



Southern Nevada Health District

Report on the Use of Senate Bill 118 Public Health Funding

Fiscal Year 2024–2025

To:

Diane Thornton
Acting Director, Legislative Counsel Bureau
Nevada State Legislature

From:

Cassius Lockett, PhD
District Health Officer
Southern Nevada Health District

Date: September 26, 2025

Subject: Report on the Use of Public Health Funding Allocated Under Senate Bill 118 (2023)

Pursuant to Section 9.2 of Senate Bill 118, passed during the 82nd Session of the Nevada Legislature, the Southern Nevada Health District (SNHD) respectfully submits the following report describing the use of funds allocated for the improvement of public health during Fiscal Year 2024–2025.

As required by law, each entity must submit a report within 90 days after the end of FY2024–2025 and FY2025–2026. The report must describe: (1) the process used to evaluate public health needs; (2) the process used to determine priority levels among those needs; (3) a description of expenditures of allocated funds; and (4) the unexpended balance at fiscal year-end. This report is submitted to the Director of the Legislative Counsel Bureau for transmittal to the Interim Finance Committee.

We appreciate the opportunity to strengthen Nevada’s public health infrastructure through this appropriation and remain committed to transparent reporting on our progress.

If additional information is needed, please contact:

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Report on the Use of Senate Bill 118 Funding Fiscal Year 2024–2025

Overview of Funding

The Southern Nevada Health District received an allocation of \$10,950,000 through Senate Bill 118 (2023 legislative session), representing 73 percent of the total \$15 million appropriation designated for statewide public health improvement. This amount reflects a two-year allocation for Fiscal Years 2024–2025 and 2025–2026, distributed by the Division of Public and Behavioral Health according to a per capita formula established in Section 9.2(2) of the legislation.

The funds must be used to address priority public health needs and may not supplant existing funding. Uncommitted funds at the end of FY2025 may be carried forward into FY2026 but must be fully expended by June 30, 2026. Any remaining balance must be reverted to the State General Fund by September 18, 2026, as required under Section 9.2(5).

This report summarizes the expenditures and activities supported by the Health District's allocation during Fiscal Year 2024–2025, in alignment with the strategic priorities of the Health District and the statutory requirements outlined in SB118.

I. Evaluation of Public Health Needs

The Southern Nevada Health District evaluated public health needs through a comprehensive, data-informed process incorporating both quantitative and qualitative inputs. Key sources included:

- [Southern Nevada Community Health Assessment Report](#) (CHA) (2020-2021), which documented high rates of tobacco use and associated chronic disease risk factors.
- [Community Health Improvement Plan](#) (CHIP) (2022-2025), which set strategic priorities that informed SB118 funding allocations:
 - *Priority Area 1: Chronic Disease* – identified tobacco prevention and control as a central strategy to reduce chronic disease burden.
 - *Priority Area 2: Access to Care* – emphasized promoting health equity through expanded access to preventive and primary care, supporting immunization and STI outreach and integration of behavioral health supports such as *CredibleMind*.
 - *Priority Area 3: Transportation* – recognized transportation as a barrier to care access and health equity, which informed outreach strategies such as mobile health units and navigation services.
 - *Priority Area 4: Funding* – underscored the need for increased and sustainable public health funding to strengthen readiness and system capacity.
- [Clark County Health Rankings](#) (2023), which documented shortages in mental health providers, underscoring persistent barriers to timely access to behavioral health services.
- The [Nevada State Health Improvement Plan](#) (2023–2028), which includes mental health and substance use among its statewide priorities and discusses chronic disease as a key health issue in state health assessments.

- [CDC 2022 STI Surveillance Report](#), which ranks Nevada among the highest states nationally for chlamydia, gonorrhea and syphilis prevalence, highlighting the need for expanded surveillance and response capacity.
- An analysis conducted in 2023 of congenital syphilis cases in Clark County from 2017-2022 identified lack of prenatal care and missed opportunities for timely testing and treatment as major barriers. These findings were later published in the [CDC's Morbidity and Mortality Weekly Report \(MMWR\)](#) in 2025.
- [Nevada Youth Risk Behavior Survey \(YRBS\)](#), which consistently documents high rates of youth experimentation and use of e-cigarettes, underscoring the ongoing need for tobacco prevention and control efforts.
- CDC Select Agent Program report for the Southern Nevada Public Health Laboratory (SNPHL), together with recognized BSL-3 standards, which underscore the importance of maintaining adequate, modern laboratory facilities and expansion for projected testing needs.
- Input from division directors, program managers, epidemiologists and direct service staff, which provided operational insights into service gaps and priority needs for program implementation.

This process identified critical service and infrastructure gaps, including:

- The need to expand laboratory testing capacity, courier systems, space and infrastructure to sustain BSL-3 status.
- Gaps in access to immunization and STI services, particularly in underserved and hard-to-reach communities.
- Insufficient resources to support tuberculosis Video Directly Observed Therapy (VDOT), requiring investment in compliant technology.
- Community demand for evidence-based mental health tools, such as digital self-help platforms to bridge provider shortages.
- The need for targeted youth tobacco prevention and vaping control efforts, given persistently high rates of youth use and limited state funding.
- Sustained resources for drinking water safety activities, to ensure inspections, education and compliance monitoring are fully supported.
- Expanded capacity for STI case management and navigation services, especially for congenital syphilis and other complex infections, to reduce adverse outcomes and disparities.

II. Prioritization of Public Health Needs

The Southern Nevada Health District employed a criteria-based process to determine the level of priority for each identified public health need. This process resulted in the selection of four focus areas for SB118 investments, prioritized based on the following considerations:

- Alignment with CHIP goals and the Health District's strategic initiatives.
- Magnitude and urgency of the identified service gaps.
- Readiness of programs for implementation within the SB118 funding period.
- Potential to improve health equity and serve high-need populations.
- Capacity to strengthen infrastructure for sustainable impact.



SB118 investments were organized around the following four priority areas, consistent with internal planning, CHIP priorities and the Health District's strategic direction:

1. Disease Surveillance & Control

Investments in laboratory infrastructure and courier services to expand testing capacity and improve detection and control of communicable diseases. This includes expansion of the Southern Nevada Public Health Laboratory (SNPHL) as well as enhanced sexually transmitted infection (STI) response capacity and tuberculosis (TB) treatment services, and use of Smarty geocoding services to ensure accurate, standardized address data for surveillance and epidemiological spatial analysis.

2. Enhancing Access to Care

Expansion of outreach and service delivery in underserved areas through mobile health units and expanded nursing services, with a focus on improving access to immunizations, STI screenings, case management and navigation services.

3. Contingency Management (Formerly "Addressing the Opioid Epidemic") / Smoking

This priority, formerly titled "Addressing the Opioid Epidemic/Smoking," now focuses on expanding provider readiness to implement contingency management for stimulant use disorder and sustaining Youth Vaping Prevention as a core SB118-supported initiative following the elimination of state funds that were specifically allocated to address the issue. Implementation of *CredibleMind*, a culturally responsive digital wellness platform, will also support access to mental health resources. Activities aim to reduce substance use disparities, promote recovery, support mental health, and prevent tobacco-related harms in Southern Nevada.

4. Health Equity

Support for safe drinking water activities to ensure compliance with state and federal standards, and expansion of public health communications to improve community awareness of services, seasonal risks and emerging health issues.

III. Expenditures and Descriptions of Allocated Funds

In FY2025, SB118 funding supported projects aligned with the Health District's four priority areas.

Expenditures, including personnel, operating and administrative costs associated with the project, are summarized below by priority area and initiative.

1. Disease Surveillance & Control

Total FY2025 Expenditures: \$1,504,024.77 (Two-Year Budget: \$9,505,271)

- **Strengthening the Surveillance Workforce – FY25 Expenditures: \$1,308,035.17 (Two-Year Budget: \$2,864,552)**

SB118 funding supported expansion and stabilization of the Health District's sexually transmitted infection (STI) surveillance and investigation workforce to address Nevada's persistently high STI burden (19th nationally for chlamydia, 12th for gonorrhea, 10th for primary and secondary syphilis, and 6th for congenital syphilis in 2023).¹ Funds sustained critical personnel, including Disease Data

¹ Centers for Disease Control and Prevention (CDC). *Sexually Transmitted Infections Surveillance, 2023: State Ranking Tables*. U.S. Department of Health & Human Services. Available at: <https://www.cdc.gov/sti-statistics/media/pdfs/2024/10/2023-STD-Surveillance-State-Ranking-Tables.pdf>



Collection Specialists, Disease Intervention and Investigation Specialists (DIIS), Senior DIIS, a DIIS Trainer, and a Senior Epidemiologist. Together, these positions provided core STI/HIV surveillance, case investigation, partner notification and linkage-to-care services.

FY2025 Achievements:

- Processed 32,680 reports related to STI/HIV, including 10,678 chlamydia, 4,564 gonorrhea, 13,606 syphilis, and 3,831 HIV/AIDS reports.
- Completed 4,500 case investigations, including 700 chlamydia, 342 gonorrhea, 1,816 syphilis, 1,642 HIV, and 38 congenital syphilis investigations.
- Conducted 48 staff trainings, including cross-training on hepatitis C and tuberculosis investigations.
- Delivered 82 provider education encounters across hospitals and clinics, reinforcing reporting requirements, syphilis/HIV perinatal prevention, and CDC-recommended treatment protocols.
- In addition to STI responsibilities, DIIS staff provided surge support for tuberculosis investigations, reflecting their cross-training and adaptability to broader disease surveillance needs.

The unexpended balance will continue to fund DIIS and related staff positions through FY2026, sustain training and provider education, and strengthen outbreak response capacity. These funds also fill gaps created by the rescission of a federal workforce development grant in 2023, ensuring continuity of essential STI and HIV response functions.

- **Public Health Laboratory Expansion – FY25 Expenditures: \$0 (Two-Year Budget: \$5,933,269)**
SB118 funds were designated to support the expansion of the Southern Nevada Public Health Laboratory (SNPHL), which is currently operating in a 13,500-square-foot space that has been deemed inadequate to meet the jurisdiction's testing and emergency response needs. Regulatory inspections and external assessments have highlighted deficiencies in storage, equipment spacing, BSL-3 infrastructure and staff capacity, all of which limit the laboratory's ability to sustain 24/7 testing and response for communicable diseases, environmental hazards and biothreats.

Although no SB118 funds were expended during FY2025, 100% of the allocation has been committed to the construction of a new 12,000-square-foot annex that will connect to the existing laboratory building. This facility is anticipated to include molecular and microbiology laboratories, a core genomics facility, expanded freezer and storage space, a BSL-3 laboratory with independent ventilation and generators, and surge capacity to respond to future pandemics, foodborne outbreaks or bioterrorism threats.

Planned enhancements include high-throughput molecular instruments to reduce turnaround times, expansion of wastewater and vaccine-preventable disease testing, and a food microbiology unit for safety testing. Courier services were also allocated to ensure timely and reliable specimen transport from community collection sites to SNPHL.

When completed, the expansion will allow SNPHL to increase capacity for sentinel surveillance (e.g., influenza, SARS-CoV-2, and foodborne pathogens), provide surge support, and sustain critical emergency functions. The project is being funded with over \$6 million in contributions from local municipalities and Clark County, but additional resources are necessary to fully meet projected costs.

Remaining SB118 funds will be expended in FY2026 to advance construction and ensure the facility meets regulatory and public health operational standards as described above. Appendix A includes photos of the laboratory renderings.

- **STI Response Support – FY25 Expenditures: \$195,989.60 (Two-Year Budget: \$633,373)**

SB118 funding supported expansion of the Sexual Health Outreach and Prevention Program (SHOPP) to address Nevada’s persistently high rates of syphilis. An analysis conducted in 2023 of congenital syphilis cases in Clark County from 2017-2022 identified barriers such as limited prenatal care and delays in testing and treatment; these findings were later published in the CDC’s Morbidity and Mortality Weekly Report (MMWR).² To address these systemic challenges, funds sustained two nurse positions dedicated to intensive navigation services for individuals with complex STIs, including neurosyphilis, hepatitis co-infections, as well as increasing syphilis testing of women of child bearing age to help prevent congenital syphilis.

Since FY2025, these nurses have:

- Navigated 3–5 neurosyphilis clients per month through evaluation, treatment, and follow-up.
- Expanded outreach to unhoused populations, increasing STI testing events from an average of 4 per month to 6–9 per month.
- Delivered 78 home-administered treatment (HATS) nurse visits in 2025, up from 13 in 2024, ensuring treatment completion for clients who might not access traditional clinic settings.
- Provided community outreach and provider education, including trainings for birthing hospitals and emergency departments on syphilis diagnosis, treatment and follow-up.

For FY2026, remaining funds will continue to support the salaries of the two nurse positions and expand efforts to strengthen provider education, build hospital partnerships, and deliver navigation services for high-acuity patients (such as those with neurosyphilis or disseminated gonorrhea) who otherwise face significant barriers to treatment. These activities will help reduce congenital syphilis, improve treatment completion rates, and build a more sustainable system of STI care in Clark County.

² Penney JA, Stachnik A, Radeloff C, et al. Missed Opportunities for Congenital Syphilis Prevention — Clark County, Nevada, 2017–2022. MMWR Morb Mortal Wkly Rep 2025;74:350–354. DOI: <http://dx.doi.org/10.15585/mmwr.mm7420a3>.

- **Tuberculosis (TB) Directly Observed Therapy (DOT) – FY25 Expenditures: \$0 (Two-Year Budget: \$40,000)**

SB118 funding was allocated to support implementation of a HIPAA-compliant Video Directly Observed Therapy (VDOT) system to improve tuberculosis treatment adherence. VDOT allows providers to remotely observe patients taking medication, reducing barriers to treatment while maintaining the standard of care for DOT.

The Health District selected Scene as the vendor solution, consistent with CDC guidance on VDOT implementation. The contract with Scene was executed in June 2025. No expenditures were made in FY25 because implementation activities, including platform setup, staff training and patient enrollment, are scheduled for FY26. The full allocation will be expended during FY26 to support rollout and expand DOT options for patients who face challenges with in-person monitoring.

- **Smarty Geocoding – FY25 Expenditures: \$0 (Two-Year Budget: \$34,077)**

SB118 funds were allocated to support a two-year renewal of Smarty, a widely used address verification and geocoding service in public health. Although no expenditures were made in FY2025, the full allocation will be utilized in FY2026 to renew the enterprise cloud license. Smarty provides standardized and validated address data for surveillance and reporting, reducing errors and improving data quality. Accurate geocoding will allow epidemiologists to map disease clusters and analyze access to health care facilities, strengthening the Health District's surveillance infrastructure and supporting more precise epidemiological investigations. This function was previously funded under CDC's Epidemiology and Laboratory Capacity (ELC) Electronic Data Exchange (EDX) COVID-19 grant, which has since been discontinued, making SB118 resources essential to sustain this capability.

2. Enhancing Access to Care

Total FY2025 Expenditures: \$0 (Two-Year Budget: \$188,434)

- **Enhancing Immunization and STI Outreach Services – FY25 Expenditures: \$0 (Two-Year Budget: \$188,434)**

SB118 funding was allocated to strengthen outreach for both immunizations and sexually transmitted infection (STI) services. The Health District's Immunization Outreach team conducts clinics in schools, homeless encampments, health fairs and community partner events to improve childhood vaccination rates and reduce morbidity. Simultaneously, the Sexual Health Outreach and Prevention Program (SHOPP) offers Express STI testing at fixed and outreach sites, with plans to expand to underserved areas including Mesquite and unhoused populations.

A major component of this initiative is the planned purchase of a mobile health van to deliver services directly in high-need neighborhoods. Beyond immunizations and STI screenings, the van will support basic nursing assessments, limited STI treatment, wound care and referrals to the Southern Nevada Community Health Center (SNCHC) or other providers. Because existing mobile units are restricted by prior grant terms or size constraints, this new vehicle is designed to be flexible, staff-operable and agile in reaching vulnerable populations.

Although no funds were expended in FY25, planning activities advanced significantly. The Health District's team has reviewed multiple vehicle options, met with manufacturers, and pursued additional external funding. The van purchase is anticipated by the end of 2025, after which SB118 funds will be applied to finalize acquisition and outfit the vehicle for outreach services.

Remaining funds will fully support the purchase and deployment of the mobile unit in FY26, ensuring expanded access to immunization and STI services in underserved communities.

3. Addressing the Opioid Epidemic / Smoking

Total FY2025 Expenditures: \$394,971.30 (Two-Year Budget: \$1,036,812)

- **Contingency Management (Formerly referred to as "Opioid Intervention Program") - FY25 Expenditures: \$0 (Two-Year Budget: \$246,870)**

Originally budgeted as an opioid intervention initiative, this project was restructured in late 2024 to focus on contingency management, a proven behavioral intervention for stimulant use disorder. This shift reflects the rising burden of methamphetamine use in Clark County, where methamphetamine-related overdose deaths increased 43% from 2019 to 2021 and where Las Vegas is identified by the Nevada High Intensity Drug Trafficking Area (HIDTA) as a national hub for methamphetamine distribution. Unlike opioid use disorder, stimulant use disorder currently has no FDA-approved medications, making contingency management the leading evidence-based treatment option. Contingency management uses structured rewards to reinforce abstinence and treatment engagement and has shown effectiveness across stimulant, alcohol, cannabis and tobacco use disorders.

In January 2025, the Health District issued a Request for Proposals and in February selected the University of Nevada, Reno (UNR) to deliver training and technical assistance to local providers. The contract is in development as of June 2025. No funds were expended in FY25, but all funds are fully committed.

Planned activities for FY26 include:

- Establishing a baseline of SUD providers in Clark County familiar with contingency management.
- Delivering provider trainings on evidence for contingency management, barriers to implementation, and policy considerations.
- Providing technical assistance to treatment facilities to develop contingency management policies, incentive tracking systems, and outcome monitoring.
- Tracking performance measures such as number of providers trained, TA delivered, and implementation successes.
- By shifting from direct service delivery to capacity building, the Health District aims to strengthen the region's provider network and expand access to contingency management as a sustainable intervention to reduce stimulant misuse and overdose risk.

- **Youth Vaping Prevention – FY25 Expenditures: \$305,293.30 (Two-Year Budget: \$610,586)**
As a result of the 2023 Nevada legislative session, dedicated state funding for youth vaping prevention was eliminated, leaving a significant gap in addressing this urgent public health issue. In response, SB118 funds were allocated to sustain and expand the Health District’s Tobacco Prevention and Control Program (TCP), housed within the Office of Chronic Disease Prevention and Health Promotion (OCDPHP), as a core SB118-supported initiative. Tobacco prevention and control are recognized as a Public Health Accreditation Board (PHAB) foundational public health service and were identified as the highest priority in the Health District’s 2022–2025 Community Health Improvement Plan (CHIP).

With FY25 SB118 funds, TCP implemented CDC best practices to prevent youth initiation and reduce disparities, with a focus on communities disproportionately impacted by tobacco use (African American, Hispanic/Latinx, Native Hawaiian/Pacific Islanders, and LGBTQ+).

Achievements include:

- School and youth engagement: Partnered with 32 local high schools and youth organizations and distributed educational materials to all 115 Clark County School District middle and high schools.
- Community outreach: Conducted more than 50 teen-focused outreach events and partnered with 177 high school sports teams, training over 200 coaches and athletic directors.
- Mass-reach health communication: Generated over 1,000,000 monthly social media impressions, collaborated with 70 youth influencers (reaching 73,000+ impressions on Instagram), and developed targeted educational media campaigns.
- Education and training: Provided educational sessions to more than 8,000 students, dispelling myths about vaping and promoting vape-free lifestyles.

Remaining FY26 funds will be used to maintain and expand youth-focused vaping prevention activities, including strengthening social media campaigns with youth brand ambassadors, continuing in-person outreach, distributing educational resources to schools and promoting cessation. Additional context and supporting data are provided in Appendix A: Youth Vaping Prevention.

- **CredibleMind Platform – FY25 Expenditures: \$89,678 (Two-Year Budget: \$179,356)**
The Health District implemented the *CredibleMind* digital platform to expand access to evidence-based behavioral health resources for Clark County residents. The platform provides self-help tools, mental health assessments, educational modules, and multilingual content designed to reduce barriers to care in a community with a significant provider shortage.

In FY2025, SB118 funds covered the platform’s annual licensing fee and supported outreach to increase awareness and utilization. Since launch in July 2024, more than 1,500 residents have engaged with the resource, completing over 400 depression-related assessments and hundreds of other wellness check-ins. The tool has also facilitated more than 40 direct referrals to community resources, with strong uptake among youth and female users.

The need for this resource is reinforced by research showing that more than 75% of people in the U.S. prefer to begin addressing mental health through self-help strategies.³ However, over 95% of available self-help resources lack controlled scientific evidence of effectiveness, and some promote strategies that conflict with best practices.⁴ This can lead to confusion, decision fatigue and poor outcomes when people seek help on their own. *CredibleMind* addresses this gap by offering curated, research-based tools that residents can access easily and safely.

In 2023, the National Association of County and City Health Officials (NACCHO) partnered with *CredibleMind* as a way to help local health departments expand access to behavioral health resources in their communities. By bringing this platform to Clark County, the Health District is aligning with national best practices while providing residents with a reliable, scalable solution that also reduces demand on the limited local behavioral health workforce. Remaining FY26 funds are planned to maintain the platform through renewal costs and outreach. Additional context and supporting information are provided in Appendix A: Clark County Thrive x *CredibleMind*.

4. Health Equity

Total FY2025 Expenditures: \$8,600.55 (Two-Year Budget \$219,483)

- **Safe Drinking Water – FY25 Expenditures: \$8,600.55 (Two-Year Budget: \$28,749)**
SB118 funding supplemented the Safe Drinking Water (SDW) Program administered by the Health District under contract with the Nevada Division of Environmental Protection (NDEP) Bureau of Safe Drinking Water. The program ensures compliance with state and federal drinking water standards through inspections, sanitary surveys and technical assistance for local water system operators. These activities directly protect public health by identifying and mitigating risks associated with water quality, such as total coliform contamination.

Historically, NDEP's contract has not fully funded staff time necessary to administer the program. SB118 funds helped bridge this gap in FY25 and will continue to support program operations into FY26, ensuring uninterrupted oversight while a new NDEP contract is finalized. Remaining funds will allow the Health District to maintain inspections, operator education and compliance activities until the updated state contract is approved and fully funded.

- **Public Health Communications – FY25 Expenditures: \$0 (Total Budget: \$190,734)**
SB118 funds were allocated to expand the Health District's ability to educate and engage the public about core services, seasonal health risks and emerging issues.

³ Norcross, J. C. (2006) Integrating self-help into psychotherapy: 16 practical suggestions. *Professional Psychology: Research and Practice*, 37(6), Dec 2006, 683-693.

⁴ Norcross, J. C., Campbell, L. F., Grohol, J. M., Santrock, J. W., Selagea, F., & Sommer, R. (2013). *Self-help that works: Resources to improve emotional health and strengthen relationships* (4th ed.) New York: Oxford; cited in Sussman D. How to Choose Effective Self-Help Resources, *Psychology Today*, 9/20/17; <https://www.psychologytoday.com/us/blog/therecoverycoach/201709/how-choose-effective-self-help-resources>. Accessed May 22, 2024.



The communications initiative is intended to improve awareness and access to services such as immunizations, family planning and disease prevention resources, while also providing rapid response capacity for emergent health concerns.

Remaining SB118 funds in FY26 are being used to contract with a call center to ensure residents receive accurate, timely information and referrals during urgent public health events as well as to educate the community about available resources and services.

IV. Unexpended Balance

As of June 30, 2025, the Southern Nevada Health District had an unexpended balance of **\$9,042,403.38** from its SB118 allocation, which is a two-year award for Fiscal Years 2024–2025 and 2025–2026. These funds are already planned for use in FY2026.

Planned FY2026 expenditures include:

- **Strengthening the Surveillance Workforce** – Continuation of funding for Disease Data Collection Specialists, Disease Intervention and Investigation Specialists (DIIS), Senior DIIS, a DIIS Trainer, and a Senior Epidemiologist. Funds will sustain investigations, partner services, staff trainings and provider outreach while also maintaining outbreak surge capacity and filling gaps left by rescinded federal funds.
- **Public Health Laboratory Expansion** – Advancement of construction on a new 14,000-square-foot annex at the Southern Nevada Public Health Laboratory (SNPHL), outfitting with molecular and microbiology labs, genomics core, BSL-3 suite, freezer/storage facilities and surge capacity.
- **STI Response Support** – Ongoing support for two nurse positions focused on congenital and complex STI case management. Remaining funds will allow for expanded provider education, training of hospital and emergency department staff, development of new partnerships with birthing facilities, and intensive navigation services for high-acuity patients who face barriers to treatment.
- **Tuberculosis (TB) Directly Observed Therapy (DOT)** – Full implementation of a HIPAA-compliant Video Directly Observed Therapy (VDOT) platform (Scene), including vendor contract execution, staff training, and expansion of DOT options for patients unable to comply with in-person monitoring requirements.
- **Smarty Geocoding** – Renewal of Smarty address verification and geocoding services to ensure accurate and standardized address data for surveillance and reporting. Funds will support implementation in FY2026 to strengthen epidemiological spatial analysis.
- **Enhancing Immunization and STI Outreach Services** – Purchase and deployment of a new mobile health van by the end of 2025. Funds will cover acquisition, outfitting, and launch of services including immunizations, Express STI testing, nursing assessments, limited treatment, wound care, and referrals to the Southern Nevada Community Health Center (SNCHC) or other providers.
- **Contingency Management Technical Assistance** – Execution of the UNR contract to deliver provider training and technical assistance on contingency management. Activities include developing provider policies and procedures, incentive/disbursement tracking systems, outcome monitoring, and establishing a stronger provider network for stimulant use disorder treatment.
- **Youth Vaping Prevention** – As one of the highest community health priorities, SB118 funds will sustain and expand this leading initiative through evidence-based prevention efforts, including peer-led social media campaigns, outreach through schools and youth organizations, community events, and cessation promotion. Funds will also support ongoing distribution of educational materials across Clark County School District (CCSD) schools and training for educators and coaches.
- **CredibleMind Digital Behavioral Health Platform** – Continuation of funding for licensing and outreach to expand access to evidence-based self-help tools, assessments and multilingual resources that reduce barriers to behavioral health support.

- **Safe Drinking Water** – Bridge funding to fully support the Safe Drinking Water (SDW) Program. Funds will maintain inspections, operator education, sanitary surveys and compliance monitoring to prevent service disruption.
- **Public Health Communications** – Expansion of public education and outreach campaigns to increase awareness of available programs and services. Funds will also support a contracted call center to ensure accurate, timely public information and referrals during urgent health events.

Appendix A: Supporting Materials

This appendix provides supplemental visuals and resources referenced in the report to further illustrate planned facility development and community engagement initiatives.

SNHD New BSL-3 Laboratory

Two renderings of the planned Southern Nevada Health District BSL-3 laboratory are included below to illustrate the facility's design and campus integration.



SOUTHERN NEVADA HEALTH DISTRICT - NEW BSL-3 LABORATORY



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Youth Vaping Prevention

The Vaping Prevention document is attached to provide context on the youth vaping epidemic in Nevada and the Health District's response. It highlights progress in reducing youth e-cigarette use, key accomplishments such as school and community partnerships, and strategies like counter-marketing, educational outreach, and youth-focused cessation resources. With the elimination of dedicated state funds in 2023, SB118 support is essential to maintain momentum, expand outreach and address persistent disparities in youth tobacco use across Clark County.

Clark County Thrive x CredibleMind

The *CredibleMind* one-pager is attached to provide context on the Health District's partnership with *CredibleMind* to expand access to behavioral health resources. It highlights the launch of the Clark County Thrive online platform, background and rationale for the initiative, and early results including community engagement, usage data and testimonials.

THE CURRENT STATE OF NEVADA'S YOUTH VAPING EPIDEMIC



15.1% of Nevada high school students use electronic vapor products. Educators say it's a critical issue that needs to be addressed.

Youth Risk Behavior Survey, 2023

33.6% of Nevada high school and 17.6% of middle school students reported ever tried using electronic vapor products.

Youth Risk Behavior Survey, 2023



Nationwide, 87.6% of high school students who vape use flavored products due to the tobacco industry's predatory marketing practices.

Centers for Disease Control and Prevention, 2023

50.2% of Nevada high school students thought it would be fairly easy or very easy to get electronic vapor products if they wanted some.

Youth Risk Behavior Survey, 2023



Use of e-cigarettes by youth damages their lungs, leads to addiction, can slow brain development, and has been shown to make them more likely to use combustible cigarettes.

National Institute on Drug Abuse, 2020

The tobacco industry spends an estimated **\$70 million dollars** marketing in Nevada each year.

Campaign for Tobacco-Free Kids, 2024



Nevada receives \$210 million+ from tobacco taxes and tobacco settlement dollars. However, the **state only dedicates \$930,000 (less than 1%)** on tobacco control and prevention efforts.

Campaign for Tobacco-Free Kids, 2024

Nevada is ranked 46th worst in the nation for lowest tobacco control and prevention funding to address the youth vaping crisis.

Campaign for Tobacco-Free Kids, 2024

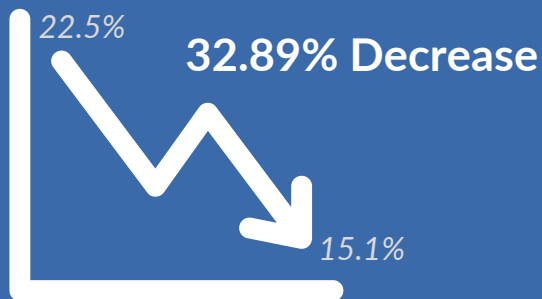


SNHD'S PROGRESS TO ADDRESS YOUTH VAPING

The SNHD Tobacco Control Program has made great progress in addressing the youth vaping epidemic in Southern Nevada. However, there is still work to be done.

"We're headed in the right direction when it comes to reducing tobacco product use among our nation's youth," said Brian King, Ph.D., M.P.H., director of the FDA's Center for Tobacco Products. "But we can't take our foot off the gas."

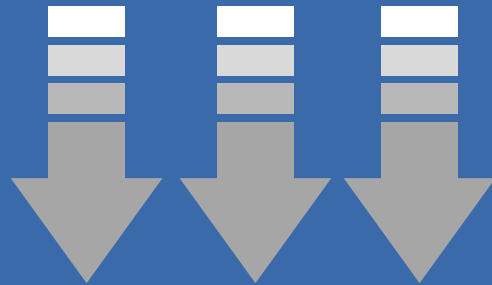
- CDC Press Release Oct. 17, 2024



In 2021, 22.5% of Nevada teens reported currently using electronic vapor products. As of 2023, the amount decreased to 15.1% due to vaping prevention outreach efforts.

Youth Risk Behavior Survey, 2023

22.75% Decrease



In 2021, 43.5% of Nevada high school students reported having tried electronic vapor products. In 2023, the amount decreased to 33.6%.

Youth Risk Behavior Survey, 2023



Despite having the largest youth population, Clark County has achieved the lowest youth electronic vapor product use rates in the state of Nevada.

Youth Risk Behavior Survey, 2023



The SNHD Tobacco Control Program has established successful partnerships with over 30 local high schools and youth organizations to support youth vaping prevention efforts.

All SNHD youth vaping prevention program strategies and activities prioritize reaching African American, Hispanic/Latinx, Native Hawaiian/Pacific Islanders, and LGBTQ+ communities with the goal of **reducing health disparities and supporting health equity.**

SNHD'S ACCOMPLISHMENTS & STRATEGIES TO ADDRESS YOUTH VAPING



Distributed educational materials to middle schools and high schools across Southern Nevada.



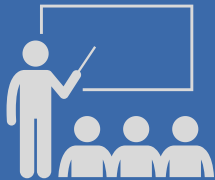
Conducted 50+ counter marketing and outreach teen focused events at venues like schools and community events.



Partnered with 177 local high school sports teams to promote vape-free lifestyles, training over 200 coaches and Athletic Directors in the process.



Reached over 900,000+ social media impressions each month, with active engagement among local teens.



Provided educational training to over 6,000 students each school year, dispelling the myths about vaping and promoting vape-free lifestyles.



Collaborated with 70+ teen social media influencers to help promote vape-free lifestyles, resulting in 73,000+ impressions on Instagram.



Developed and implemented educational media messaging packages using social media to effectively reach local teens.



Partnered with local stakeholder organizations, including the Nevada Association of Student Councils, Nevada Interscholastic Activities Association, and Communities In Schools of Nevada.



Promoted the Nevada Tobacco Quitline youth specific cessation program called My Life, My Quit.

Clark County Thrive x CredibleMind

What is the Southern Nevada Health District's Clark County Thrive CredibleMind Platform?

- Clark County Thrive is a Southern Nevada Health District initiative partnering with the CredibleMind online platform to provide Clark County residents with free evidence-based resources on mental health and wellbeing. The platform offers users access to tools and information that are trustworthy and align with current best practices.
- The Health District launched the customized Clark County Thrive platform in July 2024 in partnership with CredibleMind. The platform is supported through federal and state funding.



Background

Meeting people where they are is important, especially when it comes to mental health. The online platform provides access to information, tools and resources in a format that resonates with a large majority of individuals seeking to improve their mental health. Studies show that 75% of people who attempt to address their mental health do so on their own, with many opting to start with self-help strategies.ⁱⁱⁱ The platform encourages help-seeking behavior and fosters positive experiences, which can motivate individuals to seek further support. This cycle of positive engagement not only enhances mental health and well-being but also has the potential to reduce stigma surrounding mental health and mental healthcare.

Rationale

- Clark County is facing a mental health provider shortage, with only one provider for every 440 residents, compared to the national average of one provider per 340 people. This gap has created a significant barrier to accessing care for many in the community.ⁱⁱⁱ

- Nevada ranks 18th for prevalence of mental illness and 38th for access to care.^{iv}
- From 2017-2021, there has been a steady increase in the percentage of Clark County high school students reporting they felt sad or hopeless, and considered, planned and/or attempted suicide.^v

Community Engagement

The Health District hosted a community partner forum to introduce the website and share a toolkit to representatives from NAMI of Southern Nevada, PACT Coalition, Clark County School District, Children's Advocacy Alliance, Intermountain Healthcare, and Clark County Children's Mental Health Consortium. Fifty local agencies have been actively promoting Clark County Thrive's CredibleMind platform through toolkits, resource pages, websites, community newsletters, and podcasts.

i. Norcross, J. C. (Dec 2006) Integrating self-help into psychotherapy: 16 practical suggestions. *Professional Psychology: Research and Practice*, 37(6), Dec 2006, 683-693.

ii. Norcross, J. C., Campbell, L. F., Grohol, J. M., Santrock, J. W., Selagea, F., & Sommer, R. (2013). *Self-help that works: Resources to improve emotional health and strengthen relationships* (4th ed.). New York: Oxford; cited in Sussman D. How to Choose Effective Self-Help Resources, *Psychology Today*, 9/20/17; Available at: <https://www.psychologytoday.com/us/blog/the-recoverycoach/201709/how-choose-effective-self-help-resources>.

iii. Clark County, Nevada (2024) County Health Rankings & Roadmaps. Available at: <https://www.countyhealthrankings.org/health-data/nevada/clark?year=2023>

iv. Mental Health America (2023) The State of Mental Health in America. Available at <https://mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf>

v. Nevada Department of Health and Human Services Office of Analytics (2023) Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile; Clark County, Nevada. Page 15. Available at: Bureau of Behavioral Health Wellness and Prevention - Epidemiologic Profile - Clark County - 2023.

Clark County Thrive x CredibleMind

Site Usage Data

(July 2024 – January 2025): 6,483 users

- Demographics (based on registered users):
 - More than half are female
 - Almost 3% of users access the site in Spanish
 - Most users are 13-17 years old
 - Most visited topics - Depression, Anxiety, and Flourishing or Languishing
 - Top assessments - Are your 'Off Days' a Sign of Depression and Are Your 'Worry Days' a Sign of Anxiety.

User Feedback:

Community feedback underscores the impact of the Clark County Thrive CredibleMind resource in supporting mental health in Clark County. These testimonials showcase the platform's value in providing personalized tools and assessments that meet diverse community needs.



“As a Black woman, I value taking care of my mental health, and Clark County Thrive has been a key tool in my wellness journey. I love how the customizable experience, especially the assessments, helps me focus on what I need most. Recently, I leaned on their burnout support, including meditation and mindfulness practices, which have helped me feel empowered to overcome challenges while prioritizing my well-being. When I say it's been a rough two weeks, I had to do something outside of just my therapy sessions and the site personally helped me.”

- a Clark County teaching professional

“Clark County Thrive informed me on many subjects I didn't previously think mattered that much. Specifics like maintaining your sleep cycle and how often you socialize, for example. It seems much more accurate than most other sources, so that's pretty helpful too.”

- a local high school sophomore

“I have personally found Clark County Thrive to be incredibly easy to use and was excited to share it with my teenagers. Since the pandemic we've been concerned about their mental health and this resource has helped us better understand their needs and support them in building resilience and improved mental health.”

- a local mom of three teenagers



Scan the QR Code or click here to take the **Mental Health Check-in assessment** to discover valuable insights on improving your mental health, wellbeing, and building resilience.