

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

August 19, 2025, 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
Scott Black
Erin Breen
Ashley Brown
Luz Castro
Marie Dukes
Jose L. Melendrez
David Neldberg

ABSENT:

Blanca Macias-Villa

ALSO PRESENT

LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

CHIEF EXECUTIVE OFFICER:

STAFF:

Tawana Bellamy, Jason Agudo, Emily Anelli, Jocelyn Arquette, Todd Bleak, Donna Buss, Perrell Brown, Owen Harold, Rich Hosey, Sarah Humphreys, Cassondra Major, Bernadette Meily, Andria Cordovez Mulet, Marites Navarro, Emma Rodriguez, Justin Tully, Henry Blackburn, Luann Province, Cassius Lockett, Valerie Herzog, Ryan Kelsch, Kim Saner, Felicia Sgovio, Ronny Soy, Lourdes Yapjoco, 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 2:32 p.m. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. Southern Nevada Health District – August Employees of the Month

- Marites Navarro

The Governing Board recognized Marites Navarro, a Community Health Nurse II, as one of two Southern Nevada Health District's August Employees of the Month. Ms. Bellamy read an excerpt of her nomination into the record. On behalf of the SNCHC Governing Board, the Chair congratulated Ms. Navarro.

- 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.

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.

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

- V. ADOPTION OF THE AUGUST 19, 2025 MEETING AGENDA** *(for possible action)*

The Chair called for any changes to the agenda, and there were none.

A motion was made by Member Hunt, seconded by Member Black, and carried unanimously to approve the August 19, 2025, meeting agenda, as amended.

- 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:** July 15, 2025 *(for possible action)*
- 2. Approve Updates to CHCA-022 Late Arrivals, No-Shows, and Same Day Cancellations Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approve the Re-Credentialing and Renewal of Privileges for Provider;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 - Zhulieta Todd, Physician's Assistant II

The Chair called for any changes to the consent agenda. There were none.

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

- VII. REPORT / DISCUSSION / ACTION**

Recommendations from the August 18, 2025 Finance and Audit Committee Meeting

- 1. Receive, Discuss and Accept the June 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 the June 2025 Year to Date Financial Report, unaudited as of June 30, 2025.

Revenue

- General Fund revenue (Charges for Services & Other) is \$37.42M compared to a budget of \$35.50M, a favorable variance of \$1.92M.
- Special Revenue Funds (Grants) is \$6.05M compared to a budget of \$7.39M, an unfavorable variance of \$1.34M.
- Total Revenue is \$43.47M compared to a budget of \$42.89M, a favorable variance of \$580K.

Expenses

- Salary, Tax, and Benefits is \$13.75M compared to a budget of \$13.87M, a favorable variance of \$116K.
- Other Operating Expense is \$27.08M compared to a budget of \$29.18M, a favorable variance of \$2.11M.
- Indirect Cost/Cost Allocation is \$7.96M compared to a budget of \$8.43M, a favorable variance of \$466K.
- Total Expense is \$48.79M compared to a budget of \$51.48M, a favorable variance of \$2.69M.

Net Position: is (\$5.32M) compared to a budget of (\$8.59M), a favorable variance of \$3.27M.

Ms. Whitaker reviewed the following:

- Percentage of Revenues and Expenses by Department
- Revenues by Department
- Expenses by Department
- Patient Encounters by Department and by Clinic
- Month-to-Month Comparisons for Year-to-Date revenues and expenses by department and by type.

The Chair called for questions and there were none.

A motion was made by Member Black, seconded by Member Melendrez, and carried unanimously to accept the June 2025 Year to Date Financial Report, as presented.

SNCHC Governing Board

2. Receive, Discuss and Approve CHCA-010 Materials Review and Approval Process Policy; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Bernadette Meily, Community Health Nurse Manager presented the CHCA 010 Material Review Approval Process Policy for Title X Family Planning Program. Ms. Meily advised that the purpose of the policy is to establish a review and approval process for print and electronic informational and educational materials developed or made available under the Title X project. Materials must be reviewed prior to distribution to ensure they are suitable for the intended population and consistent with Title X requirements.

Member Hunt noted that the IE General Staff Review form looks like it is from the Reproductive Health National Training Center and asked if this is a recommended best practice form. Ms. Meily advised yes, it is.

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

A motion was made by Member Breen, seconded by Member Castro, and carried unanimously to approve CHCA-010 Materials Review and Approval Process Policy, as presented.

3. Receive, Discuss and Approve Updates to the Southern Nevada Community Health Center's Governing Board Bylaws; direct staff accordingly or take other action as deemed necessary (*for possible action*) (Redlined / Proposed Final)

Agenda Items 3, 4, and 5 were heard and voted on by one vote.

David Kahananui, FQHC Administrative Manager, presented recommended updates to the Governing Board Bylaws based on technical assistance received from the recent HRSA site visit. The site reviewers were very complimentary to the what was already established and further refining was needed for clarity and long-term usability.

Key changes included:

- Updated language regarding board member attendance, the process for closed sessions and Conflict of Interest and Ethics.
- A section regarding board committee charters was removed to enhance flexibility and reduce the need for frequent amendments.

Edward Wynder, Associated General Counsel, recommended to the Chair that items 3, 4, and 5 be presented together, noting the consistency in language across the bylaws, governance policies, and committee charters. Mr. Wynder emphasized the importance of presenting the items first, addressing any questions from the Board, and then proceeding with a collective vote on all three. The Chair agreed.

4. Receive, Discuss and Approve Updates to Board Governance Policies (BGPs); direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Kahananui presented a summary of the updates recommended to the Board Governance Policies (BGPs).

1. BGP-001: Meeting Agenda
2. BGP-002: Public Comment
3. BGP-003: Voting and Attendance
4. BGP-004: Board Committees
5. BGP-005: Board Responsibilities

The Chair called for questions and there were none.

5. Receive, Discuss and Approve Updates to Committee Charters; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Kahananui presented a summary of the updates recommended to committee charters, including the establishment of a new charter for the Chief Executive Officer Annual Review Committee. Mr. Kahananui advised updates are based on HRSA technical assistance received during the last site visit. Mr. Kahananui further advised updates were also made to address consistency within the charters.

1. Chief Executive Officer Annual Review Committee
2. Executive Committee
3. Finance and Audit Committee
4. Nominations Committee
5. Quality, Credentialing, and Risk Management Committee
6. Strategic Planning Committee

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Hunt, and carried unanimously to approve, as presented:

- *Item 3: Updates to Southern Nevada Community Health Center's Governing Board Bylaws*
- *Item 4: Updates to Board Governance Policies (BGPs)*
- *Item 5: Updates to Committee Charters*

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

Member Coca joined the meeting at 3:08 p.m.

Member Black announced that his term on the board will end in September 2025 and he will not be returning. Member Black expressed appreciation for the opportunity he had to be on this board since the beginning of the FQHC and its creation and that it has truly been a great experience. Member Black mentioned that he learned a lot about health, the services needed in our community, and the important work the Community Health Center does to provide those services. Member Black shared that he will be out of town for the September meeting and that this meeting will be his last one.

Chair Feliz-Barrows acknowledged Member Black's contributions and thanked him for his service, noting the importance of fresh perspectives on the board.

The Chair gave a special thank you to Tawana Bellamy, stating that if it were not for her, the team would not be the well-oiled machine it is today. Even with the technical difficulties experienced during the meeting, Ms. Bellamy did an incredible job. The Chair expressed sincere appreciation for her continued excellence and dedication.

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

- CEO Comments

Administrative Updates

Mr. Kahananui provided updates regarding board member terms noting there are five members with expiring terms, three intend to seek reappointment, while two—Member Black (term ending

September) and Member Castro (term ending in October), will not. Recruitment efforts for two new members are underway, with one candidate identified and an introductory meeting scheduled for late August. The Nominations Committee will convene prior to the September 16 board meeting to review new board member applicants and present recommendations for board approval.

Funding Updates

Mr. Kahananui advised that the remaining balance of the HRSA health program funding has been received, covering the current budget period through January 31, 2026. Mr. Kahananui further shared the non-competing continuation application for the next funding cycle (Feb 1, 2026 – Jan 31, 2027) is in progress and due October 17 and the Title X grant funding (~\$630,000) is pending. Federal updates remain inconclusive, and program adjustments may be necessary once funding details are confirmed.

Policy & Compliance

Mr. Kahananui further advised the public comments for the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) were submitted to Health and Human Services. The team is analyzing options for continued patient care and awaiting further guidance on verification requirements and allowable funding.

Employee Recognition Survey Results

Mr. Kahananui provided an overview of a survey that was distributed to board members regarding participation in employee appreciation efforts. Of the eleven board members, six members confirmed availability to attend and two responded maybe. Mr. Kahananui further shared board members are willing to contribute financially or in other ways. The suggested included lunch, donuts, or a holiday dinner/party. Mr. Kahananui noted the leadership recommends contributions be directed toward the holiday party scheduled for Tuesday, December 16 in the afternoon and board member participation is welcomed.

Chief Executive Officer (CEO) Annual Evaluation Process

Mr. Kahananui advised of the HRSA requirements to conduct the CEO's annual review. The evaluation tool and FY25 accomplishments will be reviewed at the September 16 meeting. Following the meeting, Ms. Bellamy will distribute the evaluation materials to board members, and the results will be compiled and shared with the Executive Director Annual Review Committee, which will meet before the October 21 board meeting. Mr. Kahananui further shared that at the October meeting, the board will review and vote to approve the CEO evaluation and FY26 goals.

- Family Planning Quality Improvement: Increasing Access to Care & Daily Production

Felicia Sgovio, Quality Management Coordinator, presented an overview of the Family Planning Quality Improvement Project, which is focused on increasing access to care and daily production.

Member Breen inquired about contingency plans in the event that Title X funding is reduced or eliminated, expressing concern about the continuity of family planning services. Mr. Kahananui addressed concerns regarding the potential impact of Title X funding changes on service delivery, particularly for uninsured patients. Mr. Kahananui explained that while the organization also receives state funding and intends to continue providing services, adjustments may be

necessary in terms of service scope and eligibility. Mr. Kahananui noted that approximately 73% of family planning patients are currently uninsured, and many may not qualify for Health Center services under new regulations. Mr. Kahananui advised that internal efforts have been underway since February to develop contingency plans that comply with federal requirements while minimizing disruptions to patient care. The team is awaiting federal guidance, particularly regarding the use of program income from federally funded sources and will continue operating under the assumption that Title X funding will remain in place until further notice. Member Breen thanked Mr. Kahananui for the information and commented that if there is anything board members can do, such as speaking with legislators or supporting in any other way, to let them know.

Member Hunt inquired if the health center is having conversations with the state that are projecting out what could happen and how they could support. Mr. Kahananui commented yes, we are having conversations with the state. Mr. Kahananui shared he had a conversation specifically with the health center's state family planning funder and they are aware of our current circumstances and are waiting to see if there might be additional funds they could send our way. Mr. Kanahnaui further advised that it is still unknown at this time.

The Chair called for questions and there were none.

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) July 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 3:26 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

August 19, 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/0b844412-e2c8-4d34-8358-0eb6a70bc41e@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 359 407 788#

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 – August Employee of the Month

- Marites Navarro

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 359 407 788#. 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 AUGUST 19, 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:** July 15, 2025 *(for possible action)*
- 2. Approve Updates to CHCA-022 Late Arrivals, No-Shows, and Same Day Cancellations Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approve the Re-Credentialing and Renewal of Privileges for Provider;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 - Zhulieta Todd, Physician’s Assistant II

VII. REPORT / DISCUSSION / ACTION

Recommendations from the August 18, 2025 Finance and Audit Committee Meeting

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

SNCHC Governing Board

- 2. Receive, Discuss and Approve CHCA-010 Materials Review and Approval Process Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Receive, Discuss and Approve Updates to the Southern Nevada Community Health Center’s Governing Board Bylaws;** direct staff accordingly or take other action as deemed necessary *(for possible action)* (Redlined / Proposed Final)
- 4. Receive, Discuss and Approve Updates to Board Governance Policies (BGPs);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 1. BGP-001: Meeting Agenda (Redlined / Proposed Final)
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 3. BGP-003: Voting and Attendance (Redlined / Proposed Final)
 4. BGP-004: Board Committees (Redlined / Proposed Final)
 5. BGP-005: Board Responsibilities (Redlined / Proposed Final)

5. Receive, Discuss and Approve Updates to Committee Charters; direct staff accordingly or take other action as deemed necessary *(for possible action)*

1. Chief Executive Officer Annual Review Committee (*New*)
2. Executive Committee (Redlined / Proposed Final)
3. Finance and Audit Committee (Redlined / Proposed Final)
4. Nominations Committee (Redlined / Proposed Final)
5. Quality, Credentialing, and Risk Management Committee (Redlined / Proposed Final)
6. Strategic Planning Committee (Redlined / Proposed Final)

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 *(Information Only)*

- CEO Comments
- Family Planning Quality Improvement: Increasing Access to Care & Daily Production

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) July 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. **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

July 15, 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
Ashley Brown
Luz Castro
Blanca Macias-Villa
David Neldberg

ABSENT:

Scott Black
Erin Breen
Marie Dukes
Jose L. Melendrez

ALSO PRESENT

LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

CHIEF EXECUTIVE OFFICER:

Randy Smith

STAFF:

Adriana Alvarez, Emily Anelli, Tawana Bellamy, Todd Bleak, Donna Buss, Robin Carter, Andria Cordovez Mulet, Cassius Lockett, Cassondra Major, Bernadette Meily, Desiree Petersen, Luann Province, Emma Rodriguez, 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. No quorum was established.

II. PLEDGE OF ALLEGIANCE

Member Coca joined the meeting at 2:33 p.m.

III. RECOGNITION

1. Southern Nevada Health District – June Employees of the Month

- Tonia Atencio

The Governing Board recognized Tonia Atencio, a Community Health Worker, as one of two Southern Nevada Health District's July Employees of the Month. Ms. Bellamy read an excerpt of her

nomination into the record. On behalf of the SNCHC Governing Board, the Chair congratulated Ms. Atencio.

Member Hunt joined the meeting at 2:37p.m.

- 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.

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.

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

Member Castro joined the meeting at 2:39p.m.

Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum.

- V. ADOPTION OF THE JULY 15, 2025 MEETING AGENDA** *(for possible action)*

The Chair advised that the Family Planning Quality Improvement: Increasing Access to Care & Daily Production presentation under the Chief Executive Officer (CEO) comments will be removed from the agenda and presented at a later date.

A motion was made by Member Coca, seconded by Member Hunt, and carried unanimously to approve the July 15, 2025, meeting agenda, as amended.

- 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:** June 17, 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 Re-Credentialing and Renewal of Privileges for Provider;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 - Stephanie Romano, APRN II

The Chair called for any changes to the consent agenda. There were none.

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

- VII. REPORT / DISCUSSION / ACTION**

1. 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 FY2025 Budget. This is the second and final augmentation to align the budget with actual expenditures and revenues.

General & Special Revenue Fund Summary:

- Total revenue is projected at \$43.8 million: An increase of \$2 million from the January 2025 augmentation, primarily driven by pharmacy revenue growth.
- General Fund: Total Charges for Services revenue is augmented to \$33.9M, which is an increase of \$2.5M compared to \$31.4M from the first augmented budget.
* Major component of Charges for Services revenue is Pharmacy which continues to increase and is now projected at \$31.3M compared to \$29.1M from the 1st augmentation budget.
- Special Revenue Fund: Grants revenue decreased from \$8.1M to \$7.4M, primarily due to the removal of an oral health grant and Ryan White funding reductions.

Expenditure Summary

- Total expenses are projected at \$52.7 million: A net increase of just over \$1 million from the January 2025 augmentation.
- FQHC combined expenditures augmented budget is \$52.7M, compared to \$51.6M from the first augmented budget.
- General Fund Pharmacy expenses is projected at \$31.0M, which is 59% of the total FQHC expenses including cost allocation and transfers of \$52.7M. Pharmacy medication expenses increased from \$23.9M to \$25.1M, a \$1.3M increase to align with actuals which are trending higher than augmented budget.
- Total salaries and benefits for General & Grants funds were \$13.9M, a decrease of \$300K from the first augmentation budget of \$14.1M. Total salaries and benefits represent 32% of the total direct FQHC expenditures. More than 36% of Personnel expenses are supported by grants.
- Four dental full-time equivalent (FTE) positions were removed from the budget due to the dental clinic being placed on hold. This reduction decreased the total FTE count from 134 to 130.

The Chair called for questions and there were none.

A motion was made by Member Castro, seconded by Member Macias-Villa, and carried unanimously to approve the Augmentation to the Southern Nevada Community Health FY2025 Budget, as presented.

2. Receive, Discuss and Accept the May 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 the May 2025 year to date financial report, unaudited results as of May 30, 2025.

Net Position: was negative \$6.92M compared to a budget of negative \$9.05M, a favorable variance of \$2.13M.

Revenue

- Total Revenue is \$38.34M compared to a budget of \$37.67M, a favorable variance of \$667K.
- General Fund revenue (Charges for Services & Other) is \$32.79M compared to a budget of \$30.22M, a favorable variance of \$2.57M.
- Special Revenue Funds (Grants) is \$5.56M compared to a budget of \$7.46M, an unfavorable variance of \$1.90M.

Expenses

- Salary, Tax, and Benefits is \$12.72M compared to a budget of \$12.97M, a favorable variance of \$251K.
- Other Operating Expense is \$25.26M compared to a budget of \$25.98M, a favorable variance of \$715K.
- Indirect Cost/Cost Allocation is \$7.28M compared to a budget of \$7.78M, a favorable variance of \$493K.
- Total Expense is \$45.26M compared to a budget of \$46.72M, a favorable variance of \$1.46M.

Ms. Whitaker shared that the PPS rate was finalized generating \$1.9 million in retroactive revenue catch-up from fiscal year 2022 to current. The revenue was posted in June 2025. Ms. Whitaker further shared that the information was received after the augmentation was completed, thus this revenue will be in excess of what was budgeted for the second augmentation.

Ms. Whitaker reviewed the following:

- Percentage of Revenues and Expenses by Department
- Revenues by Department
- Expenses by Department
 - Patient Encounters by Department and by Clinic
 - Month-to-Month 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 Coca, seconded by Member Hunt, and carried unanimously to Accept the May 2025 Year to Date Financial Report, as presented.

Member Neldberg joined the meeting at 2:54 p.m.

3. Receive, Discuss and Approve CHCA-038 Medical Need Referrals and Prohibition of Abortion as a Method of Family Planning Policy; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, Chief Executive Officer, advised the policy has been put together ahead of the family planning site visit scheduled for September. Mr. Smith shared this policy does not change what is currently being done or what has been asked to do historically. It codifies

existing compliance with Title X regulations, stating that SNHD does not perform or promote abortion as family planning method.

Mr. Smith further shared that these are not activities happening within the health center, but resources are made available to patients if that is appropriate based on their clinical condition.

Further to an inquiry from the Chair about referrals, Mr. Smith indicated that he would need additional guidance from the team to clarify what that process entails in this particular setting. It is important to note that interactions between a provider and a patient remain confidential. The intent of this policy is to affirm that the health center does not use federal funds for such activities. However, it does outline a permissible pathway for providers to connect patients with community resources, should the patient express a need or interest in such support.

Further to inquiry from Member Coca about the upcoming site visit, Mr. Smith clarified that it is being conducted under the Title X program. Mr. Smith noted that the team is still waiting to see if the second half of our grant is funded. Mr. Smith advised preparations are actively underway in coordination with the assigned project officer, and all communication suggest that the visit will proceed as planned. Mr. Smith also mentioned that the structure of the visit shares some similarities with the HRSA Operational Site Visit (OSV).

The Chair called for questions and there were none.

A motion was made by Member Coca, seconded by Member Hunt, and carried unanimously to approve the CHCA-038 Medical Need Referrals and Prohibition of Abortion as a Method of Family Planning Policy, as presented.

4. Discuss Ideas for Staff Appreciation with Board Members; direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Chair initiated a discussion on planning for staff appreciation, emphasizing the need to begin preparations with six months remaining until the holiday season. The Chair noted that the initiative will require financial or other contributions from board members. A recommendation was made to first identify a comfortable contribution range, as this will help determine the event's scope and structure. The Chair also stressed the importance of confirming the number of board members participating to support effective planning.

Further to an inquiry from Member Coca, Mr. Smith advised there are about 115 staff members.

Mr. Smith shared that the Employee Engagement Committee has been working to create opportunities for staff to come together twice a year—once in August for National Health Center Week, with an event scheduled for August 5, and again during the holiday season. Mr. Smith noted that staff have been fundraising and donations internally to support these events, as health center revenues cannot be used for such activities. Mr. Smith shared that management team members have contributed to these activities in the past. Mr. Smith suggested that, if the board is interested, there may be an opportunity to collaborate and support these efforts.

To gather board members' participation, Mr. Wynder suggests board members reach out to the leadership team offline.

No action required on the item.

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

There were no reports from the board.

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

- CEO Comments

Mr. Smith reported that the terms of five board members will expire between October and November. He has spoken with four of them, and all have expressed interest in continuing their service. The Nominations Committee is expected to meet between the August and September board meetings to review nominations and make a recommendation to the full board for a vote in September.

Following a recent HRSA Operational Site Visit, Mr. Smith shared the team received technical assistance on the bylaws. To improve clarity and usability, Mr. Smith and Mr. Wynder are working to remove committee charters from the bylaws and maintain them as separate, board-approved documents. This change will allow for more flexibility and reduce the need for frequent bylaw amendments. Additionally, Mr. Smith advised that several board governance policies are being revised. These policies provide guidance and outline board operations. Mr. Smith advised these revisions will be shared with the board next month for review and approval.

Fiscal Year 2025 Achievements

Mr. Smith reported that the health center has officially closed out fiscal year 2025 and highlighted several key achievements:

- Operational Growth:
 - 22% year-over-year increase in provider encounters.
 - 39% year-over-year increase in behavioral health encounters.
 - 28% year-over-year increase in pharmacy prescriptions filled.
- Medicaid Growth: The center exceeded its mid-year Medicaid visit goal by 13%.
- PPS Rate Finalization: The medical PPS rate has been finalized with a favorable outcome. Retroactive billing adjustments generated approximately \$1.9 million in additional revenue, with \$1.8 million already recovered.
- Behavioral Health PPS Rate: The finalized BH rate was lower than expected. A request for recalculation has been submitted to the state, and the team is awaiting a response.

Upcoming Events & Activities

- National Health Center Week: Celebrations are planned, including a staff event on August 5.
- Title X – Family Planning Site Visit: Scheduled for September.
- Physician Recruitment: Active recruitment is underway for a staff physician for the Fremont site.
- Title X Grant Funding: The center is awaiting notification on the remaining \$700,000-\$800,000 of its annual funding, with current funds expiring on September 30, 2025.

Further to an inquiry from Member Coca, Mr. Smith clarified that recruitment for the physician is to backfill a vacancy.

- ~~Family Planning Quality Improvement: Increasing Access to Care & Daily Production~~
This item was removed from the agenda.
- Pharmacy Operations Update

Todd Bleak, Manager of Pharmacy Services, reported on the newly formed Pharmacy-Finance Work Group which is addressing operational and financial challenges. The group is tasked with supporting inventory management, revenue, budgeting, and the 340B program.

Key Updates:

- Advancing Access Program: The manufacturer sponsoring this program, which provides free HIV treatment and prevention medication, is shifting from a community pharmacy model to a mail-order service in July. This change will phase out the health center's pharmacy from the program over the next year and could result in a loss of \$2.5 million in annual revenue (about 15% of the pharmacy's total).
 - Mitigation strategies include reenrolling patients, transitioning eligible patients to insurance plans, and changing medications to offset financial losses.
- 340B Executive Order: A new executive order for 340B entities requires a change in pricing for insulin and epinephrine. For patients with high cost-sharing, the health center can now only charge its 340B cost plus a minimal administrative fee. The health center is working to define "high cost-sharing" and "unmet deductible" and will need to revise its sliding fee scale for these specific medications.

Further to an inquiry from Member Coca, Dr. Bleak noted that this change is due to the manufacturer bringing the program in-house for greater control and cost savings.

Further to an inquiry from Member Coca, Dr. Bleak acknowledged concerns about patients without a permanent address and confirmed that the clinic can arrange to receive mail-order shipments on behalf of patients.

Member Coca referenced a prior meeting where Dr. Bleak mentioned the pharmaceutical company potentially taking over the process. Dr. Bleak advised that the enrollment process remains unchanged, while the distribution of the medication is what will be managed differently and that is what will impact the health center financially.

Further to an inquiry from Member Coca, Dr. Bleak shared that the committee started in May and are currently meeting monthly. Membership includes himself, the CFO, the Controller, the FQHC Manager, the FQHC Administrative Analyst, and select Finance staff.

Further to an inquiry from the Chair, Dr. Bleak confirmed that the health center's current model already meets the requirements of the executive order, which applies specifically to Biktarvy (for HIV treatment) and Descovy (for HIV prevention).

Mr. Smith further added that the executive order is looking at health centers that are charging in excess of their costs and that is not our model. Mr. Smith advised that the health center is already meeting the requirements of the executive order.

Update on Federal Policy Shift

Mr. Smith reported on a new Department of Health and Human Services (HHS) interpretation of guidance that could affect the health center's ability to serve "unqualified aliens." Previously, programs like the Health Center Program and Title X were excluded from federal public benefit requirements, but the new interpretation suggests they may now be considered federal public benefits, making them unavailable to this population. Mr. Smith shared the National Association of Community Health Centers (NACHC) has advised awaiting additional guidance. Mr. Smith noted the health center is preparing by analyzing the number of uninsured patients served and calculating the average cost per patient to understand the potential financial impact.

Mr. Smith advised that while federal grant dollars cannot be used to support these patients, it is unclear if program revenue can still be utilized.

Mr. Wynder added that any such change may be subject to judicial action.

Mr. Smith further advised that despite the uncertainty, the health center is proceeding with business as usual while the business office and finance team work to understand the potential financial impacts.

Further to an inquiry from Member Coca, Mr. Smith stated he is waiting for more information before sharing it with community partners and will update board members and partners as soon as it becomes available.

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

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) June 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 3:43 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION:	FQHC	NUMBER(s):	CHCA-022
PROGRAM:	Division Wide	VERSION:	1.00
TITLE:	Late Arrivals, No-Shows, and Same Day Cancellations	PAGE:	1 of 4
		EFFECTIVE DATE: July 16, 2024	
DESCRIPTION:	Guidance for when a patient arrives late, fails to show for a scheduled appointment or cancels on the same day as their appointment	ORIGINATION DATE: New	
APPROVED BY:		REPLACES:	
CHIEF EXECUTIVE OFFICER – FQHC:		New	
Randy Smith		Date	

I. PURPOSE

The Southern Nevada Community Health Center (SNCHC) is committed to compliance with Health Resources and Services Administration (HRSA) standards for community health centers, including ensuring access to quality healthcare. It is the responsibility of the Community Health Nurse Manager, Behavioral Health Manager and/or their designee(s) to monitor and manage all appointment activity to maximize access to care and ensure good stewardship of human and financial resources.

II. SCOPE

Applies to all SNCHC workforce.

III. POLICY

To provide guidance when a patient arrives late, fails to show up for a scheduled appointment or cancels on the same day as their appointment.

The health center uses a mix of scheduled appointments, same day appointments, and walk-ins to achieve optimal access to patient care services. No-Shows and Same Day Cancellations create waste in the system and reduces access to care for all patients. When a scheduled appointment goes unused, it takes an available slot away from another patient and delays the delivery of healthcare.

- Late Arrival - Shall mean any patient who arrives at the clinic more than fifteen (15) minutes after their scheduled appointment time.
- No-Show - Shall mean any patient who fails to show for a scheduled appointment without prior notification.

Late Arrivals, No-Shows, and Same Day Cancellations

- Same Day Cancellation - Shall mean any patient who cancels their appointment less than twenty-four (24) hours before their scheduled time.

IV. PROCEDURE

When patients are initially scheduled and then again when appointments are confirmed, patients are instructed to arrive prior to their scheduled appointment time, thirty (30) minutes for new patients/select appointment types and fifteen (15) minutes for established patients.

A. Late Arrivals

1. Patients will be given a fifteen (15) minute grace period. Patients arriving during this grace period are checked-in for their appointment. Status in eClinicalWorks (eCW) is changed to arrive "ARR" then the Administrative Assistant (AA)/Patient Services Representative (PSR) will change the status to waiting room "WAITROOM" for the Medical Assistant (MA) to start the intake.
 - a. Patients who check-in during the grace period may be seen out of order if another patient with a close appointment time is already checked-in and ready to be seen. In these occurrences, every effort should be made to see the patient who arrived during the grace period as close to their actual appointment as possible.
2. Patients arriving fifteen (15) minutes after their scheduled appointment time. The AA/PSR will change the status in eCW to No-Show "N/S" and the patient will be given the following options:
 - a. Offered the option to wait. These patients will be treated as a walk-in. If an appointment slot becomes available, they will be offered the open appointment slot on a first come, first serve basis. There is no guarantee the patient will be seen the same day. The patient can be seen by any available provider as a Same Day appointment if clinically appropriate.
 - b. Offered to reschedule their appointment.
 - At the provider's discretion, a bridge refill of medications can be given to the patient to ensure their continued access to prescribed medications until their new appointment.

B. No-Shows

1. When a patient fails to show for their appointment:
 - a. Established Patients: The MA will review the list of patients that No-Showed with provider during the next day's care team huddle. If the provider determines that the patient needs to be seen, the MA will reach out to the patient to attempt to schedule a new appointment.

Late Arrivals, No-Shows, and Same Day Cancellations

- The MA will contact the patient and document the communication. If staff are not able to reach the patient, leave a message. Document in eCW a general note, a message was left and the reason for the call. When the patient returns the call, whoever receives the call has the information and can assist. Be mindful of patient privacy, when not speaking directly with the patient.
 - Three (3) attempts to contact the patient will be made via a phone call. *Ryan White patients: The provider can send a referral to the Community Health Worker (CHW) for a possible Home Visit.*
 - b. New Patients: Follow up with these patients will occur at the determination of the CHN Manager and/or their designee. Factors such as capacity, strategic initiatives, and contractual requirements will be considered when determining which patients to engage.
2. The AA/PSR changes the status in eCW to a No-Show (N/S). When a patient is a No-Show for their scheduled appointment, the slot can be offered to a walk-in patient if the patient is ready within the fifteen (15) grace period. The add-on patient should show arrive “ARR” no more than five (5) minutes after the grace period has expired.
- a. If a new patient No-Shows three (3) times, they will not be allowed to schedule new appointments. After the third No-Show, patients will only be seen as a Walk-in/Same Day.
 - b. If an established patient No-Shows three (3) times in a twelve (12) month period, they will only be seen as a walk-in for the next six (6) months.
 - i. The provider may schedule a follow-up appointment for the patient after a visit, but if the patient No-Shows that appointment, they will only be seen as a walk-in for the next six (6) months.

3. Behavioral Health Patients:

- a. For new Behavioral Health (BH) patients who No-Show three (3) times, they will be given three community behavioral health referrals. If the new BH patient is a Ryan White patient, a Ryan White team member will follow up with the patient to determine what barriers exist and provide community resources.
- b. If an established BH therapy patient No-Shows three (3) times in a twelve (12) month period, they will only be seen as a walk-in by the integrated care therapist team member for the next six (6) months at the Decatur clinic.

C. Same Day Cancellations

Late Arrivals, No-Shows, and Same Day
Cancellations

1. When a patient calls to cancel an appointment on the Same Day, offer to reschedule.
 - a. The Call Center will change status in eCW to cancelled “CANC” and create a new appointment.
 - If the patient does not want to reschedule, the eCW status will still reflect cancelled.
 - b. The AA/PSR can fill the slot with any walk-in/Same Day patient.
 - The slot can be offered to a walk-in patient if the patient is ready within the fifteen (15) grace period. The add-on patient should show arrive “ARR” no more than five (5) minutes after the grace period has expired.
2. When a patient cancels an appointment via SMS or through the after-hours line.
 - a. If through SMS, eCW will reflect canceled by SMS “CANCSMS” as the status
 - b. If through after-hours, the Call Center will change status to canceled “CANC” in eCW.

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

Community Health Nurse Clinic Manager
Clinical Office Supervisor
Senior Patient Services Representative

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 1		Added no show procedures for Behavioral Health patients under IV. Procedures
Version 0	7/16/2024	First issuance – replaces Standard Operating Procedure dated March 23, 2023

1. ATTACHMENTS

Attachment No. CHCA-022 ATT-1, No-Show Log

RESCHEDULED	0	PERCENT RESCHEDULED	#DIV/0!
NOT RESCHEDULED	0	PERCENT NOT RESCHEDULED	#DIV/0!
TOTAL NO SHOWS	0		

[illegible]



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Financial Report
Results as of June 30, 2025

(Unaudited)

Summary of Revenue, Expenses and Net Position (June 30, 2025 – Unaudited)

Revenue

- General Fund revenue (Charges for Services & Other) is \$37.42M compared to a budget of \$35.50M, a favorable variance of \$1.92M.
- Special Revenue Funds (Grants) is \$6.05M compared to a budget of \$7.39M, an unfavorable variance of \$1.34M.
- Total Revenue is \$43.47M compared to a budget of \$42.89M, a favorable variance of \$580K.

Expenses

- Salary, Tax, and Benefits is \$13.75M compared to a budget of \$13.87M, a favorable variance of \$116K.
- Other Operating Expense is \$27.08M compared to a budget of \$29.18M, a favorable variance of \$2.11M.
- Indirect Cost/Cost Allocation is \$7.96M compared to a budget of \$8.43M, a favorable variance of \$466K.
- Total Expense is \$48.79M compared to a budget of \$51.48M, a favorable variance of \$2.69M.

Net Position: is (\$5.32M) compared to a budget of (\$8.59M), a favorable variance of \$3.27M.

All Funds/Divisions by Type

Budget to Actual

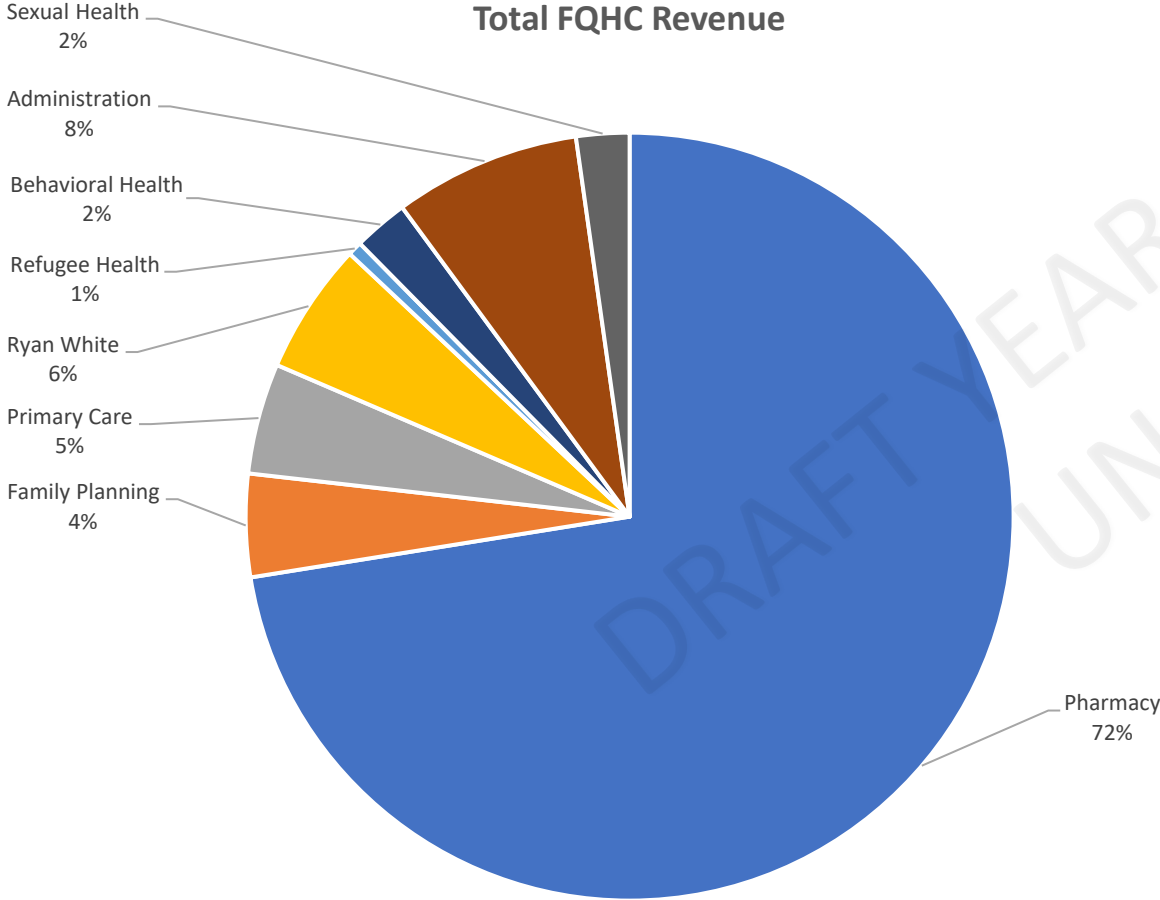
Activity	Budget as of June	Actual as of June	Variance Favorable (Unfavorable)	%
Charges for Services	33,914,949	34,001,398	86,449	0%
Other	1,581,669	3,413,955	1,832,286	116%
Federal Revenue	3,419,942	3,055,786	(364,156)	-11%
Pass-Thru Revenue	2,679,962	2,445,923	(234,039)	-9%
State Revenue	1,293,506	549,769	(743,737)	-57%
Total FQHC Revenue	42,890,028	43,466,831	576,803	1%
Salaries	9,544,883	9,512,867	32,016	0%
Taxes & Fringe Benefits	4,323,647	4,239,777	83,870	2%
Total Salaries & Benefits	13,868,530	13,752,645	115,885	1%
Supplies	26,534,935	25,014,386	1,520,549	6%
Capital Outlay	976,474	608,318	368,156	38%
Contractual	1,599,824	1,423,960	175,864	11%
Travel & Training	71,860	28,447	43,413	60%
Total Other Operating	29,183,093	27,075,111	2,107,982	7%
Indirect Costs/Cost	8,425,203	7,958,771	466,432	6%
Transfers IN	(943,684)	(808,457)	(135,227)	14%
Transfers OUT	943,684	808,457	135,227	14%
Total Transfers	8,425,203	7,958,771	466,432	6%
Total FQHC Expenses	51,476,826	48,786,526	2,690,300	5%
Net Position	(8,586,798)	(5,319,695)	3,267,103	-38%

NOTES:

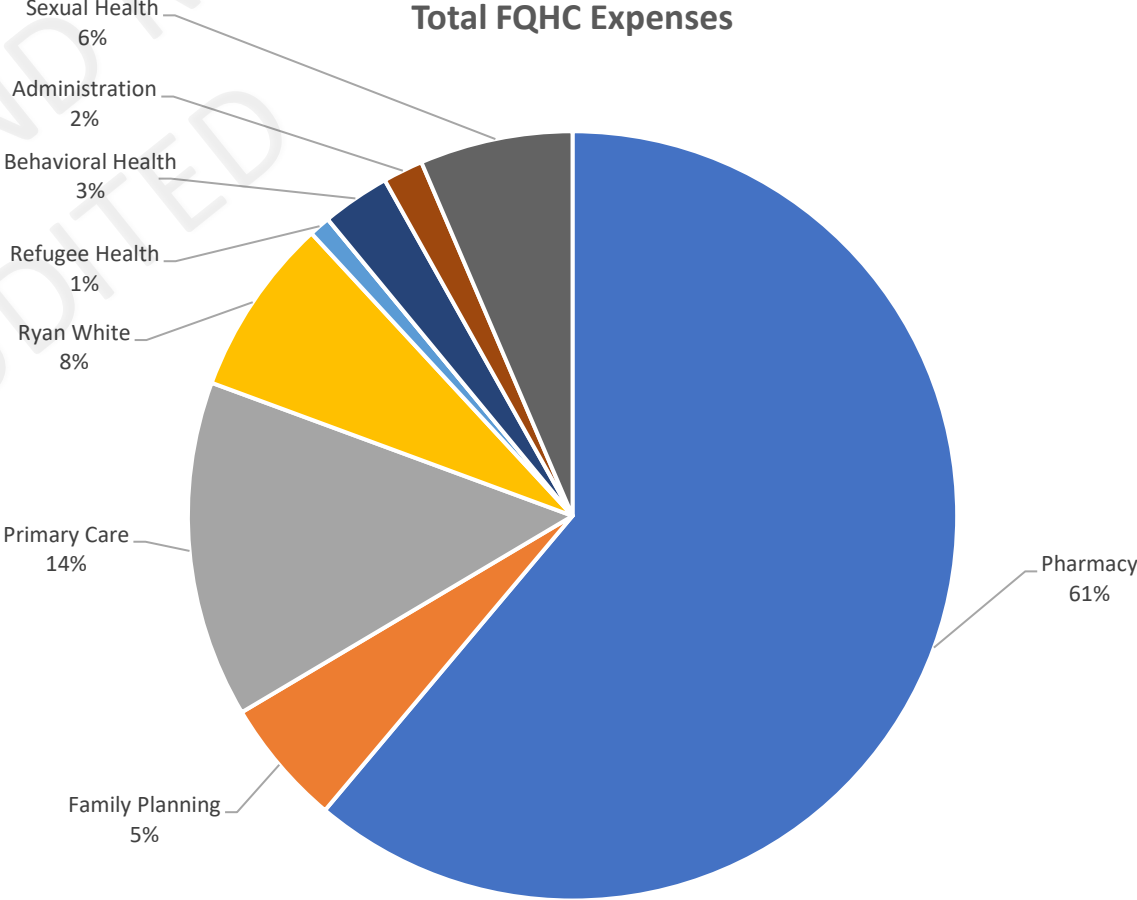
- 1) NEVADA MEDICAID LOOK-BACK PAYMENTS TO REIMBURSE FOR DIFFERENCES BETWEEN THE INTERIM PROSPECTIVE PAYMENT SYSTEM (PPS) RATE AND THE FINAL PPS RATE (TRUE-UP FROM DECEMBER 2021 – JANUARY 2025).
- 2) YEAR-END INVENTORY ADJUSTMENT DRIVING SAVINGS IN MEDICATION EXPENSES (INVENTORY ON-HAND AT 6/30 REDUCED SUPPLIES EXPENSES BY 957K).

Percentage of Revenues and Expenses by Department

Total FQHC Revenue



Total FQHC Expenses



Revenues by Department

Budget to Actuals

Department	Budget as of June	Actual as of June	Variance Favorable (Unfavorable)	%
Charges for Services, Other, Wrap				
Family Planning	398,638	318,649	(79,989)	-20%
Pharmacy	31,257,918	31,499,546	241,628	1%
Oral Health (Dental)	-	-	-	0%
Primary Care	506,029	726,616	220,587	44%
Ryan White	276,504	112,256	(164,248)	-59%
Refugee Health	191,371	110,866	(80,505)	-42%
Behavioral Health	275,798	260,733	(15,065)	-5%
Administration	1,576,156	3,413,930	1,837,774	117%
Sexual Health	1,014,204	972,757	(41,447)	-4%
OPERATING REVENUE	35,496,618	37,415,353	1,918,735	5%
Grants				
Family Planning	2,051,509	1,564,074	(487,435)	-24%
Oral Health (Dental)	50,000	-	(50,000)	-100%
Primary Care	1,272,913	1,300,709	27,796	2%
Ryan White	2,450,141	2,294,573	(155,568)	-6%
Refugee Health	229,821	151,350	(78,471)	-34%
Behavioral Health	1,339,026	740,771	(598,255)	-45%
SPECIAL REVENUE	7,393,410	6,051,477	(1,341,933)	-18%
TOTAL REVENUE	42,890,028	43,466,830	576,802	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 POSTPONED INDEFINITELY.
- 3) NEVADA MEDICAID LOOK-BACK PAYMENTS TO REIMBURSE FOR DIFFERENCES BETWEEN THE INTERIM PROSPECTIVE PAYMENT SYSTEM (PPS) RATE AND THE FINAL PPS RATE (TRUE-UP FROM DECEMBER 2021 – JANUARY 2025).

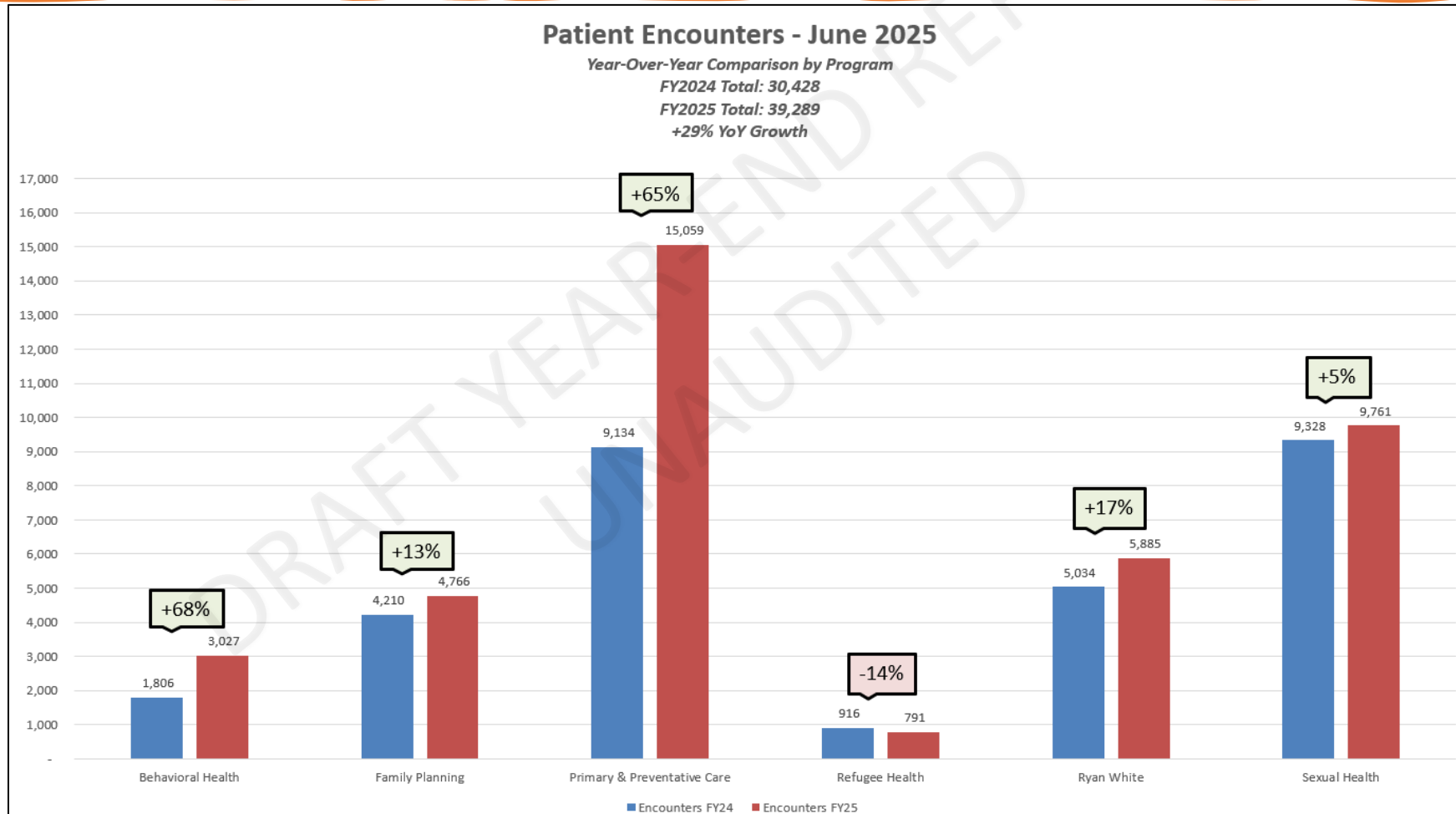
Expenses by Department Budget to Actuals

Department	Budget as of June	Actual as of June	Variance Favorable (Unfavorable)	%
Employment (Salaries, Taxes, Fringe)				
Family Planning	1,874,000	1,804,924	69,076	4%
Pharmacy	595,016	585,749	9,267	2%
Oral Health (Dental)	-	-	-	0%
Primary Care	5,261,104	5,391,099	(129,995)	-2%
Ryan White	2,745,297	2,694,928	50,369	2%
Refugee Health	212,386	212,386	-	0%
Behavioral Health	539,844	539,347	497	0%
Administration	242,222	164,807	77,415	32%
Sexual Health	2,398,662	2,359,404	39,258	2%
Total Personnel Costs	13,868,531	13,752,644	115,887	1%
Other (Supplies, Contractual, Capital, etc.)				
Family Planning	842,510	377,356	465,154	55%
Pharmacy	25,347,888	24,371,401	976,487	4%
Oral Health (Dental)	50,000	-	50,000	100%
Primary Care	373,419	386,056	(12,637)	-3%
Ryan White	432,250	369,144	63,106	15%
Refugee Health	166,710	151,807	14,903	9%
Behavioral Health	1,185,214	629,911	555,303	47%
Administration	548,478	524,256	24,222	4%
Sexual Health	236,624	265,180	(28,556)	-12%
Total Other Expenses	29,183,093	27,075,111	2,107,982	7%
Total Operating Expenses	43,051,624	40,827,755	2,223,869	5%
Indirect Costs/Cost Allocations	8,425,203	7,958,771	466,432	6%
Transfers IN	(943,684)	(808,457)	(135,227)	14%
Transfers OUT	943,684	808,457	135,227	14%
Total Transfers & Allocations	8,425,203	7,958,771	466,432	6%
TOTAL EXPENSES	51,476,827	48,786,525	2,690,302	5%

NOTES:

- 1) DENTAL CLINIC PLANNED OPENING POSTPONED INDEFINITELY.
- 2) YEAR-END INVENTORY ADJUSTMENT DRIVING SAVINGS IN MEDICATION EXPENSES (INVENTORY ON-HAND AT 6/30 REDUCED SUPPLIES EXPENSES BY 957K).

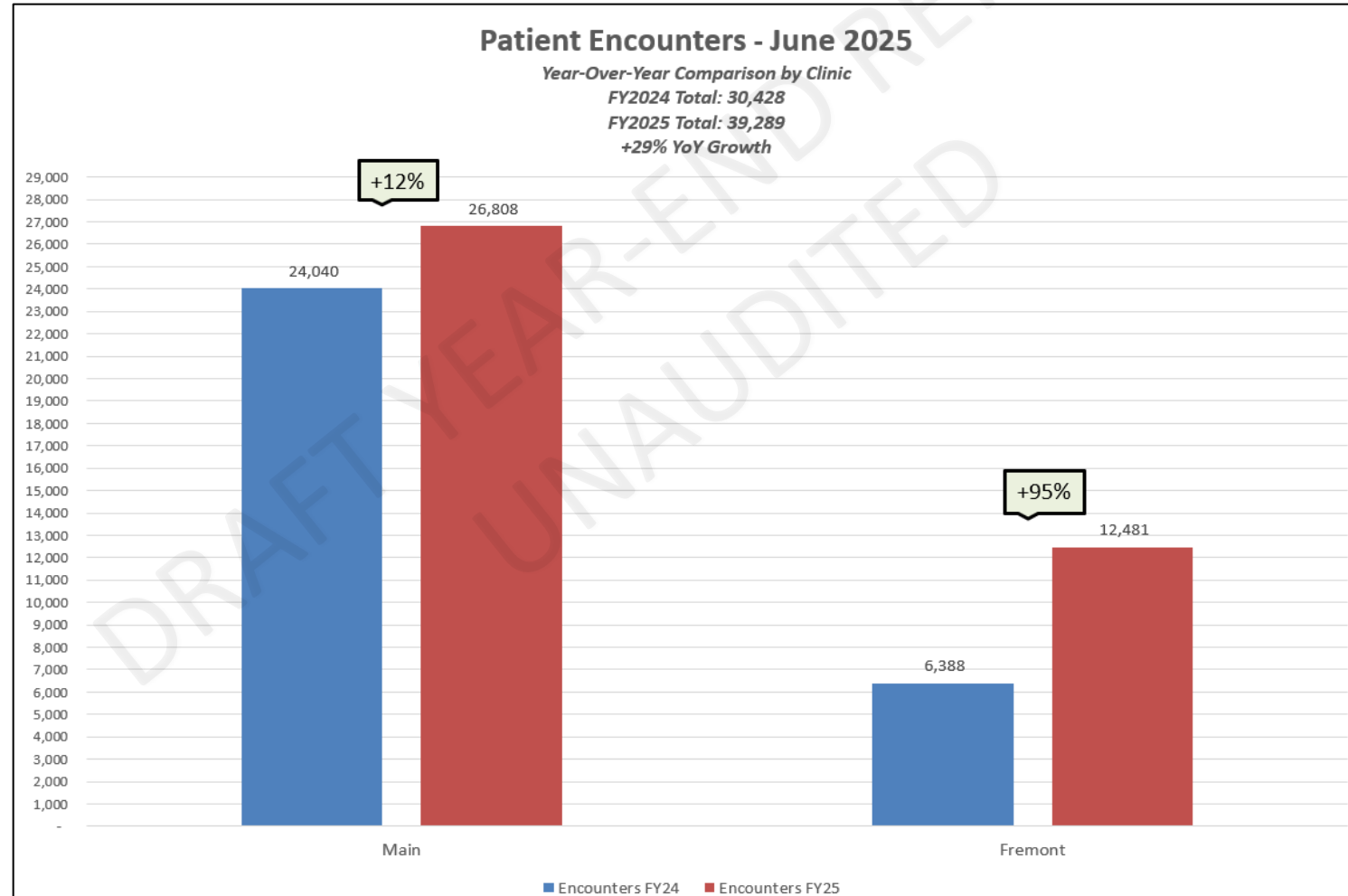
Patient Encounters By Department



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.)

Month-to-Month Comparisons

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

YTD by Month – June 30, 2025

By Department

DEPARTMENT	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	YTD TOTALS	YTD AVERAGES
Administration (301)	(304,480)	87,890	105,265	256,373	122,737	10,622	750	135,014	123,291	3,235	213,454	2,659,778	3,413,930	284,494
Family Planning (309)	91,661	148,951	135,840	158,219	188,905	150,221	192,591	225,819	271,720	140,911	175,417	138,543	2,018,798	168,233
Pharmacy (333)	2,383,597	2,574,661	2,339,657	2,480,521	2,340,736	2,881,450	2,729,090	2,624,356	2,777,126	2,834,782	2,969,737	2,563,833	31,499,546	2,624,962
Dental Health (336)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary Care (337)	144,427	157,797	134,070	142,947	220,767	244,704	372,196	160,262	159,667	165,837	186,095	164,229	2,252,999	187,750
Ryan White (338)	177,359	210,374	250,019	216,556	316,051	238,301	233,875	243,954	231,665	182,358	331,484	100,369	2,732,365	227,697
Refugee Health (344)	28,153	9,890	11,929	37,050	71,523	37,138	47,441	40,836	53,504	29,814	4,841	(4,722)	367,397	30,616
Behavioral Health (345)	280,629	337,075	78,806	45,788	62,009	25,726	33,488	32,599	31,737	32,361	24,319	32,958	1,017,495	84,791
Sexual Health (350)	101,840	76,971	77,277	103,286	80,309	75,454	79,980	114,108	59,670	97,823	89,878	16,160	972,757	81,063
TOTAL REVENUES	2,903,186	3,603,609	3,132,863	3,440,741	3,403,038	3,663,617	3,689,409	3,576,948	3,708,381	3,487,122	3,995,226	5,671,149	44,275,287	3,689,607
DEPARTMENT	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	YTD TOTALS	YTD AVERAGES
Administration (301)	34,048	73,998	67,276	42,945	68,387	54,220	60,419	76,267	73,631	84,598	99,818	88,307	823,913	68,659
Family Planning (309)	130,361	180,167	163,917	191,449	313,688	209,375	175,810	182,401	391,845	224,181	349,295	232,936	2,745,426	228,786
Pharmacy (333)	2,995,246	2,300,613	2,692,537	1,883,199	2,584,559	2,374,952	2,522,881	3,399,478	2,282,436	2,296,713	2,482,808	2,025,795	29,841,218	2,486,768
Dental Health (336)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary Care (337)	443,919	610,969	531,333	501,739	777,568	574,161	650,561	576,094	514,837	553,366	777,875	733,824	7,246,247	603,854
Ryan White (338)	224,688	320,915	281,139	270,657	432,313	328,440	336,762	310,263	319,123	289,057	455,406	393,212	3,961,976	330,165
Refugee Health (344)	59,154	(5,281)	5,096	88,306	113,973	58,488	47,184	77,980	51,658	54,609	34,438	(44,956)	540,648	45,054
Behavioral Health (345)	277,810	389,717	90,104	64,958	81,968	58,191	35,375	23,773	48,255	56,858	79,561	90,770	1,297,341	108,112
Sexual Health (350)	189,325	249,162	241,255	248,806	344,487	231,067	232,030	240,098	247,041	236,269	356,703	321,970	3,138,214	261,518
TOTAL EXPENSES	4,354,551	4,120,261	4,072,658	3,292,058	4,716,943	3,888,895	4,061,022	4,886,354	3,928,827	3,795,651	4,635,904	3,841,858	49,594,982	4,132,915
NET POSITION:	(1,451,365)	(516,652)	(939,795)	148,682	(1,313,906)	(225,278)	(371,613)	(1,309,406)	(220,446)	(308,529)	(640,679)	1,829,291	(5,319,695)	(443,308)

YTD by Month – June 30, 2025

By Type

REVENUE TYPE	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	YTD TOTALS	YTD AVERAGES
Charges for Services	2,599,053	2,736,809	2,537,814	2,735,959	2,563,395	3,087,511	2,978,006	2,926,919	3,023,674	3,066,137	3,237,524	2,508,597	34,001,398	2,833,450
Other	(304,480)	87,890	105,265	256,373	122,737	10,622	750	135,014	123,291	3,235	213,454	2,659,778	3,413,930	284,494
Contributions	-	-	-	20	-	5	-	-	-	-	-	-	25	2
Intergovernmental	533,730	689,780	450,756	413,874	606,804	486,440	631,595	446,450	493,935	354,258	489,210	454,647	6,051,478	504,290
TOTAL REVENUES	2,828,304	3,514,479	3,093,835	3,406,226	3,292,936	3,584,578	3,610,351	3,508,382	3,640,899	3,423,630	3,940,188	5,623,021	43,466,830	3,622,236
EXPENSE TYPE	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	YTD TOTALS	YTD AVERAGES
Salaries	485,229	707,618	685,316	697,394	1,118,829	733,922	753,683	743,081	794,637	743,248	1,127,393	922,517	9,512,867	792,739
Taxes and Benefits	223,019	316,343	312,100	320,374	460,867	338,879	346,046	343,821	353,570	345,554	471,985	407,220	4,239,777	353,315
Travel and Training	280	4,192	5,219	9,813	3,939	533	267	546	173	282	2,703	500	28,447	2,371
Supplies	2,518,508	1,899,115	2,242,868	1,605,689	2,193,110	1,998,309	2,086,712	2,826,722	1,960,461	1,905,028	2,111,036	1,666,827	25,014,386	2,084,532
Contractual	116,098	122,563	96,763	105,997	73,716	107,969	125,251	128,603	134,970	140,439	130,751	140,841	1,423,960	118,663
Property	248,000	327,602	32,716	-	-	-	-	-	-	-	-	-	608,318	50,693
TOTAL EXPENSES	3,591,136	3,377,433	3,374,981	2,739,266	3,850,460	3,179,612	3,311,958	4,042,773	3,243,811	3,134,551	3,843,869	3,137,904	40,827,755	3,402,313
TRANSFER TYPE	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	YTD TOTALS	YTD AVERAGES
Indirect/Cost Allocation	688,533	653,698	658,649	518,277	756,382	630,243	670,006	775,015	617,535	597,608	736,997	655,826	7,958,771	663,231
Transfer In	(74,882)	(89,130)	(39,028)	(34,515)	(110,101)	(79,039)	(79,058)	(68,566)	(67,481)	(63,492)	(55,038)	(48,127)	(808,457)	(67,371)
Transfer Out	74,882	89,130	39,028	34,515	110,101	79,039	79,058	68,566	67,481	63,492	55,038	48,127	808,457	67,371
TOTAL TRANSFERS	688,533	653,698	658,649	518,277	756,382	630,243	670,006	775,015	617,535	597,608	736,997	655,826	7,958,771	663,231
NET POSITION:	(1,451,365)	(516,652)	(939,795)	148,682	(1,313,906)	(225,278)	(371,613)	(1,309,406)	(220,446)	(308,529)	(640,679)	1,829,291	(5,319,695)	(443,308)

Questions?



MOTION

Motion to Accept the June 2025 Year to Date Financial Report, as presented, and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on August 19, 2025.

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION:	FQHC	NUMBER(s):	CHCA-010
PROGRAM:	Sexual and Reproductive Health (SRH) Program	VERSION:	1.00
TITLE:	Materials Review and Approval Process	PAGE:	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION:	Requirement for compliance to establish a review and approval process for Informational and Educational Advisory Committee	ORIGINATION DATE: NEW	
APPROVED BY: FQHC CHIEF EXECUTIVE OFFICER:		REPLACES: NEW	
Randy Smith, MPA Date			

I. PURPOSE

The purpose of this policy is to establish a review and approval process for print and electronic informational and educational materials developed or made available under the Title X project. Materials must be reviewed prior to distribution to ensure they are suitable for the intended population and consistent with Title X requirements. No materials shall be distributed without advisory review and approval in accordance with Section 1006(d)(1) and (2), PHS Act; 42 CFR § 59.6(a))

II. SCOPE

This policy applies to all SNCHC workforce members involved in the delivery of Sexual and Reproductive Health (SRH) Program.

III. POLICY

SNCHC Title X Reproductive Health Program must provide accurate, culturally appropriate educational materials in compliance with Title X guidelines.

An advisory committee, consisting of no fewer than five members, shall be established to review and approve all informational and educational materials. The advisory committee must be broadly representative of the population or community for which the materials are intended. This includes consideration of demographic factors such as race, ethnicity, color, national origin, disability, sex,

sexual orientation, gender identity, sex characteristics, age, marital status, income, geography and other factors.

The committee should also include representation from underserved communities, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders, members of religious minorities, LGBTQ+ persons, persons with disabilities, persons who live in rural areas, and other adversely affected by persistent poverty or inequality.

If the advisory board is unable to meet due to extraordinary circumstances such as a public health emergency, natural disaster, or other unforeseen disruptions - SNCHC may engage patients who are representative of the population served to participate in the review process. These individuals will use the Community Review Form (Attachment 3) to ensure that materials are still evaluated with input from the target population.

IV. PROCEDURE

A. Determining the Need for Review – A review of educational materials will occur under the following circumstances:

1. A request by a client or community member for a new topic
2. Identification by staff of a gap in current materials
3. Three (3) years have passed since the material was last reviewed
4. New medical guidance or data renders current materials outdated

B. Review Process Steps

1. General Review
 - a. Materials are assessed for cultural relevance, literacy level (6th grade or below), and overall appropriateness
 - b. Readability tools such as Flesch-Kincaid, Fry Graph, or Hemingway Editor may be used
 - c. Staff complete the General Staff Review Form (Attachment A)
2. Medical Review
 - a. If approved in general review, materials are reviewed by the Medical Director to ensure they are medically accurate and consistent with current evidence-based clinical guidelines, including those recommended by nationally

recognized clinical or public health organizations aligned with Title X, such as the CDC, ACOG, USPSTF, etc.

- b. Medical Review Form (Attachment B) is completed.

3. Advisory/Community Review

- a. Materials approved by both general and medical reviewers are presented to the Advisory committee for review and approval.
- b. The Advisory Committee considers cultural, linguistic, educational backgrounds, trauma informed principles and medical accuracy.
- c. Advisory Community Review Form (Attachment C) is completed.

4. Final Approval and Documentation is completed by the Health Educator or designee. The Materials Summary Review Form (Attachment D) captures the final decision and includes:

- a. Pamphlet title, distributor, publication date, reading level, topic, intended audience and languages available
- b. Advisory committee demographics and comments
- c. Final recommendation and approval date

- C. Approved materials are uploaded to the shared drive, and the I&E materials list is updated with the next review date.

D. Notes

- 1. Social media posts (e.g. Facebook, Instagram, X) are excluded from the I & E review process.
- 2. Approved educational materials are accessible for the patients at each clinic. It is also organized in a binder.

V. REFERENCES

Code of Federal Regulations 42 CFR § 59.6

Title X Program Handbook, December 2024, pp 24-25

VI. DIRECT RELATED INQUIRIES TO

Community Health Nurse Manager (FQHC)
SRH Health Educator
Title X Program Director

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance Supersedes previous version dated 11/21/2022

VII. ATTACHMENTS

Attachment A –I&E General Staff Review Form

Attachment B –I&E Medical Review Form

Attachment C –I&E Advisory Community Review Form

Attachment D –I&E Materials Summary Review Form

I&E General Staff Review Form



Purpose: Title X agencies are responsible for evaluating the appropriateness of informational and educational (I&E) materials for their client population. Use this form to evaluate a material's cultural and linguistic appropriateness, readability, and whether it meets your agency's basic standards for sharing.

How to use: Identify a staff member to assess whether the I&E material under review is suitable for the intended audience and to complete this form. Refer to online, free readability assessments to determine a material's reading grade level, as needed. Once the review is complete, follow the next steps outlined at the end of this form.

Agency name: _____ Review date: _____

Material title (if there is no title, describe the material): _____

Material type: _____ Publication date: _____

Material source/publisher: _____

Language(s) the material is available in: _____

Language of the material under review: _____

Material Evaluation

Review the material and use your judgment to answer the questions below. If you think the material is not culturally sensitive or appropriate for the client population, skip questions 1–14 and go directly to question 15. Once you have completed this form, follow the next steps outlined at the bottom of the page.

1. Who is the intended audience for this material? (Check all that apply)

- | | |
|--|--|
| ☐ Females | ☐ Young adults (18–25) |
| ☐ Males | ☐ Adults (26 and older) |
| ☐ LGBTQ+ | ☐ Other: _____ |
| ☐ Adolescents (13–18) | |

2. What is the reading grade level of this material? _____

Describe how you arrived at the reading level (Fry Graph, SMOG, Flesch Reading Ease, etc.): _____

	Yes	No	N/A
3. Is the main message of the material clear?	☐	☐	
4. Is the material's content accurate?	☐	☐	
5. Does the material use common, everyday words?	☐	☐	
6. Does the material use the active voice? (For example, does it say, "We will ask..." rather than "You will be asked...")	☐	☐	
7. Does the material use font types and sizes that are easy to read?	☐	☐	
8. Does the material incorporate white space and headers to break up the text?	☐	☐	
9. If there are illustrations or pictures, are they appropriate?	☐	☐	☐
10. If there are illustrations or pictures, are they visually appealing?	☐	☐	☐

	Yes	No	N/A
11. If there are illustrations or pictures of people, are they reflective of the intended audience and its diversity?	☐	☐	☐
12. Is the material respectful of the clients' cultures and values?	☐	☐	
13. Does the material address the reader as a partner in decision making and care?	☐	☐	
14. Does the material indicate where to go with questions or for more information?	☐	☐	

Keeping in mind your responses to the questions above, please answer the questions below.

15. Based on your review, describe any strengths or weaknesses of this material.

Strengths:

Weaknesses:

16. In your estimation, does this material meet our agency's basic standards for distribution? ☐ Yes ☐ No

Why or why not?

17. Do you recommend that we share this material with our clients? ☐ Yes ☐ No

Please explain:

18. Other comments or suggestions:

Name of reviewer: _____ Staff position of reviewer: _____

Reviewer's signature: _____ Date: _____

Next steps

Notify the staff member coordinating the I&E material review process that you have completed your review so they can update the *I&E Materials Inventory Log*, record your recommendations on the *I&E Materials Review Summary Form*, and, if appropriate, pass the material on to the assigned medical reviewer for feedback.

I&E Medical Review Form



Purpose: Title X agencies are responsible for ensuring the factual, technical, and clinical accuracy of all informational and educational (I&E) materials developed or made available under the project prior to distribution.

How to use: Identify a medical reviewer within your agency to review the I&E material and complete this form. Once the review is complete, follow the next steps outlined at the bottom of the page.

Agency name: _____ Review date: _____

Material title (if there is no title, describe the material): _____

Material type: _____

Material source/publisher: _____

Publication date: _____

Language(s) the material is available in: _____

Language of the material under review: _____

Material Evaluation

1. Who is the intended audience for this material? (Check all that apply)

- | | |
|--|--|
| ☐ Females | ☐ Young adults (18–25) |
| ☐ Males | ☐ Adults (26 and older) |
| ☐ LGBTQ+ | ☐ Other: _____ |
| ☐ Adolescents (13–18) | |

2. In your estimation, how medically accurate is this material (in other words, to what extent does it reflect current medical practices)?

- ☐ Highly accurate
☐ Somewhat accurate
☐ Not accurate

List any inaccuracies:

3. If the material contains visuals or images depicting medical concepts, how medically accurate are these images?

- ☐ Highly accurate
- ☐ Somewhat accurate
- ☐ Not accurate
- ☐ Not applicable

List any inaccuracies:

4. If the material recommends an action for the reader to take, is the recommended action medically correct/accurate?

- ☐ Highly accurate
- ☐ Somewhat accurate
- ☐ Not accurate
- ☐ Not applicable

List any inaccuracies:

5. Do you recommend this material for our clients? ☐ Yes ☐ No

Please explain:

Name of reviewer: _____ Position of reviewer: _____

Medical reviewer's signature: _____ Date: _____

Next steps

Notify the staff member coordinating the I&E material review process that you have completed your review so they can update the *I&E Materials Inventory Log* and record your recommendations on the *I&E Materials Review Summary Form*.

I&E Advisory Committee Review Form

Thank you for being part of the Advisory Committee to review an informational and educational (I&E) material that our agency is considering distributing. We are asking you to review this material because we want to know whether you think it is a good one to share with our clients, and what you think would make it better. There are no right or wrong answers. At the end of the form you will see a set of questions about you. We ask these questions because we want to make sure that we get opinions from a group of people who represent the community we serve.

Agency name: _____

Review date: _____

Material title (if there is no title, describe the material): _____

Language of the material under review: _____

Your Thoughts about This Material

Please review the material and then answer the following questions.

1. What is the main message of this material?

2. Please answer the questions below about this material's written content.

	Yes	No
Is the material easy to understand?	☐	☐
Are there any specific words or medical terms that might be hard for some people to understand?	☐	☐
Is the material written in a friendly and respectful tone?	☐	☐
Are there any words or language in this material that seem disrespectful, hurtful, or wrong in some way?	☐	☐
Do you trust the information in this material?	☐	☐

Comments:

3. Please answer the questions below about this material's visual content.

	Yes	No	N/A
Do you like the way the material looks?	☐	☐	☐
Are any of the images or pictures in this material confusing or hard to understand?	☐	☐	☐
Do any of the images or pictures in this material make you uncomfortable (or do you think they might make others uncomfortable)?	☐	☐	☐
Do the images or pictures of people in this material look like the people in your community?	☐	☐	☐

Comments:

4. Please answer the questions below about this material's usefulness.

	Yes	No
Does the material provide information that would be helpful to you or to others in the intended audience?	☐	☐
Does the material clearly communicate what the reader should do with the information provided in this material?	☐	☐

Comments:

5. What other comments would you like to share about this material (for example, what did you like or dislike about it?)

6. Keeping in mind your answers to the questions above, do you recommend that we share this material with our clients?

☐ Yes ☐ No *Please explain:*

A Few Questions About You

By answering these questions about yourself, you will help us ensure that the reviewers of this material broadly represent the demographics of the material's intended audience.

What is your age? _____

What is your gender identity? _____

What is the highest degree or level of school you have completed?

- ☐ Less than high school graduate
- ☐ High school graduate (including GED or equivalent)
- ☐ Some college, no degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Masters, doctoral, or professional degree
- ☐ Other (please specify):

What is your race? (Mark all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other (please specify):

Are you Hispanic or Latino? ☐ Yes ☐ No

Name of reviewer: _____

Reviewer's signature: _____ **Date:** _____

I&E Materials Review Summary Form



Purpose: Title X agencies can use this form to summarize all findings and recommendations for one informational and educational (I&E) material, including those from the general staff reviewer, medical reviewer, and I&E Advisory Committee reviewers. This summary should document how the review process led to the decision of whether or not to share the material with clients and can serve as I&E Advisory Committee meeting minutes.

How to use: Fill out the form below and indicate whether the material is recommended for sharing.

Agency name: _____ Date: _____

Form completed by: _____ Job title: _____

Material title (if there is no title, describe the material): _____

Material source/publisher: _____

Publication date: _____

This material is intended for (check all that apply):

- ☐ Females
- ☐ Males
- ☐ LGBTQ+
- ☐ Adolescents (13–18)
- ☐ Young adults (18–25)
- ☐ Adults (26 and older)
- ☐ Other: _____

Language(s) the material is available in: _____

Language of the material under review: _____

Summary of Staff Findings

Use the table below to summarize the general staff and medical review findings.

	General Review	Medical Review
Name of reviewer		
Date of review		
Reading grade level determination?		N/A
Was this material determined to be medically and technically accurate?	N/A	
Did the reviewer recommend the material for sharing?		

Relevant comments from general staff review:

Relevant comments from medical review:

Note: If either the general staff reviewer or the medical reviewer did not recommend the material for sharing and no further review was conducted, skip to the "Final Recommendation" section of this form.

Summary of I&E Advisory Committee Review Findings

1. Number of Advisory Committee reviewers: _____

2. Number of Advisory Committee reviewers by gender:

Female _____ Male _____ Other _____

3. Number of Advisory Committee reviewers per age group:

Under 18 _____ 18–24 _____ 25–39 _____ 40+ _____

4. Number of Advisory Committee reviewers by educational attainment level:

Less than high school graduate _____

High school graduate (including GED or equivalent) _____

Some college, no degree _____

Associate's degree _____

Bachelor's degree _____

Masters, doctoral, or professional degree _____

Other (please specify): _____

5. Number of Advisory Committee reviewers by race:

American Indian or Alaska Native _____

Asian _____

Black or African American _____

Native Hawaiian or Pacific Islander _____

White _____

Other (please specify): _____

7. Number of Advisory Committee reviewers by ethnicity:

Hispanic _____

Non-Hispanic _____

8. Did the majority of Advisory Committee members recommend that we share this material with our clients?

☐ Yes ☐ No

If no, why not?

9. Summary of Advisory Committee comments:

Final Recommendation

1. Overall comments:

2. Based on the findings described above, this material will be:

☐ Made available to clients and/or potential clients

☐ Not made available to clients and/or potential clients



AT THE SOUTHERN NEVADA HEALTH DISTRICT

AMENDED BYLAWS OF THE
SOUTHERN NEVADA
COMMUNITY HEALTH CENTER
GOVERNING BOARD
(COAPPLICANT BOARD)

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD
280 S. Decatur Blvd, Las Vegas, NV 89107

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Adopted: October 30, 2019

Amended: January 23, 2020

Amended: June 24, 2021

Amended: October 27, 2022

Amended: December 19, 2023

Amended: _____, 2025

Bylaws of the Southern Nevada Community Health Center Governing Board

ARTICLE I: NAME

This body shall be known as the Southern Nevada Health Community Center Governing Board (CHC Board or Board). The Board shall serve as the independent local co-applicant governing board pursuant to the Public Health Services Act and its implementing regulations. The Board is organized as designated by the Health Resources and Services Administration's (HRSA) Federally Qualified Health Center (FQHC) guidelines. The Southern Nevada District Board of Health (District Board) a public entity and political subdivision of the State of Nevada, is the Southern Nevada Health District's (Health District) governing board and shall act as co-applicant with the Board.

ARTICLE II: MISSION

The Board's mission is to serve Clark County residents in underserved areas with appropriate and comprehensive outpatient health and wellness, emphasizing prevention and education in a culturally respectful environment.

ARTICLE III: PURPOSE

The Board is a patient/community-based governing board mandated by HRSA to set health center policy and provide oversight of the FQHC Southern Nevada Community Health Center (CHC). The CHC designated sites will:

- a) Provide outpatient primary care, behavioral health, and dental services in underserved areas for medically underserved populations.
- b) Deliver high quality primary care, behavioral health, and dental services under conditions meeting the proper standards for the delivery of such care, rendered by competent, credentialed professionals subject to established quality controls.
- c) Provide health care and related services and operate its facilities without regard to age, race, creed, color, national origin, sexual orientation or identity, military status, sex, disability, genetics, or marital status.
- d) Educate the public in the principles of health prevention and promote other projects in the interest of the public's health.
- e) Cooperate with other organizations or governmental agencies engaged in similar or like activities provided that such collaboration neither restricts nor infringes upon the Board's authority or function.
- f) Engage in such other activities as directed by the Board.

ARTICLE IV: BOARD COMPOSITION AND TERMS

Section 1: Composition

The Board shall be comprised of not less than nine (9) and not more than twenty-five (25) voting members who shall stand for regular elections (Members). The Chief Executive Officer shall be an ex-officio non-voting member. The Members shall serve staggered terms.

Section 2: Member Categories

- a) Consumer Members: Consumer members are Members who, as a group, represent the individuals being served in terms of demographic factors, such as race, ethnic background, and sex. A majority of the Board (at least 51%) shall be Consumer Members.
- b) Community Members: Community Members are representatives of the community and shall be selected for their expertise in relevant subject areas, such as community affairs, local government, legal affairs, trade unions, finance and banking, and other commercial and industrial concerns or social services within the community. No more than one-half of the Community Members may derive more than 10% of their income from the healthcare industry.

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All Board members shall meet the following additional minimal qualifications:

- a) Members shall be residents of Clark County, Nevada and at least eighteen (18) years old.
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- c) Consumer Members must be a current registered CHC patient and must have accessed the health center in the past 24 months to receive at least one or more in-scope service(s) that generate a health center visit.

A legal guardian of a patient who is a dependent child or adult, or a legal sponsor of an immigrant consumer may also be considered a patient for purposes of Board representation.

Section 4: Prohibited Board Members

No Member shall be a CHC or Heath District employee, or an immediate family member (i.e., spouse, child, parent, brother, or sister by blood, adoption, or marriage) of such employee.

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The Governing Board Members will be elected to terms as follows:

- a) Members shall each serve three (3) year terms;
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Section 6: Term Extensions

A current or former Member may serve additional terms if the Board determines after careful deliberation and as reflected in the minutes, it is in the best interest of the organization and in furtherance of best practices.

Section 7: Selection

New Board members shall be elected by the full CHC Board during the annual meeting or as needed to fill Board vacancies.

ARTICLE V: REMOVAL OF MEMBERS

Section 1: Removal

Any Member may be removed whenever it's in the best interests of the CHC or the Board. The Member whose removal is placed in issue shall be given prior notice of his/her proposed removal. At any meeting where a vote is to be taken to remove a Member, the Member in question may attend and shall be given a reasonable opportunity to be heard. A Member may be removed by a vote of two-thirds (2/3) of the Board at any official meeting provided there is a quorum for the meeting at which the action is taken.

Section 2: Attendance Requirements

A Member who has been absent from three (3) consecutive meetings or more than fifty percent (50%) of regularly scheduled meetings in a twelve (12) month rolling period, without reasonable excuse, duly noted in the minutes of the meeting, shall be subject to removal from the Board.

Section 3: Resignations

Any Member may resign at any time by giving written notice to the Chair or Board. Such resignation shall take effect at the time specified therein, and if no time is specified in the written resignation, it shall take effect upon receipt by the Chair. Acceptance is not a prerequisite to the effectiveness of any resignation and such resignation shall be irrevocable upon delivery of such notice.

ARTICLE VI: BOARD AUTHORITY AND RESPONSIBILITIES

The CHC Board's responsibilities include providing advice, leadership, and guidance in support of the CHC's mission. No individual Board Member or group of Members has the authority to bind the Board or speak on its behalf without express authorization from it setting forth the limited purpose and duration.

Section 1: Responsibilities

The Board shall be responsible for:

- a) Attend monthly meetings.
- b) Evaluate, at least annually, the CHC's achievements, the performance of its CEO, and its compliance with FQHC requirements.
- c) Identify and ensure that it meets its educational and training needs including orientation and training new Board members.
- d) Approve the annual CHC budget, quality of care protocols, and audits.
- e) Adopt, and as needed amend, Bylaws.
- f) Provide financial oversight requiring control of major resource decisions and monitoring financial viability.
- g) Review and accept the annual financial audit report.
- h) Prohibit conflict of interest or appearance of the same by Members, employees, consultants, and those who provide services or goods to the CHC.
- i) Ensure the CHC is operated in compliance with applicable Federal, State, and local laws and regulations; and
- j) Adopt and approve policies necessary for the efficient and effective operation of the CHC, including but not limited to, scope and availability of services, location and hours of services, and quality-of-care audit procedures.
- k) Approve the selection and dismissal of the Chief Executive Officer of the CHC who has direct administrative and operational responsibility for the CHC designated sites.

- l) Approve CHC budget for designated site operations. Such approval shall be completed no later than the June Board meeting. The budget shall be within appropriations available for such purposes and shall be initially prepared by the person or persons having direct administrative responsibility for the operation of the CHC designated sites or their delegates.
- m) Develop CHC designated site's financial priorities and strategies for major resource utilization.
- n) Conduct an annual evaluation of the effectiveness of CHC designated sites. Such evaluation shall include but not be limited to utilization patterns, provider resources, productivity, patient satisfaction, and achievement of program objectives including performance to budget.
- o) Approve and implement a procedure for hearing and resolving patient grievances consistent with applicable federal, state, and local laws and regulations.
- p) Approve CHC designated site quality of care assessment procedures and metrics.
- q) Ensure CHC designated site is in compliance with federal, state and local laws and regulations.
- r) Approve such other policies as are necessary for the efficient and effective operation of CHC designated sites.
- s) Provide, at least bi-annually, an informational report to the District Board regarding the CHC designated site utilization, productivity, patient satisfaction, achievement of project objectives and financial performance.
- t) Renew and approve the CHC renewal of designation application.

Section 2: Limitations of Authority

The District Board shall maintain the authority to set general policy of fiscal and personnel matters pertaining to the CHC, including financial management practices, charges and rate setting, and labor relations and conditions of employment. The CHC Board may not adopt any policy or practice or take any action which is inconsistent with these Bylaws or Co-Applicant Agreement, or which alters the scope of any Health District policy regarding fiscal or personnel issues.

ARTICLE VII: MEMBER RESPONSIBILITIES

All Members must:

- a) Attend monthly Board meetings.
- b) Sit on a minimum of one Committee.
- c) Attend committee meetings.
- d) Serve without compensation. However, travel and mileage expenses shall be allowable in accordance with any CHC approved reimbursement policies.
- e) Be subject to applicable state and federal Conflict of Interest laws and CHC policies.

ARTICLE VIII: VACANCIES

Member vacancies on the Board or any Committee shall be filled for the unexpired portion of the term in the same manner as provided in the case of the original appointment.

ARTICLE IX: MEETINGS

Section 1: Location

Meetings of the Members may be held at the main office of the CHC or at such other place as may be designated for that purpose in the notice of the meeting.

Section 2: Open and Public

All meetings will be conducted consistent with Nevada's Open Meeting Law and generally follow Parliamentary Procedures for the timely and orderly progression of the meeting. A closed session may be placed on an agenda, when applicable.

Section 3: Regular and Annual Meetings

Regular meetings shall take place monthly and may occur more frequently. The first meeting of the new year shall constitute the Annual Meeting at which time elections shall be held for Officers and Directors.

Section 4: Special Meetings

Special meetings may be held whenever called by the Chair, or any four (4) Members. Notice of the meeting shall state the date, time, place, and purpose of the meeting.

Section 5: Quorum

Unless otherwise required by law or these Bylaws, a quorum is necessary to conduct business and make recommendations. A quorum constitutes a majority of Board Members. Each Member shall be entitled to one (1) vote. Voting must be in person, via videoconference, or telephonically; no proxy votes will be accepted.

Section 6: Meetings by Telephone or Teleconference

Members may participate in a meeting by electronic and teleconference means so long as all persons participating in the meeting can hear each other at the same time and have an opportunity speak. Such participation shall constitute presence in person at the meeting.

ARTICLE X: OFFICERS, DUTIES, ELECTION, AND TERM OF OFFICE

Section 1: Officers

A Chair, a First Vice Chair, and Second Vice Chair and such other officers the Board deems necessary shall be chosen from among the Board membership.

Section 2: Chair

The Chair shall preside over, plan, and carry out the agenda for each Board meeting, and:

- a) May delegate a reasonable portion of his/her duties to the First Vice Chair, in the event of the Chair's absence, resignation, or inability to perform.
- b) Shall appoint, with the approval of the Board, all standing and special committees of the Board, serve as an ex-officio member of all standing committees, and report annually to the Board on the current state of the CHC and plans for the future.
- c) Shall discharge all other duties as may be required by these Bylaws and from time to time may be assigned by the Board.

Section 3: Vice-Chairs

- a) First Vice Chair:
 - 1) Shall assist the Chair in his or her duties as needed.
 - 2) Shall perform the duties of Chair in the latter's absence and shall discharge additional duties that may from time to time be prescribed by the Chair or the Board.
- b) Second Vice-Chair
 - 1) Shall assist the Chair and the First Vice Chair in their respective duties as needed.
 - 2) Shall perform the duties of the Chair in the absence of the Chair and First Vice Chair and shall discharge additional duties that may from time to time be prescribed by the Chair, the First Vice Chair, or the Board.

Section 4: Nomination, Election, and Term of Office.

Officers shall be elected annually by the Board.

- a) At each Annual Meeting, and at other times when vacancies occur, the Nominations Committee shall present nominations for the offices of Chair, First Vice Chair, and Second Vice Chair. Additional nominations may be made from the floor. The term of each office shall be two (2) year, or any portion of an unexpired term thereof. Members may serve in any officer role for a maximum of 4 (four) consecutive terms. Vacancies may be filled, or new offices created and filled, at any Board meeting. A term of office for an officer shall start October 1, and shall terminate September 30, or until a successor is elected.

Section 5: Board Member Elections

- a) The Nominations Committee shall determine the number of vacancies for the following year, review all nominations received, and nominate the number of nominees equal to the number of vacancies. In so doing, the Nominations Committee shall take into account the requirements concerning the composition of the Board as set forth in Article IV herein.
- b) At the Annual Meeting, each vacancy shall be filled by majority vote of the directors voting, except that no nominee may be elected if the effect of such election would be to cause the composition of the Board to be in violation of the requirements contained in Article IV.

ARTICLE XI: COMMITTEES

Section 1: Committees Generally

Board Committees shall provide assistance and advice to the Board and may exercise such power and carry out such functions as are designated by these Bylaws or as delegated by the Board. All committees shall be advisory only and subject to the control of the Board. The Board may appoint committees as circumstances warrant as provided herein. There shall be no limitation on the length of time individuals may serve as members of a committee. All actions taken by any committee shall be reported at the next meeting of the Board and shall be binding only when approved by formal Board vote. Delegation of authority to a committee shall not operate to relieve the Board or any individual Member of any responsibility imposed on it or him/her by law, by the CHC, or these Bylaws.

Section 2: Standing Committees

Standing committees shall consist of the Executive Committee, Finance and Audit Committee, Quality, Credentialing & Risk Management Committee, Nominations Committee, Strategic Planning Committee, and Chief Executive Officer Annual Review Committee. The Board may create additional standing committees and dissolve such additional committees.

Section 3: Special Committees

Special committees may be appointed by the Chair with the approval of the Board for such special tasks as circumstances warrant. A special committee shall limit its activities to the accomplishment of the task for which it is appointed and shall have no power to act except such as is specifically conferred by action of the Board Members. Upon completion of the task for which appointed, such special committee shall stand dissolved.

ARTICLE XII: INDEMNIFICATION

- a) The CHC, to the extent legally permissible, indemnify each person who may serve or who has served as a CHC Chief Executive Officer against all costs and expenses reasonably incurred by or imposed upon him or her in connection with or resulting from any action, suit, or proceeding to which he or she may be a party by reason of his or her being or having been a Chief Executive Officer, except: 1) in connection with an action, suit or proceeding by or in the right of the CHC in which the Chief Executive Officer was adjudged liable to the CHC, 2) in any action, suit or proceeding charging improper personal benefit to the Chief Executive Officer, whether or not involving an action in his or her official capacity, in which the Chief Executive Officer was adjudged liable on the basis that personal benefit was improperly received, or 3) in relation to any other such matters as to which he or she shall finally be adjudicated in such action, suit, or proceeding to have acted in bad faith and to have been liable by reason of willful misconduct in the performance of his or her duty as Chief Executive Officer.
- b) Costs and expenses of actions for which this Article provides indemnification shall include, among other things, attorney's fees, damages, and reasonable amounts paid in settlement. The duty to indemnify is conditioned upon full cooperation by the Chief Executive Officer in the defense of the action and any action against the CHC based upon the same act or omission and in the prosecution of any appeal.

ARTICLE XIII: CONFLICT OF INTEREST AND ETHICS

Section 1: Determination of Conflict of Interest

A conflict of interest is a transaction with the CHC in which a Member has a direct or indirect economic or financial interest. Conflict of interest or the appearance of conflict of interest by Members, employees, consultants, agents, and those who furnish goods or services to the CHC must be declared. Members, including all Committee Members, shall:

- a) Declare any potential conflicts of interest by completing a conflict of interest declaration form (see Appendix "A").
- b) Comply with all federal and state conflict of interest laws.
- c) Decline to participate in a discussion of or vote on a matter where a conflict of interest exists for that Member.
- d) In addition to the requirements imposed by these Bylaws, be subject to all applicable state and federal conflict of interest laws and the rule and reporting requirements.

Section 2: Gifts & Inducements

Members shall not offer, solicit, pay, or accept anything of value in exchange for healthcare referrals or for actions that may be perceived as creating an advantage for the individual or entity that conducts business with the CHC. This applies to offering or receiving money, gifts, free or discounted items or services, meals, professional courtesies, or other arrangements with the intent to induct referrals or preferential treatment in their capacity as CHC Board Members.

- a) Accepting, offering, or paying anything of value in return for recommending products or services (including referrals) in violation of the Anti-Kickback Statute is a conflict of interest.

ARTICLE XIV: GENERAL PROVISIONS

Section 1: Patient Rights

The Board shall respect patient confidentiality, patient rights, and will comply with CHC policies.

Section 2: Fiscal Year

The fiscal year of this CHC shall end on June 30 of each year.

Section 3: Medical Care and Its Evaluation

The Board, in conjunction with the CHC's Chief Executive Officer, shall provide for a continuing review and appraisal of the quality of professional care rendered in the CHC whether by contracting for evaluation or otherwise.

Section 4: Adoption and Amendments

These Bylaws may be amended by a majority vote of a quorum of the Board at any regular or special meeting; provided that, in the case of any amendment, written notice of the amendment shall have been submitted to each Member at least seven (7) days prior to the meeting.

Section 5: Preservation of Confidential Information.

The Board has adopted policies and will comply with all federal and state laws and regulations regarding the protection of confidential, privileged or proprietary information and all such provisions shall apply to all Members both during committee service and thereafter.

ARTICLE XV: WINDING UP AND DISSOLUTION

These Bylaws are conditional upon the granting of the application for classification of this CHC as a Federal Qualified Health Center and the maintenance of such classification. In the event such classification does not occur within a reasonable time or is revoked, these Bylaws shall become ineffective and the CHC shall wind up and dissolve.

[NAME], Chair
Southern Nevada Health Community Health Center

Date

APPENDIX “A” CONFLICT OF INTEREST

Conflict of Interest. Defined as an actual or perceived interest by the Southern Nevada Community Health Center Member which results or has the appearance of resulting in person, organizational, or professional gain.

Duty of Loyalty. The Southern Nevada Community Health Center Board Members must be faithful to the organization and can never use information obtained in his/her position as a Board Member for personal gain.

Responsibility of Board Members:

1. A Board member must declare and explain any potential conflicts of interest related to:
 - a. Using his/her Board appointment in any way to obtain financial gain for the Member's household or family; or, for any business with which either the Member or the Member's household or family is associated; and
 - b. Taking any action on behalf of the Board, the effect of which would be to the Member's household or family's private financial gain or loss.
2. No Member shall vote in a situation where a personal conflict of interest exists for that Member.
3. No Member shall be a CHC or Heath District employee, or an immediate family member (i.e., spouse, child, parent, brother, or sister by blood, adoption, or marriage) of such employee.
4. Any Member may challenge any other Member(s) as having a conflict of interest by the procedures outlined in the Board's Bylaws, Article XIII, Conflict of Interest.

As a Member of the Southern Nevada Community Health Center's Governing Board, my signature below acknowledges that I have received, read, and had an opportunity to ask clarifying questions regarding these conflict of interest requirements. I understand that any violation of these requirements may be grounds for my removal from the Board. I further understand that I may be subject to all other applicable state and federal conflict of interest requirements in addition to the provisions set forth in these Bylaws.

Should my circumstances change, I will provide an updated disclosure to the Chief Executive Officer.

Print Name

Board Member's Signature

Date



AT THE SOUTHERN NEVADA HEALTH DISTRICT

AMENDED BYLAWS OF THE
SOUTHERN NEVADA
COMMUNITY HEALTH CENTER
GOVERNING BOARD
(COAPPLICANT BOARD)

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD
280 S. Decatur Blvd, Las Vegas, NV 89107

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Adopted: October 30, 2019

Amended: January 23, 2020

Amended: June 24, 2021

Amended: October 27, 2022

Amended: December 19, 2023

Amended: _____, 2025

Bylaws of the Southern Nevada Community Health Center Governing Board

ARTICLE I: NAME

This body shall be known as the Southern Nevada Health Community Center Governing Board (CHC Board or Board). The Board shall serve as the independent local co-applicant governing board pursuant to the Public Health Services Act and its implementing regulations. The Board is organized as designated by the Health Resources and Services Administration's (HRSA) Federally Qualified Health Center (FQHC) guidelines. The Southern Nevada District Board of Health (District Board) a public entity and political subdivision of the State of Nevada, is the Southern Nevada Health District's (Health District) governing board and shall act as co-applicant with the Board.

ARTICLE II: MISSION

The Board's mission is to serve Clark County residents in underserved areas with appropriate and comprehensive outpatient health and wellness, emphasizing prevention and education in a culturally respectful environment.

ARTICLE III: PURPOSE

The Board is a patient/community-based governing board mandated by HRSA to set health center policy and provide oversight of the FQHC Southern Nevada Community Health Center (CHC). The CHC designated sites will:

- a) Provide outpatient primary care, behavioral health, and dental services in underserved areas for medically underserved populations.
- b) Deliver high quality primary care, behavioral health, and dental services under conditions meeting the proper standards for the delivery of such care, rendered by competent, credentialed professionals subject to established quality controls.
- c) Provide health care and related services and operate its facilities without regard to age, race, creed, color, national origin, sexual orientation or identity, military status, sex, disability, genetics, or marital status.
- d) Educate the public in the principles of health prevention and promote other projects in the interest of the public's health.
- e) Cooperate with other organizations or governmental agencies engaged in similar or like activities provided that such collaboration neither restricts nor infringes upon the Board's authority or function.
- f) Engage in such other activities as directed by the Board.

ARTICLE IV: BOARD COMPOSITION AND TERMS

Section 1: Composition

The Board shall be comprised of not less than nine (9) and not more than twenty-five (25) voting members who shall stand for regular elections (Members). The Chief Executive Officer shall be an ex-officio non-voting member. The Members shall serve staggered terms.

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A current or former Member may serve additional terms if the Board determines after careful deliberation and as reflected in the minutes, it is in the best interest of the organization and in furtherance of best practices.

Section ~~7~~6: Selection

~~A nominating committee comprised of CHC officers, the Chief Executive Officer, and such other members as the selected by the Board shall meet and present nominees for membership at the annual meeting or as needed to fill Board vacancies. Where appropriate and practical, the committee may interview prospects to ensure compliance with membership requirements. Nominations may be made from the floor.~~ New Board members shall be elected by the full CHC Board during the annual meeting or as needed to fill Board vacancies.

ARTICLE V: REMOVAL OF MEMBERS

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Any Member may be removed whenever it's in the best interests of the CHC or the Board. The Member whose removal is placed in issue shall be given prior notice of his/her proposed removal. At any meeting where a vote is to be taken to remove a Member, the Member in question may attend and shall be given a reasonable opportunity to be heard. A Member may be removed by a vote of two-thirds (2/3) of the Board at any official meeting provided there is a quorum for the meeting at which the action is taken.

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~~b)c)~~ Identify and ensure that it meets its educational and training needs including orientation and training new Board members.

~~e)d)~~ Approve the annual CHC budget, quality of care protocols, and audits.

~~d)e)~~ Adopt, and as needed amend, Bylaws.

f) Provide financial oversight requiring control of major resource decisions and monitoring financial viability.

~~e)g)~~ Review and accept the annual financial audit report.

~~f)h)~~ Prohibit conflict of interest or appearance of the same by Members, employees, consultants, and those who provide services or goods to the CHC.

~~g)i)~~ Ensure the CHC is operated in compliance with applicable Federal, State, and local laws and regulations; and

~~h)j)~~ Adopt and approve policies necessary for the efficient and effective operation of the CHC, including but not limited to, scope and availability of services, location and hours of services, and quality-of-care audit procedures.

~~i)k)~~ Approve the selection and dismissal of the Chief Executive Officer of the CHC who has direct administrative and operational responsibility for the CHC designated sites.

- ~~j) Approve policies identifying the services to be delivered at CHC designated sites and the hours during which services are to be provided.~~
- ~~k)l)~~ Approve CHC budget for designated site operations. Such approval shall be completed no later than the June Board meeting. The budget shall be within appropriations available for such purposes and shall be initially prepared by the person or persons having direct administrative responsibility for the operation of the CHC designated sites or their delegates.
- ~~h)m)~~ Develop CHC designated site's financial priorities and strategies for major resource utilization.
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- ~~s)t)~~ Renew and approve the CHC renewal of designation application.

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The District Board shall maintain the authority to set general policy of fiscal and personnel matters pertaining to the CHC, including financial management practices, charges and rate setting, and labor relations and conditions of employment. The CHC Board may not adopt any policy or practice or take any action which is inconsistent with these Bylaws or Co-Applicant Agreement, or which alters the scope of any Health District policy regarding fiscal or personnel issues.

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All Members must:

- a) Attend ~~a minimum of nine (9) out of the twelve (12) monthly Board meetings within any twelve-month period calculated on a rolling basis, subject to extenuating circumstances.~~
- b) Sit on a minimum of one Committee.
- c) Attend ~~three-fourths (3/4) of the committee meetings in a twelve-month (12) period.~~
- d) Serve without compensation. However, travel and mileage expenses shall be allowable in accordance with any CHC approved reimbursement policies.
- e) Be subject to applicable state and federal Conflict of Interest laws and CHC policies.

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Special meetings may be held whenever called by the Chair, or any four (4) Members. Notice of the meeting shall state the date, time, place, and purpose of the meeting.

Section 5: Quorum

Unless otherwise required by law or these Bylaws, a quorum is necessary to conduct business and make recommendations. A quorum constitutes a majority of Board Members. Each Member shall be entitled to one (1) vote. Voting must be in person, via videoconference, or telephonically; no proxy votes will be accepted.

Section 6: Meetings by Telephone or Teleconference

Members may participate in a meeting by electronic and teleconference means so long as all persons participating in the meeting can hear each other at the same time and have an opportunity speak. Such participation shall constitute presence in person at the meeting.

ARTICLE X: OFFICERS, DUTIES, ELECTION, AND TERM OF OFFICE

Section 1: Officers

A Chair, a First Vice Chair, and Second Vice Chair and such other officers the Board deems necessary shall be chosen from among the Board membership.

Section 2: Chair

The Chair shall preside over, plan, and carry out the agenda for each Board ~~and Executive Committee~~ meeting, and:

- a) May delegate a reasonable portion of his/her duties to the First Vice Chair, in the event of the Chair's absence, resignation, or inability to perform.
- b) Shall appoint, with the approval of the Board, all standing and special committees of the Board, serve as an ex-officio member of all standing committees, and report annually to the Board on the current state of the CHC and plans for the future.
- c) Shall discharge all other duties as may be required by these Bylaws and from time to time may be assigned by the Board.

Section 3: Vice-Chairs

- a) First Vice Chair:
 - 1) Shall assist the Chair in his or her duties as needed.
 - 2) Shall perform the duties of Chair in the latter's absence and shall discharge additional duties that may from time to time be prescribed by the Chair or the Board.
- b) Second Vice-Chair
 - 1) Shall assist the Chair and the First Vice Chair in their respective duties as needed.
 - 2) Shall perform the duties of the Chair in the absence of the Chair and First Vice Chair and shall discharge additional duties that may from time to time be prescribed by the Chair, the First Vice Chair, or the Board.

Section 4: Nomination, Election, and Term of Office.

Officers shall be elected annually by the Board.

- a) At each Annual Meeting, and at other times when vacancies occur, the Nominations Committee shall present nominations for the offices of Chair, First Vice Chair, and Second Vice Chair. Additional nominations may be made from the floor. The term of each office shall be two (2) year, or any portion of an unexpired term thereof. Members may serve in any officer role for a maximum of 4 (four) consecutive terms. Vacancies may be filled, or new offices created and filled, at any Board meeting. A term of office for an officer shall start October 1, and shall terminate September 30, or until a successor is elected.

Section 5: Board Member Elections

- a) The Nominations Committee shall determine the number of vacancies for the following year, review all nominations received, and nominate the number of nominees equal to the number of vacancies. In so doing, the Nominations Committee shall take into account the requirements concerning the composition of the Board as set forth in Article IV herein.
- b) At the Annual Meeting, each vacancy shall be filled by majority vote of the directors voting, except that no nominee may be elected if the effect of such election would be to cause the composition of the Board to be in violation of the requirements contained in Article IV.

ARTICLE XI: COMMITTEES

Section 1: Committees Generally

~~All~~ Board Committees shall provide assistance and advice to the Board and may exercise such power and carry out such functions as are designated by these Bylaws or as delegated by the Board. ~~Such All~~ committees shall be advisory only and subject to the control of the Board. ~~At each Annual Meeting and as otherwise needed, t~~The Board may appoint ~~other~~ committees as circumstances warrant as provided herein. There shall be no limitation on the length of time individuals may serve as members of a committee. All actions taken by any ~~Committee-committee~~ shall be reported at the next meeting of the Board and shall be binding ~~upon the Board~~ only when approved by formal Board vote. Delegation of authority to a committee shall not operate to relieve the Board or any individual Member of any responsibility imposed on it or him/her by law, by the CHC, or these Bylaws.

Section 2: Standing Committees

Standing committees shall consist of the Executive Committee, Finance and Audit Committee, Quality, Credentialing & Risk Management Committee, ~~and~~ Nominations Committee, Strategic Planning Committee, and Chief Executive Officer Annual Review Committee. The Board may create additional standing committees and dissolve such additional committees.

Section 3: Special Committees

Special committees may be appointed by the Chair with the approval of the Board for such special tasks as circumstances warrant. A special committee shall limit its activities to the accomplishment of the task for which it is appointed and shall have no power to act except such as is specifically conferred by action of the Board Members. Upon completion of the task for which appointed, such special committee shall stand ~~discharged~~dissolved.

~~Section 4: Executive Committee~~

~~Committee membership consists of the CHC's Chair, the Chief Executive Officer, the Health-District's District Health Officer, at least one (1) Member who is also a consumer member, and such other persons appointed by the Board. The designation of such Executive Committee and the delegation of authority to it shall not operate to relieve the Board or any individual Member of any responsibility imposed on it or him/her by law, by the CHC, or these Bylaws. The Executive Committee shall coordinate the activities of all Board committees, may take action on behalf of the Board in emergencies on which the full Board will subsequently vote, and perform such other duties as prescribed by the Board.~~

~~Section 5: Finance and Audit Committee~~

~~The Finance Committee shall be composed of the Chief Financial Officer and at least three (3) Board Members appointed by the Board. All members shall have the right to vote. The duties and responsibilities of the Finance Committee shall be:~~

- ~~a) To develop and recommend financial policy to the Board;~~
- ~~b) To review the CHC's annual budgets and to make recommendations thereon to the Board;~~
- ~~c) To review the CHC's monthly financial statements appraise the CHC's operating performance, and make recommendations to the Board on both current and long-term fiscal affairs;~~
- ~~d) To advise the Board on methods and procedures which will ensure the financial policies and budgets adopted by the Board Members are carried out;~~
- ~~e) To review and advise the Board on financial feasibility of projects, acts and undertakings referred to it by the Board;~~
- ~~f) To review and report to the Board on all internal and external audits; and~~
- ~~g) To perform other functions as requested by the Board.~~
- ~~h) To approve selection of and compensation paid to the CHC's independent auditors.~~
- ~~i) To review the results of the CHC's independent audit, including significant reporting issues and findings, and, if necessary, recommend corrective action to the Board.~~
- ~~j) To oversee the CHC's compliance program.~~
- ~~k) To review the results of internal audits and compliance monitoring activities and to recommend corrective action to the Board when necessary.~~

~~Section 6: Nominations Committee~~

~~The Nominations Committee shall present nominations for Board vacancies and for the offices of Chair, First Vice-Chair, and Second Vice-Chair at each Annual Meeting and at other times when vacancies occur in the offices. The Nominations Committee shall also provide a recommendation to the Board regarding the number of Board members.~~

~~Section 7: Quality, Credentialing & Risk Management Committee~~

~~Section 8: Chief Executive Officer Annual Review Committee~~

ARTICLE XII: INDEMNIFICATION

- a) The CHC, to the extent legally permissible, indemnify each person who may serve or who has served as a CHC Chief Executive Officer against all costs and expenses reasonably incurred by or imposed upon him or her in connection with or resulting from any action, suit, or proceeding to which he or she may be a party by reason of his or her being or having been a Chief Executive Officer, except: 1) in connection with an action, suit or proceeding by or in the right of the CHC in which the Chief Executive Officer was adjudged liable to the CHC, 2) in any action, suit or proceeding charging improper personal benefit to the Chief Executive Officer, whether or not involving an action in his or her official capacity, in which the Chief Executive Officer was adjudged liable on the basis that personal benefit was improperly received, or 3) in relation to any other such matters as to which he or she shall finally be adjudicated in such action, suit, or proceeding to have acted in bad faith and to have been liable by reason of willful misconduct in the performance of his or her duty as Chief Executive Officer.
- b) Costs and expenses of actions for which this Article provides indemnification shall include, among other things, attorney's fees, damages, and reasonable amounts paid in settlement. The duty to indemnify is conditioned upon full cooperation by the Chief Executive Officer in the defense of the action and any action against the CHC based upon the same act or omission and in the prosecution of any appeal.

ARTICLE XIII: CONFLICT OF INTEREST AND ETHICS

Section 1: Determination of Conflict of Interest

A conflict of interest is a transaction with the CHC in which a Member has a direct or indirect economic or financial interest. Conflict of interest or the appearance of conflict of interest by Members, employees, consultants, agents, and those who furnish goods or services to the CHC must be declared. Members, including all Committee Members, shall:

- a) Declare any potential conflicts of interest by completing a conflict of interest declaration form (see Appendix "A").
- b) Comply with all federal and state conflict of interest laws.
- c) Decline to participate in a discussion of or vote on a matter where a conflict of interest exists for that Member.
- d) In addition to the requirements imposed by these Bylaws, be subject to all applicable state and federal conflict of interest laws and the rule and reporting requirements.

Section 2: Gifts & Inducements

Members shall not offer, solicit, pay, or accept anything of value in exchange for healthcare referrals or for actions that may be perceived as creating an advantage for the individual or entity that conducts business with the CHC. This applies to offering or receiving money, gifts, free or discounted items or services, meals, professional courtesies, or other arrangements with the intent to induct referrals or preferential treatment in their capacity as CHC Board Members.

- a) Accepting, offering, or paying anything of value in return for recommending products or services (including referrals) in violation of the Anti-Kickback Statute is a conflict of

interest.

ARTICLE XIV: GENERAL PROVISIONS

Section 1: Patient Rights

The Board shall respect patient confidentiality, patient rights, and will comply with CHC policies.

Section 2: Fiscal Year

The fiscal year of this CHC shall end on June 30 of each year.

Section 3: Medical Care and Its Evaluation

The Board, in conjunction with the CHC's Chief Executive Officer, shall provide for a continuing review and appraisal of the quality of professional care rendered in the CHC whether by contracting for evaluation or otherwise.

Section 4: Adoption and Amendments

These Bylaws may be amended by a majority vote of a quorum of the Board at any regular or special meeting; provided that, in the case of any amendment, written notice of the amendment shall have been submitted to each Member at least seven (7) days prior to the meeting.

Section 5: Preservation of Confidential Information.

The Board has adopted policies and will comply with all federal and state laws and regulations regarding the protection of confidential, privileged or proprietary information and all such provisions shall apply to all Members both during committee service and thereafter.

ARTICLE XV: WINDING UP AND DISSOLUTION

These Bylaws are conditional upon the granting of the application for classification of this CHC as a Federal Qualified Health Center and the maintenance of such classification. In the event such classification does not occur within a reasonable time or is revoked, these Bylaws shall become ineffective and the CHC shall wind up and dissolve.

Signature Redacted

~~March 19, 2024~~

~~Jose Melendrez~~, Chair
Southern Nevada Health Community Health Center

Date

APPENDIX “A” CONFLICT OF INTEREST

Conflict of Interest. Defined as an actual or perceived interest by the Southern Nevada Community Health Center Member which results or has the appearance of resulting in person, organizational, or professional gain.

Duty of Loyalty. The Southern Nevada Community Health Center Board Members must be faithful to the organization and can never use information obtained in his/her position as a Board Member for personal gain.

Responsibility of Board Members:

1. A Board member must declare and explain any potential conflicts of interest related to:
 - a. Using his/her Board appointment in any way to obtain financial gain for the Member's household or family; or, for any business with which either the Member or the Member's household or family is associated; and
 - b. Taking any action on behalf of the Board, the effect of which would be to the Member's household or family's private financial gain or loss.
2. No Member shall vote in a situation where a personal conflict of interest exists for that Member.
3. No Member shall be a CHC or Heath District employee, or an immediate family member (i.e., spouse, child, parent, brother, or sister by blood, adoption, or marriage) of such employee.
4. Any Member may challenge any other Member(s) as having a conflict of interest by the procedures outlined in the Board's Bylaws, Article XIII, Conflict of Interest.

As a Member of the Southern Nevada Community Health Center's Governing Board, my signature below acknowledges that I have received, read, and had an opportunity to ask clarifying questions regarding these conflict of interest requirements. I understand that any violation of these requirements may be grounds for my removal from the Board. I further understand that I may be subject to all other applicable state and federal conflict of interest requirements in addition to the provisions set forth in these Bylaws.

Should my circumstances change, I will provide an updated disclosure to the Chief Executive Officer.

Jose L. Melendrez

Print Name

Signature Redacted

Board Member's Signature

March 19, 2024

Date

The Chief Executive Officer of the Southern Nevada Community Health Center, in consultation with the Board Chair, shall prepare an agenda for all board and committee meetings. In preparing the agenda, the following procedures will be followed:

1. Availability of Agenda:

- a) The agenda shall be sent to each Board member in advance of the meetings and posted on the Board website. Supporting/reference material, if any, will be posted at the same time or as soon thereafter as possible.
- b) Deadline for receipt by the Chief Executive Officer of agenda items and related reference materials, is ten (10) business days prior to the meeting.
- c) If a holiday occurs during any of the periods specified herein, the deadlines may be adjusted.

2. Agenda Preparation and Approval:

- a) All matters to be considered by the Board at any meeting shall be submitted to the Chief Executive Officer for review. A draft of the agenda will be prepared and submitted in a timely manner to the Board Chair and Board legal counsel for review and recommendation. The Board Chair has final approval.

3. Order of Agenda Items:

- a) The first item on the agenda following the Call to Order, Pledge of Allegiance, Oaths of Office and recognitions will be the consideration of any tabled and/or reconsideration items.
- b) The remainder of the agenda will, generally, be in the following order: Public Comment (the first of two), Approval of Agenda and Consent Agenda (which includes approval of meeting Minutes), Report/Discussion/Action Items, Board Reports, Executive Director Reports, and Public Comment.
- c) Any closed sessions will be held prior to the last Public Comment.

4. Consent Agenda:

- a) All consent agenda items are approved through one Board motion approving the consent agenda. Consent agenda items are used to address actions requiring Board approval that are more routine in nature such as minutes, reports, established grants and contracts. It may also be used to approve Board work related to policy and procedure development and review. Any Board member may request that an item be removed from the Consent Agenda and placed on the regular agenda as a discussion/action item.

5. Agenda Item Requests:

- a) All business for consideration shall be included on the approved agenda.
- b) Board member requests shall be submitted in writing (including via e-mail), to both the Board Chair and the Chief Executive Officer with a clear description of the requested item, the rationale and background for the item, and any supporting documents. If the Board Chair, in consultation with the Chief Executive Officer, deems the agenda request to be relevant to the Board's mission and within the Board's authority, the item may be placed

on the agenda as a discussion item.

- c) The Board Chair will exercise his/her discretion with respect to the actual calendaring of a request. Once accepted, the Board Chair will make all reasonable efforts to ensure that the request is heard within a reasonable time period after submission.

6. Notice of Board of Health Meetings:

- a) Notices of the meetings of the Southern Nevada Community Health Center Governing Board and its committees shall be posted in accordance with the OML.

Adopted by the SNCHC Governing Board on January 29, 2020

The Chief Executive Director-Officer of the Southern Nevada Community Health Center, in consultation with the Board Chair, shall prepare an agenda for all board and committee meetings. In preparing the agenda, the following procedures will be followed:

1. Availability of Agenda:

- a) The agenda shall be sent to each Board member in advance of the meetings and posted on the Board website. Supporting/reference material, if any, will be posted at the same time or as soon thereafter as possible.
- b) Deadline for receipt by the Chief Executive Director-Officer of agenda items and related reference materials, is ten (10) business days prior to the meeting.
- c) If a holiday occurs during any of the periods specified herein, the deadlines may be adjusted.

2. Agenda Preparation and Approval:

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- b) Board member requests shall be submitted in writing (including via e-mail), to both the Board Chair and the Chief Executive Director-Officer with a clear description of the requested item, the rationale and background for the item, and any supporting documents. If the Board Chair, in consultation with the Chief Executive Director-Officer, deems the agenda request to be relevant to the Board's mission and within the Board's

authority, the item may be placed on the agenda as a discussion item.

- ~~c) Elected officials and members of the legislature may request agenda items directly through the Board Chair or another Board member.~~
- ~~d) Public requests for agenda items must be in writing and submitted with supporting documents, if any, at least twenty (20) days before the scheduled meeting date. Public requests should be sent to the attention of the Executive Director via US Mail or e-mail snchcgoverningboard@snhd.org. The Board Chair, in consultation with the Executive Director, will approve or deny any such requests.~~
- e)c) The Board Chair will exercise his/her discretion with respect to the actual calendaring of a request. Once accepted, the Board Chair will make all reasonable efforts to ensure that the request is heard within a reasonable time period after submission.

6. Notice of Board of Health Meetings:

- a) Notices of the meetings of the Southern Nevada Community Health Center Governing Board and its committees shall be posted in accordance with the OML.

Adopted by the SNCHC Governing Board on January 29, 2020

The Southern Nevada Community Health Center recognizes that its deliberative process benefits from public input and perspective. At the same time, it wishes to organize its agendas and use its meeting time effectively and ensure an equitable allocation of time to speakers.

Accordingly, it is the policy of the Board that members of the public shall have the right and shall be encouraged to be heard at Board meetings. This right may be exercised as follows:

1. Public Comments. There will be two public comment periods. One at the beginning of the meeting before any items on which action may be taken are heard and one before adjournment. The public comment period at the beginning of the meeting will be limited to those items listed on the agenda. The public comment period held before adjournment is a general public comment period and speakers may address the Board about any items within its jurisdiction. Speakers will be given five (5) minutes to address the Board.
 - a) The Board is unable to take action on any item raised on these comments until the matter itself has been specifically included on the agenda as an item upon which action may be taken. However, the Board can provide direction to staff.
 - b) Once the public comment period is closed, no additional public comment will be accepted.
 - c) No person may yield his or her time to another person.
 - d) In those situations where large groups of people desire to address the Board on the same matter, the Board Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group.
2. Comments may be prohibited if not relevant to, within the authority of the Board, or willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, irrational, amounting to personal attacks, or interfering with the rights of other speakers.
3. The Board reserves the right to waive or alter this procedure if in the opinion of the Board it is warranted by the circumstances of any particular meeting.
4. At each meeting, the Chair may read speaker guidelines prior to receiving public input.

Adopted by the SNCHC Governing Board on January 29, 2020

The Southern Nevada Community Health Center recognizes that its deliberative process benefits **greatly** from public input and perspective. At the same time, it wishes to organize its agendas and use its meeting time effectively and ensure an equitable allocation of time to speakers.

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 - b) Once the public comment period is closed, no additional public comment will be accepted.**
 - ~~b)~~—No person may yield his or her time to another person.**
 - c) —**
—In those situations where large groups of people desire to address the Board on the same matter, the Board Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group.
 - e)d)**
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4. At each meeting, the Chair may read speaker guidelines prior to receiving public input.

Adopted by the SNCHC Governing Board on January 29, 2020

1. Voting Procedures:

- a) All members of the Southern Nevada Community Health Center Governing Board are eligible to vote on all matters coming before the Board.
- b) The Chair shall have the same right as any other Board member to initiate a motion, question, or debate, and vote on a motion.
- c) All voting procedures shall generally follow parliamentary procedure. The Chair may call for a roll call vote on any item as he/she deems appropriate and/or necessary.
- d) All Board members shall abide by the requirements of Nevada's Ethics in Government law (NRS 281A.420). Whenever possible, the Board member with a potential conflict of interest shall disclose the potential conflict prior to casting his/her vote. Unless abstention is required pursuant to NRS 281A.420 or pursuant to policy, the disclosing Board member will cast his/her vote.
- e) A Board member may only vote during an official meeting and that the member has no legal status to bind the Board outside such meetings.
- f) Action may only be taken by a quorum of members of the Board. A majority of the members of the Board constitutes a quorum. Board action shall be valid only upon a vote of approval by a majority of the quorum.

2. Board Member Attendance Requirements:

- a) Board members should make every effort to attend every Board meeting in person.
- b) If, at the last minute, the Board member is prevented from attending the Board meeting, he/she may email or call the Senior Administrative Specialist to the Chief Executive Officer to notify the Board Chair of his/her absence.
- c) Telephonic participation is permitted when a Board member is unavailable to personally attend a Board meeting.
- d) In order to attend telephonically, the Board member is encouraged to contact the Executive Director no later than 4:30 p.m. the day prior to the scheduled meeting to advise of his/her intent to participate telephonically.
- e) In the event an emergency necessitates telephonic participation on the day of a meeting, the participant must contact the Executive Director as soon as possible so telephonic arrangements can be made.
- f) When participating telephonically, the Board member is expected to actively participate in the discussions, as well as review all pertinent materials to make an informed decision.
- g) Whenever attending telephonically, the Board member is reminded that background noise is to be avoided as it is disruptive to the meeting and interferes with transcription of the minutes.

3. Electronic Devices:

- a) Cell phones and other electronic devices should be silenced or placed in vibration mode during Board meetings.

Adopted by the SNCHC Governing Board on January 29, 2020

1. Voting Procedures:

- a) All members of the Southern Nevada Community Health Center Governing Board are eligible to vote on all matters coming before the Board.
- b) The Chair shall have the same right as any other Board member to initiate a motion, question, or debate, and vote on a motion.
- c) All voting procedures shall generally follow parliamentary procedure. The Chair may call for a roll call vote on any item as he/she deems appropriate and/or necessary.
- d) All Board members shall abide by the requirements of Nevada's Ethics in Government law (NRS 281A.420). Whenever possible, the Board member with a potential conflict of interest shall disclose the potential conflict prior to casting his/her vote. Unless abstention is required pursuant to NRS 281A.420 or pursuant to ~~advice of Board legal counsel~~ policy, the disclosing Board member will cast his/her vote.
- e) A Board member may only vote during an official meeting and that the member has no legal status to bind the Board outside such meetings.
- f) Action may only be taken by a quorum of members of the Board. A majority of the members of the Board constitutes a quorum. Board action shall be valid only upon a vote of approval by a majority of the quorum.

2. Board Member Attendance Requirements:

- a) Board members should make every effort to attend every Board meeting in person.
- b) If, at the last minute, the Board member is prevented from attending the Board meeting, he/she may email or call the Senior Administrative Specialist to the Chief Executive Director Officer at (702) 759-1659 to notify the Board Chair of his/her absence.
- c) Telephonic participation is permitted when a Board member is unavailable to personally attend a Board meeting.
- d) In order to attend telephonically, the Board member is encouraged to contact the Executive Director no later than 4:30 p.m. the day prior to the scheduled meeting to advise of his/her intent to participate telephonically.
- e) In the event an emergency necessitates telephonic participation on the day of a meeting, the participant must contact the Executive Director as soon as possible so telephonic arrangements can be made.
- f) When participating telephonically, the Board member is expected to actively participate in the discussions, as well as review all pertinent materials to make an informed decision.
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3. Electronic Devices:

- a) Cell phones and other electronic devices should be silenced or placed in vibration mode during Board meetings.

Adopted by the SNCHC Governing Board on January 29, 2020

This policy applies to any group formed by the Board, whether or not it is called a committee and regardless of whether the group includes Board members. It does not apply to committees formed under the authority of the Chief Executive Officer. A Board committee may not take final action on behalf of the Board, it may only make recommendations to the Board.

1. Establishing a Committee:

- a) Board committees will be organized as needed to assist with tasks that belong to the Board. The Board shall appoint all members of Board committees.
 - i. Standing committees are formed to do their assigned duties on an on-going basis, although members may fluctuate. Unless the Board otherwise limits the duration, standing committees are formed with a continued existence.
 - ii. Special committees are formed for a specific purpose. Upon completion of the assigned project and presentation of its final recommendation to the Board, the committee automatically dissolves unless assigned additional projects by the Board.
 - iii. Board members are encouraged and expected to volunteer for at least one committee membership.
 - iv. The Board is responsible for providing committee members on-going training in governance issues.

2. Committee Composition:

- a) Committees shall consist three (3) Board members.
 - i. When appropriate, the Board may appoint non-members to serve on committees as Ex-officio members. An Ex-officio member may not serve as a committee chair. Ex-Officio members appointed to a committee shall serve for no pay.
 - ii. Committee membership should reflect the diversity of the Southern Nevada Community Health Center community.

3. Committee Roles, Responsibilities and Expectations:

- a) The Board will approve each committee's charter. Each charter shall indicate the committee's purpose, scope of duties and responsibilities, composition, voting and quorum rules, meeting rules, reporting requirements, and for special committees, conditions for dissolution. When used, committees will ensure the Community Health Center's needs and interests are asserted over personal and/or business relationships.
- b) Except as otherwise provided in its charter, a committee may establish a schedule of meetings as necessary and practical to carry out its assigned charge, review and discuss information, and formulate recommendations for presentation to the full Board.
 - i. Board Committees:
 - a. Support the Board in doing its jobs, not to help or advise the staff. In keeping with the Board's broader focus, Board committees will normally not have direct involvement with current staff operations.
 - b. Cannot exercise authority over staff.

- c. Will ensure all meetings comply with Nevada’s Open Meeting Law and generally follow parliamentary procedure as contained in Robert’s Rules of Order insofar as they do not conflict with the Community Health Center’s Bylaws or applicable law.
- ii. Committee Members:
 - a. May not speak or act for the Board except when formally given such authority for specific and time-limited purposes.
 - b. Ex-officio members shall not vote and are not counted toward quorum.
- iii. Committee Meetings, Reports, and Recommendations:
 - a. Reports and recommendations should be based upon objective criteria in furtherance of the Community Health Center’s current and future needs. Reports from Board committees shall be agendaized as part of the regular Board meeting or as requested by the Board Chair.
 - b. Meetings will be presided over by the committee chair.
 - c. The Chief Executive Officer will provide a mechanism for official committee communications.
 - d. The Board may choose to accept or reject committee recommendations, and/or provide additional direction to the committee in carrying out their charge and continuing their deliberations.

Adopted by the SNCHC Governing Board on January 29, 2020

This policy applies to any group formed by the Board, whether or not it is called a committee and regardless of whether the group includes Board members. It does not apply to committees formed under the authority of the ~~Chief~~ Executive ~~Director~~Officer. ~~Unless specifically authorized to do so, a~~ Board committee may not take final action on behalf of the Board, it may only make recommendations to the Board.

1. Establishing a Committee:

- a) Board committees will be organized as needed to assist with tasks that belong to the Board. The Board ~~Chair may~~shall appoint ~~the chairperson and all~~ members of Board committees.
 - i. Standing committees are formed to do their assigned duties on an on-going basis, although ~~its~~ members may fluctuate. Unless the Board ~~Chair~~ otherwise limits the duration, standing committees are formed with a continued existence. ~~The Board is responsible for providing committee members on-going training in governance issues.~~
 - ii. ~~Ad Hoc~~Special committees are formed for a specific purpose. Upon completion of the assigned project and presentation of its final recommendation to the Board, the committee automatically dissolves unless assigned additional projects by the Board. ~~Each Ad Hoc committee shall select a committee chair unless the Board Chair appoints one.~~
 - iii. Board members are encouraged and expected to volunteer for at least one committee membership.
 - iii.iv. ~~The Board is responsible for providing committee members on-going training in governance issues.~~

2. Committee Composition:

- a) ~~When possible, all c~~Committees shall consist ~~of at least five (5) Board members, and no more than six (6) members. At no time shall there be fewer than three (3) Board~~ members.
 - i. When appropriate, ~~the Board may appoint~~ non-members ~~of the Board may~~to serve on committees as Ex-officio members. An Ex-officio member may, but shall not serve as a committee chair. Ex-Officio members appointed to a committee shall serve for no pay.
 - ii. Committee membership should reflect the diversity of the Southern Nevada Community Health Center community.

3. Committee Roles, Responsibilities and Expectations:

- a) The Board will approve ~~the each~~ committee's charter. Each charter shall indicate the committee's purpose, scope of duties and responsibilities, composition, voting and quorum rules, meeting rules, reporting requirements, and for special committees, conditions for dissolution. objectives, and when necessary determine a timeline and allocate an appropriate budget. Voting rights of non-member committee members will be determined by majority vote of the Board. When used, committees will ensure the Community Health Center's needs and interests are asserted over personal and/or business relationships.
- b) Except as otherwise provided in its charter, a Ccommittees may establish a schedule of meetings as necessary and practical to carry out ~~their~~its assigned charge, review and discuss information, and formulate recommendations for presentation to the full Board.
 - i. Board Committees:

- a. Support the Board in doing its jobs, not to help or advise the staff. In keeping with the Board's broader focus, Board committees will normally not have direct involvement with current staff operations.
 - b. Cannot exercise authority over staff.
 - c. Will ensure all meetings comply with Nevada's Open Meeting Law and generally follow parliamentary procedure as contained in Robert's Rules of Order insofar as they do not conflict with the Community Health Center's Bylaws or applicable law.
- ii. Committee Members:
 - a. May not speak or act for the Board except when formally given such authority for specific and time-limited purposes.
 - ~~b. Will avoid over-identification with organizational parts rather than the whole. For example, a Board committee that has helped the Board create policy on a particular topic will not also be used to monitor performance on that same topic.~~
 - b. Ex-officio members shall not vote and are not counted toward quorum.
- iii. Committee Meetings, Reports, and Recommendations:
 - a. Reports and recommendations should be based upon objective criteria in furtherance of the Community Health Center's current and future needs. Reports from Board committees shall be agendized as part of the regular Board meeting or as requested by the Board Chair.
 - b. Meetings will be presided over by the committee chair.
 - c. The Chief Executive ~~Director~~ Officer will provide a mechanism for official committee communications.
 - d. The Board may choose to accept or reject committee recommendations, and/or provide additional direction to the committee in carrying out their charge and continuing their deliberations.

~~4. Review and Evaluation of Board Committees:~~

- ~~a) When Board committees shall be reviewed annually by the full Board at its August meeting including confirmation of the necessity for the committee, its stated purpose or charge, and current membership.~~
- ~~b) With the exception of mid-term vacancies, appointment and/or re-appointment of committee members shall take place at the August Board meeting.~~

Adopted by the SNCHC Governing Board on January 29, 2020

The Board speaks with one voice. The Board will encourage diversity in viewpoints while providing leadership and oversight of the Community Health Center's activities. Board member responsibilities relate directly to the Community Health Center's organizational needs and circumstances.

1. Governing Process:

- a) In exercising leadership, the Board, will provide strategic direction and support to the Community Health Center's CEO by ensuring policies are in place which reflect the Board's values and desired outcomes.
- b) Board governance will emphasize:
 - Outward vision rather than internal focus;
 - Strategic leadership more than administrative detail;
 - Collective rather than individual decisions;
 - A focus on the future and present needs rather than the past; and
 - Being pro-active rather than reactive.

2. Governing Style:

- a) The Board will govern with a style that promotes vision, strategic leadership, and collective decision-making.
- b) The Board's major policy focus will be on the intended long-term effects of the Community Health Center on the target populations, not on the administrative or programmatic means of attaining those outcomes.
- c) By initiating policy versus merely reacting to staff initiatives, the Board will use the expertise of individual members to enhance the Board's ability as a whole rather than allow individual judgments to become Board values.
- d) Board Members will demonstrate their commitment to governance in attendance, preparation for meetings, following approved policies and procedures, respecting board and staff roles, and assuring informed decision making.
- e) The Board will promote Board development by regularly evaluating its performance to identify areas for improvement. The Board will assure new members receive orientation and mentoring in the governance process.

3. Board Member Guidelines & Responsibilities:

- Assist the Board in carrying out its fiduciary responsibilities, including developing the annual budget and reviewing monthly financial reports.
- Review agenda and supporting materials prior to board and committee meetings.
- Attend board meetings and board sponsored functions, including training.
- Serve on committees and offer to take on special assignments.
- Be informed and participate in determining the Community Health Center's mission, services, and policies.
- Inform others about the organization and enhance awareness within the community.

- Follow conflict of interest and confidentiality policies to ensure legal and ethical integrity and accountability.
- Actively participate in the strategic planning process.
- Refrain from making individual member requests of the staff.

4. Board Officers:

- a) The Chair's primary responsibility is to ensure the integrity of the Board's process. The Chair guides the Board to operate consistently within Board policies. Specifically, the Chair will:
 - Support discussions that are open and thorough, but also timely, orderly, and to the point.
 - Ensure meeting discussions address issues within the Board's area of responsibility.
 - Foster input from individuals and organizations with expertise and interests specifically related to Board policies and decisions.
 - Represent the Board in sharing stated Board positions and decisions when needed and directed by the full Board.
 - Ensure the Chief Executive Officer is evaluated annually.
- b) The First Vice-Chair will serve in the absence of the Chair and perform other duties as may be assigned by the Chair or Board. In the absence of the Chair and First Vice-Chair, the Second Vice Chair shall so serve and perform other duties as may be assigned by the Chair or the Board.

5. Fundamental Board Member Obligations:

a) Duty of Care

Board members shall exercise reasonable prudence and care to protect the Community Health Center. Board Members are held to the standard that an "ordinarily prudent person" would use in a similar situation under like circumstances.

b) The Duty of Loyalty

Board members are prohibited from using their Board position to benefit themselves or their respective business. Board members shall recognize and disclose conflicts of interest and perceived conflicts of interest and shall endeavor to make decisions that are in the best interest of the Community Health Center. Board members shall not place personal interest or the interest of other persons or organizations over the needs and interests of the Community Health Center.

c) The Duty of Obedience

Board members ensure that the Community Health Center remains true to its mission. To this end, the Board is obliged to ensure the Community Health Center stays true to its purpose. Accordingly, the Board should periodically review the Center's mission statement, organizational documents, and Board policies and procedures to ensure the Center is, in fact, operating as described.

Adopted by the SNCHC Governing Board on January 29, 2020

The Board speaks with one voice. The Board will encourage diversity in viewpoints while providing leadership and oversight of the Community Health Center's activities. Board member responsibilities relate directly to the Community Health Center's organizational needs and circumstances.

1. Governing Process:

- a) In ~~exercising providing~~ leadership, the Board, will provide strategic direction and support to the Community Health Center's CEO ~~direct, control, and inspire the Community Health Center by~~ ensuring policies are in place which reflect the Board's values and desired outcomes.
- b) Board governance will emphasize:
 - Outward vision rather than internal focus;
 - Strategic leadership more than administrative detail;
 - Collective rather than individual decisions;
 - A focus on the future and present needs rather than the past ~~or present~~; and
 - Being pro-active rather than reactive.

2. Governing Style:

- a) The Board will govern with a style that promotes vision, strategic leadership, and collective decision-making.
- b) The Board's major policy focus will be on the intended long-term effects of the Community Health Center on the target populations, not on the administrative or programmatic means of attaining those outcomes.
- c) By initiating policy versus merely reacting to staff initiatives, the Board will use the expertise of individual members to enhance the Board's ability as a whole rather than allow individual judgments to become Board values.
- d) Board Members will demonstrate their commitment to governance in attendance, preparation for meetings, following approved policies and procedures, respecting board and staff roles, and assuring informed decision making.
- e) The Board will promote Board development by regularly evaluating its performance to identify areas for improvement. The Board will assure new members receive orientation and mentoring in the governance process.

3. Board Member Guidelines & Responsibilities:

- Assist the Board in carrying out its fiduciary responsibilities, including developing the annual budget and reviewing monthly financial reports.
- Review agenda and supporting materials prior to board and committee meetings.
- Attend ~~all~~ board meetings and board sponsored functions, including training.
- Serve on committees and offer to take on special assignments.
- Be informed and participate in determining the Community Health Center's mission, services, and policies.
- Inform others about the organization and enhance awareness within the community.

- Follow conflict of interest and confidentiality policies to ensure legal and ethical integrity and accountability.
- Actively participate in the strategic planning process.
- Refrain from making individual member requests of the staff.

4. Board Officers:

- a) The Chair's primary responsibility is to ensure the integrity of the Board's process. The Chair guides the Board to operate consistently within Board policies. Specifically, the Chair will:
 - Support discussions that are open and thorough, but also timely, orderly, and to the point.
 - Ensure meeting discussions address issues within the Board's area of responsibility.
 - Foster input from individuals and organizations with expertise and interests specifically related to Board policies and decisions.
 - Represent the Board in sharing stated Board positions and decisions when needed and directed by the full Board.
 - Ensure the Chief Executive Director-Officer is evaluated annually.
- b) The First Vice-Chair will serve in the absence of the Chair and perform other duties as may be assigned by the Chair or Board. In the absence of the Chair and First Vice-Chair, the Second Vice Chair shall so serve and perform other duties as may be assigned by the Chair or the Board.

5. Fundamental Board Member Obligations:

a) Duty of Care

Board members shall exercise reasonable prudence and care to protect the Community Health Center. Board Members are held to the standard that an "ordinarily prudent person" would use in a similar situation under like circumstances.

b) The Duty of Loyalty

Board members are prohibited from using their Board position to benefit themselves or their respective business. Board members shall recognize and disclose conflicts of interest and perceived conflicts of interest and shall endeavor to make decisions that are in the best interest of the Community Health Center. Board members shall not place personal interest or the interest of other persons or organizations over the needs and interests of the Community Health Center. Accordingly, Board members are required to place the Health Center's needs and interests above all else.

c) The Duty of Obedience

Board members ensure that the Community Health Center remains true to its mission. To this end, the Board is obliged to ensure the Community Health Center stays true to its purpose. Accordingly, the Board should periodically review the Center's mission statement, organizational documents, and Board policies and procedures to ensure the Center is, in fact, operating as described.

Adopted by the SNCHC Governing Board on January 29, 2020



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Southern Nevada Community Health Center
Chief Executive Officer Annual Review Committee Charter
(As approved by the Governing Board on xxxDATExxx)

Committee Purpose:

The Chief Executive Officer Annual Review Committee (the “Committee”) supports the Board in fulfilling its oversight responsibilities in areas relating to performance of the Chief Executive Officer (“CEO”).

Scope of Duties and Responsibilities:

The Committee’s responsibilities and duties include but are not limited to:

1. Recommending a process for the Board to review CEO performance for the past year.
2. Recommending clear goals and performance measures for the Board to set for the CEO for the upcoming year.
3. Recommending other Board action related to CEO performance.

Composition:

The Committee shall be appointed by the Board and shall be comprised of three (3) Board members. Ex-Officio membership consists of the Board Chair. The members of the Committee shall serve at the pleasure of the Board.

Meetings:

The Committee shall meet annually and as often as deemed necessary to carry out its responsibilities. Meetings may be called by the Chair of the Committee or any two members thereof. Meetings shall be held at such time and place as may be specified in the notice of meeting. Meetings will be held and posted consistent with Nevada’s Open Meeting Law.

Voting and Quorum:

At all meetings, a majority of the total number of members of the Committee shall constitute a quorum for the transaction of business; and, the act of a majority of the members present at any meeting at which there is a quorum shall constitute the Committee’s action or decision.

The committee members shall have one vote each. Proxy voting is not allowed.

Board members who are not Committee members may attend Committee meetings but may not vote.

Reports:

All actions authorized or taken by the Committee shall be reported to the Board no later than the next succeeding meeting of the Board.

Southern Nevada Community Health Center
Executive Committee Charter
(As approved by the Governing Board on 08/__/2025)

Committee Purpose:

The Executive Committee (the “Committee”) supports the Board in the performance of its duties and responsibilities to provide a degree of flexibility and ability to respond to time-sensitive matters. It serves at the pleasure of the Board, acts in the intervals between Board meetings, and is at all times subject to Board control and direction.

Scope of Duties and Responsibilities:

The Executive Committee shall have and may exercise the powers and authority of the Board in the management of the Community Health Center’s business with respect to matters referred to it by the Board for deliberation or action and urgent matters requiring Board action that, in the Board Chair’s determination, should not await the full Board’s next regularly scheduled meeting. Actions taken on behalf of the Board will be subsequently voted on by the Board.

The Executive Committee shall not have the authority to: i) adopt, amend, or repeal any provision of the Bylaws or Board resolution(s); ii) exceed authority specifically delegated by the Board; or iii) act upon matters that have been reserved by the Board for its approval.

The Committee has the authority to take any action it considers appropriate to fulfill the above duties and responsibilities, including without limitation, the authority to invite such experts and other advisors as it deems appropriate to assist it in the performance of its duties.

Composition:

The Executive Committee shall be comprised of the Board Chair, First Vice-Chair, and Second Vice-Chair. Ex-officio membership consists of the Chief Executive Officer and the Health District’s District Health Officer. The Board Chair shall be the chair of the Committee.

Voting and Quorum:

At all meetings, a majority of the total number of members of the Committee shall constitute a quorum for the transaction of business and the act of a majority of the members present at any meeting at which there is a quorum shall constitute the Committee’s action or decision.

The committee members shall have one vote each. Proxy voting is not allowed. Ex-officio members shall not vote and do not count toward quorum.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Board members who are not Committee members may attend Committee meetings but may not vote.

Meetings:

The Executive Committee shall meet as often as deemed necessary to carry out its responsibilities. Meetings may be called by the Chair of the Committee or any two members thereof. Meetings shall be held at such time and place as may be specified in the notice of meeting. Meetings will be held and posted consistent with Nevada's Open Meeting Law.

Voting and Quorum:

Voting on Committee matters shall be on a one vote per member basis. At all meetings, a majority of the total number of members of the Committee shall constitute a quorum for the transaction of business; and, the act of a majority of the members present at any meeting at which there is a quorum shall constitute the Committee's action or decision.

Executive Committee members who are Community Health Center or Health District staff shall be ex-officio non-voting members of the Executive Committee, shall not be counted for purposes of quorum, and shall not make or second motions. Board members who are not also Committee members may attend and participate in Committee meetings but may not vote.

Reports:

All actions authorized or taken by the Executive Committee shall be reported to the Board no later than the next succeeding meeting of the Board.



Southern Nevada Community Health Center
Executive Committee Charter

(As approved by the ~~Board of Directors~~Governing Board on ~~08/2~~/20205)

Committee Purpose:

The Executive Committee (the "Committee") supports the Board in the performance of its duties and responsibilities to provide a degree of flexibility and ability to respond to time-sensitive matters. It serves at the pleasure of the Board, acts in the intervals between Board meetings, and is at all times subject to Board control and direction.

Scope of Duties and Responsibilities:

The Executive Committee shall have and may exercise the powers and authority of the Board in the management of the Community Health Center's business with respect to matters referred to it by the Board for deliberation or action and urgent matters requiring Board action that, in the Board Chair's determination, should not await the full Board's next regularly scheduled meeting. Actions taken on behalf of the Board ~~in emergencies~~ will be subsequently voted on by the ~~full~~Board.

The Executive Committee shall not have the authority to: i) adopt, amend, or repeal any provision of the Bylaws or Board resolution(s); ii) exceed authority specifically delegated by the Board; or iii) act upon matters that have been reserved by the Board for its approval.

Additional Authority:

The Committee has the authority to take any actions ~~s~~ it considers appropriate to fulfill the above duties and responsibilities, including without limitation, the authority to invite such experts and other advisors as it deems appropriate to assist it in the performance of its duties.

Composition:

The Executive Committee shall be ~~appointed by the Board and shall be~~ comprised of at least the Board Chair, First Vice-Chair, and Second Vice-Chair. Ex-officio membership consists of the Community Health Center's~~Chief Executive Director~~Officer, and the Southern Nevada Health District's ("Health District") Chief District Health Officer, and one Board Community Member. Committee members serve at the discretion of the Board. The Board Chair shall be the chair of the Committee.

Voting and Quorum:

At all meetings, a majority of the total number of members of the Committee shall constitute a quorum for the transaction of business and the act of a majority of the members present at any meeting at which there is a quorum shall constitute the Committee's action or decision.

The committee members shall have one vote each. Proxy voting is not allowed. Ex-officio members shall not vote and do not count toward quorum.

Board members who are not Committee members may attend Committee meetings but may not vote.

Meetings:

The Executive Committee shall meet as often as deemed necessary to carry out its responsibilities. Meetings may be called by the Chair~~man~~ of the Committee or any two members thereof. Meetings shall be held at such time and place as may be specified in the notice of meeting. Meetings will be held and posted consistent with Nevada's Open Meeting Law.

Voting and Quorum:

Voting on Committee matters shall be on a one vote per member basis. At all meetings, a majority of the total number of members of the Committee shall constitute a quorum for the transaction of business; and, the act of a majority of the members present at any meeting at which there is a quorum shall constitute the Committee's action or decision.

Executive Committee members who are Community Health Center or Health District staff shall be ex-officio non-voting members of the Executive Committee, shall not be counted for purposes of quorum, and shall not make or second motions. Board members who are not also Committee members may attend and participate in Committee meetings but may not vote.

Reports:

All actions authorized or taken by the Executive Committee shall be reported to the Board no later than the next succeeding meeting of the Board.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Southern Nevada Community Health Center
Finance and Audit Committee Charter
(As approved by the Governing Board on 04/18/2023)

Committee Purpose:

The Finance and Audit Committee (the “Committee”) supports the Board in fulfilling its responsibility to oversee the integrity of the Community Health Center’s financial statements, the effectiveness of its internal control over financial reporting, disclosure controls, and procedures, financial regulatory requirements, the independent auditor’s qualifications, and the performance of the Health Center’s internal audit function and independent auditor.

Scope of Duties and Responsibilities:

The Board specifically assigns the following duties and responsibilities:

- Assisting the Board in fulfilling its responsibilities to monitor and oversee the Community Health Center’s financial affairs with respect to its capital structure, integrity of its financial statements, policies, and compliance with regulatory requirements.
- Annually, review and make recommendations to the Board to approve financial priorities, the budget, and capital expenditures.
- Quarterly, review capital expenditures against budget.
- Monthly, monitor financial performance of the Community Health Center, including patient visits, and payor mix.
- To review and report to the Board on all internal and external audits.
- Reviewing the annual audited financial statements with management and the independent auditor.
- Reviewing changes in accounting or auditing policies, including resolution of any significant reporting or accounting issues affecting the accuracy or completeness of the financial statements.
- Reviewing all reports required to be submitted by the independent auditor and discuss with the independent auditor and the internal auditor the adequacy of the Community Health Center’s internal financial and accounting controls and any significant findings and recommendations and recommend corrective action to the Board when necessary.
- To advise the Board on methods and procedures which will ensure the financial policies and budgets adopted by the Board are carried out.
- To review and advise the Board on financial feasibility of projects, acts and undertakings referred to it by the Board.
- To approve selection of and compensation paid to the CHC ’s independent auditors.
- To review the results of the CHC ’s independent audit, including significant reporting issues and findings, and, if necessary, recommend corrective action to the Board.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

In discharging its duties and responsibilities, the Committee is authorized to investigate any matter within the scope of its duties and responsibilities or as otherwise delegated to it by the Board, with full access to all books, records, facilities, and personnel.

The Committee shall not have the authority to exceed authority specifically delegated by the Board or act upon matters that have been reserved by the Board for its approval.

Composition:

The Committee shall be appointed by the Board and shall be comprised of three (3) Board members. Ex-Officio membership consists of the Board Chair and the Chief Executive Officer. Committee members serve at the discretion of the Board.

Meetings:

The Committee shall meet monthly and as necessary to carry out its responsibilities. Meetings may be called by the Chair of the Committee or any two members thereof. Meetings shall be held at such time and place as may be specified in the notice of meeting. Meetings will be held and posted consistent with Nevada's Open Meeting Law.

Voting and Quorum:

At all meetings, a majority of the total number of members of the Committee shall constitute a quorum for the transaction of business; and, the act of a majority of the members present at any meeting at which there is a quorum shall constitute the Committee's action or decision.

The committee members shall have one vote each. Proxy voting is not allowed. Ex-officio members shall not vote and do not count toward quorum.

Board members who are not Committee members may attend Committee meetings but may not vote.

Reports:

All actions authorized or taken by the Committee shall be reported to the Board no later than the next succeeding meeting of the Board.

Southern Nevada Community Health Center
Finance and Audit Committee Charter
(As approved by the Governing Board on 04/18/2023)

Committee Purpose:

The Finance and Audit Committee (the "Committee") supports the Board in fulfilling its responsibility to oversee the integrity of the Community Health Center's financial statements, the effectiveness of its internal control over financial reporting, disclosure controls, and procedures, financial regulatory requirements, the independent auditor's qualifications, and the performance of the Health Center's internal audit function and independent auditor.

Scope of Duties and Responsibilities:

~~The Committee's responsibilities and duties~~ The Board specifically assigns the following duties and responsibilities include but are not limited to:

- Assisting the Board in fulfilling its responsibilities to monitor and oversee the Community Health Center's financial affairs with respect to its capital structure, integrity of its financial statements, policies, and compliance with regulatory requirements.
- Annually, review and make recommendations to the Board to approve financial priorities, the budget, and capital expenditures.
- Quarterly, review capital expenditures against budget.
- Monthly, monitor financial performance of the Community Health Center, including patient visits, and payor mix.
- ~~• Providing advice and guidance on the sources and uses of the Community Health Center's available capital.~~
- To review and report to the Board on all internal and external audits.
- Reviewing ~~the~~ annual audited financial statements with management and the independent auditor.
- Reviewing changes in accounting or auditing policies, including resolution of any significant reporting or accounting issues affecting the accuracy or completeness of the financial statements.
- Reviewing all reports required to be submitted by the independent auditor and discuss with the independent auditor and the internal auditor the adequacy of the Community Health Center's Company's internal financial and accounting controls and any significant findings and recommendations and recommend corrective action to the Board when necessary.
- To advise the Board on methods and procedures which will ensure the financial policies and budgets adopted by the Board are carried out.
- To review and advise the Board on financial feasibility of projects, acts and undertakings referred to it by the Board.
- To approve selection of and compensation paid to the CHC's independent auditors.
- To review the results of the CHC's independent audit, including significant reporting issues and findings, and, if necessary, recommend corrective action to the Board.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

In discharging its duties and responsibilities, the Committee is authorized to investigate any matter within the scope of its duties and responsibilities or as otherwise delegated to it by the Board, with full access to all books, records, facilities, and personnel.

The Committee shall not have the authority to exceed authority specifically delegated by the Board or act upon matters that have been reserved by the Board for its approval.

Composition:

The ~~Finance and Audit~~ Committee shall be appointed by the Board and shall be comprised of ~~at least three (3) Board members, and the Community Health Center's~~ Ex-Officio membership consists of the Board Chair and the Chief ~~Financial Executive~~ Officer. Committee members serve at the discretion of the Board.

Meetings:

The ~~Finance and Audit~~ Committee shall meet monthly and as necessary to carry out its responsibilities. Meetings may be called by the Chair~~man~~ of the Committee or any two members thereof. Meetings shall be held at such time and place as may be specified in the notice of meeting. Meetings will be held and posted consistent with Nevada's Open Meeting Law.

Voting and Quorum:

~~Voting on Committee matters shall be on a one vote per member basis.~~ At all meetings, a majority of the total number of members of the Committee shall constitute a quorum for the transaction of business; and, the act of a majority of the members present at any meeting at which there is a quorum shall constitute the Committee's action or decision.

The committee members shall have one vote each. Proxy voting is not allowed. Ex-officio members shall not vote and do not count toward quorum.
~~Finance and Audit Committee members who are Community Health Center or Health District staff shall be ex-officio non-voting members.~~

Board members who are not ~~also~~ Committee members may attend Committee meetings but may not vote.

Reports:

All actions authorized or taken by the Committee shall be reported to the Board no later than the next succeeding meeting of the Board.

Southern Nevada Community Health Center
Nominations Committee Charter
(As approved by the Governing Board on 10/17/2023)

Committee Purpose:

The Nominations Committee (the “Committee”) supports the Board in fulfilling its responsibility to identify candidates to serve as Community Health Center Board Members.

Scope of Duties and Responsibilities:

The Committee will review and, as necessary, update the Board Recruitment and Retention Plan (the Plan). Consistent with the criteria set forth in the Plan:

- Recommend to the Board criteria for identifying and evaluating candidates for the Board
- Identify, recruit, and review the qualifications of candidates for the Board.
- Conduct a periodic evaluation of the Board’s effectiveness and performance.
- Perform such other duties and responsibilities as are consistent with the purpose of the Nominations Committee or the as the Board deems appropriate.

Additional Authority:

The Committee has the authority to take any action it considers appropriate to fulfill the above duties and responsibilities, including without limitation, the authority invite such experts and other advisors as it deems appropriate to assist it in the performance of its functions. The Committee shall present nominations for Board vacancies and for the offices of Chair, First Vice-Chair, and Second Vice-Chair at each Annual Meeting and at other times when vacancies occur in the offices

Where appropriate and practical, the Committee may interview prospects to ensure compliance with membership requirements. Nominations may be made from the floor during scheduled Committee meetings. New Board members shall be elected by the Board.

The Nominations Committee shall also provide a recommendation to the Board regarding the number of Board members.

Composition:

The Committee shall be appointed by the Board and shall be comprised of three (3) Board members. Ex-Officio membership consists of the Board Chair and the Chief Executive Officer. Committee members serve at the discretion of the Board.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Meetings:

The Committee shall meet as deemed necessary to carry out its responsibilities. Meetings may be called by the Chair of the Committee or any two members thereof. Meetings shall be held at such time and place as may be specified in the notice of meeting. Meetings will be held and posted consistent with Nevada's Open Meeting Law.

Voting and Quorum:

At all meetings, a majority of the total number of members of the Committee shall constitute a quorum for the transaction of business; and the act of a majority of the members present at any meeting at which there is a quorum constitutes the Committee's action or decision.

The committee members shall have one vote each. Proxy voting is not allowed. Ex-officio members shall not vote and do not count toward quorum.

Board members who are not Committee members may attend Committee meetings but may not vote.

Reports:

All actions authorized or taken by the Committee shall be reported to the Board no later than the next succeeding meeting of the Board.



Southern Nevada Community Health Center
Nominating-Nominations Committee Charter
(As approved by the Governing Board on 10/17/2023)

Committee Purpose:

The Nominating-Nominations Committee (the "Committee") supports the Board in fulfilling its responsibility to identify candidates to serve as Community Health Center ~~Directors and Officers~~Board Members.

Scope of Duties and Responsibilities:

The Committee will review and, as necessary, update the Board Recruitment and Retention Plan (the Plan). Consistent with the criteria set forth in the Plan:

- Recommend to the Board criteria for identifying and evaluating candidates for the Board
- Identify, recruit, and review the qualifications of candidates for the Board.
- Conduct a periodic evaluation of the Board's effectiveness and performance.
- Perform such other duties and responsibilities as are consistent with the purpose of the Nominating-Nominations Committee or the as the Board deems appropriate.

Additional Authority:

The Committee has the authority to take any actions it considers appropriate to fulfill the above duties and responsibilities, including without limitation, the authority invite such experts and other advisors as it deems appropriate to assist it in the performance of its functions. The Committee shall present nominations for Board vacancies and for the offices of Chair, First Vice-Chair, and Second Vice-Chair at each Annual Meeting and at other times when vacancies occur in the offices

Where appropriate and practical, the Committee may interview prospects to ensure compliance with membership requirements. Nominations may be made from the floor during scheduled Committee meetings. New Board members shall be elected by the Board.

The Nominations Committee shall also provide a recommendation to the Board regarding the number of Board members.

Composition:

The Committee shall be appointed by the Board and shall be comprised of ~~at least~~ three (3) Board members. Ex-Officio membership consists of the Board Chair and the Chief Executive Officer. Committee members serve at the discretion of the Board.

Meetings:

The Committee shall meet as deemed necessary to carry out its responsibilities. Meetings may be called by the Chair~~man~~ of the Committee or any two members thereof. Meetings shall be held at such time and place as may be specified in the notice of meeting. Meetings will be held and posted consistent with Nevada's Open Meeting Law.

Voting and Quorum:

~~Voting on Committee matters shall be on a one vote per member basis.~~ At all meetings, a majority of the total number of members of the Committee shall constitute a quorum for the transaction of business; and, the act of a majority of the members present at any meeting at which there is a quorum constitutes the Committee's action or decision.

~~The committee members shall have one vote each. Proxy voting is not allowed. Ex-officio members shall not vote and do not count toward quorum. Committee members who are Community Health Center or Health District staff shall be ex-officio non-voting members of the Committee.~~

Board members who are not ~~also~~ Committee members may attend Committee meetings but may not vote.

Reports:

All actions authorized or taken by the Committee shall be reported to the Board no later than the next succeeding meeting of the Board.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Southern Nevada Community Health Center
Quality, Credentialing & Risk Management Committee Charter
(As approved by the Governing Board on 04/18/2023)

Committee Purpose:

The Quality, Credentialing & Risk Management Committee (the “Committee”) supports the Board in fulfilling its oversight responsibilities in areas relating to patient safety, operational and clinical quality, patient satisfaction, employee engagement, risk management and regulatory preparedness and compliance.

Scope of Duties and Responsibilities:

The Committee’s responsibilities and duties include but are not limited to:

1. Reviews and recommends the approval of the Quality Management (QM) Plan to the Board.
2. Monitors patient and employee satisfaction.
3. Monitors progress towards clinical quality performance goals and risk management mitigation activities. Performs benchmarking against relevant sources.
4. Reviews and recommends to the Board for approval the annual Risk Management Plan.
5. Reviews and recommends policies regarding the credentialing process.
6. Reviews and recommends policies regarding approval of medical staff appointments, reappointments, and clinical privileges to the Board.

Composition:

The Committee shall be comprised of three (3) Board members. Ex-Officio membership includes the Board Chair and Chief Executive Officer, . The Committee shall determine whether members should undergo any initial or annual training to help them fulfill their Committee responsibilities. The members of the Committee shall serve at the pleasure of the Board.

Meetings:

The Committee shall meet two (2) times per year and as deemed necessary to carry out its responsibilities. Meetings may be called by the Chair of the Committee or any two members thereof. Meetings shall be held at such time and place as may be specified in the notice of meeting. Meetings will be held and posted consistent with Nevada’s Open Meeting Law.

Voting and Quorum:

At all meetings, a majority of the total number of members of the Committee shall constitute a quorum for the transaction of business, and the act of a majority of the members present at any meeting at which there is a quorum shall constitute the Committee’s action or decision.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

The committee members shall have one vote each. Proxy voting is not allowed. Ex-officio members shall not vote and do not count toward quorum.

Board members who are not also Committee members may attend Committee meetings but may not vote.

Reports:

All actions authorized or taken by the Committee shall be reported to the Board no later than the next succeeding meeting of the Board.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Southern Nevada Community Health Center
Quality, Credentialing & Risk Management Committee ~~Quality/Credentialing Committee~~
Charter
(As approved by the Governing Board on 04/18/2023)

Committee Purpose:

The Quality, Credentialing & Risk Management Committee ~~Quality/Credentialing Committee~~ (the "Committee") supports the Board in fulfilling its oversight responsibilities in areas relating to patient safety, operational and clinical quality, patient satisfaction, employee ~~satisfaction~~ engagement, risk management and regulatory preparedness and compliance.

Scope of Duties and Responsibilities:

The Committee's responsibilities and duties include but are not limited to:

1. Reviews and recommends the approval of the Quality Management (QM) Plan to the Board.
2. Monitors patient and employee satisfaction.
3. Monitors progress towards clinical quality performance goals and risk management mitigation activities. Performs benchmarking against relevant sources.
4. Reviews and recommends to the Board for approval the annual Risk Management Plan.
5. Overseeing Reviews and recommends policies regarding the ~~effectiveness of the medical staff~~ credentialing process.
6. Reviews and recommends ~~for policies regarding~~ approval of medical staff appointments, reappointments, and clinical privileges to the Board.

Composition:

The Committee shall be comprised of ~~at least~~ three (3) Board members. ~~In addition, Ex-Officio membership includes the Board Chair and Chief Executive Director/Officer, FQHC Operations Officer, Medical Director, and the FQHC Quality Management Coordinator will be subject matter Committee members.~~ The Committee shall determine whether members should undergo any initial or annual training to help them fulfill their Committee responsibilities. The members of the Committee shall serve at the pleasure of the Board.

Meetings:

The Committee shall meet ~~two~~ four (24) times per year and as deemed necessary to carry out its responsibilities. Meetings may be called by the Chair~~man~~ of the Committee or any two members thereof. Meetings shall be held at such time and place as may be specified in the notice of meeting. Meetings will be held and posted consistent with Nevada's Open Meeting Law.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Voting and Quorum:

~~Voting on Committee matters shall be on a one vote per member basis.~~ At all meetings, a majority of the total number of members of the Committee shall constitute a quorum for the transaction of business, and the act of a majority of the members present at any meeting at which there is a quorum shall constitute the Committee's action or decision.

The committee members shall have one vote each. Proxy voting is not allowed. Ex-officio members shall not vote and do not count toward quorum.

~~Committee members who are Community Health Center or Health District staff shall be ex-officio non-voting members.~~ Board members who are not also Committee members may attend Committee meetings but may not vote.

Reports:

All actions authorized or taken by the Committee shall be reported to the Board no later than the next succeeding meeting of the Board.

Southern Nevada Community Health Center
Strategic Planning Committee Charter
(As approved by the Governing Board on January 21, 2025)

Committee Purpose:

The Strategic Planning Committee assists the Board with its responsibilities for Southern Nevada Community Health Center's (SNCHC) mission, vision, values and strategic direction.

Scope of Duties and Responsibilities:

The specific responsibilities of the Strategic Planning Committee include:

1. Making recommendations to the Board related to the organization's mission, vision, values, strategic initiatives, major programs and services.
2. Helping management identify critical community needs and strategic issues facing the organization, assisting in analysis of strategic options.
3. Ensuring management has established an effective strategic planning process, including the development of a three-to-five-year strategic plan with time bound measurable goals.
4. Periodically reviewing the mission, vision, values and strategic plan, and recommending changes to the Board.
5. Annually reviewing the strategic plan and recommending updates as needed based on changes in the market, community needs, and other factors.
6. Assisting in developing a strategic dashboard of key indicators.
7. Monitoring the organization's performance against measurable targets.

Composition:

The Committee shall be appointed by the Board and shall be comprised of three (3) Board members. Ex-Officio membership consists of the Board Chair and the Chief Executive Officer. The Committee shall determine whether members should undergo any initial or annual training to help them fulfill their Committee responsibilities. The members of the Committee shall serve at the pleasure of the Board.

Meetings:

The Committee shall meet two (2) times per year and as deemed necessary to carry out its responsibilities. Meetings may be called by the Chairman of the Committee or any two members thereof. Meetings shall be held at such time and place as may be specified in the notice of meeting. Meetings will be held and posted consistent with Nevada's Open Meeting Law.

Voting and Quorum:

At all meetings, a majority of the total number of voting members of the Committee shall constitute a quorum for the transaction of business, and the act of a majority of the



AT THE SOUTHERN NEVADA HEALTH DISTRICT

members present at any meeting at which there is a quorum shall constitute the Committee's action or decision.

The committee members shall have one vote each. Proxy voting is not allowed. Ex-officio members shall not vote and do not count toward quorum.

Board members who are not Committee members may attend Committee meetings but may not vote.

Reports:

All actions authorized or taken by the Committee shall be reported to the Board no later than the next succeeding meeting of the Board.



Southern Nevada Community Health Center
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5. Annually reviewing the strategic plan and recommending updates as needed based on changes in the market, community needs, and other factors.
6. Assisting in developing a strategic dashboard of key indicators.
7. Monitoring the organization's performance against measurable targets.

Composition:

The Committee shall be appointed by the Board and shall be comprised of three (3) Board members. Ex-Officio membership consists of the Board Chair and the Chief Executive Officer.~~The Committee shall be comprised of at least three Board members. In addition, the Chief Executive Officer, and FQHC Administrative Manager, will be subject matter Committee members.~~ The Committee shall determine whether members should undergo any initial or annual training to help them fulfill their Committee responsibilities. The members of the Committee shall serve at the pleasure of the Board.

Meetings:

The Committee shall meet two (2) times per year and as deemed necessary to carry out its responsibilities. Meetings may be called by the Chairman of the Committee or any two members thereof. Meetings shall be held at such time and place as may be specified in the notice of meeting. Meetings will be held and posted consistent with Nevada's Open Meeting Law.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Voting and Quorum:

~~Voting on Committee matters shall be on a one vote per member basis.~~ At all meetings, a majority of the total number of voting members of the Committee shall constitute a quorum for the transaction of business, and the act of a majority of the members present at any meeting at which there is a quorum shall constitute the Committee's action or decision.

The committee members shall have one vote each. Proxy voting is not allowed. Ex-officio members shall not vote and do not count toward quorum.

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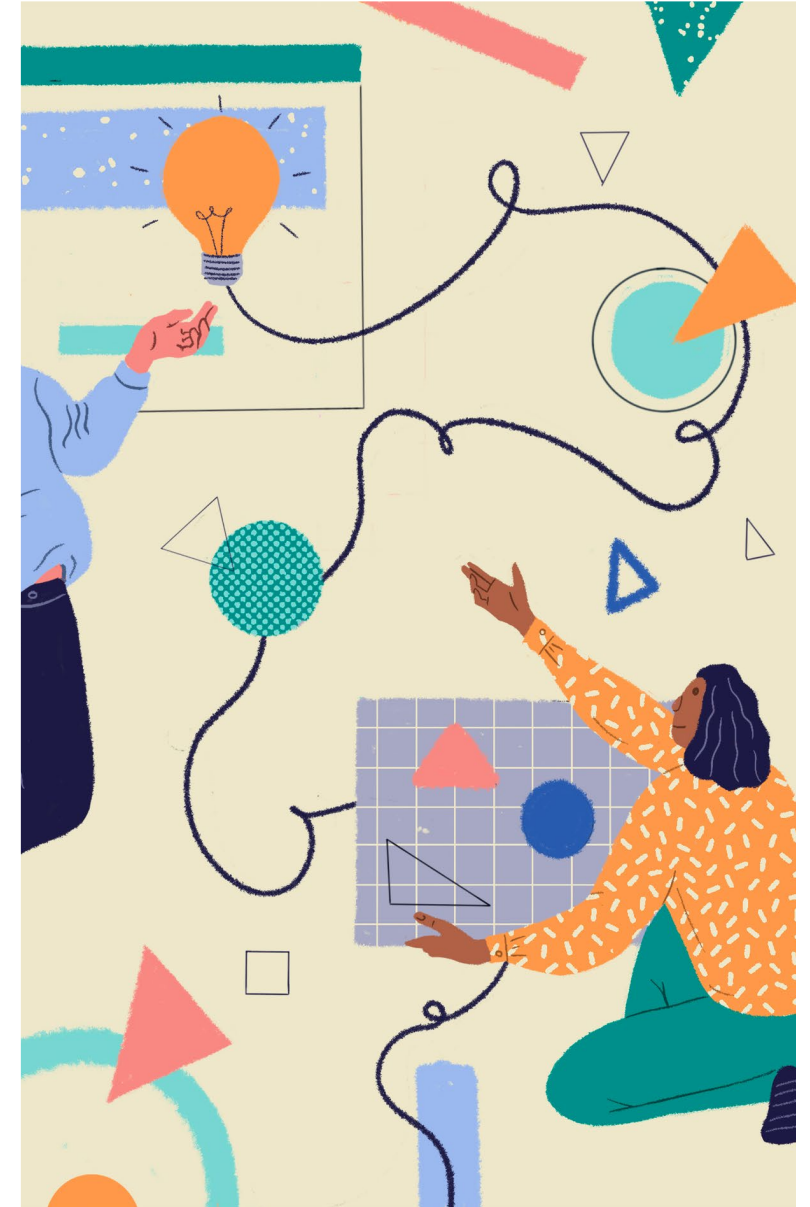
Family Planning Quality Improvement

Increasing Access to Care & Daily Production

Bernie Meily, RN BSN, CHN Manager

Felicia Sgovio, QMC

August 19, 2025



About – Family Planning

- The Family Planning Program is a federal (Title X) and state (FPNV) funded program that provides a broad range of family planning services that are voluntary, confidential, and provided regardless of ability to pay.
- Southern Nevada Health District (SNHD) has been a Family Planning provider for the residents of Clark County since 1983. The program expanded through the Southern Nevada Community Health Center (SNCHC), a Federally Qualified Health Center (FQHC) program, servicing patients at two direct sites. As an FQHC, the Family Planning program is a required service. Services include:
 - 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
 - Discounted medications for eligible patients under the 340B Program
- SNCHC's population of Family Planning patients are primarily uninsured female adults (2024).
 - Gender: Female 96.5%; Male 3.5%
 - Age Group: Adolescents 2.4% ; Adults 97.6%
 - Insurance status: Public Insurance 15.5%; Private Insurance 12%; Uninsured 72.5%

About – Service Integration

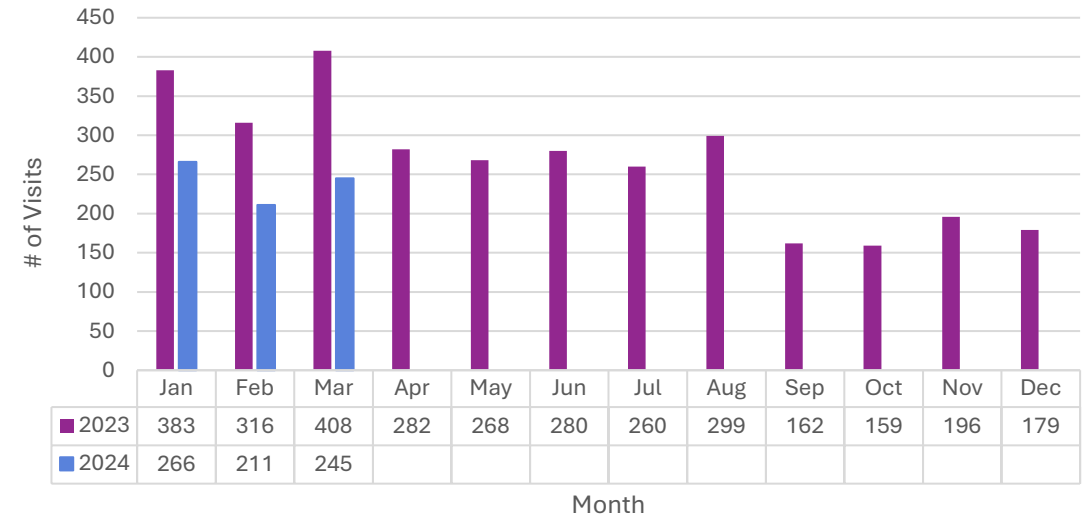
- Service Integration & Outlook
 - With increasingly limited resources, a rise in patient demand, and the need for fiscal growth, SNCHC began planning for a transition and rebranding to more fully integrate services.
 - Service integration would leverage the limited resources to address not only Family Planning related concerns but also provide opportunities to increase STI testing and create a point of entry for both men and women who need services in this space.
 - As integration plans evolve, the health center team continues to develop new work flows to maximize services.



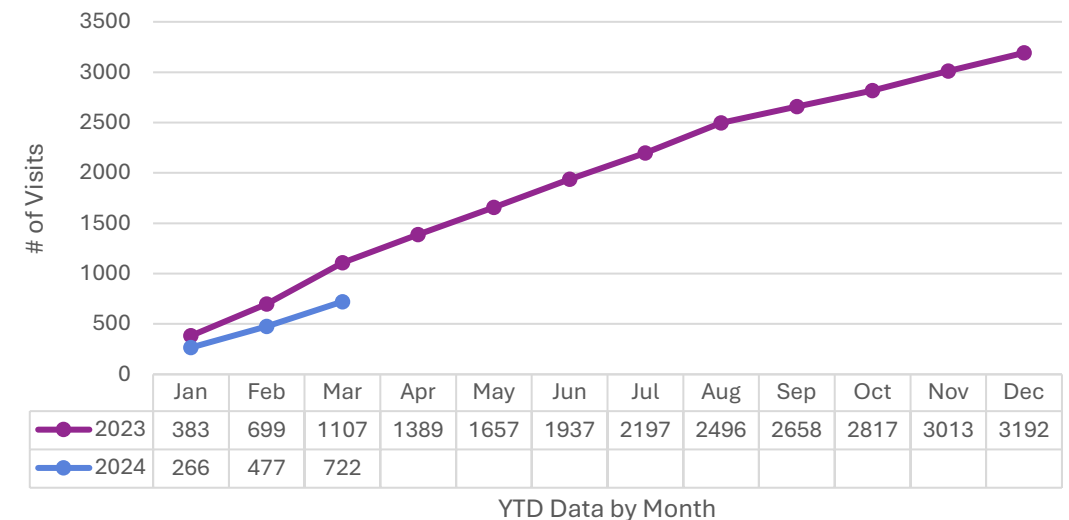
What's the Issue?

- Prior to the start of the project period, the SNCHC Family Planning program experienced setbacks over a period of several years:
 - Relocation (from Nellis, to Bonanza, to Fremont)
 - Staffing changes (from 3 provider FTEs to 1)
- As a result, in 2023, there was a yearlong decline in access to services, causing a decrease in visit counts and overall productivity.

SNCHC Family Planning – Visits by Month

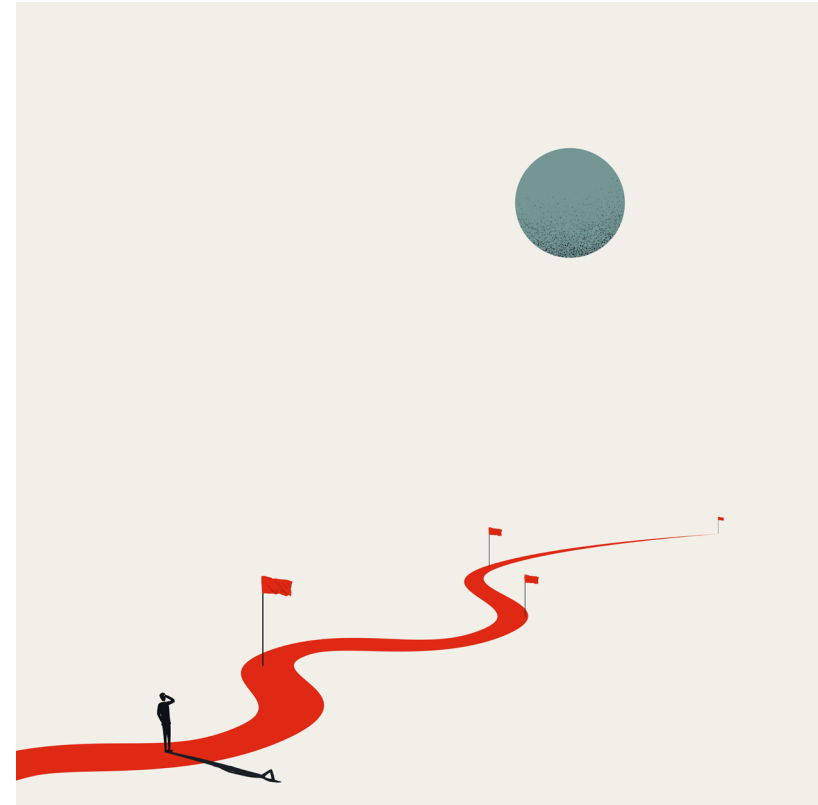


SNCHC Family Planning - Visits YTD



Why it's Important

- Increase Access*
 - Increasing access means we can serve more patients, provide better care, and create more touch points for patients by addressing their needs sooner.
- Part of the Title X Program Expectations and Deliverables
- Increase Revenue*
 - Generating more activity will provide opportunities for increased revenue, long-term sustainability, and potential for growth and expansion.
- Provide comprehensive Family Planning (FP), an entry point into Primary Care, and other related preventative health services, with a focus on low-income families.



**Aligns with overarching SNCHC Strategic Goals*

Our Goal

- The SNCHC Family Planning Program goal is to **increase the number of patient visits by 10%** beginning April 1, 2024 (start of project period), until March 31, 2025 (end of project period).

Baseline	2,807 patient visits (YTD April 2023 – March 2024)
Goal (10%)	3,088 patient visits (YTD April 2024 – March 2025)



Our Team

Team Members	Role
Bernie Meily, Merylyn Yegon	Manager/Facilitator
Cassandra Major	Clinical Office Supervisor/Meeting Scribe/Data Information Liaison
Felicia Sgovio, Claudia Garcia	QMC/Intern/Meeting Scribe/Data Information Liaison
Dr. Robin Carter	Medical Director/SME
Adrienne Young, APRN, Josefina Ascano, APRN, Victoria Allen, APRN	Providers/SME
Yoli Villalobos, Daisy Andrade, Yvonne Royval, Beatriz Valdez-Ayala	Medical Assistant/SME
Tina Servando	Senior Community Health Nurse/SME
Joannah Delarmente, Xcelza Manaloto, Maria Mendoza, Mayra Avalos, Julie Bingham	Community Health Nurse/SME
Jocelyne Duarte, Krystal Camarena	Lead PSR, Senior Administrative Assistant, Front Office SME
Call Center Staff	Appointment Reminder Outreach

What We Did

PDSA - Plan, Do, Study, Act	Completed	Results (# of Visits)	%
• Increase referrals from other clinical programs • Schedule appointments from requests made via Healow (patient portal) • Increase outreach activities • Project promotion activities; implement CPEP • Contact patients on the no-show log • Offer patient incentives during outreach activity by scheduling appointment and showing up • Provider integration – cross-train a Family Health (FH) provider into Family Planning (FP) services • Integrated CHWs as part of the care team to address Social Determinant of Health SDoH	Q2 2024	Q2 2023: 830 Q2 2024: 883	6.3%
• MA outreach calls – moving patient appointments up sooner when there is a cancellation or opening • Provider integration – continue training FH provider into FP • Identify other opportunities – QMC to shadow Family Planning teams	Q3 2024	Q3 2023: 721 Q3 2024: 797	10.5%
• Increase provider support – Nurse Practitioner (NP) to see FP patients on Tuesdays • Increase clinical staff support – additional medical assistants to support NP on Tuesdays • Appointment reminders – Call center to inform new/procedure patients to arrive one hour early • Strategic scheduling via FP staff to avoid scheduling past 6 months • Annual visit outreach – Pull report of patients who are due for their annual visit; call and schedule patients • Work with Office of Communications to expand marketing.	Q4 2024	Q4 2023: 534 Q4 2024: 887	66.1%

What We Did

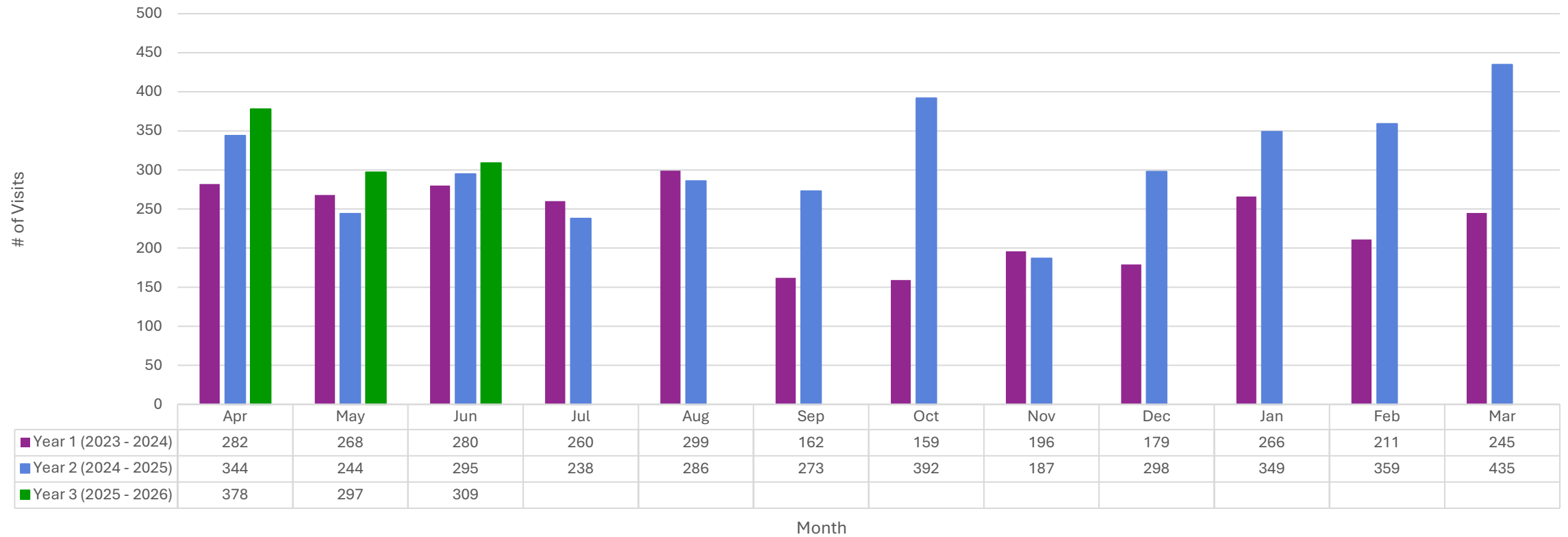
PDSA - Plan, Do, Study, Act	Completed	Results (# of Visits)	%
• Slot conversion – convert teleaudio/televisit slots • Same day slots – reserve for Sexual Health Clinic overflow (8:40am and 2:40pm) • Advanced appointment reminder calls (2 weeks) • Front office Lead PSR to ensure team is verifying phone numbers • Paperless registration – Healow Kiosk implementation for FP (electronic patient check-in process begins) • Intern to assist with FP QI project – training, shadow/observe team, assist MA, support QMC with data collection • Marketing adds posted.	Q1 2025	Q1 2024: 722 Q1 2025: 1,143	58.3%
• FP & SHC integration via Title X training • Slot conversion – Open same day slot back up to FP patients (8:40am – 2:40pm); convert to FP INT • New appointment templates – add more appointment slots to support strategic scheduling, integration visits (patients receiving more than one service per day), and same day appointments/walk-ins • Changes to lunches – increased access to mid-day appointments for smoother operations • Paperless registration – continued expansion of Healow Kiosk across programs and sites	Q2 2025	Q2 2024: 883 Q2 2025: 984	11.4%

Marketing Ads



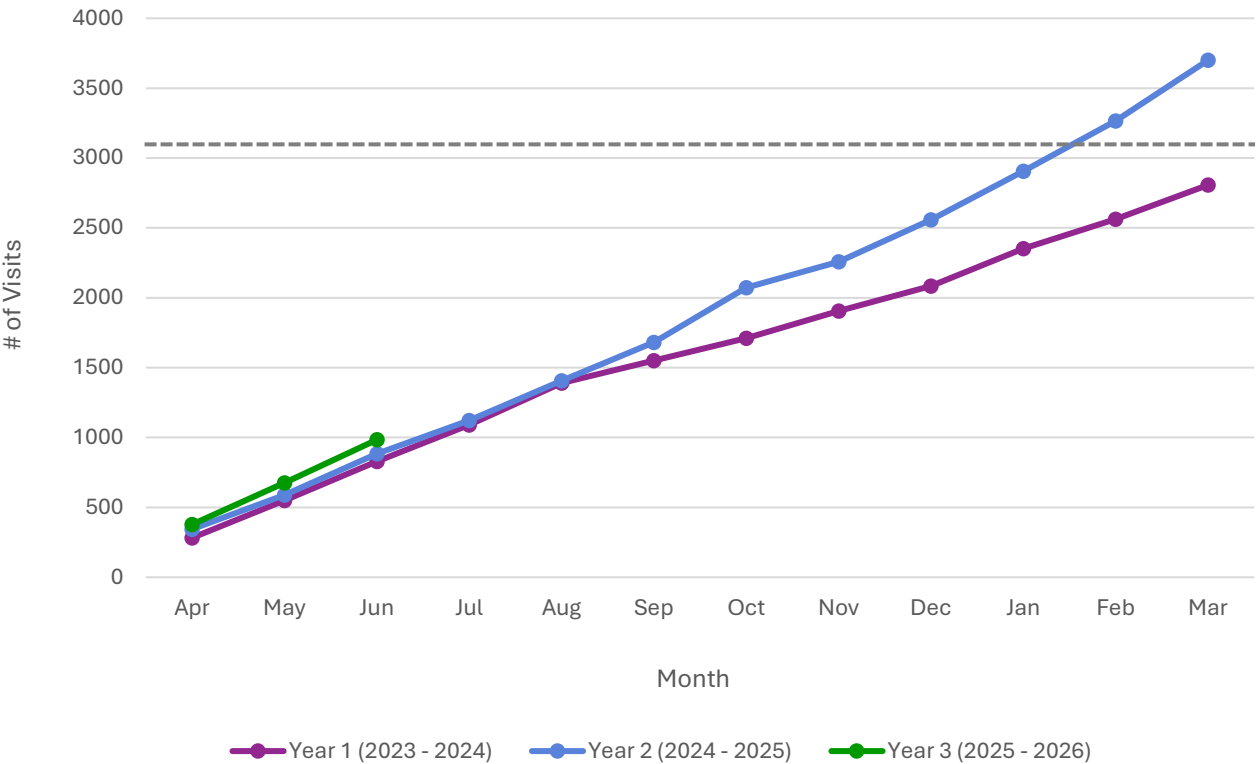
Our Results

SNCHC Family Planning - Monthly Visits (by Project Period)



Our Results - Continued

SNCHC Family Planning - YTD Visits
(by Project Period)



Baseline	2,807 patient visits (YTD April 2023 – March 2024)
--- Goal (10%)	3,088 patient visits (YTD April 2024 – March 2025)

Month (YTD)	2023- 2024	2024 - 2025	%
Apr (start)	282	344	22%
May	550	588	7%
Jun	830	883	6%
Jul	1,090	1,121	3%
Aug	1,389	1,407	1%
Sep	1,551	1,680	8%
Oct	1,710	2,072	21%
Nov	1,906	2,259	19%
Dec	2,085	2,557	23%
Jan	2,351	2,906	24%
Feb	2,562	3,265	27%
Mar (end)	2,807	3,700	32%

Goal Exceeded by 20%

Month (YTD)	2024- 2025	2025 - 2026	%
Apr (start)	344	378	10%
May	588	675	15%
Jun	883	984	11%

Lessons Learned

What worked well:

- Provider and care team integration
 - Addition of provider and care team support had a significant impact
- Outreach calls
- Appointment template changes
- Lunch break changes
- Avoid scheduling extended appointments past 6 months

What became a challenge:

- Reserving same day slots for clinic overflow
 - Best done as needed, as slots are not always fully utilized
- Long Visits
 - Extensive procedures scheduled before lunch or at the end of the shift interrupts clinic flow
 - Visits utilizing the Language Line may prolong the appointment.
- Limited Space
 - When exam room space is limited, working with other teams to borrow their rooms has helped overcome this barrier.
- Patient no-shows
 - Difficult to prevent patients from not-showing to their appointment
 - Patients without childcare may be to rescheduling or cancel



What's Next?



- Future of Family Planning
 - While there are uncertainties about Title X Family Planning, SNCHC will continue to strive for service excellence by shifting gears, as needed, through a multidisciplinary approach.
- Next Steps:
 - Continue to increase access to support financial sustainability and growth
 - Continue to focus on service integration
 - Continued training and development of other health center providers to support FP services
 - Grow in the Medicaid space
 - Ultimately become a Patient-Centered Medical Home to all our patients



Questions?

CHCA-010 Materials Review and Approval Process Policy

PURPOSE

The purpose of this policy is to establish a review and approval process for print and electronic informational and educational materials developed or made available under the Title X project. Materials must be reviewed prior to distribution to ensure they are suitable for the intended population and consistent with Title X requirements. No materials shall be distributed without advisory review and approval in accordance with Section 1006(d)(1) and (2), PHS Act; 42 CFR § 59.6(a))

SCOPE

This policy applies to all SNCHC workforce members involved in the delivery of Sexual and Reproductive Health (SRH) Program.

POLICY

SNCHC Title X Reproductive Health Program must provide accurate, culturally appropriate educational materials in compliance with Title X guidelines.

Southern Nevada Community Health Center's Governing Board Bylaws – Recommended Updates

- Following the recent HRSA Operational Site Visit, the team received technical assistance regarding the board's bylaws.
- The reviewers were highly complementary, further refining was needed for clarity and long-term usability.
- Added/Updated language:
 - Board member attendance (updated)
 - A closed session may be placed on the agenda, when applicable.
 - Conflict of Interest and Ethics: Gifts and Inducements.
- Removed:
 - Board committee charters removed from the bylaws and maintain as separate, board-approved documents.
 - This change will improve flexibility and reduce the need for frequent bylaw amendments.
- General formatting and language clean up.

Board Governance Policies (BGPs)

- BGP-001: Meeting Agenda
 - SNCHC CEO, in consultation with legal counsel and the Board Chair, shall prepare an agenda for all board and committee meetings. The agenda shall be sent to board members in advance and posted on website, agenda preparation and approval, order of agenda items, agenda item requests, notice of meeting in accordance with the Open Meeting Law.
- BGP-002: Public Comment
 - SNCHC recognizes that its deliberative process benefits from public input and perspective. At the same time, it wishes to organize its agendas and use its meeting time effectively and ensure an equitable allocation of time to speakers.

Board Governance Policies (BGPs)

- BGP-003: Voting and Attendance
 - All members of the Southern Nevada Community Health Center Governing Board are eligible to vote on all matters coming before the Board.
 - Action may only be taken by a quorum of members of the Board. A majority of the members of the Board constitutes a quorum. Board action shall be valid only upon a vote of approval by a majority of the quorum.
 - Board members should make every effort to attend every Board meeting in person.
- BGP-004: Board Committees
 - This policy applies to any group formed by the Board, whether or not it is called a committee and regardless of whether the group includes Board members. It does not apply to committees formed under the authority of the CEO. A Board committee may not take final action on behalf of the Board, it may only make recommendations to the Board.

Board Governance Policies (BGPs)

- BGP-005: Board Responsibilities
 - The Board speaks with one voice. The Board will encourage diversity in viewpoints while providing leadership and oversight of the Community Health Center's activities. Board member responsibilities relate directly to the Community Health Center's organizational needs and circumstances.
 - When participating telephonically, the Board member is expected to actively participate in the discussions, as well as review all pertinent materials to make an informed decision.
 - If, at the last minute, the Board member is prevented from attending the Board meeting, he/she may email or call the Senior Administrative Specialist to the Chief Executive Officer to notify the Board Chair of his/her absence.

Board Governance Policies (BGPs)

- Initially adopted on January 29, 2020.
- Update language to reflect current terminology.
- Remove language that conflict with the bylaws and committee charters.
- Provide clarity and understanding throughout all policies.

Board Committee Charters

- HRSA Technical Assistance
- Address consistency
- Chief Executive Officer Annual Review Committee (new)

Chief Executive
Officer Annual
Review Committee
(new)

Executive Committee
(updated)

Finance and Audit
Committee (updated)

Nominations
Committee (updated)

Quality, Credentialing
and Risk
Management
Committee (updated)

Strategic Planning
Committee
(updated)

IX. CHIEF EXECUTIVE OFFICER & STAFF REPORTS

Randy Smith, MPA, Chief Executive Officer - FQHC

Administrative Updates

- Five board members with expiring terms
 - Three of the five are interested in seeking a new term
 - Two of the five have decided not to seek a new term
 - Scott Black – September
 - Luz Castro – October
- The Nominations Committee will convene before the September board meeting to review applicants and will provide recommendations to the full board at the September 16th meeting for approval consideration.
- Recruitment for two new board members has commenced.
 - One potential candidate has been identified, and an introductory meeting is being coordinated for later in August.

Administrative Updates

- Funding Update:
 - Received the balance of Health Program funding for the current program budget period (February 1, 2025 – January 31, 2026).
 - Notification of Title X grant funding, approximately \$630k for the remainder of the program budget year (October 1, 2025 – March 31, 2026) is pending.
- Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)
 - Public comment submitted to HHS
 - Analysis of options for continuing to care for these patients is underway.
 - Awaiting additional guidance from HHS regarding verification requirements and allowable funding (i.e., program income).

Employee Recognition – Survey Responses

1. **Would you be interested and available to attend an upcoming SNCHC employee appreciation event?**
 - Out of 11 board members:
 - Yes - 6 members
 - Maybe – 2 members
2. **If you're open to contributing, whether financially or in another capacity, what range or type of contribution would you be comfortable offering?**
 - All 6 members noted they are willing to contribute financially or in another capacity.
3. **Do you have any activity suggestions for staff appreciation?**
 - Lunch
 - donuts, conchas or any sweets or aguas frescas
 - Staff holiday dinner/party
 - Small Starbucks gift card
 - Edible arrangements
 - Handwritten “Thank You” cards
 - Electronic Raffle (EE) raffle with gift basket for winner
4. **Comments**
 - Glad you all are doing this.

Employee Recognition – Survey Responses

- There is board support for the employee recognition.
- The board can decide on one of the suggestions mentioned in the survey or something else.
- An idea from leadership is the Holiday Party in December
 - Tentatively scheduled on Tuesday, December 16th in the afternoon with food, fun, and games.
 - Board members contributions could be used towards that event.
 - Board participation is welcomed.

Chief Executive Officer Evaluation

Chief Executive Officer Annual Review



HRSA required activity.



The health center Governing Board is responsible for assessing the achievement of project objectives.



The Governing Board is responsible for evaluating the performance of the Chief Executive Officer (CEO) of the Southern Nevada Community Health Center.



The Executive Director Annual Review Committee will evaluate performance and provide feedback and support to the Governing Board and the CEO as a part of the CEO's Annual Evaluation process.

Evaluation Process and Timeline

- The evaluation tool and process will be reviewed along with the health center's FY25 accomplishments at the September 16th board meeting.
- Following the September 16th meeting, the evaluation tool, the CEO's direct reports input, and the health center's FY25 accomplishments will be emailed to board by Tawana.
- Evaluation responses will be tracked and organized by Tawana and David.
- Survey results will be provided to the Executive Director Annual Review Committee.
- The Committee will meet prior to the October 21st board meeting to review the evaluation results, FY25 accomplishments, proposed FY26 goals, and will provide a recommendation to the full board.
- The CEO's evaluation and the health center's FY26 goals will be reviewed by the Governing Board at the October 21st meeting with a request to approve its acceptance.

MEMORANDUM

Date: August 19, 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 Chief Executive Officer Report – July 2025

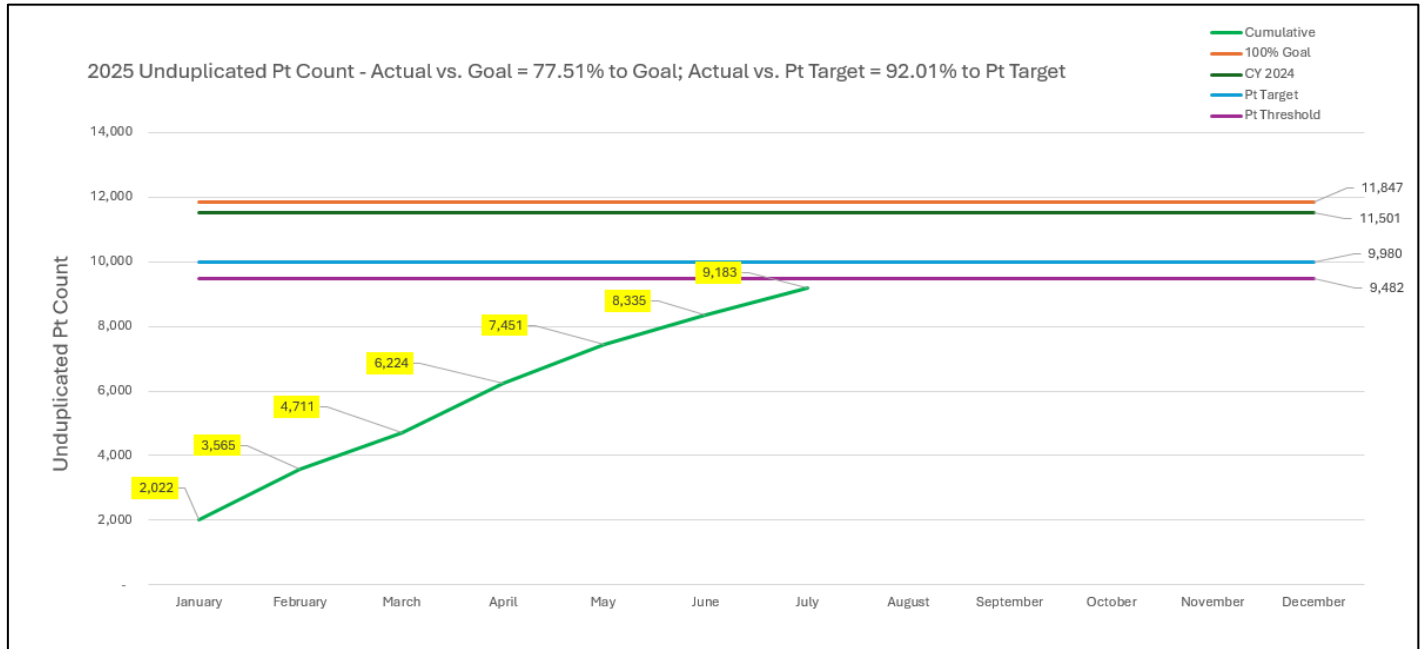
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention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

July Highlights - Administrative

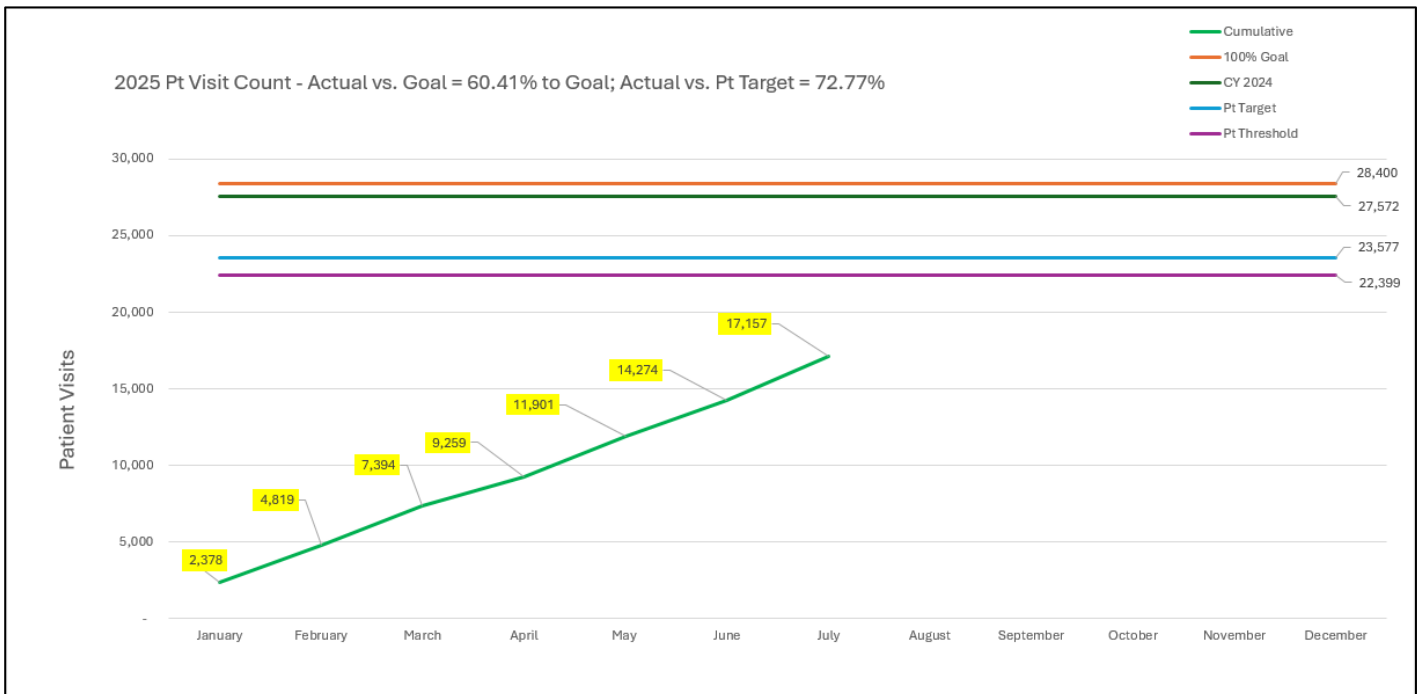
- FTCA redeeming application approved for coverage in CY26.
- Planning work underway in response to the new interpretation of the Personal Responsibility and Work Opportunity Reconciliation Act.
- Notification of Title X grant funding, approximately \$630k for the remainder of the program year (10/1/25 – 3/31/26) pending.
- The Title X – Family Planning virtual site visit is scheduled for September 2nd through 4th.
- Employee and patient appreciation activities took place over the week of August 4th at both health center locations to celebrate National Health Center Week.
- Application submitted to join the new Medicaid management care organization, CareSource.
- Work is underway to prepare for an application for Patient Centered Medical Home accreditation.
- In-service and networking activities conducted with Nevada Hand and UMC.
- Recruitment for a clinical pharmacist for the Decatur health center underway.
- Recruitment for a clinical staff physician for the Fremont health center underway.
- A community health nurse providing case management services in the Ryan White program recognized as an employee of the month for August.

Access

Unduplicated Patients – July 2025



Patient Visits Count – July 2025



Provider Visits by Program and Site – July 2025

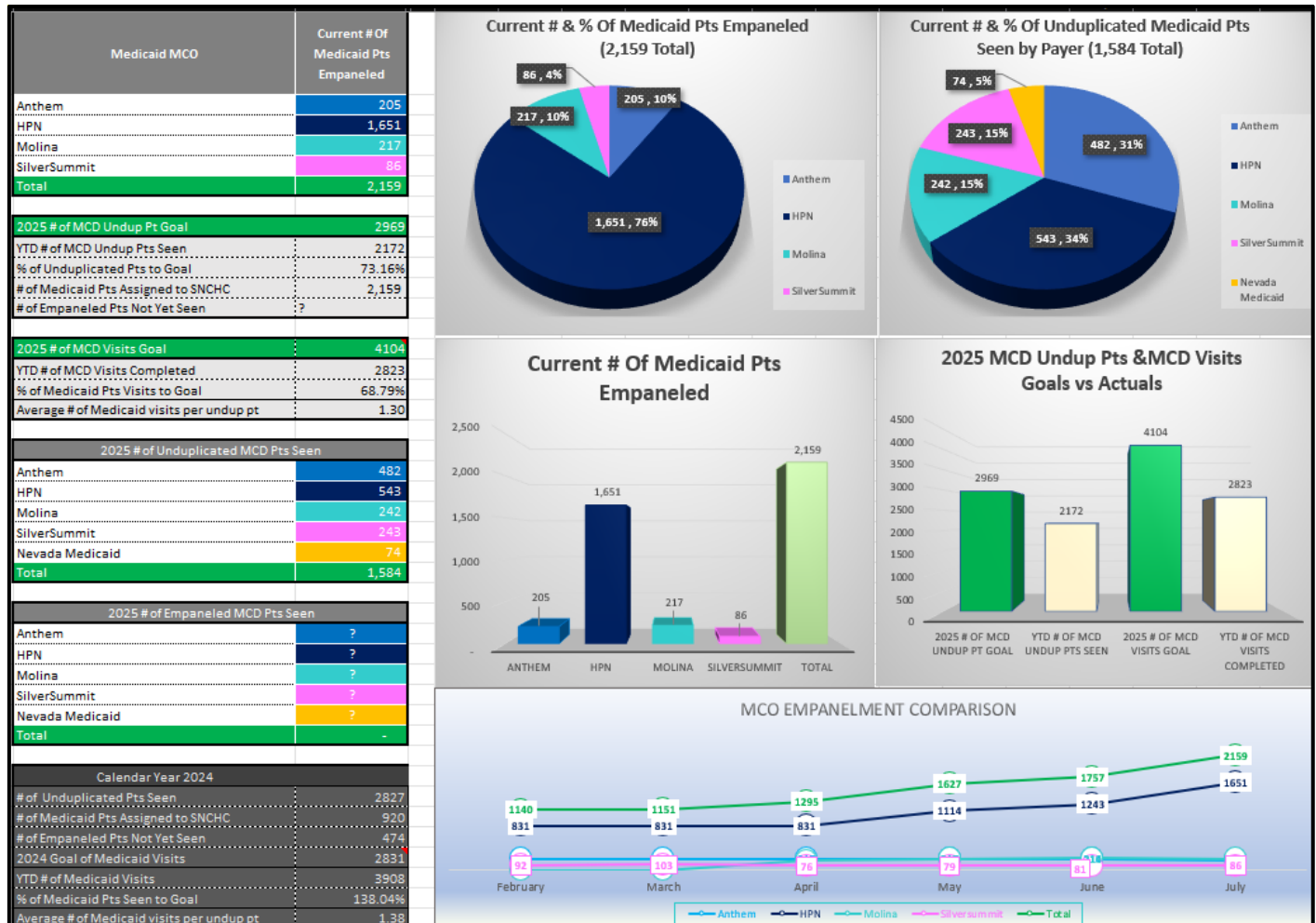
Facility	Program	JULY '25	JULY '24	JULY YoY %	FY26 YTD	FY25 YTD	FY YTD YoY%
Decatur	Family Health	934	613	34%	934	613	34%
Fremont	Family Health	415	266	36%	415	266	36%
Total	Family Health	1,349	879	35%	1,349	879	35%
Decatur	Family Planning	64	126	-97%	64	126	-97%
Fremont	Family Planning	197	112	43%	197	112	43%
Total	Family Planning	261	238	9%	261	238	9%
Decatur	Sexual Health	637	579	9%	637	579	9%
Fremont	Sexual Health	135	109	19%	135	109	19%
ASEC	Sexual Health		68		0	68	
Total	Sexual Health	772	756	2%	772	756	2%
Decatur	Behavioral Health	213	124	42%	213	124	42%
Fremont	Behavioral Health	142	130	8%	142	130	8%
Total	Behavioral Health	355	254	28%	355	254	28%
Decatur	Ryan White	299	285	5%	299	285	5%
Fremont	Ryan White	14	16	-14%	14	16	-14%
Total	Ryan White	313	301	4%	313	301	4%
FQHC Total		3,050	2,428	20%	3,050	2,428	20%

Pharmacy Services

	25-Jul	24-Jul		FY26 YTD	FY25 YTD		% Change YOY
Client Encounters (Pharmacy)	1,760	1,413	↑	1,760	1,413	↑	24.6%
Prescriptions Filled	3,208	2,317	↑	3,208	2,317	↑	38.5%
Client Clinic Encounters (Pharmacist)	61	43	↑	61	43	↑	41.9%
Financial Assistance Provided	14	30	↓	14	30	↓	-53.3%
Insurance Assistance Provided	16	14	↑	16	14	↑	14.3%

- A. Dispensed 3,208 prescriptions for 1,760 patients.
- B. The pharmacist completed 61 patient clinical encounters.
- C. 14 patients assisted to obtain medication financial assistance.
- D. Assisted 16 patients with insurance approvals.

Medicaid Managed Care Organization (MCO)



Behavioral Health Services

- Health Plan of Nevada recently assigned 300 patients to SNCHC. These patients have been identified as needing both primary care and behavioral health services. The Behavioral Health (BH) team has been contacting these patients to welcome them and to offer both primary care and behavioral health services.
- The Behavioral Health Manager attended a Prevention, Advocacy, Choices, Teamwork (PACT) Coalition monthly meeting and presented on integrated care efforts within SNCHC.
- Behavioral Health and Medical Director are working closely to identify areas to strengthen BH workflows at the Decatur and Fremont sites.

Family Planning Services

- Family Planning program access was up 9% in July and is up 9% year-over-year. Program team administrators and clinical staff are working on 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 metrics are being tracked focused on the percentage of appointments scheduled per provider per

day as well tracking the third next available appointment by new and established appointments. The data will be used to make additional fine tuning to the appointment schedules.

- B. The program is scheduled for a comprehensive virtual site visit September 2nd through 4th of this year.
- C. The health center is still awaiting notification of funding for the remaining six months of the approved budget period (i.e., October 1, 2025 – March 31, 2026).

HIV / Ryan White Care Program Services

- A. The Ryan White program received 70 referrals between July 1st and July 31st. There were four (4) pediatric clients referred to the Medical Case Management in July and the program received two (2) referrals for pregnant women living with HIV during this time.
- B. There were 580 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 321 unique clients served under these programs in July.
- C. The Ryan White ambulatory clinic provided a total of 594 visits in the month of July, including 27 initial provider visits, 253 established provider visits including six (6) tele-visits to established patients. Additionally, there were 29 nursing visits and 285 lab visits provided. There were 64 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of July. There were 14 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in July.
- D. The Ryan White clinic provides 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 eleven (11) patients seen under the Rapid StART Program in July.

FQHC-Sexual Health Clinic (SHC)

- A. The Sexual Health Clinic (SHC) clinic provided 1,162 unique services to 779 unduplicated patients for the month of July. There are currently more than 70 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 PPC - Sexual Health and Outreach Prevention Programs (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 continues to refer pregnant patients with syphilis and patients needing complex STI evaluation and treatment to PPC SHOPP for nurse case management services. The SHC Community Health Nurse team began providing services following the new “Nurse Visit for Follow up (HIV) PrEP Therapy” standard operating procedure.
- C. One (1) SHC provider is continuing to train in the provision of Family Planning Services.

Refugee Health Program (RHP)

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

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	1
Referrals for TB issues	0
Referrals for Chronic Hep B	0
Referrals for STD	0
Pediatric Refugee Exams	0
Clients encounter by program (adults)	6
Refugee Health Screening for July 2025	0
Total for FY24-25	659

Outreach/In Reach Activity

Month of July 2025

Number of events	3 - outreach 8 - in reach
Number of people reached	278
Number of people linked to the clinic	35
Number of hours dedicated to outreach	42

Eligibility and Insurance Enrollment Assistance

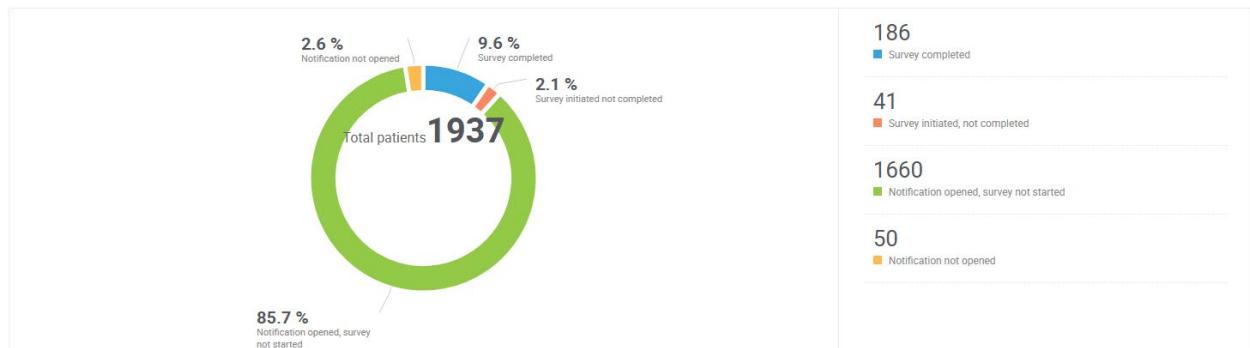
Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of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

Patient Satisfaction: See attached survey results.

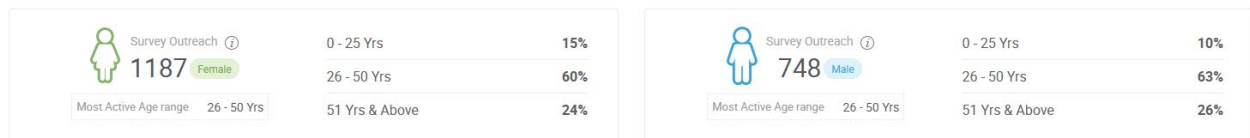
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

Southern Nevada Community Health Center Patient Satisfaction Survey – July 2025

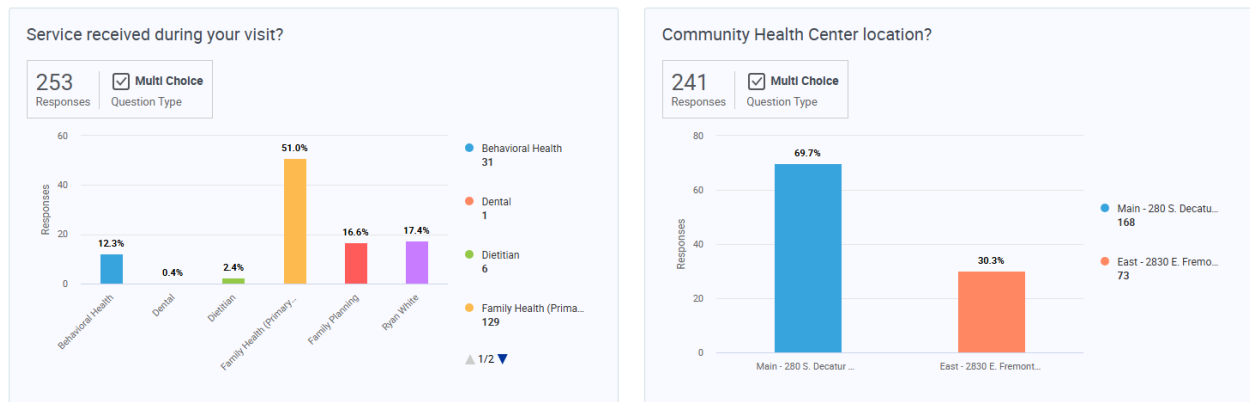
Overview



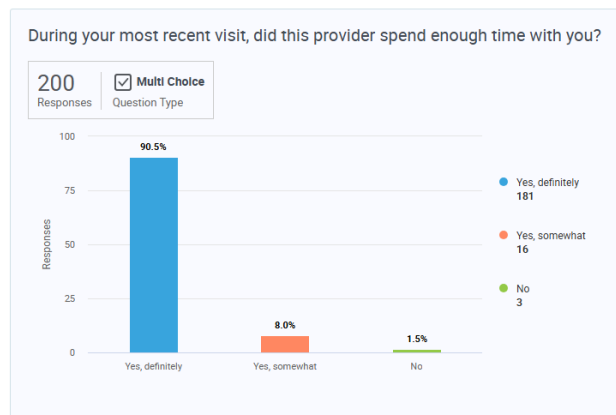
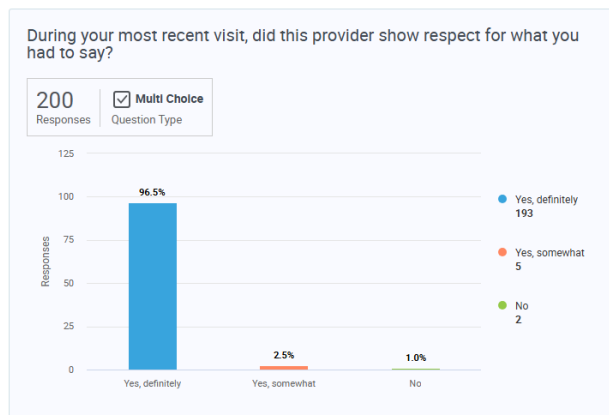
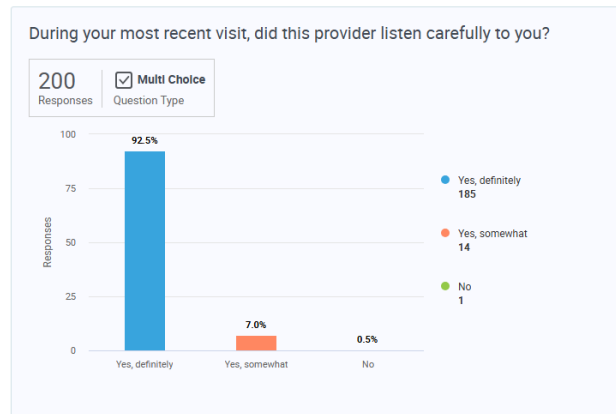
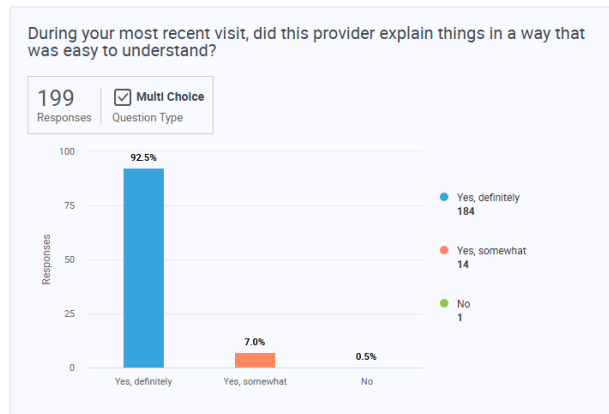
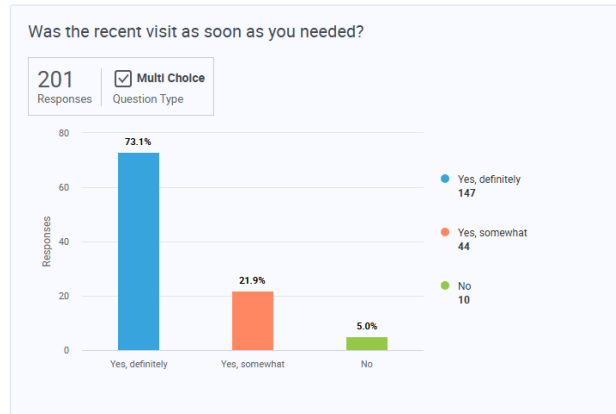
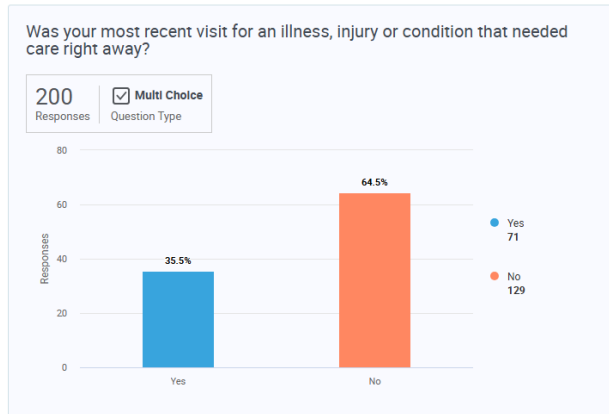
Gender



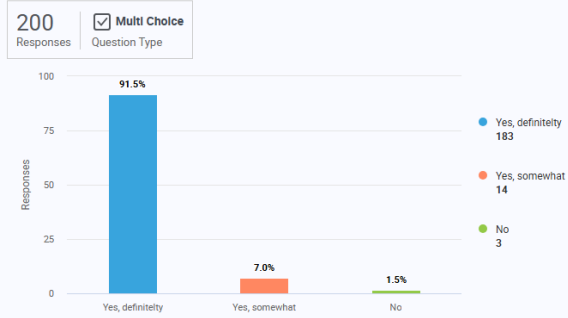
Service and Location



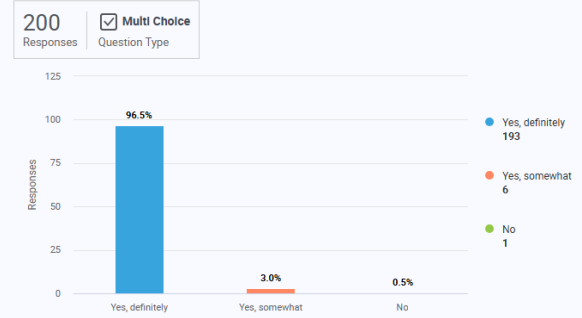
Provider, Staff, and Facility



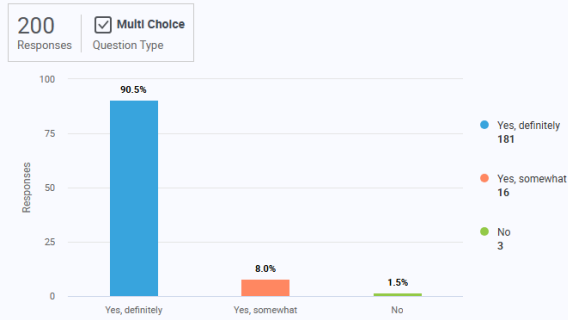
Thinking about your most recent visit, were the staff as helpful as you thought they should be?



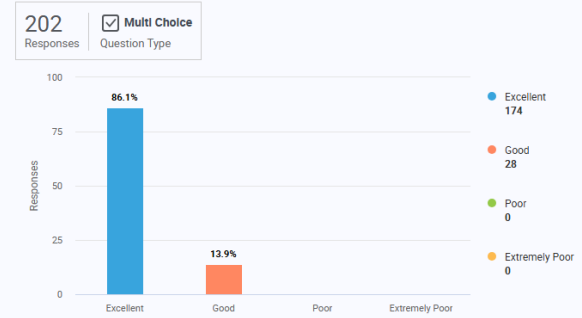
Thinking about your most recent visit, did the staff treat you with courtesy and respect?



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



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



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

200

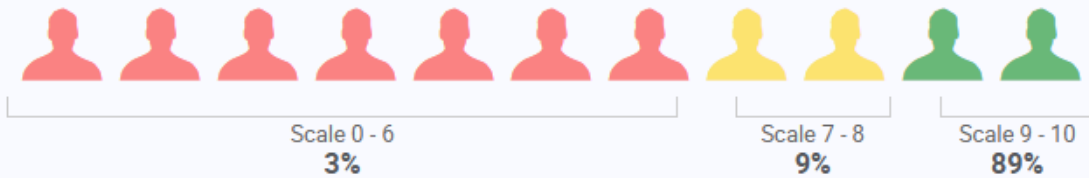
Responses

123 Numbers

Question Type

86

Net Promoter Score (NPS)



5

Scale 0 - 6

17

Scale 7 - 8

178

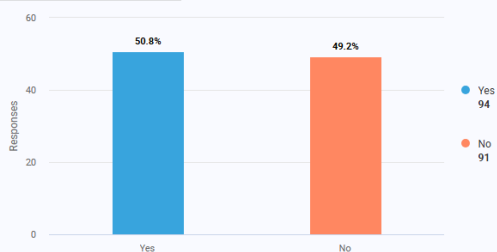
Scale 9 - 10

General Information

Do you have health insurance?

185
Responses

☒ Multi Choice
Question Type



How did you hear about us?

194
Responses

☒ Multi Choice
Question Type

