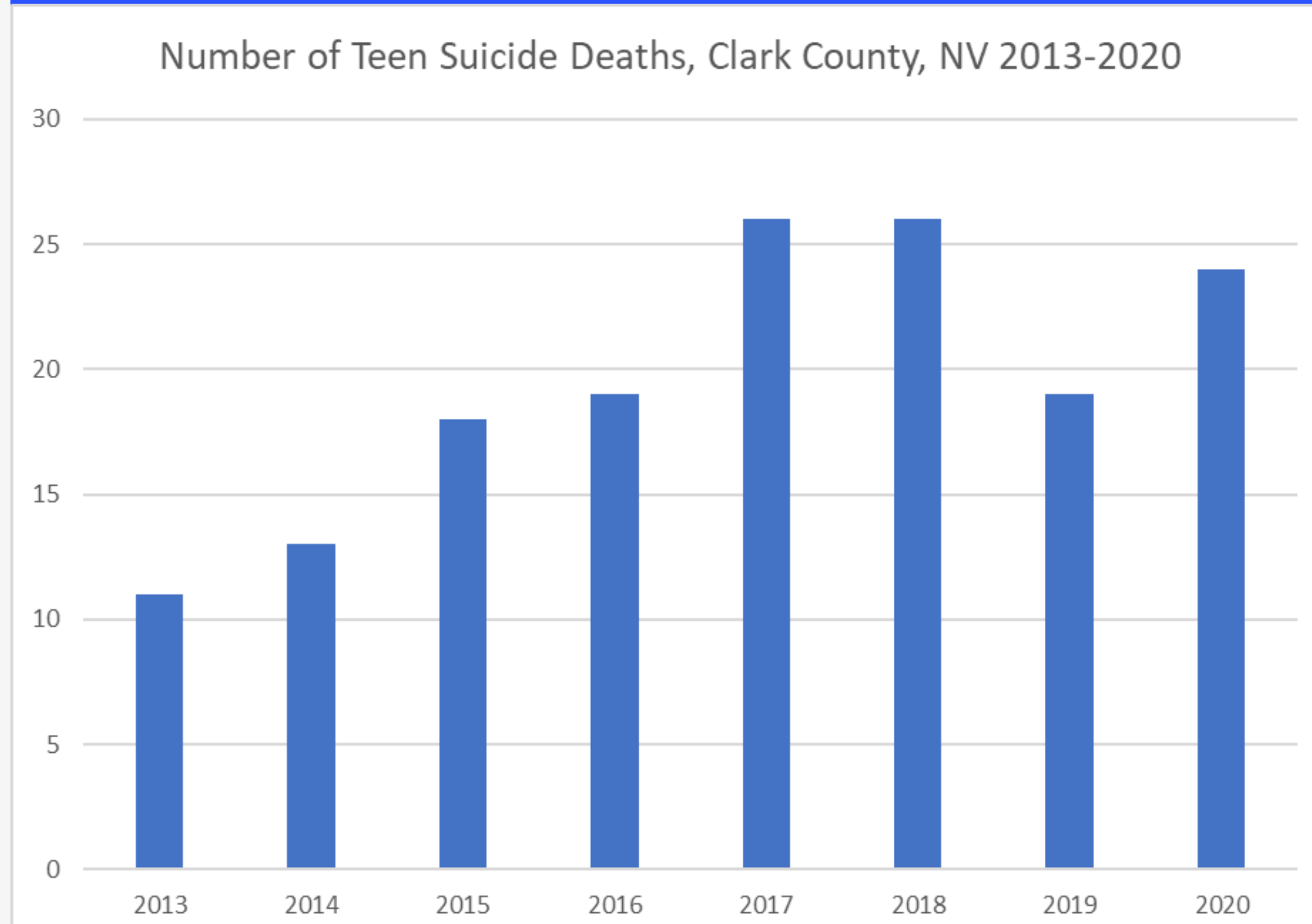


# Additional Statistics

## CLARK COUNTY, NEVADA

Suicide is the second leading cause of death in youth in Clark County and Nevada.

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2013-2020 on CDC WONDER Online Database



# SNHD

## CURRENT EFFORTS IN SUICIDE PREVENTION



- Zero Suicide Implementation
  - Suicide Prevention Policy and Procedures
  - Team members with representative from all departments
- Evidence Based training offered to all staff
  - Gatekeeper Suicide Awareness (55)
  - SafeTALK Suicide Prevention (153)
  - ASIST Suicide Prevention (26 by year's end)
  - Mental Health First Aid for Adults (114)
- Active Community Engagement
  - Nevada Office of Suicide Prevention
  - Nevada Coalition for Suicide Prevention
  - Child Death Review Board
  - Nevada Youth Suicide Prevention Task Force
  - Clark County Children's Mental Health Consortium

# Community Partners

## CURRENT EFFORTS IN SUICIDE PREVENTION

- Office of Suicide Prevention
  - Community Trainings, Fatality Reviews, Resources, Events, Support, Press Releases
- Clark County School District (CCSD) K-12 Nevada Law Requirements
  - Inclusion of the National Suicide Prevention Lifeline and/or other crisis line(s) on student ID cards
  - Student allowances for excused mental health absences
  - Suicide prevention and/or mental health training for certain school personnel, not annual
  - Suicide prevention, intervention, and post-vention policies/programming
  - Student education on suicide prevention





# Additional Community Partners Prioritizing Youth Mental Health

## **CCCMHC**

Clark County Mental Health Consortium meets monthly to help provide Nevada's youth and families with high quality care and timely access to services they deserve.

## **NAMI of Southern Nevada**

National Alliance on Mental Illness works to have a community where everyone feels safe to openly discuss mental health and has the ability to seek and access help with support, dignity, and respect. NAMI works with community partners to educate and support the needs of our teens.

## **The Center**

Youth & Family Services at The LGBTQIA+ Center of Southern Nevada. QVolution is designed to meet the social, recreational, and developmental needs of LGBTQIA+ and ally youth ages 13 to 17 and those that care for them.



988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress. That could be:

- Thoughts of suicide
- Mental health or substance use crisis, or
- Any other kind of emotion distress

People can call or text 988 or chat 988lifeline.org for themselves or if they are worried about a loved one who may need crisis support.

988 serves as a universal entry point so that no matter where you live in the United States, you can reach a trained crisis counselor who can help.

# Other Services in Clark County

- TEEN TEXT LINE

Anyone aged 14 to 24 in need of support can text 775-296-8336 from noon to 10 p.m. 7 days a week, 365 days per year.

- SPECIALIZED  
WARDS

Behavioral Health NV is an online database of behavioral health providers specializing in substance use disorder and co-occurring mental health disorder treatment:  
<https://behavioralhealthnv.org/>

- CRISIS UNITS

Children's Mobile Crisis Response Team (MCRT) is available 24 hours a day by calling 702-486-7865 (Rural Nevada and Clark County)

- FACILITIES

Nevada Certified Community Behavioral Health Centers will serve an individual in need of care, regardless of ability to pay.  
<https://dpbh.nv.gov/Reg/CCBHC/CCBHC-Main/>





## Step 1

Implement Zero Suicide at SNHD



## Step 2

Train the workforce suicide prevention and comprehensive evidence-based screening and assessment tools.



## Step 3

Collaborate with community partners to provide training, data, care, warm hand-offs, referrals, and strategies to achieve a zero-suicide community.

# Next Steps





## Contact:

Rebecca Cruz-Nañez, LMSW, CA, CPS  
Injury & Violence Health Educator II  
Suicide Prevention Coordinator

### Address

280 S. Decatur Blvd  
Las Vegas, NV 89127

### Email Address

[cruz-nanez@snhd.org](mailto:cruz-nanez@snhd.org)

### Phone Number

702.759.1689

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# SNHD COVID-19

CASSIUS LOCKETT, PHD

Director of Disease Surveillance & Control

August 8, 2022



**COVID-19  
UPDATE**

### Community Transmission

	07/28/2022	07/29/2022	07/30/2022
COVID Positive Test Rate (7-Day Average)	26.8%	26.3%	26.0%
New cases per 100,000 population per 7 days	103.8	97.1	91.1

### Testing and Vaccination Status

	07/28/2022	07/29/2022	07/30/2022
Persons tested per 1,000 population per 7 days	6.3	6.0	5.8
% Population 16 Yrs and Older that Initiated Vaccination	84.5%	84.5%	84.5%

### Community Level

	07/28/2022	07/29/2022	07/30/2022
New COVID admissions per 100,000 population per 7 days	13.0	12.9	11.5
% Inpatient beds used by COVID patients (7-Day Average)	5.8%	5.7%	5.6%
% ED visits due to COVID (7-Day Average)	3.7%	3.4%	3.2%

# RISK METRICS

# SNHD COVID-19 DASHBOARD: CASES

## COVID-19 Case Summary

Dashboard updated on:  
August 3, 2022

Data as of: August 1, 2022

**Total Confirmed Cases:**  
568,925 (24541.9 per 100K)

**Total Reinfection Cases:**  
30,422

**Total Probable Cases:**  
36,146 (72.6 per 100K per 30-Day Period)

**Probable Cases (14 Day Average):**  
26

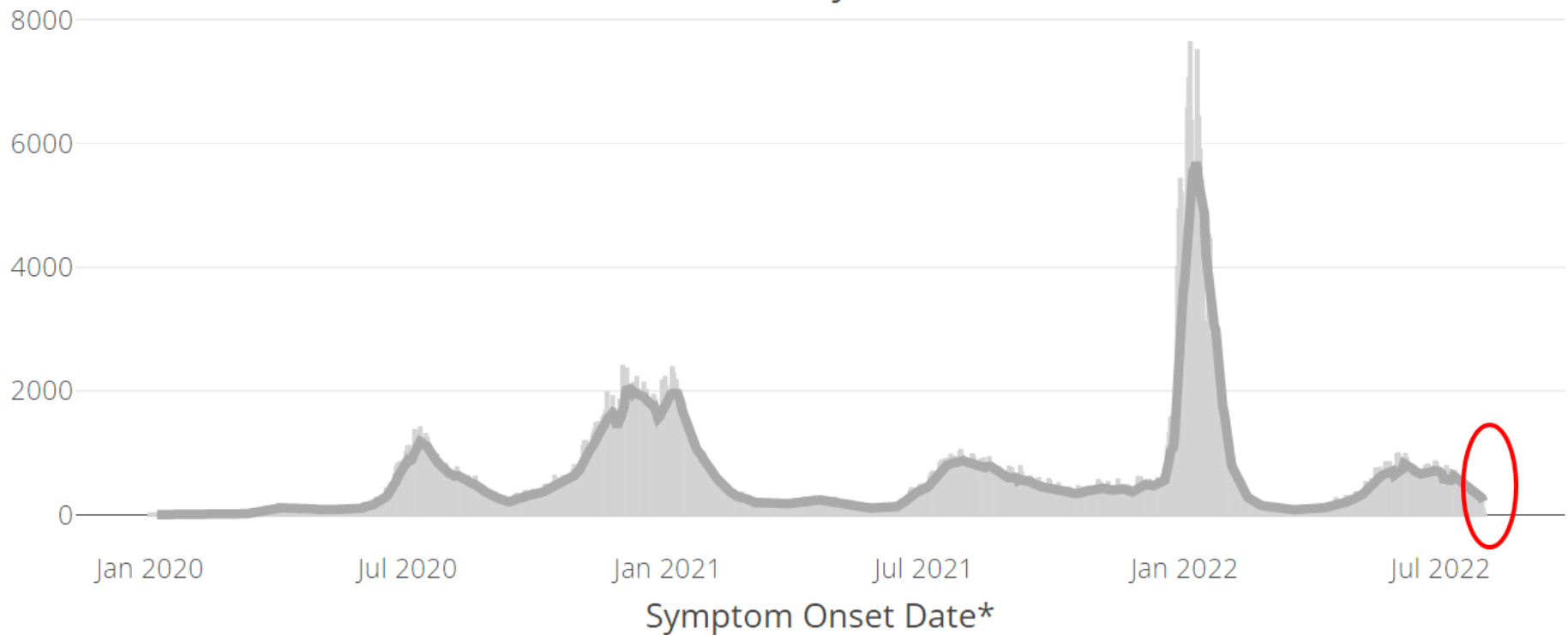
**Multisystem Inflammatory Syndrome in Children (MIS-C) Cases:**  
112

**Total Hospitalizations:**  
27,976 (1206.8 per 100K)

**Total Deaths:**  
8,791 (379.2 per 100K)

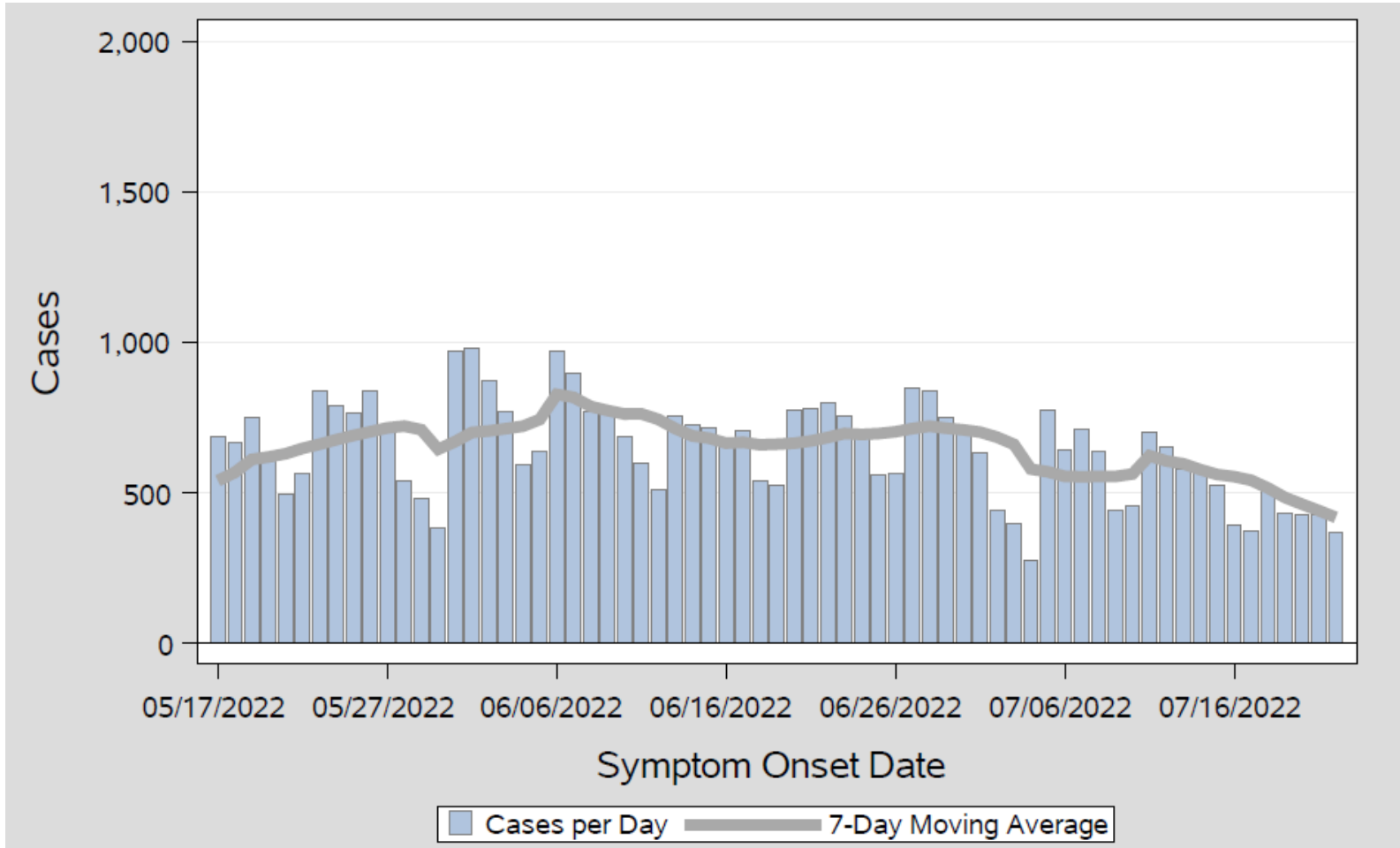
**Cases Reported in Last 7 Days:**  
2,779 (119.9 per 100K)

Daily COVID-19 Confirmed Cases  
Clark County, NV



<http://covid.southernnevadahealthdistrict.org/data/>

## COVID-19 Cases per Day, Clark County, Nevada



Data as of August 3, 2022

COVID-19 CASES  
RECENT TRENDS

# COVID-19 HOSPITALIZATIONS, CLARK COUNTY NV

■ Data as of August 7, 2022

192

HOSPITALIZATIONS  
SUSPECTED AND CONFIRMED

19

ICU ADMISSIONS  
SUSPECTED AND CONFIRMED

7

VENTILATORS  
SUSPECTED AND CONFIRMED

## Two Week Timespan



☒ Confirmed COVID  
Hospitalizations

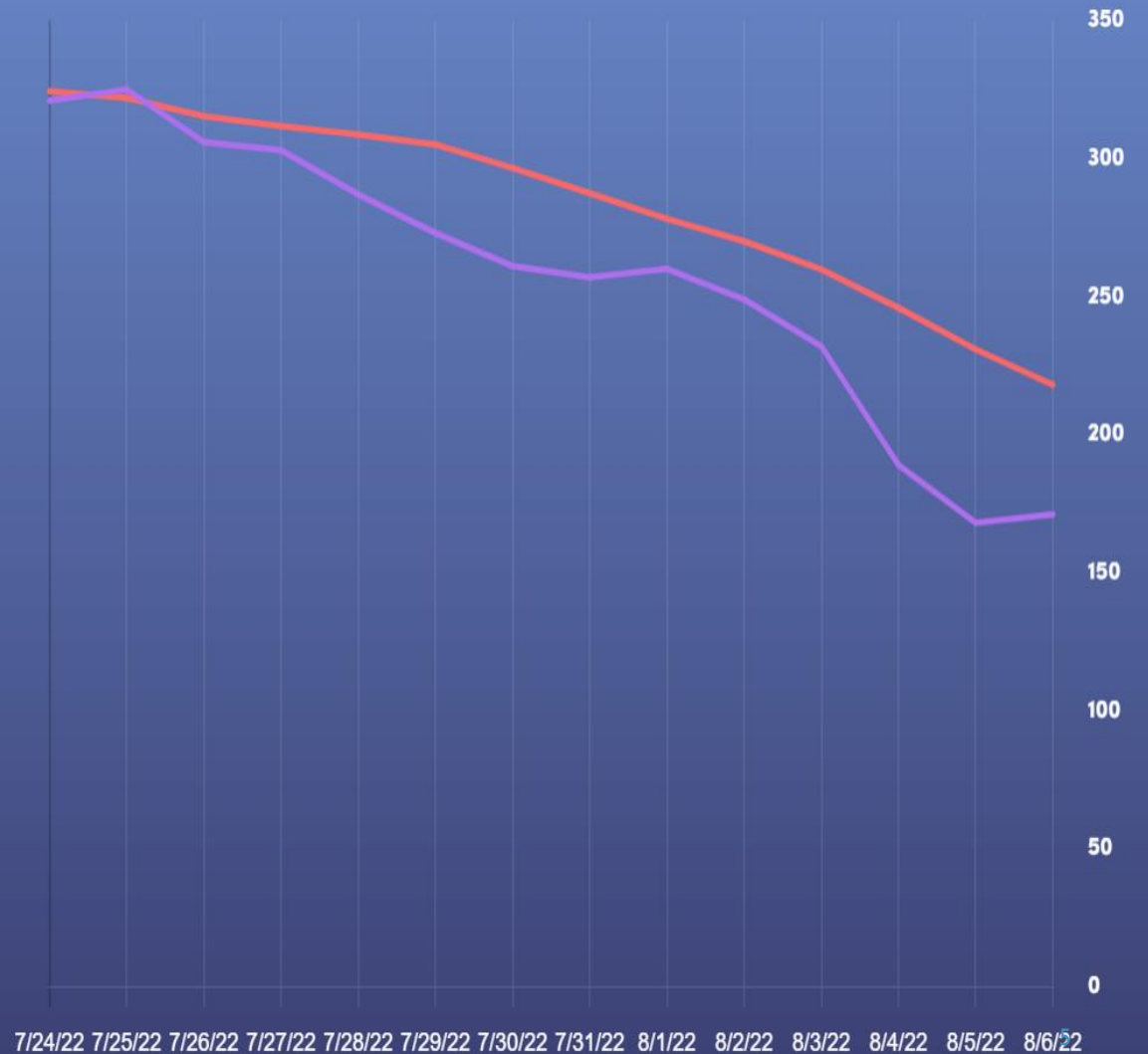
☒ Confirmed COVID  
Hospitalizations [7-Day  
Rolling Avg]

☐ Suspected COVID  
Hospitalizations

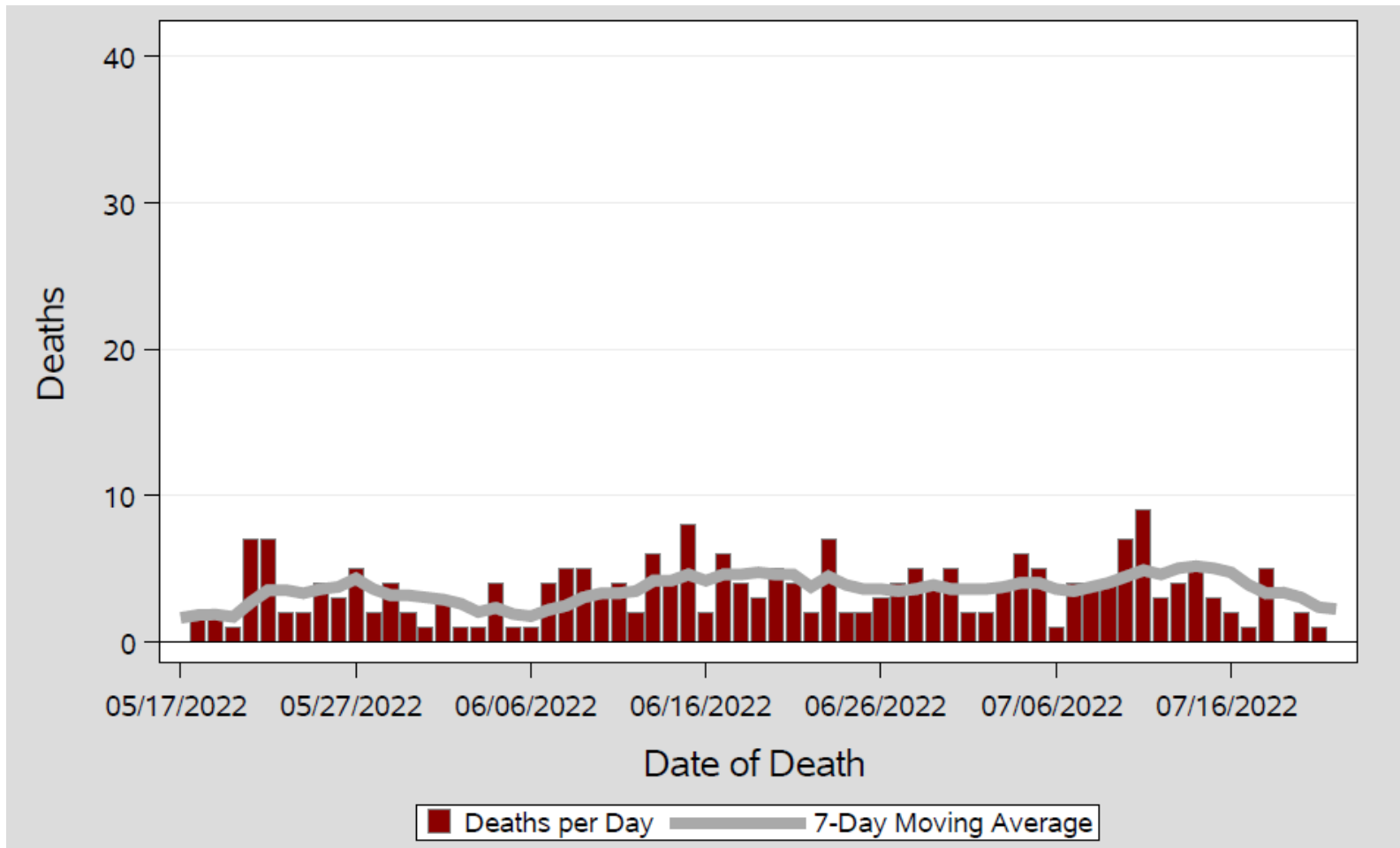
☐ Suspected COVID  
Hospitalizations [7-Day  
Rolling Avg]

☐ Total (Confirmed +  
Suspected) COVID  
Hospitalizations

☐ Total (Confirmed +  
Suspected) COVID  
Hospitalizations [7-Day  
Rolling Avg]



## COVID-19 Deaths per Day, Clark County, NV

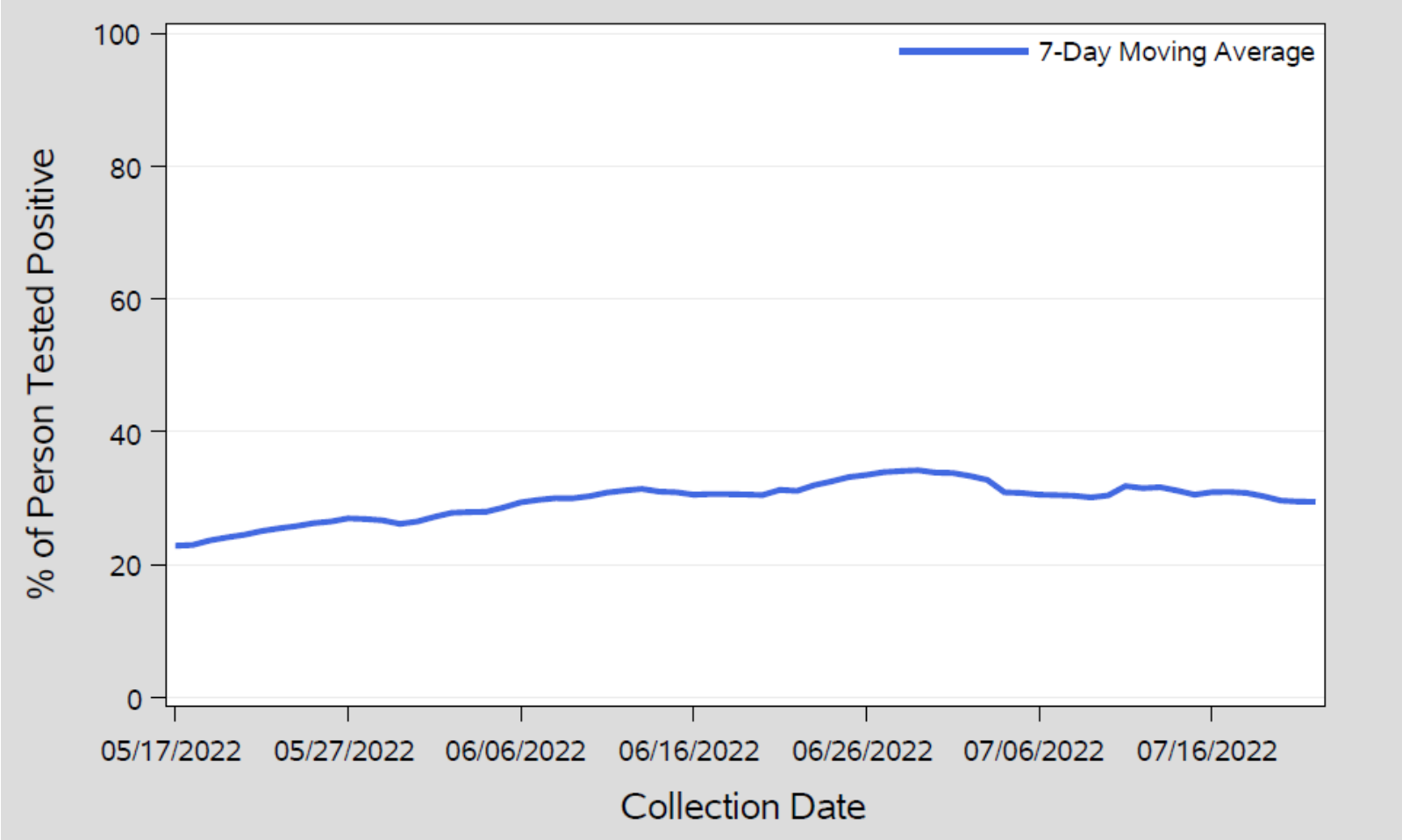


Data as of August 3, 2022

COVID-19 DEATHS  
RECENT TRENDS



## Percent of People Receiving COVID-19 Viral Tests Who Have Positive Results

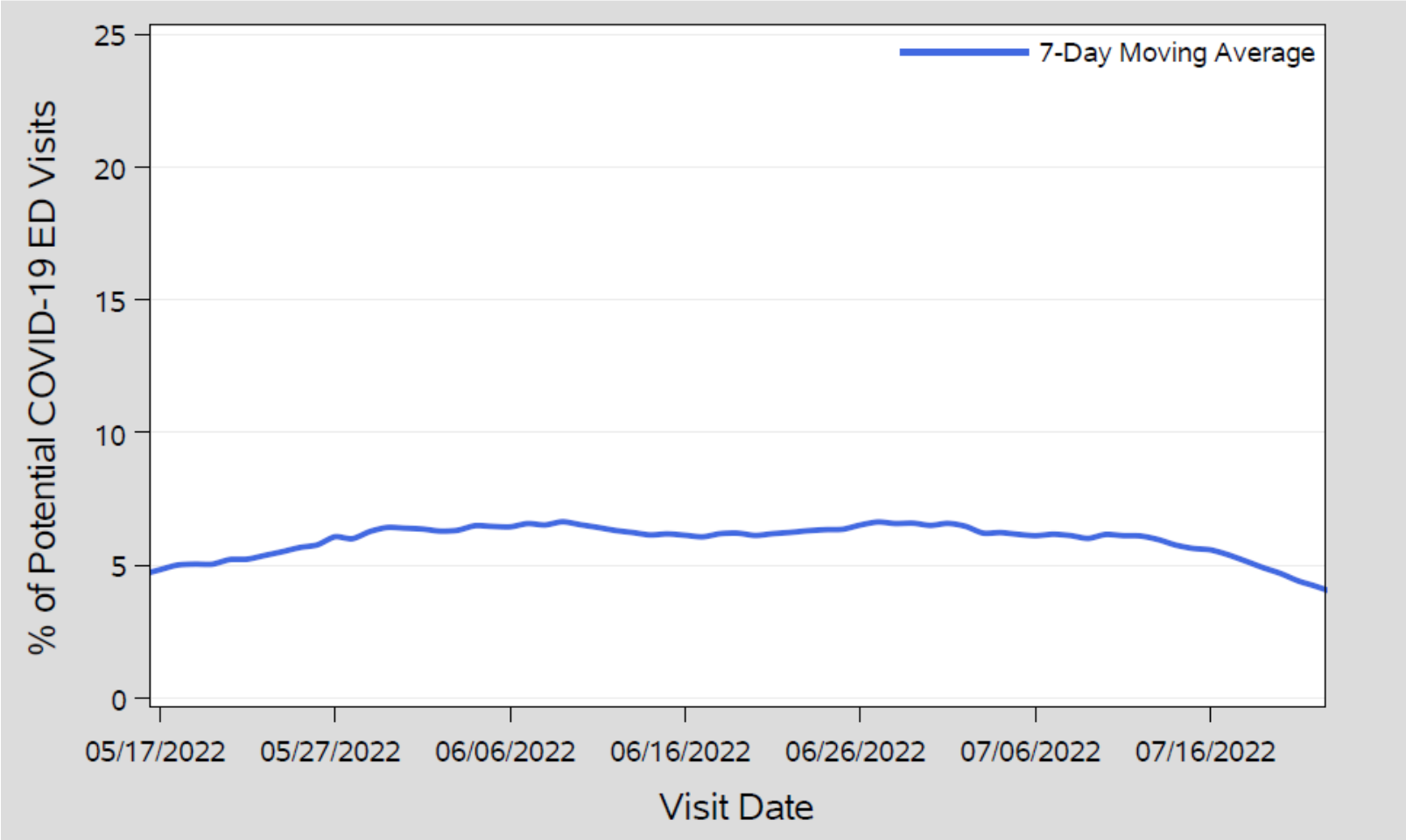


Data as of August 3, 2022

COVID-19  
VIRAL TESTS



Syndromic Surveillance: Percent of ED Visits Potentially Related to COVID-19



Data as of August3, 2022

SYNDROMIC  
SURVEILLANCE

# INVESTIGATORS, CONTACT TRACERS, CALL CENTER STAFF

## Case Investigations and Contact Tracers

### ELC CT Staff: 36 in house

- Priority COVID investigations including outbreaks and school support team
- Conduct COVID-19 testing and sample collection:
  - Community testing sites
  - Three CSN testing sites
  - METS clinic at SNHD (1 CT)
  - Strike team response for onsite testing for suspected clusters or outbreaks as needed

100 contracted CTs on original team; contract extended through September 2022

# Questions





SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

Operational Report for July 28, 2022

# Unique Patients Served

- CY22 goal = 10,504 (established during the submission of the last SAC renewal grant application)
  - CY21 outcome = 7,050
- Unique patients seen CY22 YTD (1/1/22 – 6/30/22) = 2,764

# Patient Visits

- SNCHC conducted 6,032 patient visits by HRSA's definition from January through June of 2022.
- The no show rate for June 2022 including cancellations was **23.88%**, which is slightly lower than national Health Center averages.



# Operations Updates

- New workflows implemented at front desk has led to some changes:
  - Call Center AAs will rotate through a navigator position to provide support to expedite the processing of established patients with no informational updates.
  - EWs are helping with confirmation calls, insurance eligibility verifications, and seeking out self-pay patients to discover if they have other needs for social determinants of health and/or more services.
- Monkeypox protocols have been developed and implemented.
- Refugee clinic schedules are being reworked to accommodate for the Refugee clinic hours adjustment and the change in providers.

# Program Updates

- New Fremont location is on schedule to open on August 30<sup>th</sup>
  - Site will operate Tuesday – Friday from 8am – 6pm
  - Initially will include 1.0 FTE Family Planning and 1.0 FTE Primary Care providers.
  - Behavioral health and Ryan White services will follow shortly after
  - Dental services to be included at a later date
- SHCHC Medical Director candidate has accepted our job offer.
  - Anticipated start date October 2022



# HRSA OSV Findings and Next Steps

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# HRSA OSV Results

87/93 program requirement elements were met.

## Six (6) areas of non-compliance identified:

- **Required and Additional Services:** Correction to HRSA's FORM 5a pertaining to the delivery method for Radiology Services. An agreement for Interpreting services needed. **Correction submitted.**
- **Clinical Staffing:** Revisions to the health center's procedures for completing primary sources verification for the education/licenses for Licensed Independent Practitioners (LIPs), the identification of immunization records, privileging of support staff and the completion of provider peer reviews. **Corrective action plan submitted.**
- **Clinical Staffing:** Modification of two service agreements adding HRSA credentialing and privileging language. **New agreements drafted and sent for signature.**
- **Accessible Locations and Hours of Operation:** Correction to HRSA's FORM 5b pertaining to the removal of the Nellis location. **CLEARED.**
- **Conflict of Interest:** Revisions to the Procurement Policy adding language around the disclosure of potential conflicts of interest. **Correction submitted.**
- **Board Composition:** The health center has a board comprised of 11 members. Only five are identified as consumer board members which does not meet the 51% consumer board member threshold. Of the five consumer board members, their demographics (gender, race & ethnicity) are not representative of the health center's patient population. The alignment of consumer board member demographic composition as well as the identification of another consumer board member is needed. **Corrective action plan submitted.**

# Compliance Resolution Opportunity (CRO)

- Expired 7/24/22
- Initial response appears to have cleared 3/5 compliance findings
- Secondary responses submitted for
  - Language Line contract
  - New Board Member Recruitment Plan
- Any items not cleared through the CRO will be documented as finding on the Final OSV report and a condition placed on SNHD's grant.
  - Additional opportunities will then be provided through the Progress Corrective Action process to fix the compliance finding and clear the grant condition.

# Accepted Insurance Update

## ► As of July 1, 2022 (19)

⌘ Aetna	⌘ Hometown Health (One Health & Friday Health Plan)
⌘ AM Better	
⌘ Anthem BCBS Commercial	⌘ Medicare
⌘ Anthem BCBS HMOs	⌘ Molina Healthcare (Medicaid)
⌘ Anthem Nevada Medicaid	⌘ Nevada Medicaid
⌘ Culinary	⌘ Nevada Preferred / Prominence
⌘ HealthSCOPE PPO	⌘ Sierra Health & Life
⌘ HPN HMOs	⌘ SilverSummit Medicaid
⌘ HPN Medicaid	⌘ Teacher's Health Trust (UMR)
	⌘ Tricare (VA)
	⌘ UMR

# Questions

