



MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

March 18, 2025 – 2:30 p.m.

Meeting was conducted In-person and via Microsoft Teams

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

Red Rock Trail Rooms A and B

MEMBERS PRESENT:

Donna Feliz-Barrows, Chair
Jasmine Coca, First Vice Chair
Sara Hunt, Second Vice Chair
Erin Breen
Ashley Brown
Luz Castro
Marie Dukes

ABSENT:

Scott Black
Brian Knudsen
Blanca Macias-Villa
Jose L. Melendrez

ALSO PRESENT

Steve Messinger, Policy Director, Nevada Primary Care Association

LEGAL COUNSEL:

Edward Wyner, Associate General Counsel

CHIEF EXECUTIVE OFFICER:

Randy Smith

STAFF:

Emily Anelli, Tawana Bellamy, Todd Bleak, Robin Carter, Andria Cordovez Mulet, Xavier Gonzales, Jacques Graham, Sabine Kamm, Ryan Kelsch, Tabitha Johnson, David Kahananui, Cassius Lockett, Cassondra Major, Bernadette Meily, Kimberly Monahan, Luann Province, Emma Rodriguez, Kim Saner, Felicia Sgovio, Justin Tully, Donnie (DJ) Whitaker, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:30 p.m. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum. Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. Southern Nevada Health District – March Employee of the Month

- Sarah Humphreys

Chair Feliz-Barrows recognized Sarah Humphreys, a Community Health Worker, for receiving the Southern Nevada Health District's March Employee of the Month. Ms. Humphreys was nominated by a Southern Nevada Health District employee outside of the health center. Ms. Bellamy read an excerpt of the nomination into the record. On behalf of the SNCHC Governing Board, the Chair congratulated Ms. Humphreys.

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

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

V. ADOPTION OF THE MARCH 18, 2025, MEETING AGENDA *(for possible action)*

Chair Feliz-Barrows called for questions or changed to the agenda. There were none.

A motion was made by Member Coca, seconded by Member Castro, and carried unanimously to approve the March 18, 2025, meeting agenda, as presented.

VI. CONSENT AGENDA: Items for action to be considered by the Southern Nevada Community Health Center Governing 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 – SNCHC GOVERNING BOARD MEETING:** February 18, 2025 *(for possible action)*
2. **Approve CHCA-033 Sexual and Reproductive Health Confidentiality Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Approve CHCA-034 Sexual and Reproductive Health Non-Discrimination in the Provision of Services Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **Approve Update to CHCA-011 Claims Management Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **Approve Re-credentialing and Renewal of Privileges for Provider;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 - Chris Mariano, MSN, APRN, CPNP-PC

A motion was made by Member Breen, seconded by Member Hunt, and carried unanimously to approve the Consent Agenda, as presented.

VII. REPORT / DISCUSSION / ACTION

Recommendations from the March 17, 2025 Finance and Audit Committee Meeting

- 1. Receive, Discuss and Accept the January 2025 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Donnie Whitaker, Chief Financial Officer, presented January 2025 Year to date Financial Report, unaudited results as of January 31, 2025.

Revenue

- General Fund revenue (Charges for Services & Other) was \$19.88M compared to a budget of \$19.22M, a favorable variance of \$660K.
- Special Revenue Funds (Grants) were \$3.95M compared to a budget of \$4.75M, an unfavorable variance of \$800K.
- Total Revenue was \$23.84M compared to a budget of \$23.97M, an unfavorable variance of \$130K.

Expenses

- Salary, Tax, and Benefits were \$8.04M compared to a budget of \$8.25M, a favorable variance of \$210K.
- Other Operating Expense was \$15.87M compared to a budget of \$16.30M, a favorable variance of \$430K.
- Indirect Cost/Cost Allocation was \$4.61M compared to a budget of \$4.95M, a favorable variance of \$340K.
- Total Expense was \$28.52M compared to a budget of \$29.48M, a favorable variance of \$960K.

Net Position: was negative \$4.68M compared to a negative budget of \$5.51M, a favorable variance of \$830k.

Ms. Whitaker further reviewed the budget to actuals for the following:

- Percentage of Revenues and Expenses by Department
- Revenues by Department
- Expenses by Department

Ms. Whitaker further reviewed the patient encounters by department and by clinic. Ms. Whitaker also provided a monthly year to date overview of the revenue and expenses.

Chair Feliz-Barrows called for questions and there were none.

A motion was made by Member Coca, seconded by Member Breen, and carried unanimously to Accept the January 2025 Year to Date Financial Report, as presented.

SNCHC Governing Board

2. Review, Discuss and Approve the Fourth Quarter Risk Assessment; direct staff accordingly or take other action as deemed necessary *(for possible action)*

David Kahananui, FQHC Administrative Manager, presented the Fourth Quarter Risk Assessment. Mr. Kahananui advised that as a deemed FTCA organization, the health center is required to conduct one risk assessment per quarter and present the results to the board. Mr. Kahananui advised that in 2024, the Risk Assessment and Mitigation Tool: Obstetric Services was conducted in quarter four. Mr. Kahananui further shared the risk assessment template was provided by ECRI, which is the risk management consulting firm for HRSA. Mr. Kahananui shared the tool looks at many areas related to the operations, administration, and management of our risk for obstetric services.

Mr. Kahananui provided a summary of the findings and shared the action plan, which includes the following three goals:

- Goal 1: Create an Obstetric Services Policy that addresses all components required to resolve the deficiencies identified in the HRSA Risk Assessment and Mitigation Tool: Obstetrics Services.
- Goal 2: Appoint a person to oversee the quality, claims and clinical elements of obstetrics care.
- Goal 3: The Medical Director and Risk Management Committee will create a more definitive plan to identify and reduce obstetric risk.

Chair Feliz-Barrows called for questions and there were none.

A motion was made by Member Castro, seconded by Member Hunt, and carried unanimously to approve the Fourth Quarter Risk Assessment y, as presented.

3. Review, Discuss and Approve the Fourth Quarter Risk Management Report; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the Fourth Quarter Risk Management Report. Mr. Kahananui reviewed the five CY24 Goals, activities, and performance measure results.

Chair Feliz-Barrows called for questions and there were none.

A motion was made by Member Breen, seconded by Member Hunt, and carried unanimously to approve the Fourth Quarter Risk Management Report, as presented.

VII. 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)*

Chair Feliz-Barrows called for board reports. There were none.

IX. CEO & STAFF REPORTS *(Information Only)*

- **CEO Comments**

Mr. Smith advised that he needs help with recruiting a new board member. Mr. Smith shared that new board member needs to be a male, non-Hispanic Mr. Smith asked for the board's assistances with identifying candidates.

Mr. Smith provided the following updates:

Administrative:

- The dental clinic at Fremont is on an indefinite hold.
- The HRSA Operational Site Visit (OSV) has been tentatively rescheduled to 4/8/25 – 4/10/25.
- The HRSA CY24 UDS annual report requested revisions were submitted on 3/6/25.
- The HRSA onsite Behavioral Health Technical Assistance engagement is scheduled for 3/25/25.
- The HRSA CY26 FTCA redeeming process is underway. The application is due in June 2025.
- The Family Planning Title X CY24 FPAR 2.0 report was successfully submitted on 2/24/25.
- The Family Planning Title X site visit is scheduled for September 2025.

Operations:

- New Appointment Templates – effective April 1st @Decatur & April 7th @Fremont
- Addressing our high number of No-Shows – 58% in February
 - Add more appointment slots
 - Strategic Books
 - Integration Visits – patients receiving more than one service per day
 - Same Day Appointments and Walk-ins
- Changes to Lunches – effective April 1st @Decatur & April 7th @Fremont
 - Increased access to mid-day appointments
 - Smoother operations
- Front Office paperless workflow transition work underway.

Medicaid Growth:

- Welcome Letter and New Patient Packet
 - Most members are assigned by their health plan
- Welcome Call – Creating a welcoming experience
 - Proactive outreach
 - Answer questions
 - Set up appointments
- Health Plan Provider Relations
 - Member Rosters – obtaining new members
 - Data tracking: successful appt, provider, empanelment, etc.
- Quality – HEDIS performance metrics
- Patient Satisfaction – retaining patients

Further to an inquiry from Chair Feliz-Barrows, Mr. Smith shared that for patients who may be afraid of coming to the health center, training and support has been provided to staff on how to best support and use telehealth services as much as possible. Mr. Smith further shared that the no show rate goes beyond what is happening with Medicaid or threats of immigration concerns.

Member Coca shared that she would like to share some ideas with Mr. Smith. Member Coca commented that she believes there are resources in the community that can help the health center.

Member Coca inquired if the health center has any handouts or referrals from the State of Nevada Welfare. Mr. Smith advised that we could contact them. Mr. Smith further advised we do have resources on site as well.

Mr. Smith advised that if board members know of any potential partners in the community, let him know and he would be happy to speak with them.

Further to an inquiry from Member Hunt, Mr. Smith shared the operational changes that are being implemented in the beginning of April will need four to six weeks of data collection to let us know if we are successful. An update to the Board will be provided in June.

- Legislative Update

Steve Messinger, Policy Director, Nevada Primary Care Association (NVPCA), and Emma Rodriguez, Communications & Legislative Affairs Administrator, provided an update on the current legislative session.

Mr. Messinger provided a brief introduction about the Primary Care Association.

Mr. Messinger further outlined some federal issues and provided an update on some executive orders.

- Two sources of funds for the federal health center program
 - Discretionary funding makes up about 30% and must be appropriated every year
 - Mandatory funding makes the other 70% and is typically for several years
 - Both extended this past Friday through September 2025
- 340B
 - 340B is a discount drug program that provides an estimated 16% more revenue than the federal health center grant.
 - Health centers are supposed to be able to purchase drugs at low cost and be reimbursed at normal cost
 - Insurers and pharmacy benefit managers are trying to capture this revenue, i.e., by paying a lower reimbursement
 - Manufacturers are putting up barriers to prevent their profits from going to other parties
 - Courts have determined that HRSA has no enforcement power
 - Needs Congressional action, but not expected in this Congress
- Federal Issues—Medicaid

Mr. Messinger shared that at the state level in 2023, the total health center revenue amongst FQHCs in Nevada was \$222M. Mr. Messinger further shared 25% or \$56.2M was Medicaid, 18% was Private Insurance, 11% was Medicare, 2% was Other Public, and 2% was Self Pay. Mr. Messinger further provided an overview of the total revenue per patient by payor in 2023 for Medicaid, Medicare, Private Insurance and the Uninsured. Mr. Messinger shared that if

we take people off Medicaid and convert them to uninsured, health center's will only get 10% of the revenue they are currently collecting and that is a concern.

Mr. Messinger provided an overview of some Executive Orders:

- DEI, Gender Affirming Care, Climate Resilience, Undocumented immigrants
- All the immediate legal implications of these orders are paused; however, grantees are advised to get these activities out of their workplans
- Expect the possibility of having to comply with these orders as a condition of the health center's federal grant
 - Some interpretations indicate that using "program income" from payers could still be unallowable as part of the grant project

Mr. Messinger further outlined things happening in the Nevada Legislature:

- NVPCA supporting a bill to require manufacturers to continue distributing 340B drugs to contract pharmacies
 - Bill Draft Request (BDR) approved by Interim Commerce and Labor in August meeting
 - NVPCA is working with members, allies, and legislators to be ready when the bill is drafted
 - Our 340B bill did not come out until March 27, 2023
- Primary Care Provider Training Program
 - Seeking to establish a grant to facilitate Graduate Medical Education accreditation in community health centers
 - Follows Arizona model which gets a federal match through Medicaid
 - SB40 Creates the Medicaid Health Care Workforce Account which will allow for appropriations to be matched
 - SB262 Moves GME administration from the Office of Science and Innovation to DHHS

Ms. Rodriguez outlined the six bills that had hearings or have a hearing coming up:

- AB315 - Requires applications to participate in Medicaid as a provider to be notarized. (Medicaid)
- AB269 - Revises provisions relating to education. (Health Care Workforce)
- AB186 - Revises provisions governing pharmacists. (Pharmacy)
- SB188 - Establishes procedures to assist certain persons with limited English proficiency in accessing health care in certain circumstances. (Language Access)
- SB250 - Revises provisions relating to health care records. (Electronic Health Records)

Further to an inquiry from Member Hunt, on a bill that requires insurance agencies to turn around claims in a certain amount of time – claims they rejected that was a challenge. Mr. Messinger advised that it is bill AB52 – Revises provisions relating to the payment of claims under policies of health insurance. (BDR 57-367). Mr. Messinger further advised a hearing was held on March 5, 2025. Mr. Messinger shared that NVPCA did not take a position on that bill, and he does not hear about payment delays being a big issue with primary care.

Mr. Smith shared that the revenue cycle manager and staff are always working on billing our accounts receivable and denials to ensure the health center is collecting everything it is contractually entitled to. Mr. Smith further shared that anything Mr. Messinger can do to help would be appreciated. Mr. Messinger advised that he would add it to his priority list.

Member Breen thanked Mr. Messinger for the clarification of what is happening with funding.

Chair Feliz-Barrows also thanked Mr. Messinger for the information.

Further to an inquiry from Member Coca about what federal assistances can the health center get from the legislature. Mr. Messinger shared health centers get FQHC Incubator funds, which is \$1.4M over the biennium or \$700K/per year and is split between all health centers.

Chair Feliz-Barrows thanked Ms. Rodriguez and Mr. Messinger for the update.

Chair Feliz-Barrows called for further questions and there were none.

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) February 2025 Monthly Report

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

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

XII. ADJOURNMENT

The Chair adjourned the meeting at 3:57 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

March 18, 2025 – 2:30 p.m.

Meeting will be conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Room A and B

NOTICE

Microsoft Teams:

<https://events.teams.microsoft.com/event/c3270ff1-1eee-47ac-b3a9-fe012cb00571@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 716 671 123#

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 & ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. Southern Nevada Health District – March Employee of the Month

- Sarah Humphreys

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

- **By Teams:** Use the Teams link above. You will be able to provide real-time chatroom messaging, which can be read into the record or by raising your hand. Unmute your microphone prior to speaking.
- **By telephone:** Call (702) 907-7151 and when prompted to provide the Meeting ID, enter 716 671 123#. To provide public comment over the telephone, please press *5 during the comment period and wait to be called on.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are

commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

V. ADOPTION OF MARCH 18, 2025 AGENDA *(for possible action)*

VI. CONSENT AGENDA: Items for action to be considered by the Southern Nevada Community Health Center Governing 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 – SNCHC GOVERNING BOARD MEETING:** February 18, 2025 *(for possible action)*
- 2. Approve CHCA-033 Sexual and Reproductive Health Confidentiality Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approve CHCA-034 Sexual and Reproductive Health Non-Discrimination in the Provision of Services Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. Approve Update to CHCA-011 Claims Management Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 5. Approve Re-credentialing and Renewal of Privileges for Provider;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 - Chris Mariano, MSN, APRN, CPNP-PC

VII. REPORT / DISCUSSION / ACTION

Recommendations from the March 17, 2025 Finance and Audit Committee Meeting

- 1. Receive, Discuss and Accept the January 2025 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

SNCHC Governing Board

- 2. Review, Discuss and Approve the Fourth Quarter Risk Assessment;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Review, Discuss and Approve the Fourth Quarter Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

IX. CEO & STAFF REPORTS ***(Informational Only)***

- CEO Comments
- Legislative Update

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) February 2025 Operations Reports

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

XII. ADJOURNMENT

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

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

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

February 18, 2025 – 2:30 p.m.

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

Red Rock Trail Rooms A and B

MEMBERS PRESENT:

Donna Feliz-Barrows, Chair
Jasmine Coca, First Vice Chair
Sara Hunt, Second Vice Chair
Scott Black
Erin Breen
Ashley Brown
Marie Dukes
Blanca Macias-Villa
Jose L. Melendrez

ABSENT:

Luz Castro
Brian Knudsen

ALSO PRESENT

LEGAL COUNSEL:

Edward Wyner, Associate General Counsel

CHIEF EXECUTIVE OFFICER:

Randy Smith

STAFF:

Emily Anelli, Tawana Bellamy, Todd Bleak, Donna Buss, Robin Carter, Andria Cordovez Mulet, Tabitha Johnson, David Kahananui, Cassius Lockett, Cassondra Major, Bernadette Meily, Yin Jie Qin, Kim Saner, Felicia Sgovio, Justin Tully, Merylyn Yegon, Donnie (DJ) Whitaker

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:31 p.m. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum. Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

*Member Coca joined the meeting at 2:33 p.m.
Member Macias-Villa joined the meeting at 2:33 p.m.*

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.

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

IV. ADOPTION OF THE FEBRUARY 18, 2025, MEETING AGENDA *(for possible action)*

Chair Feliz-Barrows called for questions or changed to the agenda. There were none.

A motion was made by Member Melendrez, seconded by Member Hunt, and carried unanimously to approve the February 18, 2025, meeting agenda, as presented.

V. CONSENT AGENDA: Items for action to be considered by the Southern Nevada Community Health Center Governing 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 – SNCHC GOVERNING BOARD MEETING:** January 21, 2025 *(for possible action)*
- 2. Approve the Initial Credentialing and Privileging of Provider Robin Carter, DO;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. ~~Approve the CHCA-029 Collaborative Planning and Community Engagement Policy;~~** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. ~~Approve the CHCA-030 Community Education, Participation and Engagement Policy;~~** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 5. ~~Approve the CHCA-032 Quality Management Program Policy;~~** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Items V.3, V.4 and V.5 were removed from the Consent Agenda for further discussion.

A motion was made by Member Melendrez, seconded by Member Dukes, and carried unanimously to approve the Consent Agenda, as amended.

VI. REPORT / DISCUSSION / ACTION

Items V.3, V.4 and V.5 from the Consent Agenda:

- 3. Approve the CHCA-029 Collaborative Planning and Community Engagement Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. Approve the CHCA-030 Community Education, Participation and Engagement Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 5. Approve the CHCA-032 Quality Management Program Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Further to an inquiry from Member Hunt, Randy Smith, CEO advised that the Collaborative Planning and Community Engagement and Community Education, Participation and Engagement policies existed under the Family Planning program and predated the FQHC. Mr. Smith further advised the requirements in the two policies were updated in preparation of an upcoming Family Planning program site visit. Mr. Smith further advised the Quality Management Program policy is an existing policy and was updated in preparation of the HRSA site visit.

Chair Feliz-Barrows called for a motion on Consent Agenda items V.3, V.4 and V.5.

A motion was made by Member Black, seconded by Member Hunt, and carried unanimously to approve Items V.3, V.4 and V.5 from the Consent Agenda, as presented.

1. Receive, Discuss and Accept the December 2024 Year to Date Financial Report; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Donnie (DJ) Whitaker, Chief Financial Officer, presented the December 2024 Year to Date Financial Report, unaudited through December 31, 2024.

Revenue

- General Fund revenue (Charges for Services & Other) is \$16.93M compared to a budget of \$14.07M, a favorable variance of \$2.86M.
- Special Revenue Funds (Grants) were \$3.35M compared to a budget of \$3.93M, an unfavorable variance of \$587K.
- Total Revenue was \$20.28M compared to a budget of \$18.00M, a favorable variance of \$2.28M.

Expenses

- Salary, Tax, and Benefits was \$6.83M compared to a budget of \$6.86M, a favorable variance of \$31K.
- Other Operating Expense was \$13.67M compared to a budget of \$12.11M, an unfavorable variance of \$1.56M.
- Indirect Cost/Cost Allocation was \$3.90M compared to a budget of \$3.83M, an unfavorable variance of \$70K.
- Total Expense was \$24.40M compared to a budget of \$22.81M, an unfavorable variance of \$1.59M.

Net Position: was negative \$4.12M compared to a budget of negative \$4.81M, a favorable variance of being less negative by \$684K overall.

Ms. Whitaker further provided an overview of the following:

- Revenue and Expenses by Department
- Patient Encounters by Department
- Patient Encounters by Clinic
- Year to Date by Month (by Department and by Type)

Chair Feliz-Barrows called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Black, and carried unanimously to Accept the December 2024 Year to Date Financial Report, as presented.

2. Receive, Discuss and Approve the Augmentation to the Southern Nevada Community Health FY2025 Budget; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Donnie (DJ) Whitaker, Chief Financial Officer, presented the Augmentation to the Southern Nevada Community Health Center's FY2025 Budget, with the following highlights:

Revenues

- FY2025 Adopted Budget Revenue was \$36.7M
- FY2025 January Budget Augmentation Revenue was \$41.8M.

Revenues – General Fund:

- Total *Charges for Services revenue was augmented to \$31.4M, which is an increase of \$4.4M compared to \$27.0M from adopted budget. The major component of Charges for Services revenue is Pharmacy, which continues to increase and was projected at \$29.1M compared to \$24.7M from the adopted budget.

Revenues – Special

- Federal grants revenue increased from \$7.9M to \$8.1M due to new or adjustments of existing grants under Ryan White, Primary Health, and Refugee Health departments.

Expenditures

- FQHC FY2025 combined expenditures augmented budget was \$51.6M compared to \$46.3M from adopted budget.
- General Fund Pharmacy expenses were projected at \$29.5M, 71% of total FQHC expenses of \$41.8M. Pharmacy medication expenses increased from \$20.2M to \$23.9M, a \$3.7M increase to align with actuals that have been trending higher than original budget.
- Total salaries and benefits for General & Grants funds were \$14.1M, an increase of \$420K from the adopted budget of \$13.7M. This includes the adjustment for the negotiated Cost of Living and Merit increases.
- Total salaries and benefits represent 28% of total FQHC expenditures. More than 37% of Personnel expenses are supported by grants.

Chair Feliz-Barrows called for questions and there were none.

A motion was made by Member Hunt, seconded by Member Melendrez, and carried unanimously to approve the Augmentation to the Southern Nevada Community Health Center FY2025 Budget, as presented.

3. Receive, Discuss and Approve CHCA-031 Incident Reporting Policy; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the CHCA-031 Incident Reporting Policy.

Chair Feliz-Barrows called for questions and there were none.

A motion was made by Member Coca, seconded by Member Melendrez, and carried unanimously to approve CHCA-031 Incident Reporting Policy, as presented.

- VII. 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)*

Chair Feliz-Barrows called for board reports. There were none.

IX. CEO & STAFF REPORTS *(Information Only)*

- CEO Comments

Mr. Smith introduced Robin Carter, D.O., the new Chief Medical Officer and Medical Director. Ms. Carter provided a brief introduction about herself and medical background.

Mr. Smith provided the following HRSA Health Center Program updates:

- The HRSA Operational Site Visit (OSV) scheduled for February 25, 2025 – February 27, 2025, has been postponed. A new review date has not been announced by HRSA.
- SNCHC was able to access the Payment Management System (PMS) to execute drawdown requests and receive payments for qualifying grant expenditures.
- SNCHC's CY24 UDS report was submitted on February 13, 2025.
- HRSA Behavioral Health Technical Assistance engagement scheduled for March 2025 (virtual only).
- CY26 FTCA application open.
- NVPCA established regular meetings to communicate updates to FQHCs.
- NACHC established a weekly Federal Action Support Team Call.

Mr. Smith further shared some administrative and operational updates with the following highlights:

- Training provided to staff regarding the District's policy for interacting with law enforcement and HIPPA requirements.
- Community resources updated for immigration services.
- Family Planning CY24 FPAR 2.0 annual report due 2/28/25.
- Family Planning Title X site visit scheduled for September 2025.
- Family Planning rebranding to Sexual and Reproductive Health
- A dentist has been brought on as a temporary employee to assist with the development of the health center's oral health program. Construction of the Fremont dental clinic anticipated to begin in May.
- CY25 – 27 Strategic goals:
 - **Increase Access to Service**
 - Year-over-year increase in number of visits provided – CY24 increase 13% from CY23.
 - Amplified focus on same day/walk-in, overbooking, and integrated care
 - Significant No-Shows impacting operations (ranging from 30% - 40%)
 - Below benchmark performance with respect to the number of visits conducted per provide per hour compared to other NV FQHCs (CY23)
 - **Improve Financial Sustainability**
 - Through operations and not grants
 - A balanced payer mix is essential.

- CY24 UDS = 55% uninsured

Chair Feliz-Barrows commented that we may not have a Medicaid or Medicare systems soon and inquired if there have been discussions about it. Mr. Smith advised the Health Center program is designed to serve Medicaid patients, if it were to go away, it would be hard for any health center to continue being a viable institution. Mr. Smith shared that he is trying to keep staff focused on what is known today and what we can control.

Further to an inquiry from Chair Feliz-Barrows, Mr. Smith shared that he has heard from staff that some of the patients have expressed concerns about coming to the health center for appointments. Mr. Smith further shared that to ensure clients receive care, staff is encourage to use telehealth and offer access to medication sent by mail or courier.

Further to an inquiry from Member Hunt, Mr. Smith advised that JBS is the company providing behavioral health technical assistance.

Further to an inquiry from Member Hunt, Mr. Smith advised that he has not had conversations with other health center CEOs about what they are doing. Mr. Smith shared that our process meets the mission to reduce barriers to care and the reason for the sliding fee is to reduce the financial barrier to care, but the process for how a patient qualifies is different from health center to health center.

Further to an inquiry from Member Hunt, Mr. Smith advised that our government affairs advocacy team is the Nevada Primary Care Association, and the health center also receives legislative support from the health district.

Further to an inquiry from Member Hunt, Mr. Smith advised that we could provide a legislative update at a future meeting to include what would be in the best interest of the health center.

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) January 2025 Monthly Report

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

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

XII. ADJOURNMENT

The Chair adjourned the meeting at 3:36 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION:	FQHC	NUMBER(s):	CHCA-033
PROGRAM:	Sexual and Reproductive Health Program (SRH)	VERSION:	1.00
TITLE:	Confidentiality	PAGE:	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: Click or tap here to enter text.		ORIGINATION DATE: NEW	
APPROVED BY: CHIEF EXECUTIVE OFFICER - FQHC:		REPLACES: NEW	
<div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Randy Smith, MPA Date </div>			

I. PURPOSE

The purpose of this policy is to describe Southern Nevada Community Health Center's (SNCHC) process for ensuring compliance with the expectation that all information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual. Reasonable efforts to collect charges without jeopardizing patient confidentiality must be made. Recipients must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client. (42 CFR § 59.10(a))

II. SCOPE

Applies to all workforce members involved in the delivery of Sexual and Reproductive Health Program.

III. POLICY

It is the policy of Southern Nevada Community Health Center to safeguard confidentiality of all patients receiving services under Title X in accordance with (42 CFR § 59.10(a)). The health center's medical records processes have safeguards in place to ensure privacy, security and appropriate access to personal health information (PHI).

Sexual and Reproductive Health Confidentiality
Policy
Sexual And Reproductive Health Confidentiality
Policy
Sexual And Reproductive Health Confidentiality
Policy

Patients are informed of any potential disclosures of their confidential health information to other entities when the entity is someone other than the patient. All general consent forms are provided in a confidential manner, and third-party billing is processed in a way that protects client confidentiality.

IV. PROCEDURE

A. Inform and Obtain Consent

1. At check-in, provide the general consent form which informs patients that:
 - a. Minors have the right to speak with a provider privately without a parent or guardian present.
 - b. Services are confidential, but staff may encourage minors to involve a trusted adult.
 - c. Patients can request confidential billing to prevent statements or notifications from being sent home.
 - d. Patients are informed at check in that billing insurance may result in Explanation of Benefits (EOB) being sent to policyholders.
 - e. Patients are offered the option to self-pay to prevent insurance notifications. However, if a patient chooses to use insurance, they will be informed that an EOB may be generated. Patients are encouraged to contact their insurance provider directly to inquire about available options for alternative communication methods or EOB suppression offered by the insurer.
 - f. If preferred by the client, lab results and other records will not be mailed. Patients are encouraged to use the online portal for secure access to lab results and records.
 - g. Confidentiality preferences will be documented in the EHR to ensure privacy.
2. Consent Documentation
 - a. Patient initials form to acknowledge receipt of the Notice of Privacy Practices.
 - b. Mark HIPAA consent form received in the EHR.

B. Identify and Process Confidential Service Requests

1. At registration, ask:
 - a. “Would you like your visit to remain confidential?”

Sexual and Reproductive Health Confidentiality
Policy
Sexual And Reproductive Health Confidentiality
Policy
Sexual And Reproductive Health Confidentiality
Policy

- b. “Do you have concerns about billing statements or notifications being sent to your home?”
- 2. If confidential services are requested:
 - a. Set the payment status to “Self-Pay” in the EHR (do not bill insurance)
 - b. Enter a global and billing alert stating, “patient requested confidential services.”
 - c. Update E Clinical Works (eCW) billing settings
 - i. Don’t send statements – prevents billing statements from being mailed
 - ii. Exclude from Collections – prevents unpaid balances from being sent to a collection agency
- 3. Secure Lab Results and Medical Records:
 - a. Patient Portal
 - i. Advise patients to sign up for the secure portal to access lab results and records.
 - b. Before Releasing Patient Health Information:
 - i. Refer to HIPAA-Identification Verification Policy ADM-006
- 4. Restrict Access to Confidential Medical Records in eCW
 - a. Per patient request (Refer to ADM-002 HIPAA Use and Disclosure of Protected Health Information)
 - b. Apply Patient Safety Access Control (PSAC) in eCW to limit access so that only the staff who created the record or those specifically authorized can view or update. This may be applied under these conditions but not limited to:
 - i. A patient requests restricted access to their records
 - ii. Sensitive services (e.g. mental health) are provided

Sexual and Reproductive Health Confidentiality
Policy
Sexual And Reproductive Health Confidentiality
Policy
Sexual And Reproductive Health Confidentiality
Policy

- iii. A minor patient requests for confidential services in line with Title X and state laws
 - iv. The patient is a high-profile individual requiring additional privacy
 - v. There are legal safety concerns (e.g. protection orders, domestic violence, etc.)
- 5. Break the Glass Protocol
 - a. If access to a restricted record is necessary, staff must use the “Break the Glass” option with a required justification.
 - b. Each access attempt is automatically logged in the audit trail.
- 6. Clinical Protocol Requirements
 - a. Service Delivery Assurance:
 - i. Clinical policies must state that service delivery to all patients includes an assurance of confidentiality and privacy.
 - b. Confidential Services for Minors:
 - i. Title X providers must offer confidential services to minors in compliance with federal and state law.
 - ii. Minors must be informed that their services are confidential, except in cases where reporting is legally mandated (e.g. child abuse).
- 7. Staff Training and Compliance Monitoring
 - a. All staff must complete Title X confidentiality training and sign the Title X Program Requirements Acknowledgement form upon hire and annually.
 - b. Training covers proper EHR documentation and eCW security settings. This includes:
 - i. Updated billing settings in eCW (e.g. “don’t send statements” and exclude from collections”)
 - ii. PSAC

Sexual and Reproductive Health Confidentiality
Policy
Sexual And Reproductive Health Confidentiality
Policy
Sexual And Reproductive Health Confidentiality
Policy

- iii. Break the Glass Protocol
- iv. Confidentiality protocols
- v. Reporting – Immediately report any suspected breaches of confidentiality to the Privacy or Compliance officer

8. Workstation Security and Device Use (Refer to ADM-023-Workstation and Device Security Use Standards)

V. REFERENCES

2021 Title X Final Rule 42 CFR § 59.10(a)
(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.10>)

ADM-002 HIPAA Use and Disclosure of Protected Health Information

ADM-006 HIPAA Identity Verification Policy

ADM-023-Workstation and Device Security Use Standards

Title X Program Handbook, Section 3, Project Administration #9
(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=17>)

VI. DIRECT RELATED INQUIRIES TO

Title X Program Director (FQHC)

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VI. ATTACHMENTS

Not Applicable

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION:	FQHC	NUMBER(s):	CHCA-034
PROGRAM:	Sexual and Reproductive Health (SRH) Program	VERSION:	1.00
TITLE:	Non-Discrimination in the Provision of Services	PAGE:	1 of 2
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: Process to ensure compliance with Title X for services provided in SRH.		ORIGINATION DATE: NEW	
APPROVED BY: CHIEF EXECUTIVE OFFICER - FQHC		REPLACES: NEW	
<div style="display: flex; justify-content: space-between;"> <div>_____ Randy Smith, MPA</div> <div>_____ Date</div> </div>			

I. PURPOSE

The purpose of this policy is to describe Southern Nevada Community Health Center's process for ensuring compliance with the expectation that services are provided in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies or marital status. (42 CFR § 59.5(a)(4))

II. SCOPE

Applies to all workforce members involved in the delivery of Sexual and Reproductive Health Program.

III. POLICY

Services are provided through the Title X-funded project without regard to religion, race, color, national origin, disability, age, sex sexual orientation, gender identity, sex characteristics, number of pregnancies or marital status.

IV. PROCEDURE

- A. Staff will be informed of the nondiscrimination policy through policy review, completing the Title X orientation program requirements for Title X funded e-learning training, and by signing the Title X Acknowledgement Form during initial hire training and annually (Attachment A – Title X Requirements Acknowledgement Form).

- B. The SNHD Policies and Attachments Portal in NEOGOV tracks the review of policies including updates.
- C. Policies are made available to staff online through the portal and in clinic binders.

V. REFERENCES

Title X Program Handbook, Section 3, #4
(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=16>)

2021 Title X Final Rule 42 CFR § 59.5(a)(4)
(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.5>)

VI. DIRECT RELATED INQUIRIES TO

Community Health Nurse Manager (FQHC)

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VII. ATTACHMENTS

CHCA-034 Attachment A - Title X Requirements Acknowledgement Form

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION:	Legal	NUMBER(s):	CHCA-011
PROGRAM:	Risk Management	VERSION:	1.01
TITLE:	Claims Management	PAGE:	1 of 4
		EFFECTIVE DATE:	
DESCRIPTION: To set the systematic approach to responding to allegations of negligence or adverse events.		ORIGINATION DATE: November 21, 2022	
APPROVED BY:		REPLACES: November 21, 2022	
RISK MANAGER:			
_____ Date			
CHIEF EXECUTIVE OFFICER - FQHC:			
_____ Date			
Randy Smith, MPA			

I. PURPOSE

The purpose of this policy is to set out the systematic approach which will be followed by SNCHC to respond to an allegation of negligence and/or a demand for compensation following an adverse event resulting in accident and/or personal injury or loss, which carries litigation risk for SNCHC.

II. SCOPE

SNCHC requires workforce members to co-operate in the investigation of claims against SNCHC, and to alert SNCHC to potential claims. This procedure covers the management of all claims against SNCHC relating to clinical negligence, employer's liability and public liability. This procedure applies to any workforce members who may be involved in any way with the identification or investigation of any claims (clinical and non-clinical) against SNCHC by directly informing the Legal Department's Risk Manager or designee.

SNCHC, through its Risk Management program, acknowledges its duty to ensure that the appropriate financial and risk management systems are in place and that any losses are minimized. In seeking to manage risk effectively, this policy and associated procedure aim to:

- effectively manage claims made against SNCHC;
- ensure appropriate support is made available to workforce members when a claim has been made;
- learn from claims in order to prevent reoccurrence.

III. POLICY

A. Responsibility of All SNCHC Staff

All workforce members are responsible for alerting the Legal Department to matters likely to lead to a claim, whether clinical negligence, or employer/public liability; complying with SNCHC's policy and forwarding urgently to the FQHC Chief Executive Officer (CEO) any letter intimating a possible claim against SNCHC.

Every workforce member is expected to co-operate fully by:

- responding to requests for information
- conducting as full a search as is practical when records are requested
- assisting in the investigation and assessment of each claim
- abiding by the required timescales
- being diligent in record keeping and documenting any findings from their investigations
- preserving evidence and the scene when appropriate, and
- learning from the outcome of the investigation and taking forward any relevant actions identified.

B. Training Requirements

This procedure will be available to SNCHC workforce member.

Any workforce member who becomes involved in a claim will be directed to the procedure and immediately inform the Legal Department. The Legal Department handles all claims for the SNCHC and is the organization's liaison to the insurance company and to HRSA in the case of a medical malpractice claim.

IV. PROCEDURE

A. Initial Claim

1. Claims brought by a patient against the care provided by SNCHC may be received in a variety of forms:
 - a. The program may receive a request for medical records.
 - b. A court-filed complaint or a subpoena may be served on the Legal Department. Please note that workforce members do not have authority to accept service of court documents.
 - c. The patient or someone on behalf of the patient may state in writing their intent to file a claim or sue.
 - d. Any SNCHC workforce member may be told verbally by the patient or someone on behalf of the patient their intent to file a claim or sue.
2. At the time such an event occurs, the Risk Manager or designee will be notified and will gather the following:
 - a. Name of patient
 - b. Allegation
 - c. Date of incident
 - d. Summary and initial analysis of the allegation.

The Legal Department will forward the claim information in compliance with FTCA procedure and supplemental medical malpractice insurance provider. The Risk Manager in the Legal Department will act at the point of contact for claims and/or litigation.

B. Follow Up

On a quarterly basis, the Quality Improvement Workgroup will review claims from all insurance disciplines. The goal of this meeting will be to analyze strategies for addressing the claim itself and determine steps to prevent such claims in the future. Any agreed upon preventative measures will be codified in appropriate procedure policies or protocols and the information disseminated to appropriate staff. Minutes will be kept on these meetings for future audit purposes.

C. Conclusion of Claims/Process for Monitoring Compliance

At the conclusion of each claim, feedback will be provided to key workforce members who have been actively involved in investigation of the issues raised. If a claim has been settled, or significant defense costs have been incurred, consideration will be given to actions to be taken to lessen the chance of any recurrence. This may involve discussions with the CEO, as well as the Quality Improvement Workgroup.

D. Reports to the Governing Board

The CEO will keep the Board informed of major developments on claims-related issues, and ensure information is provided on individual and aggregate claims on an annual basis. The report will summarize activities, achievements, and on-going claims management issues that occurred since the prior report.

Additional or ad hoc communication should be held with the Board for sentinel events, claims scheduled for trial, events that may result in adverse publicity or news media attention, and severe patient injuries deemed highly likely to result in litigation.

The final annual report should include all the above along with recommendations for claims and risk control activities and identified resource needs for the coming fiscal year.

V. REFERENCES

FTCA Administrative and Litigated Claims Disposition Procedure
HRSA, FTCA Health Center Policy Manual, Updated 7/21/2014

VI. DIRECT RELATED INQUIRIES TO

Risk Manager
Legal Department

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 1		<p>Changed instances of staff to workforce member(s)</p> <p>Changed FQHC officer title to Chief Executive Officer</p> <p>Section III.B., added sentence referring to HRSA</p> <p>Section IV.A.2. added text to last paragraph for clarity</p> <p>Section IV.B, C changed Quality Improvement Council to Quality Improvement Workgroup</p> <p>Section IV., deleted FTCA</p> <p>Section V., updated references</p>
Version 0	11/21/2022	First issuance



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Financial Report
Results as of January 31, 2025
(Unaudited)

Summary of Revenue, Expenses and Net Position (January 31, 2025– Unaudited)

Revenue

- General Fund revenue (Charges for Services & Other) is \$19.88M compared to a budget of \$19.22M, a favorable variance of \$660K.
- Special Revenue Funds (Grants) is \$3.95M compared to a budget of \$4.75M, an unfavorable variance of \$800K.
- Total Revenue is \$23.84M compared to a budget of \$23.97M, an unfavorable variance of \$130K.

Expenses

- Salary, Tax, and Benefits is \$8.04M compared to a budget of \$8.25M, a favorable variance of \$210K.
- Other Operating Expense is \$15.87M compared to a budget of \$16.30M, a favorable variance of \$430K.
- Indirect Cost/Cost Allocation is \$4.61M compared to a budget of \$4.95M, a favorable variance of \$340K.
- Total Expense is \$28.52M compared to a budget of \$29.48M, a favorable variance of \$960K.

Net Position: is (\$4.68M) compared to a budget of (\$5.51M), a favorable variance of \$830k.

All Funds/Divisions by Type

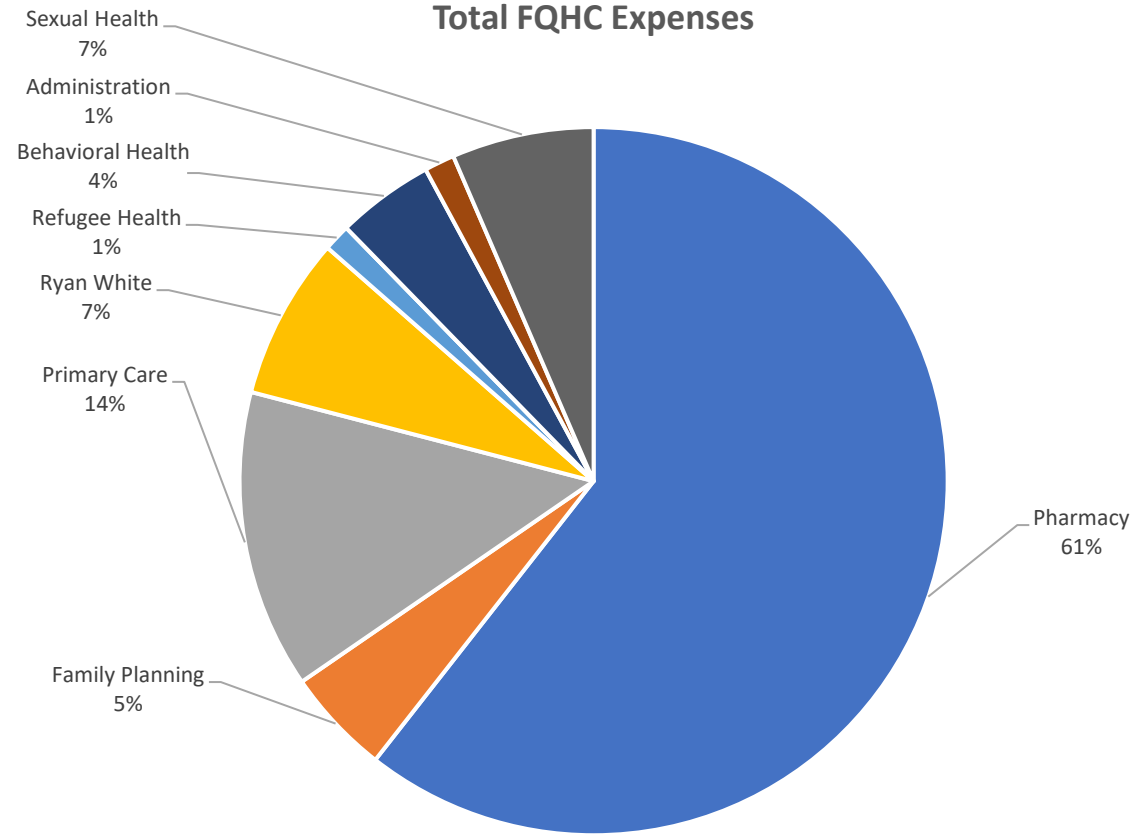
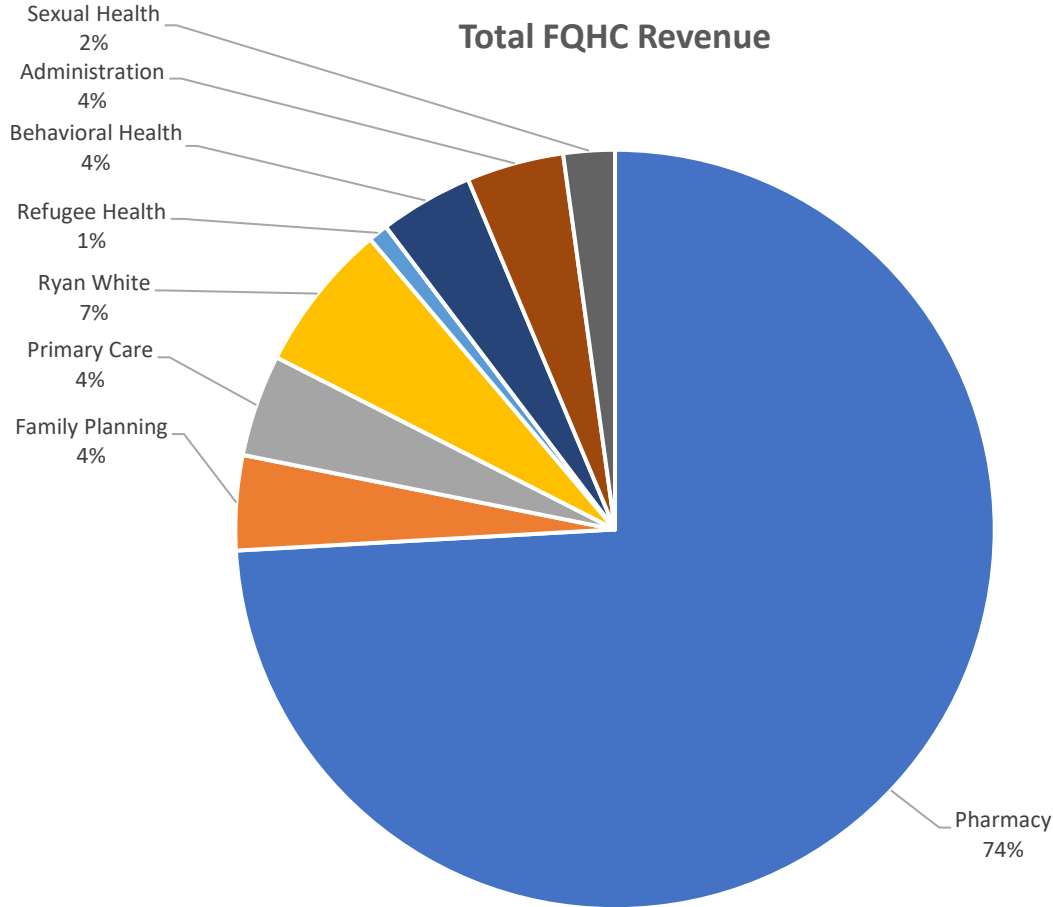
Budget to Actual

Activity	Budget as of January	Actual as of January	Variance Favorable (Unfavorable)	%
Charges for Services	18,306,310	18,907,355	601,045	3%
Other	922,640	976,361	53,721	6%
Federal Revenue	1,581,625	2,249,740	668,115	42%
Pass-Thru Revenue	2,225,356	1,394,584	(830,772)	-37%
State Revenue	938,373	308,784	(629,589)	-67%
Total FQHC Revenue	23,974,304	23,836,824	(137,480)	-1%
Salaries	5,659,187	5,549,192	109,995	2%
Taxes & Fringe Benefits	2,594,691	2,487,965	106,726	4%
Total Salaries & Benefits	8,253,878	8,037,157	216,721	3%
Supplies	14,834,640	14,535,090	299,550	2%
Capital Outlay	532,060	608,318	(76,258)	-14%
Contractual	871,959	703,347	168,612	19%
Travel & Training	41,404	24,243	17,161	41%
Total Other Operating	16,280,063	15,870,998	409,065	3%
Indirect Costs/Cost Allocations	4,948,061	4,610,464	337,597	7%
Transfers IN	(426,540)	(505,753)	79,213	-19%
Transfers OUT	426,540	505,753	(79,213)	-19%
Total Transfers	4,948,061	4,610,464	337,597	7%
Total FQHC Expenses	29,482,002	28,518,619	963,383	3%
Net Position	(5,507,698)	(4,681,795)	825,903	-15%

NOTES:

- 1) PHARMACY PATIENT ENCOUNTERS DRIVING MAJORITY OF GROWTH; PATIENT ENCOUNTERS CONTINUE YEAR-OVER-YEAR GROWTH ACROSS FQHC ESPECIALLY WITH ADDITION OF PHARMACY AT FREMONT CLINIC.
- 2) WRAP REVENUE REIMBURSEMENTS ARE CONTINUING TO OUTPACE PROJECTIONS IN FY25.
- 3) DRIVEN BY \$592K IN REIMBURSEMENTS FOR BEHAVIORAL HEALTH CLINIC CAPITAL EXPENSES THROUGH JANUARY 2025.
- 4) PHARMACY PATIENT ENCOUNTERS DRIVING CORRESPONDING INCREASE IN MEDICATION SUPPLIES EXPENSES PLUS ADDITIONAL PURCHASES FOR SECOND PHARMACY LOCATION AT FREMONT CLINIC.
- 5) CAPITAL EXPENSES ASSOCIATED WITH CONSTRUCTION OF NEW BEHAVIORAL HEALTH CLINIC (\$592K THROUGH JANUARY 2025).

Percentage of Revenues and Expenses by Department



Revenues by Department

Budget to Actuals

Department	Budget as of January	Actual as of January	Variance Favorable (Unfavorable)	%
Charges for Services, Other, Wrap				
Family Planning	232,539	157,012	(75,527)	-32%
Pharmacy	16,973,494	17,417,878	444,384	3%
Oral Health (Dental)	-	-	-	0%
Primary Care	295,184	346,772	51,588	17%
Ryan White	161,294	164,950	3,656	2%
Refugee Health	31,597	84,014	52,417	166%
Behavioral Health	160,882	147,164	(13,718)	-9%
Administration	919,424	976,336	56,912	6%
Sexual Health	454,536	589,589	135,053	30%
OPERATING REVENUE	19,228,950	19,883,715	654,765	3%
Grants				
Family Planning	1,242,281	851,610	(390,671)	-31%
Oral Health (Dental)	640,897	-	(640,897)	-100%
Primary Care	636,820	1,008,962	372,142	58%
Ryan White	1,593,637	1,283,502	(310,135)	-19%
Refugee Health	158,014	111,082	(46,932)	-30%
Behavioral Health	473,705	697,951	224,246	47%
SPECIAL REVENUE	4,745,354	3,953,107	(792,247)	-17%
TOTAL REVENUE	23,974,304	23,836,823	(137,481)	-1%

NOTES:

- 1) PATIENT ENCOUNTERS CONTINUE YEAR-OVER-YEAR GROWTH ACROSS FQHC ESPECIALLY WITH ADDITION OF PHARMACY AT FREMONT CLINIC.
- 2) DENTAL CLINIC PLANNED OPENING IN Q4 FY25.
- 3) WRAP REVENUE REIMBURSEMENTS ARE CONTINUING TO OUTPACE PROJECTIONS IN FY25.
- 4) INCLUDES PAYMENT FOR GRANT-FUNDED REIMBURSEMENTS FOR BEHAVIORAL HEALTH CLINIC CAPITAL EXPENSES (\$592K THROUGH JANUARY 2025).

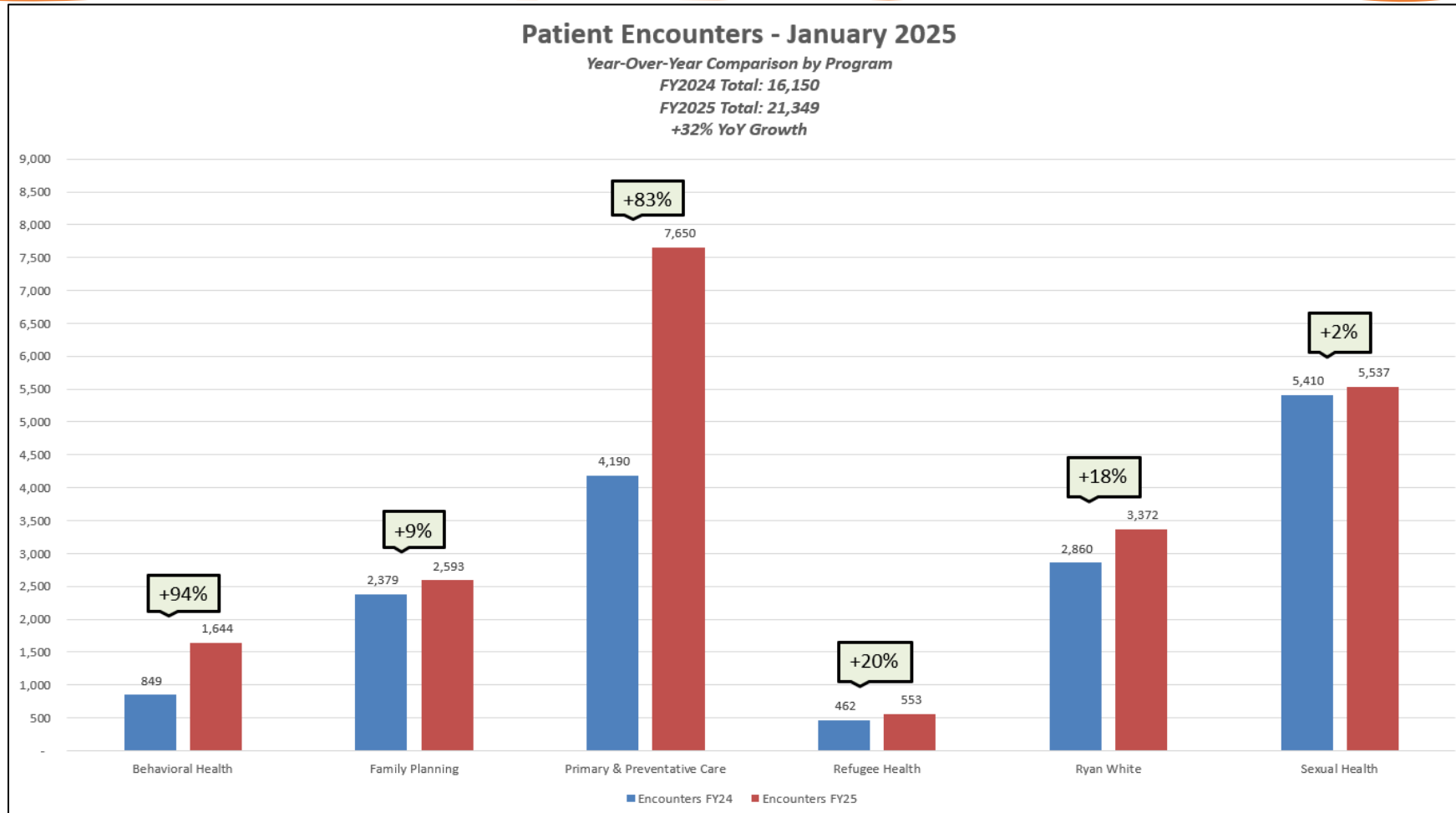
Expenses by Department Budget to Actuals

NOTES:

- 1) DENTAL CLINIC PLANNED OPENING IN Q4 FY25.
- 2) PHARMACY PATIENT ENCOUNTERS DRIVING CORRESPONDING INCREASE IN MEDICATION SUPPLIES EXPENSES PLUS ADDITIONAL PURCHASES FOR SECOND PHARMACY LOCATION AT FREMONT CLINIC.
- 3) CAPITAL EXPENSES ASSOCIATED WITH CONSTRUCTION OF NEW BEHAVIORAL HEALTH CLINIC (\$592K THROUGH JANUARY 2025).

Department	Budget as of January	Actual as of January	Variance Favorable (Unfavorable)	%
Employment (Salaries, Taxes, Fringe)				
Family Planning	1,200,983	964,622	236,361	20%
Pharmacy	320,711	351,118	(30,407)	-9%
Oral Health (Dental)	66,548	-	66,548	100%
Primary Care	2,978,958	3,188,551	(209,593)	-7%
Ryan White	1,680,783	1,576,524	104,259	6%
Refugee Health	131,854	151,998	(20,144)	-15%
Behavioral Health	340,504	315,841	24,663	7%
Administration	113,261	82,773	30,488	27%
Sexual Health	1,420,276	1,405,729	14,547	1%
Total Personnel Costs	8,253,878	8,037,156	216,722	3%
Other (Supplies, Contractual, Capital, etc.)				
Family Planning	462,095	170,945	291,150	63%
Pharmacy	14,052,216	14,182,140	(129,924)	-1%
Oral Health (Dental)	467,532	-	467,532	100%
Primary Care	172,648	201,574	(28,926)	-17%
Ryan White	221,659	215,041	6,618	3%
Refugee Health	78,158	125,382	(47,224)	-60%
Behavioral Health	346,666	609,095	(262,429)	-76%
Administration	331,141	239,791	91,350	28%
Sexual Health	147,947	127,031	20,916	14%
Total Other Expenses	16,280,062	15,870,999	409,063	3%
Total Operating Expenses	24,533,940	23,908,155	625,785	3%
Indirect Costs/Cost Allocations	4,948,061	4,610,464	337,597	7%
Transfers IN	(426,540)	(505,753)	79,213	-19%
Transfers OUT	426,540	505,753	(79,213)	-19%
Total Transfers & Allocations	4,948,061	4,610,464	337,597	7%
TOTAL EXPENSES	29,482,001	28,518,619	963,382	3%

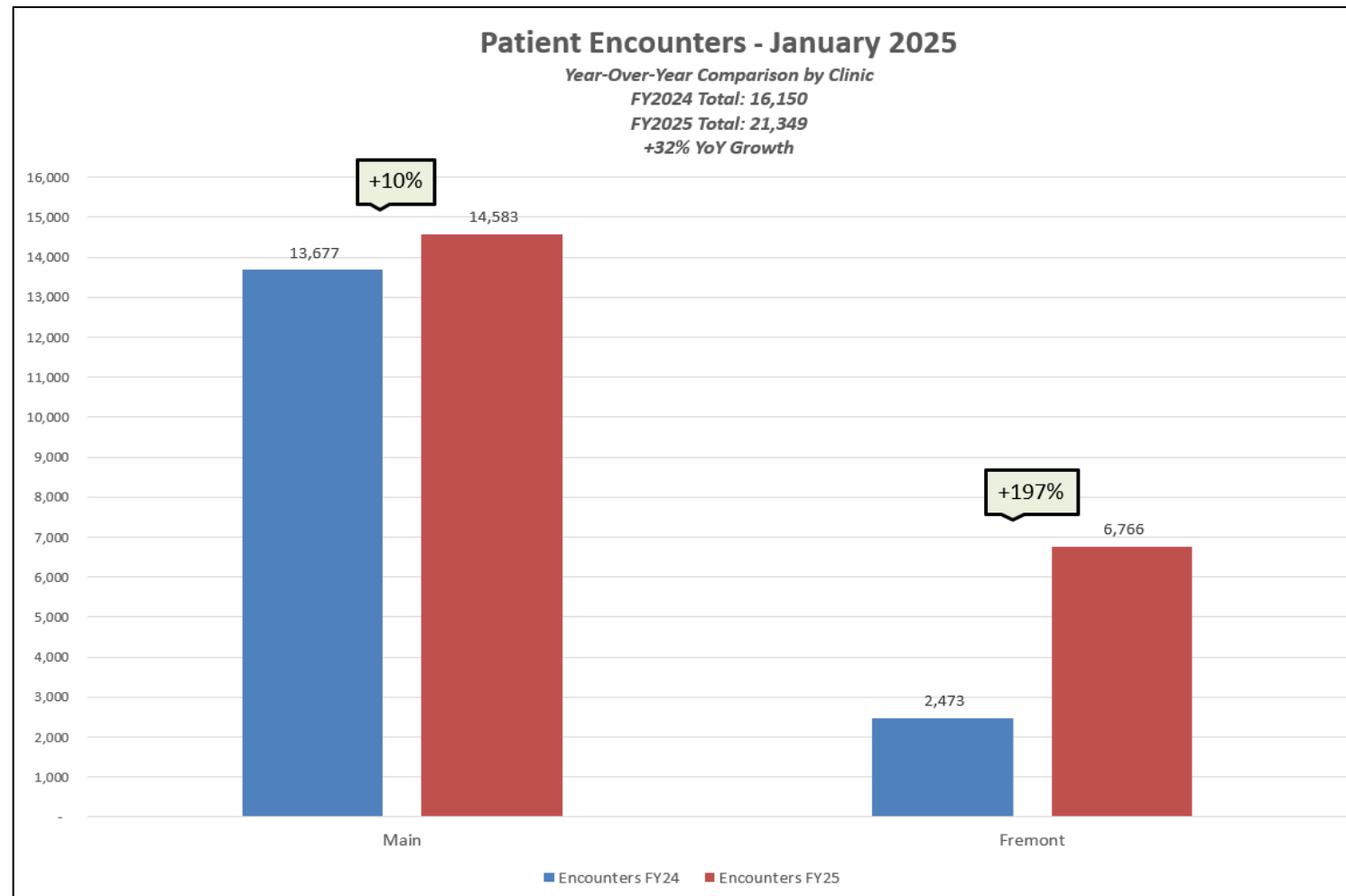
Patient Encounters By Department



NOTE 1: PATIENT ENCOUNTERS INCLUDE VISITS PROVIDED BY LICENSED INDEPENDENT PRACTITIONERS (LIPS) AND NURSES. FY24 AND FY25 SEXUAL HEALTH CLINIC ENCOUNTERS DO NOT INCLUDE SELECT NURSE VISITS THAT ARE NOW PROVIDED IN THE PRIMARY AND PREVENTIVE CARE DIVISION.

NOTE 2: ENCOUNTER VOLUME INCREASING DUE TO FILLING AND CREDENTIALLING ALL OPEN POSITIONS COMBINED WITH PROCESS IMPROVEMENT IMPLEMENTATIONS FOLLOWING CONSOLIDATION OF SHC AND RHC UNDER FQHC.

Patient Encounters By Clinic



Financial Report Categorization



Statement Category – Revenue	Elements
Charges for Services	Fees received for medical services provided from patients, insurance companies, Medicare, and Medicaid.
Other	Medicaid MCO reimbursements (the wrap), administrative fees, and miscellaneous income (sale of fixed assets, payments on uncollectible charges, etc.).
Grants	Reimbursements for grant-funded operations via Local, State, Federal, and Pass-Through grants.

Statement Category – Expenses	Elements
Salaries, Taxes, and Benefits	Salaries, overtime, stand-by pay, retirement, health insurance, long-term disability, life insurance, etc.
Travel and Training	Mileage reimbursement, training registrations, hotel, flights, rental cars, and meeting expenses pre-approved, job-specific training and professional development.
Supplies	Medical supplies, medications, vaccines, laboratory supplies, office supplies, building supplies, books and reference materials, etc.
Contractual	Temporary staffing for medical/patient/laboratory services, subrecipient expenses, dues/memberships, insurance premiums, advertising, and other professional services.
Property/Capital Outlay	Fixed assets (i.e. buildings, improvements, equipment, vehicles, computers, etc.)
Indirect/Cost Allocation	Indirect/administrative expenses for grant management and allocated costs for shared services (i.e. Executive leadership, finance, IT, facilities, security, etc.)

Additional Visualizations



Year-to-Date revenues and expenses by department and by type.

YTD by Month – January 31, 2025

By Department

Southern Nevada Community Health Center									
Year-to-Date Revenues/Expenses by Department									
Fiscal Year 2025 as of January 31, 2025									
DEPARTMENT	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	YTD TOTALS	YTD AVERAGES
Administration (301)	270,972	138,344	118,728	120,498	101,004	115,191	111,599	976,336	139,477
Family Planning (309)	91,661	148,951	135,840	158,219	188,905	150,221	207,405	1,081,202	154,457
Pharmacy (333)	2,383,597	2,574,661	2,339,657	2,455,298	2,316,535	2,857,631	2,490,500	17,417,879	2,488,268
Dental Health (336)	-	-	-	-	-	-	-	-	-
Primary Care (337)	144,427	157,797	134,070	142,947	220,767	234,048	509,804	1,543,860	220,551
Ryan White (338)	177,359	210,374	250,019	216,556	316,051	238,301	214,116	1,622,776	231,825
Refugee Health (344)	28,153	9,890	11,929	37,050	71,523	37,138	58,172	253,855	36,265
Behavioral Health (345)	280,629	337,075	78,806	45,788	62,009	25,726	27,047	857,080	122,440
Sexual Health (350)	101,840	76,971	77,277	103,286	80,309	75,454	74,451	589,588	84,227
TOTAL REVENUES	3,478,638	3,654,063	3,146,326	3,279,642	3,357,103	3,733,710	3,693,094	24,342,576	3,477,511
DEPARTMENT	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	YTD TOTALS	YTD AVERAGES
Administration (301)	37,218	73,998	67,276	42,945	68,387	54,220	42,305	386,349	55,193
Family Planning (309)	130,361	180,167	163,917	191,449	313,688	209,375	246,453	1,435,410	205,059
Pharmacy (333)	2,995,246	2,292,351	2,692,359	1,881,673	2,582,955	2,385,376	2,537,060	17,367,020	2,481,003
Dental Health (336)	-	-	-	-	-	-	-	-	-
Primary Care (337)	443,583	610,833	531,333	500,494	771,492	570,886	919,180	4,347,801	621,114
Ryan White (338)	224,923	320,915	281,139	270,657	432,313	328,440	409,249	2,267,636	323,948
Refugee Health (344)	59,154	(5,281)	5,096	88,306	120,049	61,763	59,528	388,615	55,516
Behavioral Health (345)	277,810	389,717	90,104	64,958	81,968	58,174	42,968	1,005,699	143,671
Sexual Health (350)	189,325	249,162	241,255	248,806	344,487	230,772	322,036	1,825,843	260,835
TOTAL EXPENSES	4,357,620	4,111,862	4,072,479	3,289,288	4,715,339	3,899,006	4,578,779	29,024,374	4,146,339
NET POSITION:	(878,981)	(457,800)	(926,154)	(9,647)	(1,358,237)	(165,296)	(885,683)	(4,681,795)	(668,828)

YTD by Month – January 31, 2025

By Type

Southern Nevada Community Health Center									
Year-to-Date Revenues/Expenses by Type									
Fiscal Year 2025 as of January 31, 2025									
REVENUE TYPE	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	YTD TOTALS	YTD AVERAGES
Charges for Services	2,599,053	2,736,809	2,537,814	2,710,735	2,539,193	3,063,691	2,720,058	18,907,353	2,701,050
Other	270,972	138,344	118,728	120,498	101,004	115,191	111,599	976,336	139,477
Contributions	-	-	-	20	-	5	-	25	4
Intergovernmental	533,730	689,780	450,756	413,874	606,804	475,784	782,379	3,953,107	564,730
TOTAL REVENUES	3,403,755	3,564,933	3,107,298	3,245,127	3,247,001	3,654,671	3,614,036	23,836,821	3,405,261
EXPENSE TYPE	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	YTD TOTALS	YTD AVERAGES
Salaries	485,229	707,618	685,316	697,394	1,118,829	733,922	1,120,884	5,549,192	792,742
Taxes and Benefits	223,019	316,343	312,100	320,374	460,867	338,567	516,695	2,487,965	355,424
Travel and Training	280	4,192	5,219	9,813	3,939	533	267	24,243	3,463
Supplies	2,518,508	1,890,853	2,242,689	1,605,394	2,192,721	2,009,923	2,075,001	14,535,089	2,076,441
Contractual	119,166	122,427	96,763	103,521	72,500	106,779	82,192	703,348	100,478
Property	248,000	327,602	32,716	-	-	-	-	608,318	86,903
TOTAL EXPENSES	3,594,202	3,369,035	3,374,803	2,736,496	3,848,856	3,189,724	3,795,039	23,908,155	3,415,451
TRANSFER TYPE	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	YTD TOTALS	YTD AVERAGES
Indirect/Cost Allocation	688,533	653,698	658,649	518,277	756,382	630,243	704,681	4,610,463	658,638
Transfer In	(74,882)	(89,130)	(39,028)	(34,515)	(110,101)	(79,039)	(79,058)	(505,753)	(72,250)
Transfer Out	74,882	89,130	39,028	34,515	110,101	79,039	79,058	505,753	72,250
TOTAL TRANSFERS	688,533	653,698	658,649	518,277	756,382	630,243	704,681	4,610,463	658,638
NET POSITION:	(878,980)	(457,800)	(926,154)	(9,646)	(1,358,237)	(165,296)	(885,684)	(4,681,795)	(668,828)

Questions?



Q4 RISK ASSESSMENT



2024 Q4 RISK ASSESSMENT



Assessment performed 12/17/24 through 12/23/24

Risk Assessment and Mitigation Tool: Obstetric Services

Information provided by ECRI is not intended to be viewed as required by ECRI or the Health Resources and Services Administration, nor should these materials be viewed as reflecting the legal standard of care. Further, these materials should not be construed as dictating an exclusive course of treatment or procedure. Practice by providers varies, for reasons including the needs of the individual patient and limitations unique to the institution or type of practice. Best practice recommendations change over time. All organizations should consult with their clinical staff or other experts for specific guidance and with their legal counsel, as circumstances warrant.

- For purposes of this checklist, "obstetric services" include prenatal, postpartum, and maternal healthcare services.
- Refer to the "Guidance and Resources" section at the end of the document for additional clarification on the objectives as well as for pertinent references and resources.

Objective	Yes/No	Comments/Supportive Documentation
A. Leadership and Oversight	--NO	--
1. There is a designated obstetric physician leader (preferably a board-certified obstetrician) responsible for oversight of obstetric risk management, patient safety, quality improvement strategies, and provider credentialing and privileging.	--No	There is not a designated obstetric physician leader or other clinical leader responsible for oversight of obstetric risk management, patient safety, quality improvement strategies, and provider credentialing and privileging. A new Medical Director will be joining in February, and in the meantime, there is an APRN who is overseeing parts of obstetric and family planning care.

Assessment performed 12/17/24 through 12/23/24

	Yes/No	Comments/Supportive Documentation
Physicians ian ritten clinical e practice authority	--No	There are not <i>up-to-date</i> written clinical protocols and/or oversight, supervision, or collaborative practice agreements with physicians, consistent with licensure authority requirements. The protocols in place are more than 5 years old and have not been updated, however, the Medical Director that will join in February will take on this responsibility. More oversight applications need to be submitted for the Physician Assistants, because the incoming Medical Director is a <u>DO</u> and the current PAs are only certified to be supervised by an MD.
ialty	--	--
responsible periodic ential that e this	--NA	There is not a <u>process</u> in place to monitor fetal heart training nor practices.
or fied	--NA	SNCHC refers out for these services to providers that monitor their own training and certifications for these procedures and practices.

2024 Q4 RISK ASSESSMENT



2024 Obstetric Services Risk Assessment and Mitigation Tool

Findings/areas of highest risk identified:

A. Leadership and Oversight

1. **Noncompliant** - As of 12/23/2024, there is not a designated obstetric physician leader or other clinical leader responsible for oversight of obstetric risk management, patient safety, quality improvement strategies, and provider credentialing and privileging. A new Medical Director will be joining in February of 2025 to fulfill this responsibility. In the meantime, there is an APRN who is overseeing parts of obstetric and family planning care.
2. **Noncompliant** - There are not up-to-date written clinical protocols and/or oversight, supervision, or collaborative practice agreements with physicians, consistent with licensure authority requirements.
 - i. There are protocols in place, however, they are more than 5 years old and have not been updated.
 1. The incoming Medical Director in February of 2025 will take on this responsibility.
 - ii. Dual oversight license applications need to be submitted for SNCHC's current Physician Assistants, because the incoming Medical Director is a DO under the Osteopathy Board, and the current PAs are only certified to be supervised by an MD under the Medical Board.
 1. Dual oversight licensing will allow SNCHC's PAs to be supervised by either an MD or a DO.
 - iii. All other supervisory agreements are compliant with statute and policy.

B. Credentialing, Privileging, and Specialty Training

1. **NA** - SNCHC does not provide fetal heart monitoring services. SNCHC refers out for these services to third-party providers that monitor their own certification, credentialing, privileging, policies, procedures, and training. Although SNCHC does not manage nor have readily available access to any third-party certification, credentialing, privileging, policies, procedures, and training documentation, such documentation can be provided to SNCHC upon request.
2. **NA** - SNCHC does not provide ultrasound services. SNCHC refers out for these services to providers that monitor their own certification, credentialing, privileging, policies, procedures, and training to do so. Although SNCHC does not manage nor have readily available access to any third-party certification, credentialing, privileging, policies, procedures, and training documentation, such documentation can be provided to SNCHC upon request.
3. **NA** - SNCHC does not provide labor and delivery services. SNCHC refers out for these services to providers that monitor their own certification, credentialing, privileging, policies, procedures, and training to do so. Although SNCHC does not manage nor have readily available access to any third-party certification, credentialing, privileging, policies, procedures, and training documentation, such documentation can be provided to SNCHC upon request.

C. Risk Management

1. **Semi-Compliant** - The Risk Management Training Plan includes the "Obstetrics: Safe, Equitable Care for All Women and Primary Care of Postpartum Patient" training from ECRI and states, "***NO OBSTETRICS services are provided. All Prenatal, Intrapartum and Postpartum services delivered via column III on Form 5A.**"
- i. A more definitive component is needed in the risk management plan to identify and reduce obstetric risk.
2. **Compliant** - SNCHC periodically conducts risk assessments that focus on or include elements related to obstetric care.
 - i. This Obstetric Services Risk Assessment and Mitigation Tool will be utilized annually to monitor obstetric care risk.
3. **Compliant** - Obstetric risk management strategies are included in the annual risk management report to the board of directors.

ent and Mitigation Tool

SNCHC leadership, and its the Governing

care to pregnant and/or postpartum
er or not the individuals attend deliveries.
1 Women and Primary Care of

reviewing, analyzing, responding to,

etric care. The suggested organization for
will need to make the final decision with

are to ensure adherence to clinical best

ry 2025.

aims from the past five years to identify

responding to all claims.

in order to identify serious events and

etric safety to identify serious events and
ion of the Medical Director once

r process for all serious and/or sentinel

t cause analyses or a similar process for
with the guidance and participation of

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ointments, and the referring provider has
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d Mitigation Tool

flow process in practice to
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party personnel files to verify
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igation Tool

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2024 Q4 RISK ASSESSMENT

Action Plan:

CY25 Goals	CY25 Activities (What, Who, When)	CY25 Performance
3 & 6 Month Follow Up		
Goal #1: Create an Obstetric Services Policy that addresses all components required to resolve the deficiencies identified in the HRSA Risk Assessment and Mitigation Tool: Obstetric Services.	<ul style="list-style-type: none">• Risk Management Committee (RMC) to be formed including, at a minimum, the FQHC CEO, FQHC Risk Manager, QMC, Operations Managers, and Medical Director• RMC will collaborate on the creation, training, and implementation of an Obstetric Services Policy by August 31, 2025.• An Obstetric Services Policy Draft will be created with the help of the RMC, using the Q4 risk assessment as a guide and outline for the policy.	March 2025 – June 2025 – September 2025 –
3 & 6 Month Follow Up		
Goal #2: Appoint a person to oversee the quality, claims, and clinical elements of obstetric care.	<ul style="list-style-type: none">• FQHC CEO to determine who will be assigned to oversee the quality, claims, and clinical elements of the obstetric policy and risk assessment components. This will likely be the Medical Director.• FQHC CEO and Medical Director will determine who will be the backup/assistant for overseeing the quality, claims, and clinical aspects of obstetric services as outlined in the risk assessment tool.	March 2025 – June 2025 – September 2025 –
3 & 6 Month Follow Up		
Goal #3: Medical Director and RMC will create a more definitive plan to identify and reduce obstetric risk.	<ul style="list-style-type: none">• <u>Medical</u> Director and RMC will use the components of this obstetric services risk assessment tool to create a definitive plan to improve the noncompliant and semi-compliant components of the risk assessment findings.• <u>RMC</u> Committee will oversee the development, documentation, training, and implementation of the plan created.	March 2025 – June 2025 – September 2025 –

Q4 RISK MGMT. REPORT



2024 Q4 RISK MANAGEMENT REPORT



CY24 Risk Management Report

CY24 Goals	Baseline	CY24 Activities (What, Who, When)	CY24 Performance
# of Medication Errors			
Goal #1: Reduce medication errors to 0.	CY22 – 7 errors CY23 – 3 errors	<ul style="list-style-type: none"> Implementation of the vaccine administration training and competency checklist, which is reviewed one by one during employee evaluation, and updated by the supervisor annually. Annual vaccine administration training every September organized and facilitated by the Vaccine Coordinator. 	Q1: 0 Q2: 0 Q3: 0 Q4: 1 CY24 Result: 1 Med error in CY24 compared to 3 Med errors in CY23
# of Bluebird responses under 2 Minutes			
Goal #2: Reduce delayed response time for Dr. Bluebird events by 50% year over year.	CY22 – 25% of bluebird incidents w/response time at or longer than 2 min CY23 – 4% bluebird incidents w/response time at or longer than 2 min	<ul style="list-style-type: none"> Clinical staff and Chief Nurse are working to revise the current policy for medical events, that will include training for staff responding to medical events. This is currently in process and should be ready for presentation in Q3. Inspect and verify the crash carts are labeled and stocked with supplies. Mapping of AEDs and <u>provide</u> biannual training for use of AEDs when BLS licenses are renewed. 	Q1: 3/3 response time under 2 min Q2: 1/1 response time under 2 min Q3: 16/17 response time under 2 min Q4: 2/3 response time under 2 min CY24 Result: 22/24 (91.7%) < 2-minute response compared to 96% < 2-minute response in CY23
# of Employee Injuries			
Goal #3: Reduce the number of employee injuries to 0.	1 employee injury in 2022 2 employee injuries in 2023	<ul style="list-style-type: none"> Safety Officer and Security training on Active Shooter and parking lot safety in February of 2024. Director of Facilities and Security and the Safety Officer will organize a way to monitor safety and security on a regular basis by Q3. 	Q1: 0 Q2: 0 Q3: 0 Q4: 1 CY24 Result: 1 Employee injury compared to 2 Employee injuries in CY23

2024 Q4 RISK MANAGEMENT REPORT

# of Incident Reports Completed				
Goal #4: Improve the reporting of actual or potential incidents.	15 total incidents reported in CY22 65 total incidents reported in CY23	<ul style="list-style-type: none">FQHC Administrative Manager to create, implement, and monitor the new Incident Reporting process.FQHC Administrative Manager to create, implement, and monitor the new incident reporting forms.FQHC Administrative Manager to keep statistics of types of incidents being reported, severity of incidents, and the number of incidents.FQHC Administrative Manager to review the findings with the Quarterly Quality, Risk Management, and Credentialing Committee.	<div>20242023</div>	
			Q1: 1516	
			Q2: 129	
			Q3: 2518	
			Q4: 1822	
			CY24 Result: 70 incident reports submitted through Q4 of 2024 compared to 65 incident reports submitted through Q4 of CY23, a 7.7% increase in the number of incidents reported YOY.	
			Dr. Bluebird Medical Event Breakdown:	
			<ul style="list-style-type: none">13/24 (54.17%) were in FQHC<ul style="list-style-type: none">9/13 (69.23%) reported from Fremont FQHC4/13 (30.77%) reported from Decatur FQHC11/24 (45.83%) reported from non FQHC	
			Non-Bluebird Medical Event Breakdown:	
			<ul style="list-style-type: none">20/24 reported in the FQHC (81.82%)<ul style="list-style-type: none">11/20 (55%) reported from Fremont FQHC9/20 (45%) reported from Decatur FQHC<ul style="list-style-type: none">8/9 (88.89%) Decatur FQHC reported from SHC4/24 (18.18%) reported from non-FQHC	

2024 Q4 RISK MANAGEMENT REPORT

Clinical Obstetric Measures				
Goal #5: Implement workflow to track prenatal services and baby birth weights to help mitigate obstetric risks, and ensure appropriate care is received.	CY23 0 prenatal visits/referrals documented CY23 0 newborn birth weights documented	<ul style="list-style-type: none"> Verify eCW documentation requirements to capture data for patients by age who received prenatal visits/referrals by trimester of pregnancy <ul style="list-style-type: none"> UDS Table 6b Sections A & B Verify eCW documentation requirements to capture data for the newborn birthweights (in grams) being documented by race/ethnicity. <ul style="list-style-type: none"> UDS Table 7a - Birthweight FQHC Operations Managers to develop and implement a workflow and process to <ul style="list-style-type: none"> document and track prenatal pts by age and document and track prenatal pts by which trimester their pregnancy is in per UDS requirements document whether SNCHC conducted the prenatal visit or provided the patient with a referral to another provider for prenatal care per UDS requirements. <ul style="list-style-type: none"> Follow up with referred patients to document status of pregnancy, and ensure prenatal, intrapartum, and postpartum care needs are planned. FQHC Operations Managers to develop and implement a workflow and process to document and track newborn birth weights by race, per UDS requirements. Adopt new Pregnancy Intention Screening practices to satisfy new UDS measures. 	**Q1: 1. 0 2. 0 3. 0 4. 0 5. 550 / 1325 – 41.51% **Q2: 1. 34 2. 0 3. 0 4. 0 5. 363 / 897 – 40.5%% **Q3: 1. 10 2. 0 3. 0 4. 0 5. 589 / 1419 – 41.51% **Q4: 1. 11 2. 0 3. 0 4. 0 5. 421/586 – 71.84% **CY24 Results: 1. 55 2. 0 3. 0 4. 0 5. 1,923 / 4,227 – 45.5%	

**KEY

- # of documented eligible pregnant pts by age
- # of documented Pts listed by Trimester of Pregnancy
- # of documented Prenatal visits or prenatal referrals
- # of documented newborn birthweights by race
- # of Pts screened for pregnancy intention vs. Pts eligible for screening

IX. CEO COMMENTS & STAFF REPORTS

RANDY SMITH, CHIEF EXECUTIVE OFFICER - FQHC

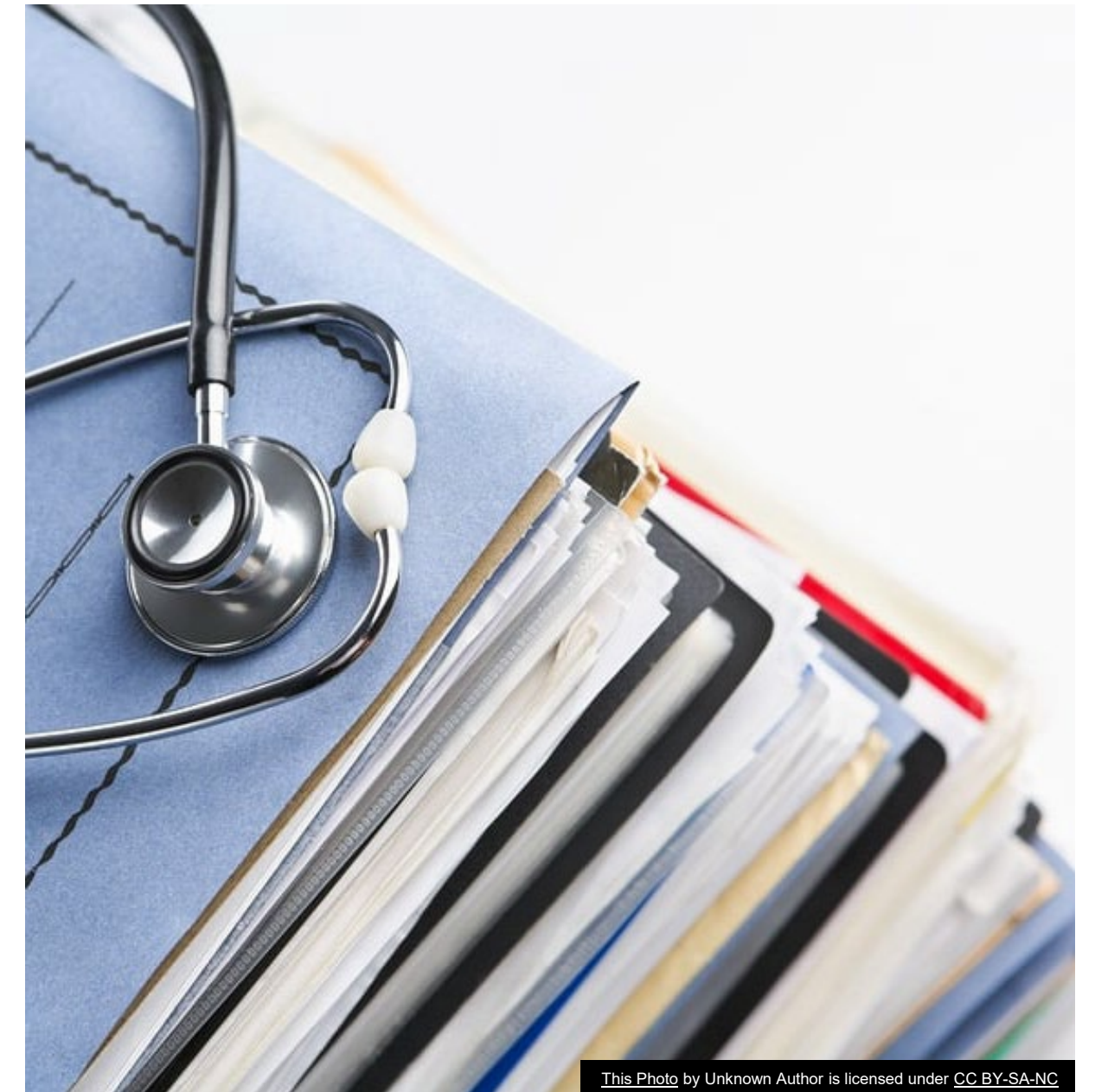
Administrative Update

- Dental clinic at Fremont is on an indefinite hold.
- The HRSA Operational Site Visit (OSV) has been tentatively rescheduled to **4/8/25 – 4/10/25**.
- The HRSA CY24 UDS annual report requested revisions were submitted on 3/6/25.
- The HRSA onsite Behavioral Health Technical Assistance engagement is scheduled for 3/25/25.
- The HRSA CY26 FTCA redeeming process is underway. The application is due in June 2025.
- The Family Planning Title X CY24 FPAR 2.0 report was successfully submitted on 2/24/25.
- The Family Planning Title X site visit is scheduled for September 2025.
- New medical appointment templates will be implemented in April 2025.



Operations Update

- New Appointment Templates – effective April 1st @Decatur & April 7th @Fremont
 - Addressing our high number of No-Shows – 58% in February
 - Add more appointment slots
 - Strategic Books
 - Integration Visits – patients receiving more than one service per day
 - Same Day Appointments and Walk-ins
- Changes to Lunches – effective April 1st @Decatur & April 7th @Fremont
 - Increased access to mid-day appointments
 - Smoother operations
 - Requires good communication
 - Workflows disruptions from unscheduled absences
- Front Office paperless workflow transition work underway.



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Medicaid Growth

- Welcome Letter and New Patient Packet
 - Most members are assigned by their health plan
- Welcome Call – Creating a welcoming experience
 - Proactive outreach
 - Answer questions
 - Set up appointment
- Health Plan Provider Relations
 - Member Rosters – obtaining new members
 - Data tracking: successful appt, provider, empanelment, etc.
- Quality – HEDIS performance metrics
- Patient Satisfaction – retaining patients



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PATIENT WELCOME PACKET

- Official English and Spanish versions coming soon.



APPOINTMENTS

Scheduling Your Appointment

To schedule an appointment, call (702)759-1700, or use the **Patient Portal** or the **Healow App**. We welcome walk-ins and same day appointments.

To help us prepare for your visit and to receive the best treatment plan possible, inform our patient services representatives with the reason for your visit when you schedule.

We will always try to schedule you with your preferred primary care provider. If they are not available, we are happy to schedule you with another provider with your consent.

Before Your Appointment

Have a list or bring with you the medications you are currently taking. This includes any type of herbal supplements, vitamins, or over-the-counter medicine.

To prevent any delays to your appointment or for others, please arrive early for your scheduled appointment time. You should bring any important documents such as a photo ID, insurance card, immunizations records or hospital reports.

During Your Appointment

When you are with a primary care provider, be sure to share your full medical history and inform them of any changes. Bring a list of concerns or questions you would like to discuss.

Telehealth Appointments

As part of our commitment to our patients, SNCHC offers telehealth (video) visits, so that you can be seen by a healthcare provider from the comfort of your home. Please visit www.snchc.org/telehealth for video instructions on how to get started.

If you need to cancel or reschedule your appointment, please give us 24 hours' notice.

Patient Satisfaction

We love hearing from you! Your satisfaction is our biggest goal. We work hard to give our patients a good experience, but if you are not satisfied with your visit for any reason, we invite you to reach out to any staff member to share your concerns.

After each visit, you will receive a patient satisfaction survey through text, email, or portal. We encourage you to answer the survey questions so we can learn how best to improve your experience.

Thank you for choosing the Southern Nevada Community Health Center!



PROGRAMS AND SERVICES

Primary Medical Care for All Ages

Preventative Services
Annual Adult Physical Exams
Childhood Check-ups (Birth to 18 years)

Acute Sick Visits
Cold and Cough Symptoms
Rashes • Sore Throat

Chronic Condition Management
Asthma • Diabetes • High Blood Pressure

Ryan White Care

Medical and supportive services for people living with HIV

Sexual & Reproductive Health

Birth Control
Preconception and Reproductive Health Counseling

Sexually Transmitted Infection Testing and Treatment

Women's Cancer Screening
Basic Infertility Services

Pregnancy Testing and Counseling
HIV Prevention (PrEP and PEP) and Testing

Behavioral Health

Individual and Family Therapy Services
•
Psychiatric Evaluations and Medication Management

Dietitian

Nutrition Assessments, Planning, and Goal Setting

Pharmacy

On-site Pharmacy available for SNCHC patients

•
Offers discounted medications for uninsured patients

•
Offers medication management & counseling services

Hours:

DeCATUR Public Health Center
Monday – Thursday, 7AM – 6PM

Fremont Public Health Center
Tuesday – Friday, 7AM – 6PM

(Please arrive by 5:30 PM to allow time for processing)

For non-emergency services after hours, please call (702) 759-1700.



WELCOME

Dear New Patient,

I want to personally thank you for choosing Southern Nevada Community Health Center as your trusted healthcare provider. We are excited for you to join us, and our team is ready to welcome you as a new patient.

Here at SNCHC, we are committed to providing you an excellent experience while delivering high quality, affordable health care for the whole family. Our care teams include professionals in social work, behavioral health, nutrition, and case management who are available to help you achieve your best overall health.

Our mission is to serve all those in need of a medical home. No patient is ever turned away for inability to pay for services.

SNCHC values are: • Commitment • Accountability • Respect • Excellence • Service

Our purpose is to demonstrate these values to our patients in every interaction.

At SNCHC, we are your health care home. Our care teams will partner with you in your health care, using evidence-based care to address all your health needs.

To schedule your first appointment or for answers to your questions, please contact us at (702) 759 – 1700. We welcome same day appointments and walk-in visits. You may also learn more about us at www.snchc.org.

Thank you again for choosing SNCHC.

Sincerely,

Randy Smith
Chief Executive Officer



DeCATUR Public Health Center
280 S. DeCATUR Blvd., Las Vegas, Nevada 89107

Fremont Public Health Center
2830 E. Fremont St., Las Vegas, Nevada 89104

(702)759-1700 | www.snchc.org



PATIENT PORTAL

Our Patient Portal app lets you take the management of your health care to a new level. Patient Portal is a secure site that allows you to communicate with your care team and access parts of your health record.



On your Patient Portal, you can:

View and Track Appointments

•
View Laboratory and Diagnostic Reports

•
Request Prescription Refills

•
Send Messages to Clinical Staff

•
Update Contact Information

•
View and Request Referrals

•
Connect to a Telehealth (video) visit

Getting started is easy.

1

Start on our website, www.snchc.org. Click "Patient Portal" in the top menu, then click the "Connect to Patient Portal" button. This will take you to the Healow Patient Portal login screen. Follow the prompts.

2

If you received an email and created a password after your first appointment, enter that information. If you have not, you can sign in with the phone number connected to your account and reset your password.

3

Download the Healow app on your smartphone. Use your login and password to connect your Patient Portal to the app. Follow the directions to complete the set-up.

4

Set-up your secure PIN. To securely access your health record, you will be asked to create a personal identification number to verify your identity.

5

Still need help? You are welcome to call us at (702)759-1700 or visit us and a staff member can help you get it set up.



INSURANCES ACCEPTED

At SNCHC, we accept a variety of payment options, including Medicaid, Medicare, commercial/private insurance, and self-payment on a sliding fee scale. If you have any questions, please call us at (702) 759 – 1700, and one of our staff members will be happy to assist you.

Medicaid

- Anthem Blue Cross Blue Shield Medicaid
- Health Plan of Nevada Medicaid
- Molina Healthcare of Nevada Medicaid
- Nevada Medicaid Nevada Checkup
- SilverSummit Healthplan Medicaid

Medicare

- Medicare (Part A)
- Medicare Railroad

Medicare Advantage

- Aetna Medicare Advantage
- Anthem Blue Cross Blue Shield Medicare Advantage

Commercial

- Aetna
- Anthem Blue Cross and Blue Shield
- Cigna
- Culinary Health Fund
- Health Plan of Nevada
- Hometown Health
- Intermountain/SelectHealth
- Multiplan
- Nevada Preferred Healthcare Providers
- Prominence Health plan
- Sierra Health and Life
- UnitedHealthcare
- UnitedHealth Military & Veterans Services (Tricare)
- UMR

Uninsured

- Self-pay
- We offer a sliding fee scale discount for those who qualify. No patient is denied service for inability to pay.

PROVIDER VISITS BY PROGRAM AND SITE

Facility	Program	FEB '25	FEB '24	FEB YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	678	465	31%	4,314	3,168	27%
Fremont	Family Health	392	343	13%	2,477	1,429	42%
Total	Family Health	1,070	808	24%	6,791	4,597	32%
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Fremont	Sexual Health	172	36	79%	905	50	
ASEC	Sexual Health		124		113	999	
Total	Sexual Health	704	757	-8%	4,563	5,606	-23%
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Fremont	Ryan White	14	13		156	25	
Total	Ryan White	245	224	9%	1,829	1,751	4%
FQHC Total		2,640	2,145	19%	17,048	14,711	14%

Nevada Health Centers Board of Directors

Policy Update

March 18, 2025

**Presented by:
Steven Messinger
Policy Director**



Overview

- Introduction
- Federal Issues
- Nevada Legislature
- Questions



Introduction

- PCAs

- State/Regional nonprofits funded by HRSA to provide training and technical assistance to safety net providers, e.g. health centers
- Create economies of scale for health centers
- Maximize the federal Section 330 investments in states
- **Assess and monitor the policy and regulatory environments**
- Assist health centers in adapting to changing demands from an evolving health care environment.



Introduction

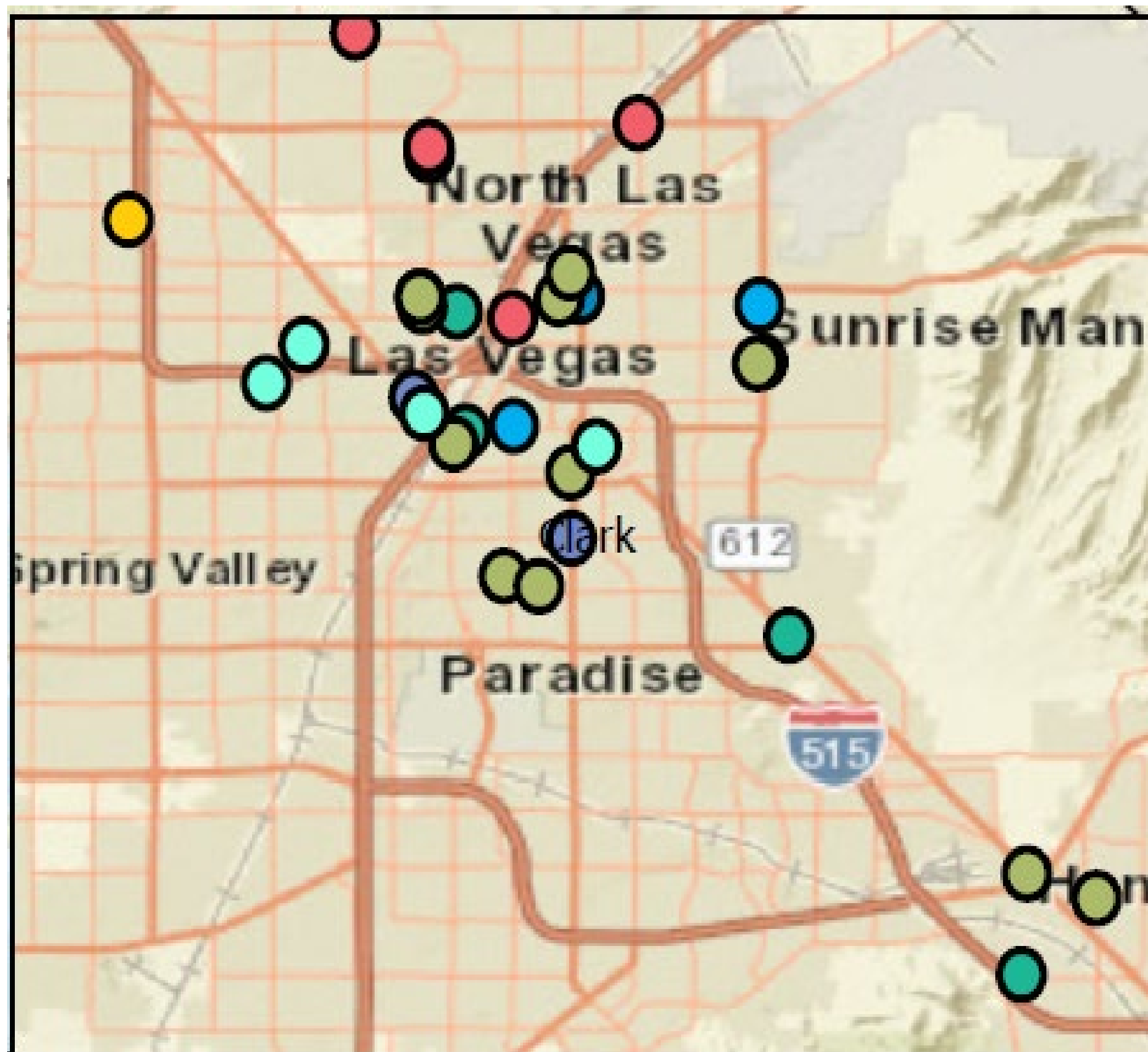
Organizational Members

- Aghaby Comprehensive Community Health Center
- All For Health, Health For All, Inc
- Canyonlands Healthcare
- Community Health Alliance
- FirstMed Health and Wellness Center
- First Person Care Clinic
- Hope Christian Health Center
- Nevada Health Centers, Inc
- Nevada Urban Indians, Inc.
- Northern Nevada HOPES
- Safe Harbor Medical
- Southern Nevada Health District
- Washoe Tribal Health Center

Associate Members

- American Cancer Society
- American Heart Association
- Bridge Counseling Associates (CCBHC in Las Vegas)
- The Center - The LGBTQIA+ Community Center of Southern NV
- Cleveland Clinic - Lou Ruvo Center for Brain Health
- Go East Medical Services (GEMS)
- Office of Statewide Initiatives
- Planned Parenthood Votes Nevada
- Roseman University of Health Sciences
- Silver Springs Hospital District





Health Center Name

- Aghaby Comprehensive Community Health Center
- All for Health, Health for All
- Canyonlands Community Health Care
- Community Health Alliance
- First Person Care Clinic
- Firstmed Health and Wellness Center
- Hope Christian Health Center
- Nevada Health Centers
- Northern Nevada HOPES
- Safe Harbor Medical
- Southern Nevada Health District
- Tri-State Community Health Center
- Washoe Tribal Health Center

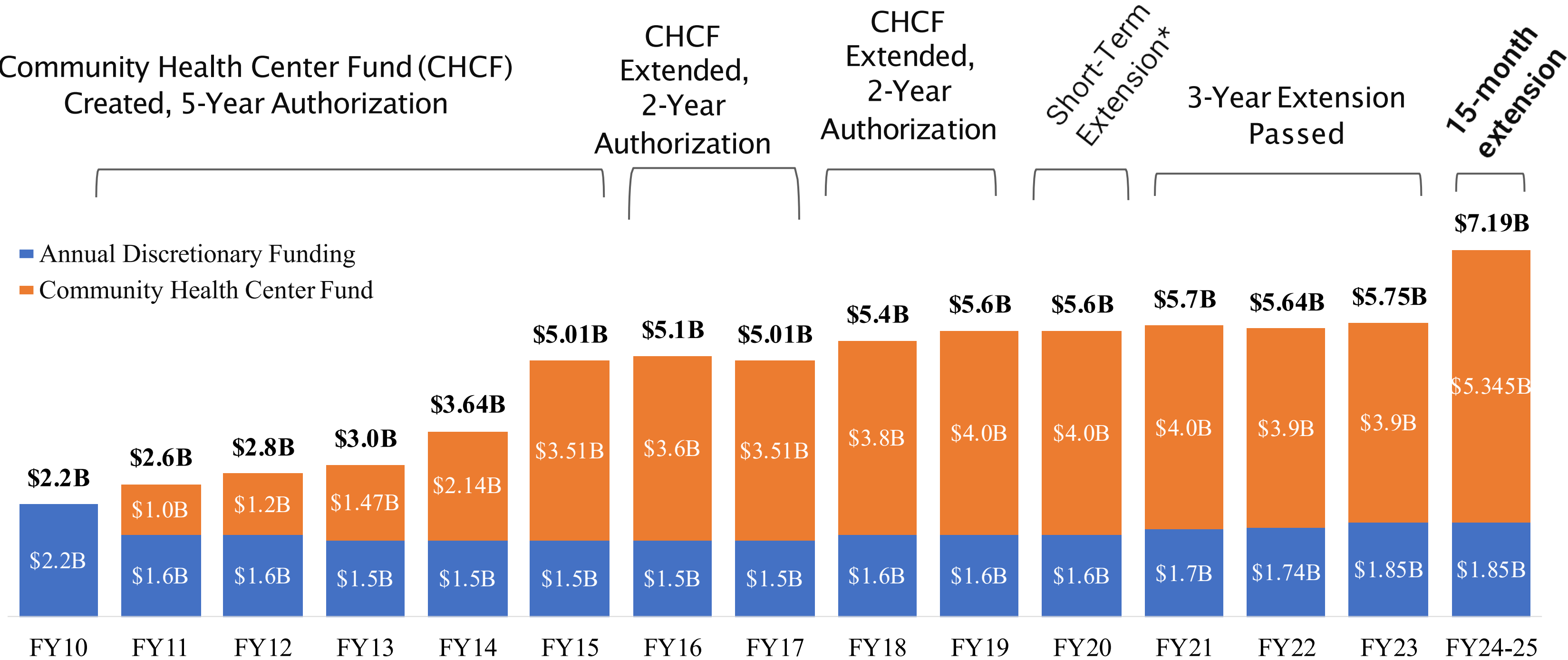


Federal Issues

- Two sources fund the federal health center program
 - Discretionary funding makes up about 30% and must be appropriated every year
 - Mandatory funding makes the other 70% and is typically for several years
 - *though it sometimes September be funded retroactively forcing us to ask again in consecutive years
- Both extended this past Friday through September, 2025



Federal Health Center Appropriations History



B = Billions.
*Includes Continuing Resolutions and Health Extender Legislation; Health center mandatory funding for FY20 and the first quarter of FY21 was not the result of a full reauthorization of the Community Health Center Fund (CHCF), but was covered by a collection of short-term extensions of the previous authorization of the CHCF which occurred in 2018 and initially expired on September 30, 2019. Three-year extension passed in December 2020 provides funding through October 2023. FY23 mandatory funding reflects approximately \$95 million reduction due to sequestration. FY24 – 15-month extension only for base funding. Source: Federal appropriations are for consolidated health centers under PHSA Section 330. Federally-funded health centers only.

Federal Issues

- 340B

- Discount drug program that provides an estimated 16% more revenue than the federal health center grant
- Health centers supposed to be able to purchase drugs at low cost and be reimbursed at normal cost
- Insurers and pharmacy benefit managers are trying to capture this revenue, i.e. by paying a lower reimbursement
- Manufacturers are putting up barriers to prevent their profits from going to other parties
- Courts have determined that HRSA has no enforcement power
- Needs Congressional action, but not expected in this Congress



Federal Issues--Medicaid

Patient Revenue

25%	56,273,647	Medicaid	<u>Total Revenue per Patient by Payor, 2023</u>	
			Medicaid	\$1,246.73
18%	41,510,849	Private	Medicare	\$2,615.49
11%	23,947,426	Medicare	Private	\$1,536.87
2%	5,071,900	Other Public	Uninsured	\$141.37
<u>2%</u>	4,977,171	Self Pay		
58%				



Federal Issues

- Executive Orders
 - DEI, Gender affirming care, Climate resilience, Undocumented immigrants
 - All of the immediate legal implications of these orders are paused, however, grantees are advised to get these activities out of their workplans
 - Expect the possibility of having to comply with these orders as a condition of your federal grant
 - Some interpretations indicate that using “program income” from payers could still be unallowable as part of the grant project



Nevada Legislature

- NVPCA supporting a bill to require manufacturers to continue distributing 340B drugs to contract pharmacies
 - Bill Draft Request (BDR) approved by Interim Commerce and Labor in August meeting
 - Working with members, allies, and legislators to be ready when the bill is drafted
 - Our 340B bill didn't come out until March 27, 2023!!



Nevada Legislature

- Primary Care Provider Training Program
 - Seeking to establish a grant to facilitate Graduate Medical Education accreditation in community health centers
 - Follows Arizona model which gets a federal match through Medicaid
 - [SB40](#) Creates the Medicaid Health Care Workforce Account which will allow for appropriations to be matched
 - [SB262](#) Moves GME administration from the Office of Science and Innovation to DHHS



Questions



Steven Messinger
smessinger@nvtpca.org



Legislative Update

March 18, 2025

Emma Rodriguez

Communications and Legislative Affairs Administrator
Southern Nevada Health District

First House Bill Hearings

- [AB315](#) - Requires applications to participate in Medicaid as a provider to be notarized. (Medicaid)
- [AB269](#) - Revises provisions relating to education. (Health Care Workforce)
- [AB186](#) - Revises provisions governing pharmacists. (Pharmacy)
- [SB188](#) - Establishes procedures to assist certain persons with limited English proficiency in accessing health care in certain circumstances. (Language Access)
- [SB250](#) - Revises provisions relating to health care records. (Electronic Health Records)

MEMORANDUM

Date: March 18, 2025

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, Chief Executive Officer, FQHC *RS*
Cassius Lockett, PhD, District Health Officer *CL*

Subject: Community Health Center FQHC Operations Officer Report – February 2025

Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

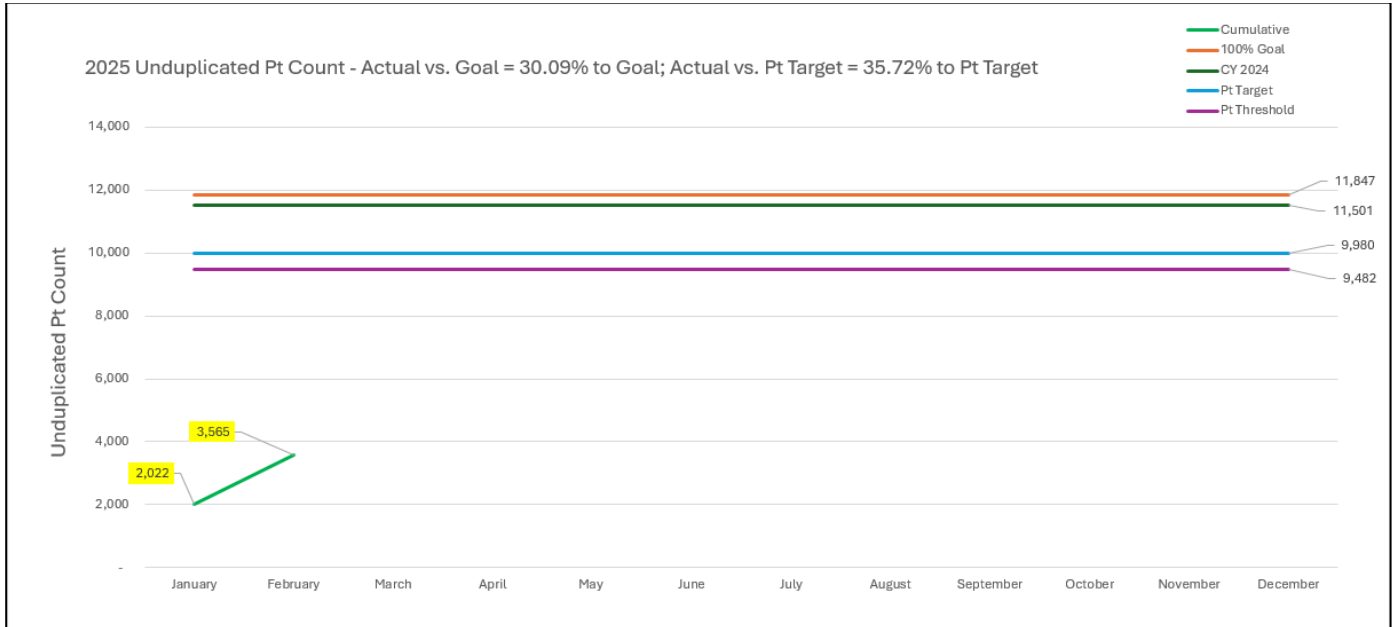
February Highlights

Administrative

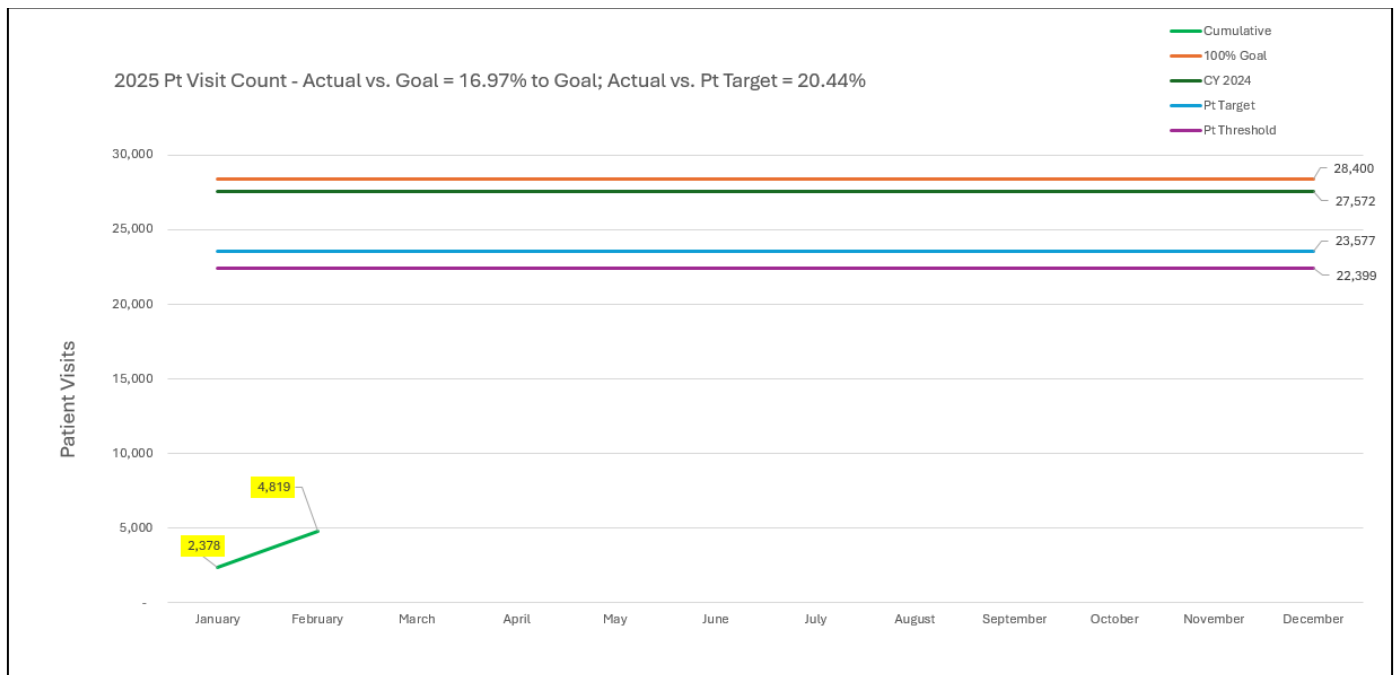
- The HRSA Operational Site Visit (OSV) scheduled for 2/25/25 – 2/27/25 has been postponed. New review dates will be communicated by HRSA.
- The HRSA CY24 UDS annual report requested revisions were submitted on 3/6/25.
- The HRSA onsite Behavioral Health Technical Assistance engagement is scheduled for 3/25/25.
- The HRSA CY26 FTCA redeeming process is underway. The application is due in June 2025.
- The Family Planning Title X CY24 FPAR 2.0 report was successfully submitted on 2/24/25.
- The Family Planning Title X site visit is scheduled for September 2025.
- New medical appointment templates will be implemented in April 2025.
- One health center employee, a Community Health Worker was recognized as SNHD's March employee of the month.

Access

Unduplicated Patients – February 2025



Patient Visits Count – February 2025



Provider Visits by Program and Site – February 2025

Facility	Program	FEB '25	FEB '24	FEB YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
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FQHC Total		2,640	2,145	19%	17,048	14,711	14%

Pharmacy Services

	Feb-24	Feb-25		FY24	FY25		% Change YOY
Client Encounters (Pharmacy)	1,358	1,478	↑	10,832	11,287	↑	4.2%
Prescriptions Filled	2,018	2,538	↑	15,21	18,842	↑	23.9%
Client Clinic Encounters (Pharmacist)	28	71	↑	242	482	↑	99.2%
Financial Assistance Provided	14	47	↑	135	271	↑	100.7%
Insurance Assistance Provided	2	19	↑	46	87	↑	89.1%

- A. Dispensed 2,538 prescriptions for 1,478 clients.
- B. Pharmacist completed 71 client clinic encounters.
- C. Assisted 47 clients to obtain medication financial assistance.
- D. Assisted 19 clients with insurance approvals.

Family Planning Services

- A. The Family Planning program access was up 41% in February and is up 21% year-over-year. Program team administrators and clinical staff are currently engaged in a quality improvement project to increase access to care with the aim of simplifying the scheduling process and reducing waste in the appointment schedules. New appointment templates will be implemented next month.

- B. The program is going through a rebranding process to increase access to care to those most in need and provide more comprehensive sexual health services. This rebranding includes redefining the program as a provider of sexual and reproductive health services. Health center providers are receiving Family Planning specific training to support this transition.
- C. The program is scheduled for a comprehensive site visit and audit of program compliance in September 2025. Work to prepare for the audit is under way.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 79 referrals between February 1st and February 28th. There were three (3) pediatric clients referred to the Medical Case Management program in February and the program received three (3) referrals for pregnant women living with HIV during this time.
- B. There were 670 total service encounters in the month of February provided by the Ryan White program Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 361 unduplicated clients served under these programs in February.
- C. The Ryan White ambulatory clinic had a total of 448 visits in the month of February: 29 initial provider visits, 184 established provider visits including 9 tele-visits (established clients). There were 24 nurse visits and 211 lab visits. There were 61 Ryan White services provided under Behavioral Health by the licensed mental health providers and the Psychiatric APRN during the month of February with 49 unduplicated clients served. There were 20 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in February.
- D. The Ryan White clinic continues to provide Rapid StART services, with a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were 12 patients seen under the Rapid StART program in February.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC Sexual Health Clinic (SHC) provided 1,326 encounters to 851 unduplicated patients for the month of February. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- B. The SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the Sexual Health and Outreach Prevention Program (SHOPP) on the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services. The SHC refers pregnant patients with syphilis and patients needing complex STI evaluation and treatment to SHOPP for nurse case management services.
- C. SHC staff continue to be ready to see patients for Mpox evaluation and referral for vaccine.
- D. SHC providers and the clinical support team attended Diabetic Management training.

E. Refugee Health Program (RHP)

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

Client required medical follow- up for Communicable Diseases	-
Referrals for TB issues	8
Referrals for Chronic Hep B	1
Referrals for STD	1
Pediatric Refugee Exams	27
Clients encounter by program (adults)	44
Refugee Health Screening for February 2025	71
Total for FY24-25	503

Eligibility and Insurance Enrollment Assistance

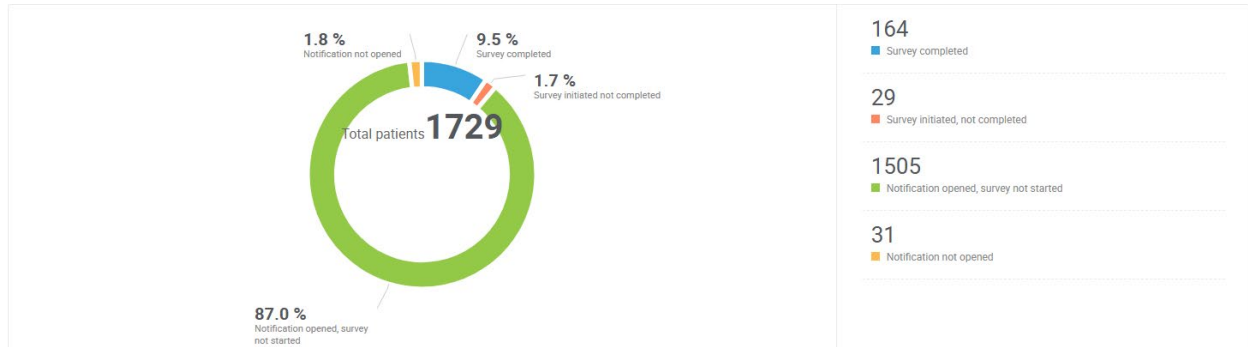
Patients in need of eligibility assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of support.

Patient Satisfaction: See attached survey results.

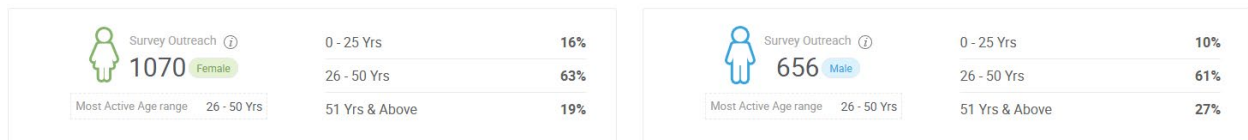
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

Southern Nevada Community Health Center Patient Satisfaction Survey – February 2025

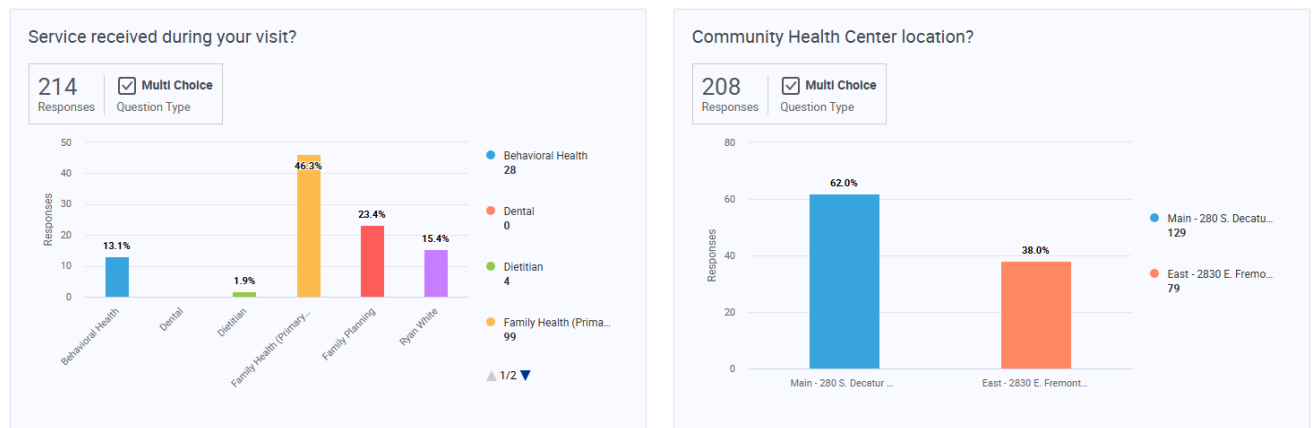
Overview



Gender



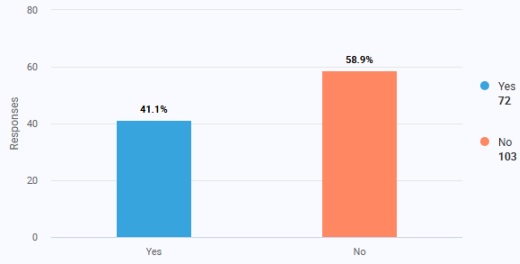
Service and Location



Provider, Staff, and Facility

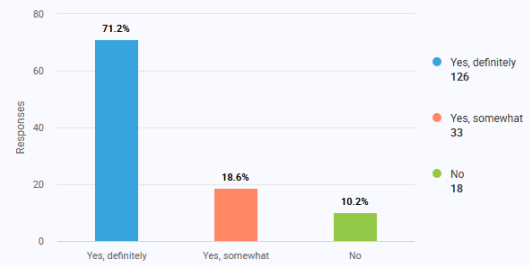
Was your most recent visit for an illness, injury or condition that needed care right away?

175 Responses ☒ Multi Choice Question Type



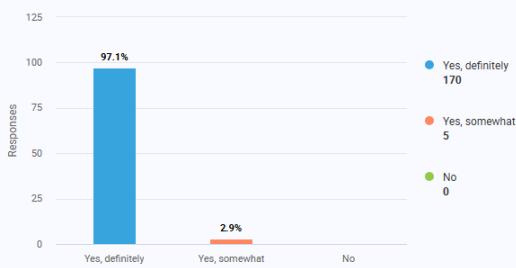
Was the recent visit as soon as you needed?

177 Responses ☒ Multi Choice Question Type



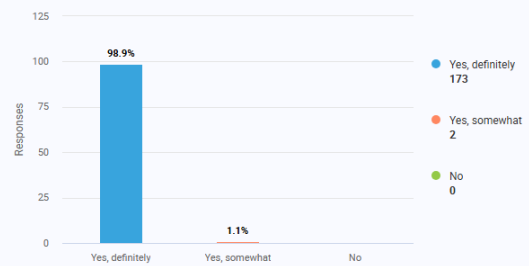
During your most recent visit, did this provider explain things in a way that was easy to understand?

175 Responses ☒ Multi Choice Question Type



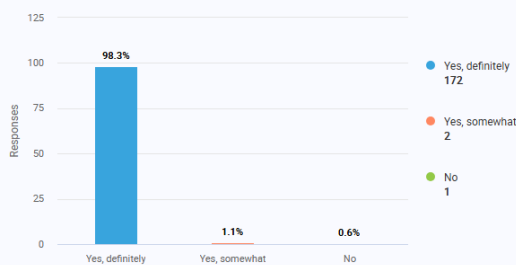
During your most recent visit, did this provider listen carefully to you?

175 Responses ☒ Multi Choice Question Type



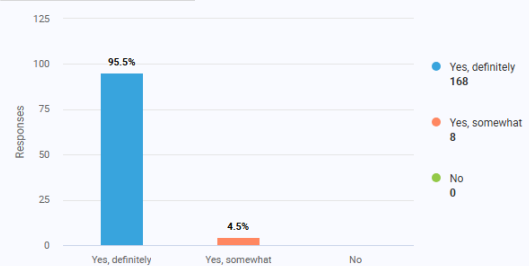
During your most recent visit, did this provider show respect for what you had to say?

175 Responses ☒ Multi Choice Question Type



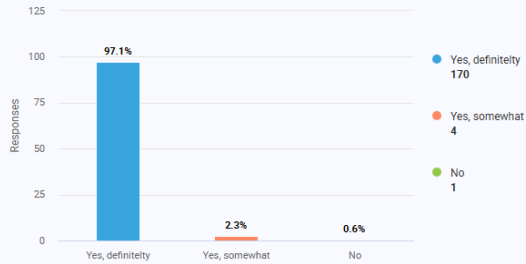
During your most recent visit, did this provider spend enough time with you?

176 Responses ☒ Multi Choice Question Type



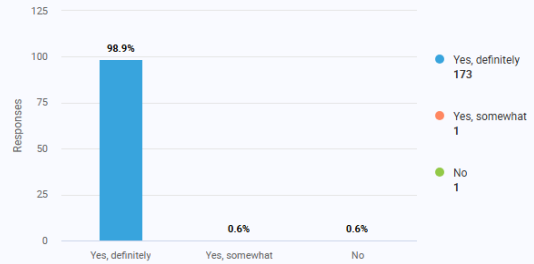
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

175 Responses ☒ Multi Choice Question Type



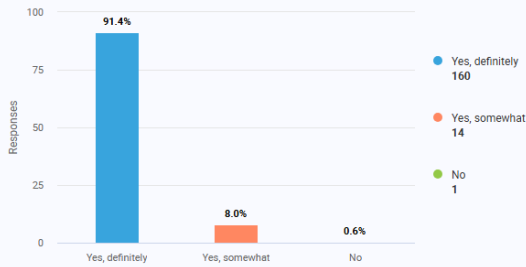
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

175 Responses ☒ Multi Choice Question Type



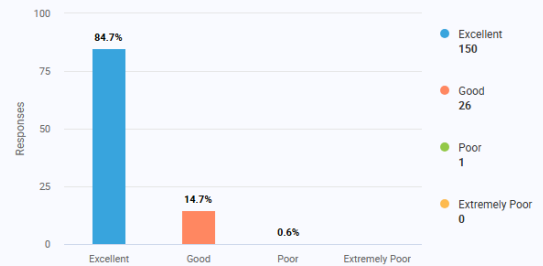
Thinking about your recent visit, was it easy to schedule an appointment?

175 Responses ☒ Multi Choice Question Type



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

177 Responses ☒ Multi Choice Question Type



How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?

177

Responses

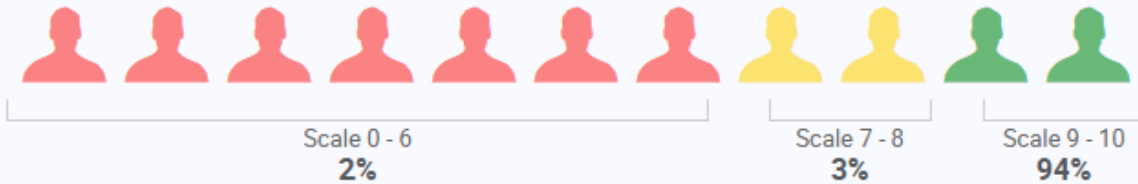
123

Numbers

Question Type

92

Net Promoter Score (NPS)



4

Scale 0 - 6

6

Scale 7 - 8

167

Scale 9 - 10

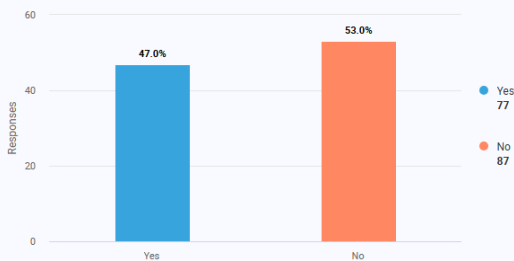
General Information

Do you have health insurance?

164

Responses

☒ Multi Choice
Question Type



How did you hear about us?

167

Responses

☒ Multi Choice
Question Type

