

## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

May 20, 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  
Erin Breen  
Ashley Brown  
Scott Black  
Blanca Macias-Villa  
Jose L. Melendrez  
David Neldberg

#### ABSENT:

Sara Hunt, Second Vice Chair  
Luz Castro  
Marie Dukes

#### ALSO PRESENT

#### LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

#### CHIEF EXECUTIVE OFFICER:

Randy Smith

#### STAFF:

Adriana Alvarez, Emily Anelli, Tawana Bellamy, Todd Bleak, Andria Cordovez Mulet, Tabitha Johnson, Sabine Kamm, Ryan Kelsch, Cassius Lockett, Cassondra Major, Bernadette Meily, Kimberly Monahan, Luann Province, Yin Jie Qin, Wei Ren, Kim Saner, Felicia Sgovio, 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 2:31 p.m., with roll call postponed.

#### II. PLEDGE OF ALLEGIANCE

#### III. RECOGNITION

##### 1. Southern Nevada Health District – May Employees of the Month

- Yolanda Villalobos
- Christopher Cooper

The Governing Board recognized Yolanda Villalobos, Medical Assistant and Christopher Cooper, Community Health Worker I, as the Southern Nevada Health District's May Employees

of the Month. Ms. Bellamy read an excerpt of their nominations into the record. On behalf of the SNCHC Governing Board, the Chair congratulated Ms. Villalobos and Mr. Cooper.

Heard out of order.

#### **ROLL CALL**

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.

#### **IV. OATH OF OFFICE**

Ms. Bellamy administered the Oath of Office to Member Neldberg.

- V. 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.

#### **VI. ADOPTION OF THE MAY 20, 2025 MEETING AGENDA** *(for possible action)*

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

*A motion was made by Member Melendrez, seconded by Member Neldberg, and carried unanimously to approve the May 20, 2025, meeting agenda, as presented.*

- VII. 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:** April 15, 2025 *(for possible action)*
- 2. Approve Updates to CHCA-017 Ongoing Professional Practice Evaluation – Peer Review Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approve the Renewal of Privileges for Providers;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
  - Todd Bleak, Pharmacy Services Manager
  - Rithy Khim, Clinical Pharmacist

*A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve the Consent Agenda, as presented.*

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

### **1. Review, Discuss and Approve the Updates to CHCA-028 Credentialing and Privileging Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, Chief Executive Officer, provided an overview of the updates made to the CHCA-028 Credentialing and Privileging Policy. The revisions were discovered during the HRSA Operational Site Visit (OSV). Mr. Smith shared the revisions pertain to the documentation we collect and review that relate to Other Clinical Staff, like medical assistants, and community health workers.

Mr. Smith advised he would talk about the Credentialing and Privileging Policy again during his comments. Mr. Smith shared that other things were learned during the OSV preparation that will simplify how the work gets done. Mr. Smith further shared the changes are in response to HRSA OSV findings and that the draft policy has been submitted to HRSA to demonstrate we have made the changes that were identified during the site visit.

The Chair called for questions and there were none.

*A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve Updates to CHCA-028 Credentialing and Privileging Policy, as presented.*

### **2. Review, Discuss and Approve the Sexual and Reproductive Health Clinical Protocols;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Robin Carter, Chief Medical Officer/Medical Director presented the Sexual and Reproductive Health Clinical Protocols and advised the protocols describe every service provided in family planning under Title X.

The Chair called for questions and there were none.

*A motion was made by Member Melendrez, seconded by Member Breen, and carried unanimously to approve the Sexual and Reproductive Health Clinical Protocols, as presented.*

### **3. Review, Discuss and Accept the CY25 First Quarter Risk Assessment;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dr. Carter presented the CY25 First Quarter Risk Assessment. The tool used for the risk assessment was called ECRI Managing Risks in Ambulatory Care: Clinical Management. Dr. Carter advised that quarterly risk assessments are required for FTCA deeming. Dr. Carter shared that over one hundred different aspects of the ambulatory assessment tool were reviewed to find areas where we may have risk and may need to adjust to help lower our risk.

Dr. Carter further shared the four areas of focus were medication safety, health information management, quality improvement and risk management. Dr. Carter shared the action plan of corrections to the findings in the four areas of focus.

Further to an inquiry from Member Breen, Dr. Carter shared that a near miss is an event that could have happened but was caught before it happened and before any harm is done to a patient.

The Chair called for any additional questions and there were none.

*A motion was made by Member Melendrez, seconded by Member Black, and carried unanimously to accept the CY25 First Quarter Risk Assessment, as presented.*

**4. Review, Discuss and Accept the CY25 First Quarter Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Felicia Sgovio, Quality Management Coordinator, presented CY25 First Quarter Risk Management Report. Ms. Sgovio provided a brief summary of the CY25 First Quarter Risk Assessment, sharing that with the first quarter risk assessment completed the health center is 100 percent compliance.

Ms. Sgovio further provided an overview of the first quarter incident reporting and peer reviews. The FTCA requires the health center to track the quantity and level of severity of all incidents. Ms. Sgovio shared there were 70 incidents in CY24. In the first quarter of 2025 there were 18 incidents reported, zero were sentinel events and one was high risk. Of the 18 incidents, five required root cause analysis and follow up. Ms. Sgovio further shared the average score of the provider peer reviews completed in the first quarter, which was 95%, and the threshold is 85%.

Ms. Sgovio provided an overview of the compliance for FTCA required annual training. Ms. Sgovio shared that all clinical staff must participate in the five required trainings. At the end of the first quarter, 88.1 percent of the health center's clinical staff completed the annual training required for FTCA. Ms. Sgovio further shared that the risk manager also is required to take two FTCA risk-related training each year and those trainings have been completed.

Ms. Sgovio shared the first quarter risk and patient safety activities with the following highlights:

- Patient satisfaction score averaged 98%.
- Two grievances filed and resolved.
- No pharmacy packaging and labeling errors.
- No HIPAA breaches.
- 41.51% of patients eligible for Pregnancy Intention Screening were screened.
- No pregnant patients have documentation of which trimester they were in when first seen.
- No SNCHC patient who have had a baby this year have birthweight/race data documented for their newborn.
- 97% of LIP/OLCPs were credentialed at the end of the first quarter.

Ms. Sgovio further shared there were no claims reported or filed in the first quarter of 2025.

Member Melendrez commented that the numbers look good.

The Chair called for any additional questions or comments and there were none.

*A motion was made by Member Melendrez, seconded by Member Breen, and carried unanimously to accept the CY25 First Quarter Risk Management Report, as presented.*

**5. Review, Discuss and Accept the First Quarter FQHC Clinical Performance Measures;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Sgovio presented the First Quarter FQHC Clinical Performance Measures, covering prevention, chronic disease, and maternal and childhood health. Ms. Sgovio reviewed the 2025 year-to-date clinical performance measures against the 2024 results and their targets which are from Healthy People 2030. The red numbers on the charts indicate areas that did not meet the goal, though there may still have been year-over-year improvements. Ms. Sgovio also highlighted that HIV Screening, HIV Linkage to Care, and Ischemic Vascular Disease (IVD) - Use of Aspirin or another Antiplatelet all met or surpassed their targets.

Ms. Sgovio advised of maternal and childhood clinical measures, noting a limited amount of available data. The health center is actively working to capture more information in this area. A key challenge to data collection is the absence of both dental as a specialty and an obstetrics provider at the health center.

Ms. Sgovio reviewed the 2023-2024 focus measures and explained that the 2025 measures are being re-evaluated. This is because one of the health center's strategic goals is to pursue Patient-Centered Medical Home (PCMH) accreditation. A requirement for this includes selecting five clinical quality measures across different categories, and the team is currently identifying quality improvement projects.

Ms. Sgovio shared that after the HRSA OSV and the UDS report, the staff discussed the following:

What is working well:

- Integrated care
- Quality Improvement work contributing to year-over-year improvements.

Areas of Opportunity:

- Standardization (workflow)
- Data validation
- Capture more data in the maternal and childhood space.

Next Steps:

- Review and validate data in Azara.
- Improve workflows and increase visits/month.

The Chair called for questions or comments and there were none.

Mr. Smith commented that he was excited to have Ms. Sgovio and Dr. Carter. Our ability to make meaningful progress in the clinical performance measure, hinges on leader focusing on the work. Mr. Smith reminded the board that this information gets reported in the annual UDS report.

The Chair called for further questions or comments and there were none.

*A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to accept the First Quarter FQHC Clinical Performance Measures, as presented.*

**6. Review, Discuss and Accept the First Quarter Patient Satisfaction Results;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Sgovio presented the First Quarter Patient Satisfaction Results, providing an overview of the year-over-year patient response rates from January 2023 to March 2025. Ms. Sgovio noted a difference in response rates between 2023 and 2025 due to a software change in 2023, making 2024 the first full year of data with the new software.

Ms. Sgovio further reviewed patient responses to survey questions in the following areas:

- Service, location and visit.
- Provider
- Staff, scheduling, and facilities
- Net Promoter Score and comments

Ms. Sgovio explained that the Net Promoter Score (NPS), which measures how likely patients are to recommend the health center to others, is comparable to scoring at other organizations. Patients rate their likelihood on a scale of one to ten, with ten being the best. The health center achieved an NPS of 90, equivalent to an "A" grade. Ms. Sgovio added that patients are encouraged to provide written feedback or suggestions at the end of every survey.

*A motion was made by Member Melendrez, seconded by Member Black, and carried unanimously to accept the First Quarter Patient Satisfaction Results, as presented.*

**7. Receive, Discuss and Accept the March 2025 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 March 2025 year to date financial report, unaudited results as of March 31, 2025.

**Revenue**

- General Fund revenue (Charges for Services & Other) was \$26.24M compared to a budget of \$24.72M, a favorable variance of \$1.52M.
- Special Revenue Funds (Grants) were \$4.99M compared to a budget of \$6.10M, an unfavorable variance of \$1.11M.
- Total Revenue was \$31.23M compared to a budget of \$30.82M, a favorable variance of \$404K.

**Expenses**

- Salary, Tax, and Benefits were \$10.40M compared to a budget of \$10.61M, a favorable variance of \$216K.
- Other Operating Expense was \$20.94M compared to a budget of \$20.93M, an unfavorable variance of \$13K.
- Indirect Cost/Cost Allocation was \$5.97M compared to a budget of \$6.36M, a favorable variance of \$393K.
- Total Expense was \$37.31M compared to a budget of \$37.91M, a favorable variance of \$597K.

**Net Position:** was negative \$6.08M compared to a budget of negative \$7.08M, a favorable variance of \$1.0M.

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

- All Funds/Divisions by Type
- 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. The patient encounters for FY2025 were 28,777 compared to this time last year at 21,531. This is a 31 percent growth year over year. Ms. Whitaker also provided an overview of the month-to-month comparison, year-to-date revenues, and expenses by department and by type.

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

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

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

Member Melendrez shared that the Nevada Minority Health and Equity Coalition (NMHEC), where he conducts health equity work as part of his role at the UNLV School of Public Health, will be changing its name. This change comes because the organization was identified as violating DEI (Diversity, Equity, and Inclusion) principles. Member Melendrez stated that NMHEC will continue its health equity work as much as possible within guidelines.

Member Breen shared that PEDSAFT is hosting a pedestrian forum on May 28, 2025, from 8:30 a.m. – 12:30 at Select Health Conference Room, 6795 South Agilysys Way, Suite 110. They will be looking at community ways to solve our vulnerably road user problems. It is p.m. at. If any is interested in attending, information is available at <https://pedsafe.vegas/forum25>.

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

- CEO Comments

Mr. Smith reported on funding, noting that the health center is actively monitoring potential changes to Title X, Family Planning, and some aspects of the Ryan White program. Staff are working to understand the potential implications for the Ryan White program. The base FQHC grant appears to be stable with flat funding, which supports the program. The team continues to be cautious and conservative with spending.

**Governing Board Updates**

Mr. Smith reported that the SNCHC Bylaws have been reviewed and updated and will be presented to the board in June for final review and approval.

Mr. Smith also addressed Credentialing and Privileging authority, citing HRSA Compliance Manual Chapter 5 (Clinical Staffing), which states that the health center determines who has

approval authority. Mr. Smith outlined the current process with human resources and the medical director or designee, which includes SNCHC board approval. The current process does not allow staff and the board to have a conversation if there is a need to discuss a discrepancy or judgement call. Mr. Smith shared that conversations like these would not be discussed in a public setting and our current framework does not allow a closed session. HRSA has given us the ability to forego the board's approval.

Mr. Smith's recommendation is to revise the Credentialing and Privileging policy to remove the Governing Board approval requirement and allow the approval to rest with the health center and staff performing that work. Mr. Smith shared that the board's responsibility would continue to be the policy aspect.

Further to an inquiry from Member Melendrez regarding loss of funding from HRSA, Mr. Smith shared the closes thing that would approximate any funding loss would in Title X, which does not actually come from HRSA, it comes from another entity within the Department of Health and Human Services. Mr. Smith further shared the health center received a six-month grant that would take the center through September and not for the full year.

Further to an inquiry from Member Melendrez, Mr. Smith shared that Nevada Primary Care Association continues to be our primary conduit for connecting with our legislators to make sure our case is well heard at the federal and state level.

Chair Feliz-Barrows commented that there should be something in the bylaws that state the board can go into a closed session if it needs to. Mr. Smith advised that he would work with general counsel to look at the Chair's request for closed sessions added to the bylaws.

Further to an inquiry from Member Breen, Mr. Smith shared that a change to the bylaws does not need to be done now.

Mr. Smith advised that a change to the Credential and Privileging policy will also necessitate revising the Quality, Credentialing & Risk Management Committee.

#### **Administrative Update**

Mr. Smith reported on the recent HRSA Operational Site Visit (OSV) conducted on April 8-10, 2025, yielded six compliance findings, which the health center has successfully through corrective action submitted on April 30, 2025, and May 7, 2025.

Mr. Smith highlighted positive outcomes from the district-wide Organizational Vital Signs survey, noting this is the third consecutive year it has been used. The 2025 results show positive progress in employee engagement, specifically across all "climate drivers" (such as motivation, trust, and teamwork) and performance outcomes (including retention and productivity) compared to 2024. Mr. Smith noted ongoing initiatives to foster employee engagement, such as an employee-led committee, CEO-led orientations for new staff, and regular employee recognition programs.

Mr. Smith stated there are seven vacant positions currently under a district-wide recruitment freeze. However, recruitment is underway for a new clinical staff physician for the Fremont location.



Mr. Smith mentioned efforts to refine outreach and in-reach workflows and reporting, covering aspects like newly assigned members and care gap closures.

Mr. Smith commented that a new Medicaid dashboard report has also been developed and will be a recurring feature in future monthly board reports.

Further to an inquiry from Member Coca, regarding a baby shower held at the health district, were those invited patients of the health center. Mr. Smith shared that the event was hosted by the Primary and Preventative Care division within the health district. The health center did have a table at the event and noted those are the opportunities the health center tries to take advantage of.

Mr. Smith further advised of the Unduplicated Patient & Patient Visits for April 2025. Noting HRSA Annual Goal of 9,980 unduplicated patients.

- Visits: 3,188
- New Patients: 674
- Unduplicated Patients: 2,535

Mr. Smith shared there was a 21 percent year-over-year increase in Site and Program visits as of April 2025.

|            | APR '25 | APR '24 | APR<br>YoY % | FY25 YTD | FY24 YTD | FY YTD<br>YoY% |
|------------|---------|---------|--------------|----------|----------|----------------|
| FQHC Total | 3,188   | 2,524   | 21%          | 23,046   | 19,273   | 16%            |

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

**XI. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) April 2025 Monthly Report

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

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

**XIII. ADJOURNMENT**

The Chair adjourned the meeting at 3:44 p.m.

Randy Smith  
Chief Executive Officer - FQHC

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