APPROVED BY THE SNCHC GOVERNING BOARD
OCTOBER 21, 2025

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING
September 16, 2025 – 2:30 p.m.
Meeting was conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT:	Donna Feliz-Barrows, Chair Jasmine Coca, First Vice Chair Sara Hunt, Second Vice Chair Erin Breen Ashley Brown Marie Dukes Jose L. Melendrez David Neldberg
ABSENT:	Scott Black Luz Castro Blanca Macias-Villa
ALSO PRESENT	
LEGAL COUNSEL:	Edward Wynder, Associate General Counsel
CHIEF EXECUTIVE OFFICER:	Randy Smith
STAFF:	Tawana Bellamy, Emily Anelli, Todd Bleak, Donna Buss, Magali Cano, Robin Carter, David Kahananui, Cassius Lockett, Cassondra Major, Kimberly Monahan, Bernadette Meily, Andria Cordovez Mulet, Luann Province, Cameron Pfand, 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. Tawana Bellamy, Senior Administrative Specialist, administered the roll call. A quorum was not established.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

Member Coca joined the meeting at 2:32 p.m.

Quorum was established at 2:32 p.m.

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

IV.

1. **Southern Nevada Health District – September Employees of the Month**
   - Magali Cano

The Governing Board recognized Magali Cano a Community Health Nurse II, as one of two Southern Nevada Health District's September 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. Cano.

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

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.

VI. **ADOPTION OF THE SEPTEMBER 16, 2025 MEETING AGENDA** *(for possible action)*

The Chair advised of changes needed to the agenda. The changes consist of the followings:

- Item 4 – remove the Proposed Goals for FY26, only the CY25 Chief Executive Officer's (CEO) Report of Accomplishments will be presented.
- Item 5 – change Third Quarter to Second Quarter
- Item 6 – change Third Quarter to Second Quarter

A motion was made by Member Coca, seconded by Member Dukes, and carried unanimously to approve the changes to the September 16, 2025 meeting agenda, as amended.

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

1. **APPROVE MINUTES** – **SNCHC GOVERNING BOARD MEETING**: August 19, 2025 *(for possible action)*

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

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

VIII. **REPORT / DISCUSSION / ACTION**

<u>Recommendations from the September 10, 2025 Nominations Committee Meeting</u>

1. **Receive, Discuss and Approve Nominations for New Terms for Governing Board Members**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Randy Smith, Chief Executive Officer – FQHC, advised that the Nominations Committee recommended the renewal of three board members – Members Breen, Melendrez and Feliz-Barrows for a new three-year term, based on their consistent meeting attendance and committee participation.

   A motion was made by Member Coca, seconded by Member Dukes, and carried unanimously to approve the Nominations for New Terms for Governing Board Members Breen, Member Melendres and Member Feliz-Barrows, with Chair Feliz-Barrows abstaining.

   Member Melendrez joined the meeting at 2:42 p.m.

2. **Receive, Discuss and Approve New Board Member Nomination**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Mr. Smith reported that Rebeca Aceves's application was reviewed by the committee, which has recommended her for an open board position. Mr. Smith provided an overview of her qualifications, highlighting her experience with Federally Qualified Health Centers (FQHCs) and her active involvement in the community. Mr. Smith also confirmed that Ms. Aceves meets all HRSA compliance requirements.

   The Chair called for questions and there were none.

   Member Breen commented that she believes Ms. Aceves is a terrific candidate.

   A motion was made by Member Breen, seconded by Member Melendrez, and carried unanimously to approve the New Board Member Nomination, Rebeca Aceves, as presented.

SNCHC Governing Board

3. **Receive, Discuss and Accept the July 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 July 31, 2025, unaudited financial statements for the first month of FY2026. Ms. Whitaker noted that early-month figures may appear atypical, as they represent only one of twelve months. Ms. Whitaker also provided an update on the FY2025 year-end closeout. The finance team is finalizing adjustments and preparing for the upcoming audit. Ms. Whitaker advised that during reconciliation, additional revenue, particularly for the FQHC, was identified and recorded for June 30, 2025. These adjustments are expected to improve the bottom line. Ms. Whitaker further advised that the team aims to complete all entries prior to the audit to minimize post-audit changes and ensure a smooth review process.

   Ms. Whitaker provided the following updates.

   Revenue

   - General Fund revenue (Charges for Services & Other) is $3.09M compared to a budget of $3.26M, an unfavorable variance of $169K.

- Special Revenue Funds (Grants) is $410K compared to a budget of $637K, an unfavorable variance of $227K.
- Total Revenue is $3.50M compared to a budget of $3.89M, an unfavorable variance of $395K.

Expenses

- Salary, Tax, and Benefits is $1.29M compared to a budget of $1.38M, a favorable variance of $91K.
- Other Operating Expense is $2.79M compared to a budget of $2.59M, an unfavorable variance of $200K.
- Indirect Cost/Cost Allocation is $899K compared to a budget of $1.07M, a favorable variance of $174K.
- Total Expense is $4.98M compared to a budget of $5.18M, a favorable variance of $197K.

Net Position: is ($1.48M) compared to a budget of ($1.29M), an unfavorable variance of $198K.

Ms. Whitaker further provided an overview of All Funds by Division and Type (budget to actual), noting the following:

- Federal revenue is currently lagging by approximately $66,000.
- Pass-through revenue is under by about $111,000.
- Net Position is currently at a $1.4 million deficit, slightly higher than the anticipated $1.2 million, but still within expected range.

Mr. Smith shared that in the strategic plan, one of the areas we have focused on is financial sustainability, which he connected to our ability to make more accurate revenue projections during budgetary exercises. Mr. Smith emphasized that what Ms. Whitaker mentioned is correct, this is one out of twelve months of the financial, so we do not want to get ahead of ourselves.

Mr. Smith further shared that, when looking at Family Planning, Primary Care, Ryan White, and Behavioral Health, these are areas where we are getting better. Mr. Smith noted that we want to be able to project revenue as accurately as possible for planning purposes.

Mr. Smith expressed his appreciation to Ms. Whitaker and her team, as well as to Mr. Kahananui and his team in the Business Office, acknowledging that considering this is just one of twelve of the financials, we are making progress in this space.

Ms. Whitaker continued to provide an overview of the following:

- Revenue by Department (Budget to Actuals)
- Expenses by Department (Budget to Actuals)
- Patient Encounters by Department and by Clinic

Regarding patient encounters, Mr. Smith shared that he is pleased with the work that Dr. Carter and our managers are doing. This progress is especially meaningful given that the increase in access is being done with two fewer providers. Mr. Smith noted that the team is making great headway and working to be as efficient as possible, while also being good stewards of the resources we have.

Ms. Whitaker further shared the Year-to-Date by Month financials for July 31, 2025.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve the July 2025 Year to Date Financial Report, as presented.

4. **Receive, Discuss and Approve the CY25 Chief Executive Officer's (CEO) Report of Accomplishments ~~and Proposed Goals for FY26~~;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the CY25 CEO report detailing health center accomplishments over the past year, including the outcomes of the FY25 goals. Mr. Smith highlighted the following achievements:

1. As of June 30, 2025, 14,729 unduplicated patients served.
    - *22% year-over-year increase*
2. As of June 30, 2025, 48,372 unique encounters conducted.
    - 36% year-over-year increase
        - Licensed Independent Provider (medical & behavioral health) visits: 32,184.
        - Nurse visits: 10,588
        - Lab visits: 5,600
3. As of June 30, 2025, 17,800 unique patients served in the pharmacy.
    - 11% year-over-year increase
4. As of June 30, 2025, 30,342 prescriptions were filled.
    - 29% year-over-year increase

Member Melendrez praised Mr. Smith's leadership, stating, "You cannot have a good team without good leadership. Great work, Mr. Smith."

Member Breen expressed her appreciation to Mr. Smith and the entire team, stating:
"I'd just like to say to Randy and the whole team—amazing accomplishments. Hats off. Great job."

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

A motion was made by Member Melendrez, seconded by Member Breen, and carried unanimously to approve the CY25 Chief Executive Officer's Report of Accomplishments, as presented.

5. **Receive, Discuss and Accept the ~~Third~~ Second Quarter Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

David Kahananui, Administrative Manager, FQHC presented the Second Quarter (Q2) Risk Management Report, fulfilling FTCA requirements for quarterly reporting.

Mr. Kahananui provided the following highlights.

- Quarterly Risk Assessments were completed for both Q1 and Q2, with action plans 75% completed.
- The Q2 risk assessment focused on HIPAA compliance, with 40 out of 45 criteria met. Action plans were developed for the remaining five items.

- Incident Reporting:
  - 25 incidents were reported in Q2.
  - Year-to-date total is 43, on pace to exceed last year's total of 70.
  - One root cause analysis was completed; others are pending follow-up actions.
- Peer Review Audit Scores for providers reached 95% in Q2.
- Training Compliance:
  - Required annual trainings for clinical staff are nearly complete.
  - Risk Manager training also completed.
- Patient Satisfaction:
  - Q2 average score: 97.8%
  - Year-to-date satisfaction: 98.1%
- Additional Metrics:
  - One grievance reported and resolved.
  - No pharmacy packaging/labeling errors or HIPAA breaches.
  - 100% of the referrals ordered were processed.
  - 49.23% of eligible patients received pregnancy intention screening.
  - Gaps identified in documentation for trimester and birth weight/race data; mechanisms are being developed to improve tracking.
  - 100% of licensed practitioners are current with credentialing and privileging.
  - No claims were reported in Q2.

The Chair called for questions and there were none.

A motion was made by Member Coca, seconded by Member Melendrez, and carried unanimously to approve the Second Quarter Risk Management Report, as presented.

6. **Receive, Discuss and Accept the ~~Third~~ Second Quarter Risk Management Assessment;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Robin Carter, Chief Medical Officer/Medical Director, presented the Second Quarter (Q2) Risk Assessment, which focused on HIPAA compliance. Dr. Carter noted that while no major errors were found, five areas for improvement were identified and categorized into three key focus areas:

1. Oral Communication:
   - Due to the pod-style layout of provider workspaces surrounded by patient rooms, staff are being reminded to minimize volume and conversation outside exam rooms to protect patient privacy.
   - Managers and Dr. Carter conduct regular walkthroughs to reinforce this practice.
2. Protecting Confidentiality of Electronic Communication:
   - Staff will begin including confidentiality disclaimers in all emails containing Protected Health Information (PHI).
   - Patients are advised not to use email as their primary method of communication due to security limitations.
3. Secure Messaging and PHI Handling:
   - Staff use headsets and Teams for patient calls, but soundproofing limitations are acknowledged.
   - Patients are informed that while efforts are made to ensure privacy, complete sound isolation cannot be guaranteed.

Dr. Carter also shared that FTCA has issued new guidance requiring more detailed comments on risk assessments. In response, Dr. Carter shared she has added comments to every item in the Q2 assessment to ensure full compliance. Dr. Carter emphasized that most of the identified issues are not major corrections but require ongoing vigilance and daily reminders. Annual HIPAA training continues to be provided to all staff.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Breen, and carried unanimously to approve the Second Quarter Risk Management Assessment, as presented.

7. **Receive, Discuss and Approve the Submittal of the Non-Competing Continuation Grant H80CS33641;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui provided a brief overview of the annual renewal process for the Health Center Program Non-Competing Continuation Grant H80CS33641. Mr. Kahananui advised the renewal will cover the funding period from February 1, 2026, through January 31, 2027, with a total funding amount of $1,023,114. Mr. Kahananui further shared the application must be submitted through HRSA's Electronic Handbook system by the deadline of October 17, 2025.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve the Submittal of the Non-Competing Continuation Grant H80CS33641, as presented.

8. **Receive, Discuss and Approve CY25 Second Quarter Clinical Performance Measures;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Felicia Sgovio, Quality Management Coordinator, presented the Second Quarter clinical quality measures and patient satisfaction results. Ms. Sgovio noted the addition of a new HRSA-required measure on substance use disorder treatment, which will be included in next year's UDS report.

Ms. Sgovio provided an overview of the following:

- Year-over-year improvements ending June 30, 2025
- 2025 Quality Focus Measures (adding depression screening and follow-up to support Patient-Centered Medical Home (PCMH) accreditation.
- Clinical Quality Measures – What is working well, areas of opportunity and next steps.

Ms. Sgovio reviewed the patient satisfaction survey process, noting that surveys are sent post-appointment with follow-up reminders. Surveys are active across most programs, with development underway for the Sexual Health program. Ms. Sgovio shared a new question about care team collaboration that was being added, and the survey has been shortened from 15 to 13 questions to improve completion rates.

Ms. Sgovio advised that quarter two results showed consistently high patient satisfaction across provider communication, staff courtesy, scheduling ease, and facility cleanliness. The

Net Promoter Score was 88, reflecting strong patient loyalty. Ms. Sgovio also highlighted an increase in responses submitted in languages such as Swahili and Korean, indicating broader engagement.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve the CY25 Second Quarter Clinical Performance Measures, as presented.

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

There were no board reports.

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

- Uniform Data System (UDS) Benchmark Report

Mr. Smith shared that the final UDS results were received in August and unlike last year, when the Health Center earned three Community Health Quality Recognition badges, none were awarded this year. Only one health center in Nevada received a badge, due in part to HRSA's updated eligibility criteria and automatic disqualification for any questionable data tables.

Mr. Smith emphasized that while badges are meaningful recognition, the greater challenge is in improving data accuracy and usability within the electronic health record system. Mr. Smith presented the organization's quartile rankings for clinical performance measures, noting that many fell into the fourth quartile. Mr. Smith attributed some of the lower rankings to data errors, such as early prenatal care and HIV linkage to care, and expressed optimism for improvement under Dr. Carter's leadership.

Mr. Smith shared that we had one clinical performance measure in the first quartile ranking, which was controlling high blood pressure. Mr. Smith encouraged the board to consider using these measures as future performance goals. Mr. Smith also noted that the Health Center served 11,501 unique patients, an all-time high, but acknowledged an increase in cost per patient, largely due to pharmacy expenses from the HIV program.

The Chair called for questions and there were none.

- CEO Comments

Mr. Smith reported that the Health Center completed its Title X audit earlier this month with strong results. The review team was highly complementary, noting the team's thorough preparation and identifying several documents as best practices. The final report is pending, with potential findings subject to the discretion of the project officer.

Mr. Smith advised that the health center received Title X funding through March 2026, providing short-term stability despite ongoing uncertainty about the program's future. Mr. Smith also

addressed the potential federal government shutdown, noting concerns about access to already obligated funds. The finance team is working to ensure all drawdowns are current.

Additional updates included:

- FTCA coverage has been renewed through calendar year 2026.
- A second interview is scheduled for a staff physician candidate at the Fremont site.
- Progress continues toward Patient-Centered Medical Home (PCMH) accreditation.
- A major call center improvement project is underway to enhance patient access.
- Board Governance and CEO Evaluation

Mr. Smith reminded board members of the upcoming annual meeting. Ms. Bellamy will coordinate updates to conflict-of-interest disclosures, committee assignments, and the 2026 board calendar. Members were encouraged to share feedback on meeting times.

Mr. Smith provided an overview of the process for the CEO evaluation and shared the board will receive the evaluation tool, scoring rubric, and supporting materials later in the week. Mr. Smith advised the Chief Executive Officer Annual Review Committee will meet ahead of the October board meeting to review results and proposed goals for fiscal year 2026.

The Chair called for questions and there were none.

XI. INFORMATIONAL ITEMS

- Community Health Center (FQHC) August 2025 Monthly Report

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

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

XIII. ADJOURNMENT

The Chair adjourned the meeting at 3:54 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER
GOVERNING BOARD MEETING
September 16, 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/f1c74fd5-eab0-49d8-8ab6-1d09836ef814@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 118 666 003#

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.

I. CALL TO ORDER & ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. **Southern Nevada Health District – September Employee of the Month**
   - Magali Cano

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 meeting controls at the top of the screen and select the Raise Hand icon. When called upon, select the microphone icon to unmute yourself.
- **By telephone**: Call 702-907-7151 and when prompted to provide the Meeting ID, enter 118 666 003#. Press *5, to raise your hand. When called upon, press *6 on your phone keypad to unmute yourself.
- **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 SEPTEMBER 16, 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**: August 19, 2025 *(for possible action)*

VII. REPORT / DISCUSSION / ACTION

Recommendations from the September 10, 2025 Nominations Committee Meeting

1. **Receive, Discuss and Approve Nominations for New Terms for Governing Board Members**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

2. **Receive, Discuss and Approve New Board Member Nomination**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

SNCHC Governing Board

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

4. **Receive, Discuss and Approve the Chief Executive Officer's Report of Accomplishments and Proposed Goals for FY26;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

5. **Receive, Discuss and Accept the Third Quarter Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

6. **Receive, Discuss and Accept the Third Quarter Risk Management Assessment;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

7. **Receive, Discuss and Approve the Submittal of the Non-Competing Continuation Grant H80CS33641;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

8. **Receive, Discuss and Approve CY25 Second Quarter Clinical Performance Measures;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

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

- CEO Comments
- Uniform Data System (UDS) Benchmark Report

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) August 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
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**

<u>Recommendations from the August 18, 2025 Finance and Audit Committee Meeting</u>

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. <u>ADJOURNMENT</u>

The Chair adjourned the meeting at 3:26 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

Existing Board Members' Participation

Erin Breen – term ends Sept. 2025

New term would start October 2025

- Committees served on 2023-2025
- Nominations
- Quality, Credentialing & Risk Management

Jose Melendrez – term ends Sept. 2025

New term would start October 2025

- Committees served on 2023- 2025
- Strategic Planning
- Quality, Credentialing & Risk Management
- Executive Director Annual Review
- Executive Committee
- Nominations

Donna Feliz-Barrows – term ends Oct. 2025

New term would start November 2025

- Committees served on 2023-2025
- Executive Committee
- Executive Director Annual Review
- Finance and Audit
- Nominations

Attendance from 2023 to 2025	PRESENT	ABSENT
Erin Breen	29	6
Donna Feliz-Barrows	34	0
Jose Melendrez	30	5

Motion to Approve Extending Additional Term to Existing Board Members Breen, Melendrez and Feliz-Barrows, as presented.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Board Member Candidate

Name: Rebeca Aceves

Profession: Research Education and Access for Community Health- REACH

Education: Master in Psychology, Community Health Worker

Why are you interested in becoming a member of the Southern Nevada Community Health Center's Governing Board?

- I'm interested in joining the Governing Board because I'm passionate about expanding access to health care for underserved communities in Southern Nevada. I believe community health centers are vital in addressing disparities, and I want to contribute my experience and perspective to help strengthen culturally responsive services and support inclusive, patient centered care.

What do you believe are the unmet health needs of our community?

- I believe some of the greatest unmet health needs in our community are access, affordability, and cultural competence. Families face significant barriers to healthcare, from limited insurance options to language access and transportation. Mental health is also a critical area.

Candidate meets HRSA Requirements.

Motion to approve the New Board Member Nomination, as presented.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

SOUTHERN NEVADA Community HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Financial Report
Results as of July 31, 2025

(Unaudited)

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

Revenue

- General Fund revenue (Charges for Services & Other) is $3.09M compared to a budget of $3.26M, an unfavorable variance of $169K.
- Special Revenue Funds (Grants) is $410K compared to a budget of $637K, an unfavorable variance of $227K.
- Total Revenue is $3.50M compared to a budget of $3.89M, an unfavorable variance of $395K.

Expenses

- Salary, Tax, and Benefits is $1.29M compared to a budget of $1.38M, a favorable variance of $91K.
- Other Operating Expense is $2.79M compared to a budget of $2.59M, an unfavorable variance of $200K.
- Indirect Cost/Cost Allocation is $899K compared to a budget of $1.07M, a favorable variance of $174K.
- Total Expense is $4.98M compared to a budget of $5.18M, a favorable variance of $197K.

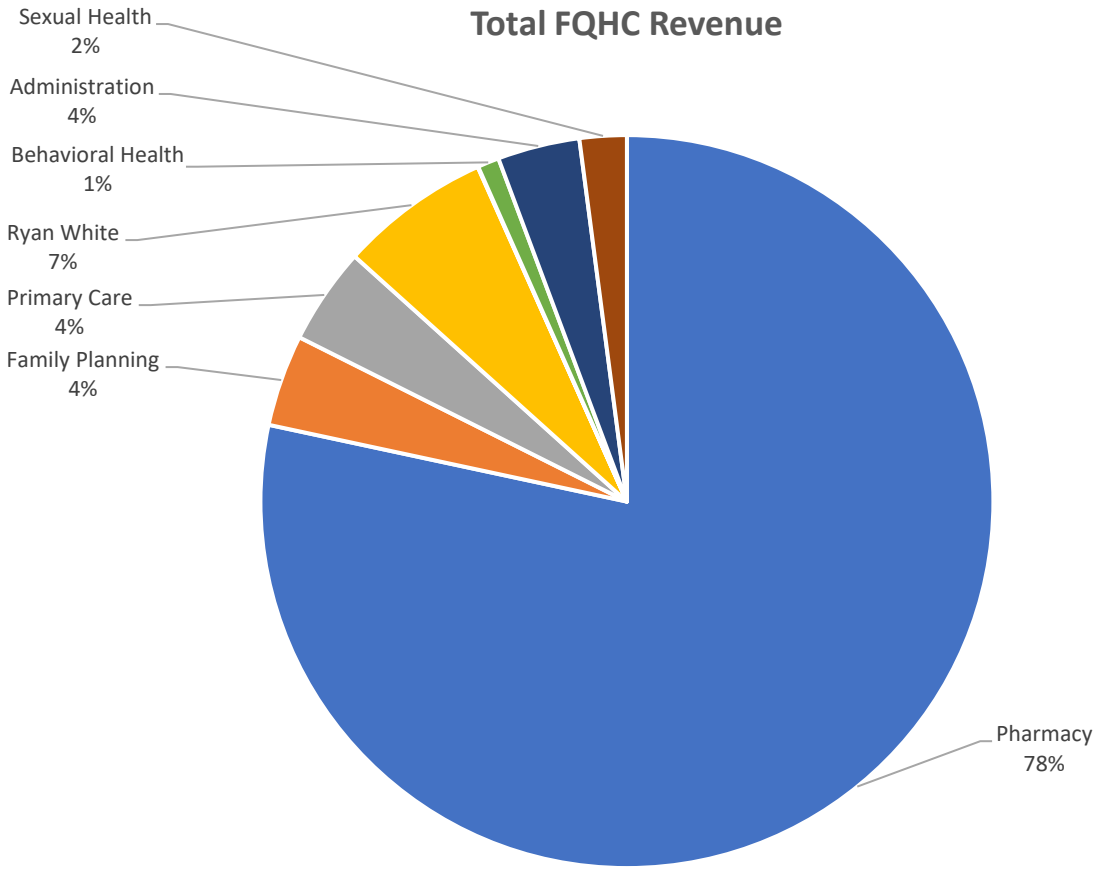
Net Position: is ($1.48M) compared to a budget of ($1.29M), an unfavorable variance of $198K.

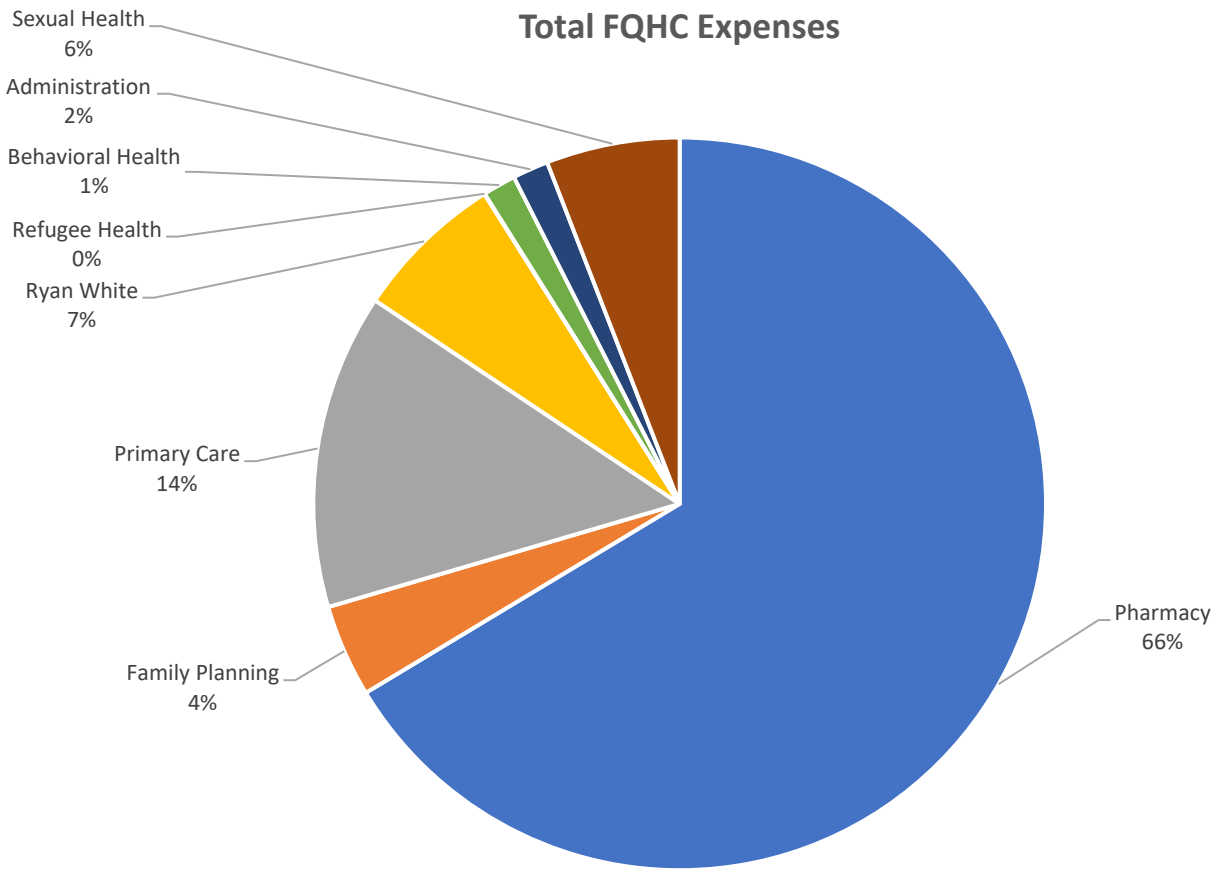
All Funds/Divisions by Type
Budget to Actual

Activity	Budget as of July	Actual as of July	Variance Favorable (Unfavorable)	%	
Charges for Services	3,121,481	2,959,864	(161,617)	-5%	
Other	133,915	126,842	(7,073)	-5%	
Federal Revenue	251,678	185,499	(66,179)	-26%	
Pass-Thru Revenue	322,632	210,791	(111,841)	-35%	
State Revenue	61,942	13,379	(48,563)	-78%	
Total FQHC Revenue	**3,891,648**	**3,496,375**	**(395,273)**	**-10%**	
Salaries	921,733	860,556	61,177	7%	
Taxes & Fringe Benefits	461,152	431,189	29,963	6%	
Total Salaries & Benefits	**1,382,885**	**1,291,746**	**91,139**	**7%**	
Supplies	2,454,345	2,666,959	(212,614)	-9%	1
Capital Outlay	1,632	-	1,632	100%	
Contractual	127,844	119,923	7,921	6%	
Travel & Training	5,487	2,922	2,565	47%	
Total Other Operating	**2,589,308**	**2,789,804**	**(200,496)**	**-8%**	
Indirect Costs/Cost	1,072,492	898,608	173,884	16%	
Transfers IN	66,392	(44,226)	110,618	167%	
Transfers OUT	66,392	44,226	22,166	33%	
Total Transfers	**1,205,276**	**898,608**	**306,668**	**25%**	
Total FQHC Expenses	**5,177,469**	**4,980,157**	**197,312**	**4%**	
Net Position	**(1,285,821)**	**(1,483,782)**	**(197,961)**	**15%**	

NOTES:
1) YEAR-END INVENTORY ADJUSTMENT IMPACTS PHARMACY SUPPLY EXPENSES IN FIRST MONTH OF NEW FISCAL YEAR.

Percentage of Revenues and Expenses by Department





Revenues by Department
Budget to Actuals

Department	Budget as of July	Actual as of July	Variance Favorable (Unfavorable)	%
Charges for Services, Other, Wrap				
Family Planning	24,464	35,419	10,955	45%
Pharmacy	2,929,807	2,741,070	(188,737)	-6%
Primary Care	54,558	56,299	1,741	3%
Ryan White	23,042	23,842	800	3%
Refugee Health	1,693	(2,601)	(4,294)	-254% [1]
Behavioral Health	22,983	33,197	10,214	44%
Administration	133,915	126,842	(7,073)	-5%
Sexual Health	64,934	72,637	7,703	12%
OPERATING REVENUE	**3,255,396**	**3,086,705**	**(168,691)**	**-5%**
Grants				
Family Planning	192,462	105,841	(86,621)	-45%
Primary Care	103,685	93,038	(10,647)	-10%
Ryan White	312,261	208,990	(103,271)	-33%
Refugee Health	10,371	1,800	(8,571)	-83%
Behavioral Health	17,474	-	(17,474)	-100%
SPECIAL REVENUE	**636,253**	**409,669**	**(226,584)**	**-36%**
TOTAL REVENUE	**3,891,649**	**3,496,374**	**(395,275)**	**-10%**

NOTES:
1) REFUGEE HEALTH CLINIC PATIENT ENCOUNTERS REDUCED BY 93% YEAR-OVER-YEAR. NEGATIVE REVENUE DUE TO CONTRACTUAL ADJUSTMENTS/WRITE-OFFS FROM PRIOR PERIODS.

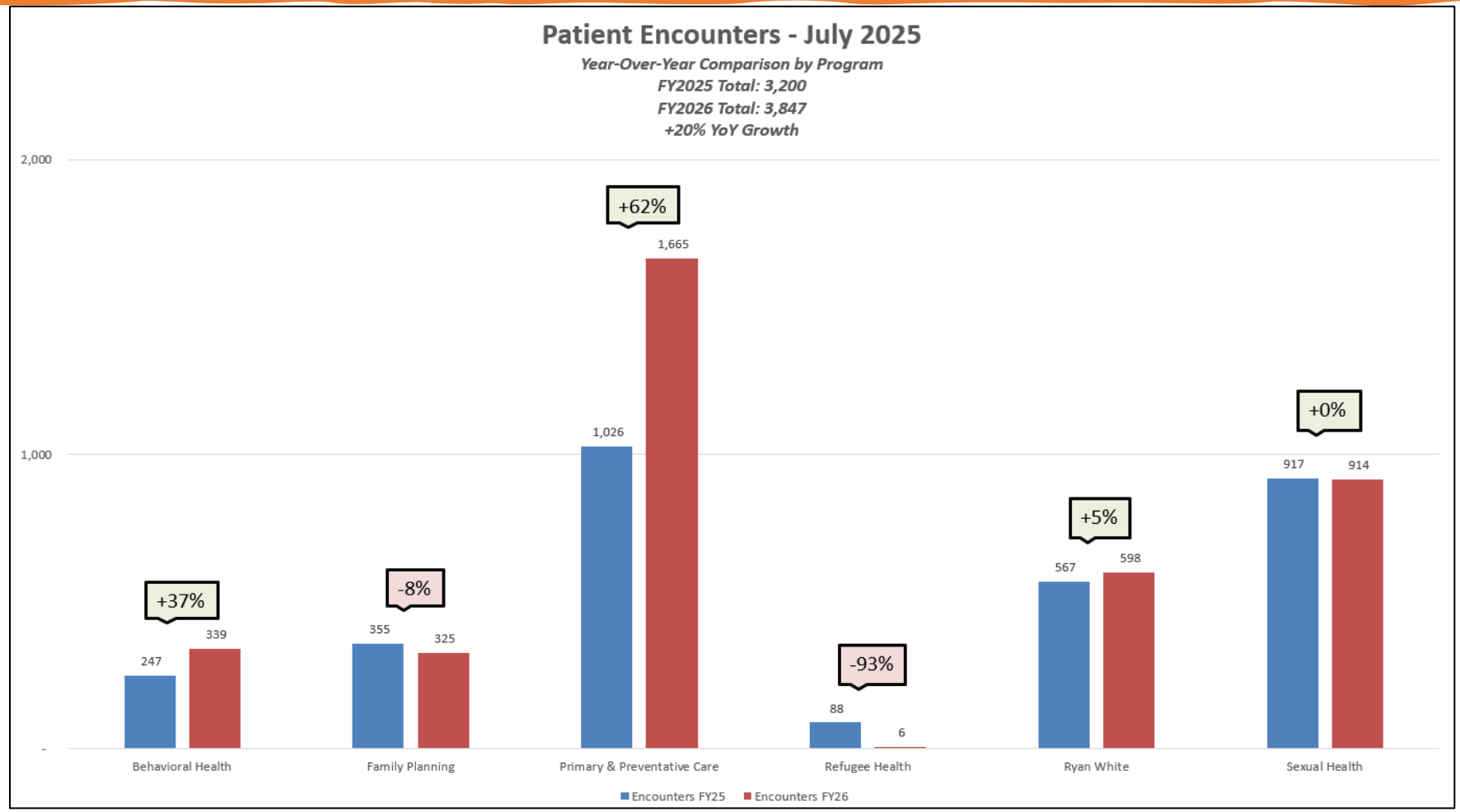
Expenses by Department

Budget to Actuals

Department	Budget as of July	Actual as of July	Variance Favorable (Unfavorable)	%	
Employment (Salaries, Taxes, Fringe)					
Family Planning	195,939	154,868	41,071	21%	
Pharmacy	52,873	54,668	(1,795)	-3%	
Primary Care	482,819	539,064	(56,245)	-12%	
Ryan White	329,237	241,982	87,255	27%	
Refugee Health	25,001	(1,085)	26,086	104%	1
Behavioral Health	50,041	59,639	(9,598)	-19%	
Administration	31,628	22,513	9,115	29%	
Sexual Health	215,347	220,096	(4,749)	-2%	
Total Personnel Costs	1,382,885	1,291,745	91,140	7%	
Other (Supplies, Contractual, Capital, etc.)					
Family Planning	48,422	11,725	36,697	76%	
Pharmacy	2,382,948	2,655,432	(272,484)	-11%	2
Primary Care	39,979	29,276	10,703	27%	
Ryan White	24,832	30,559	(5,727)	-23%	
Refugee Health	12,012	334	11,678	97%	
Behavioral Health	1,000	-	1,000	100%	
Administration	60,373	42,105	18,268	30%	
Sexual Health	19,741	20,373	(632)	-3%	
Total Other Expenses	2,589,307	2,789,804	(200,497)	-8%	
Total Operating Expenses	**3,972,192**	**4,081,549**	**(109,357)**	**-3%**	
Indirect Costs/Cost Allocations	1,072,492	898,608	173,884	16%	
Transfers IN	(66,392)	(44,226)	(22,166)	33%	
Transfers OUT	66,392	44,226	22,166	33%	
Total Transfers & Allocations	1,072,492	898,608	173,884	16%	
TOTAL EXPENSES	**5,044,684**	**4,980,157**	**64,527**	**1%**	

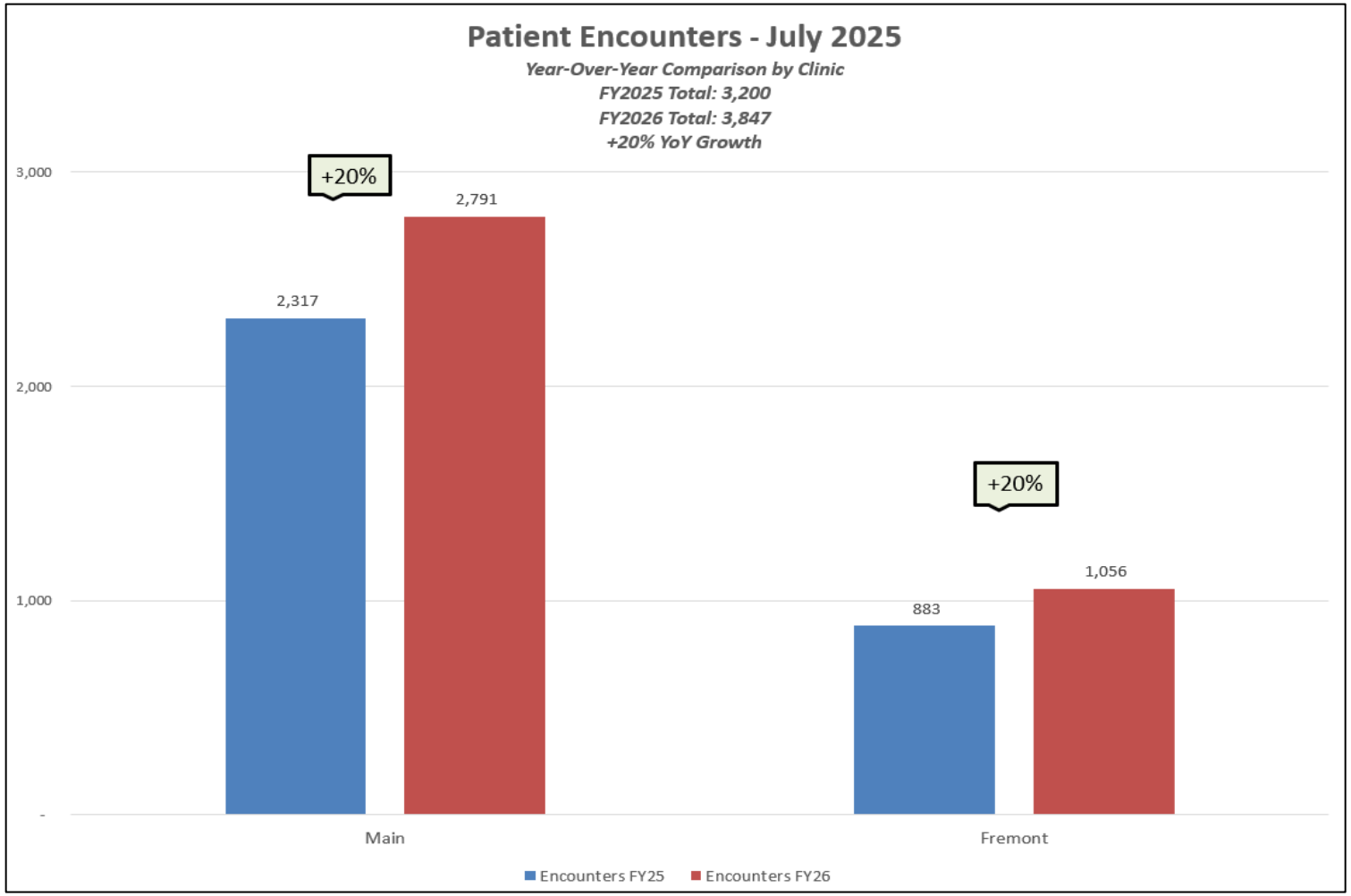
NOTES:
1) NEGATIVE TOTAL DUE TO CORRECTION OF SALARIES, TAXES & BENEFITS EXPENSES FOR GRANT ACTIVITY.
2) YEAR-END INVENTORY ADJUSTMENT REVERSAL IMPACTS PHARMACY SUPPLY EXPENSES.

Patient Encounters By Department



NOTE 1: PATIENT ENCOUNTERS INCLUDE VISITS PROVIDED BY LICENSED INDEPENDENT PRACTITIONERS (LIPS) AND NURSES. FY25 AND FY26 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.

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 – July 31, 2025

By Department

DEPARTMENT	Jul-25	YTD TOTALS	YTD AVERAGES
Administration (301)	126,842	126,842	126,842
Family Planning (309)	149,159	149,159	149,159
Pharmacy (333)	2,741,071	2,741,071	2,741,071
Dental Health (336)	-	-	-
Primary Care (337)	157,357	157,357	157,357
Ryan White (338)	261,140	261,140	261,140
Refugee Health (344)	(801)	(801)	(801)
Behavioral Health (345)	33,197	33,197	33,197
Sexual Health (350)	72,637	72,637	72,637
TOTAL REVENUES	**3,540,601**	**3,540,601**	**3,540,601**

DEPARTMENT	Jul-25	YTD TOTALS	YTD AVERAGES
Administration (301)	78,426	78,426	78,426
Family Planning (309)	194,744	194,744	194,744
Pharmacy (333)	3,388,983	3,388,983	3,388,983
Dental Health (336)	-	-	-
Primary Care (337)	669,656	669,656	669,656
Ryan White (338)	345,647	345,647	345,647
Refugee Health (344)	(751)	(751)	(751)
Behavioral Health (345)	68,314	68,314	68,314
Sexual Health (350)	279,366	279,366	279,366
TOTAL EXPENSES	**5,024,384**	**5,024,384**	**5,024,384**

NET POSITION:	(1,483,783)	(1,483,783)	(1,483,783)

YTD by Month – July 31, 2025

By Type

REVENUE TYPE	Jul-25	YTD TOTALS	YTD AVERAGES
Charges for Services	2,959,864	2,959,864	2,959,864
Other	126,842	126,842	126,842
Contributions	-	-	-
Intergovernmental	409,669	409,669	409,669
TOTAL REVENUES	**3,496,375**	**3,496,375**	**3,496,375**
EXPENSE TYPE	**Jul-25**	**YTD TOTALS**	**YTD AVERAGES**
Salaries	860,556	860,556	860,556
Taxes and Benefits	431,189	431,189	431,189
Travel and Training	2,922	2,922	2,922
Supplies	2,666,959	2,666,959	2,666,959
Contractual	119,923	119,923	119,923
Property	-	-	-
TOTAL EXPENSES	**4,081,550**	**4,081,550**	**4,081,550**
TRANSFER TYPE	**Jul-25**	**YTD TOTALS**	**YTD AVERAGES**
Indirect/Cost Allocation	898,608	898,608	898,608
Transfer In	(44,226)	(44,226)	(44,226)
Transfer Out	44,226	44,226	44,226
TOTAL TRANSFERS	**898,608**	**898,608**	**898,608**
NET POSITION:	(1,483,783)	(1,483,783)	(1,483,783)

Questions?

Motion to Accept the July 2025 Year to Date Financial Report, as presented.

SNCHC FY25 Accomplishments

Randy Smith
Chief Executive Officer
Southern Nevada Community Health Center

SNCHC FY25 Accomplishments

1. As of June 30, 2025, 14,729 unduplicated patients served.
    - *22% year-over-year increase*
2. As of June 30, 2025, 48,372 unique encounters conducted.
    - 36% year-over-year increase
        - Licensed Independent Provider (medical & behavioral health) visits: 32,184
        - Nurse visits: 10,588
        - Lab visits: 5,600
3. As of June 30, 2025, 17,800 unique patients served in the pharmacy.
    - 11% year-over-year increase
4. As of June 30, 2025, 30,342 prescriptions were filled.
    - 29% year-over-year increase

SNCHC FY25 Accomplishments

1. Recruited and onboarded three new board members.
2. Hosted an inaugural board retreat.
3. Hired and onboarded a new Medical Director.
4. Hired and onboarded a new Advanced Practice Registered Nurse.
5. Hired and onboarded a new Quality Management Coordinator.
6. Ongoing participation of the FQHC CEO on the Nevada Primary Care Association Board of Directors.
   - Member of the Finance and Policy Committees
7. Ongoing participation in a Health Center Controlled Network.
8. Successfully received Federal Tort Claims Act (FTCA) redeeming.
9. Successfully completed the Health Resources and Services Administration Operational Site Visit audit with no findings.

SNCHC FY25 Accomplishments

10. Successfully completed Ryan White part A and B program audits with no findings.
11. Successfully completed Vaccines for Children audits at Decatur and Fremont with no findings.
12. Successfully completed Nevada Family Planning program audit with no findings.
13. Successfully completed a CLIA Laboratory audit.
14. Created and implement a new health center wide three-year strategic plan.
15. Revised the health center's mission and vision statements.
16. Formally added substance use disorder, psychiatry, infectious disease, and nutrition services to the health center's scope of work.
17. Opened a new Behavioral Health clinic at Decatur.
18. New intern opportunities provided in behavioral health and administration.

SNCHC FY25 Accomplishments

19. Employee fundraising program established by the Employee Engagement Committee.
20. Significant year-over-year employee engagement improvement realized through the Organization Vital Survey.
21. Seven health center staff members recognized as SNHD Employees of the Month.
22. Inaugural SNHD Employee of the Year awarded to a health center staff member.
23. Revised the health center wide annual training program and tracking process.
24. Updated credentialing and privileging requirements and processes for clinical staff.
25. Revised quarterly risk assessment reporting processes and documentation.
26. Restructured leadership meetings and implemented new standard KPIs.
27. Established a plan and commenced work for achieving Patient Centered Medical Home accreditation.

SNCHC FY25 Accomplishments

28. Optimized sexual health access through the closure of an under performing site.
29. Increased utilization of refugee health services.
30. Expanded access to care through the implementation of stagger lunches and midday patient appointments.
31. Increased access to care through the standardization appointment templates.
32. Implemented cross training of providers in multi specialties.
33. Implemented new workflows to mitigated revenue loss resulting from changes to the Gilead assistance program.
34. Multiple quality improvement projects completed (BH, FP, & RW).
35. Purchased and commenced training on the eCW CCM module.

SNCHC FY25 Accomplishments

36. New clinical care gaps workflows established.
37. Redesigned clinical space at the Decatur and Fremont health centers.
38. Created and implemented patient education videos.
39. Completed provider specific coding training.
40. Implemented a new Provider Peer Review process.
41. Launched a new behavioral health led Ryan White support group.
42. New integrated behavioral health workflows created and implemented.
43. Started a pharmacist led PREP service at Fremont.
44. Completed HRSA technical assistance training for primary care behavioral health integration.
45. Year-over-year improvement is seven clinical performance measures.

SNCHC FY25 Accomplishments

46. Implemented minor office procedures.
47. Enhanced linkage to care for Hep-C patients.
48. Cultivated relationships with other SNHD divisions for referrals and coordination of care for mutual patients.
49. Designed and implemented a new PREP clinic workflows.
50. Implemented new workflows and tracking for in reach and outreach activities.
51. Created and implemented a new patient welcome packet.
52. New Same Day Clinics established.
53. New electronic patient registrations workflows established.

SNCHC FY25 Accomplishments

54. Created a new Medicaid Dashboard.
55. Refined the revenue calculation model for improved budgeting.
56. Increased the number of empaneled Medicaid patients by 140% (898 to 2,159).
57. Established new relationships and meeting cadences with payer provider relations departments.
58. Lowered lab expenses by negotiating better rates with Quest Diagnostic.
59. Finalized the Prospective Payment System rates for medical and behavioral health services.
60. Received $1.9 million in retroactive Medicaid reimbursement.
61. Awarded a new grant budget period for the Health Center program.

SNCHC FY25 Accomplishments

62. Improved financial stability by increasing revenue and reducing expenditures, resulting in exceeding financial performance compared to the original FY25 budget.

    - *Total revenue for FY25 was $46.5 million, representing a 30% year-over-year increase.*
    - *Improved net position by 160% versus the original FY25 budget*.

63. Implemented a new Sliding Fee Discount schedule.

    - *Total sliding fee adjustments for 2024 equal $4.9 million, an increase of 41% year-over-year.*

Outcome of FY25 Goals

Pursue Patient Centered Medical Home (PCMH) accreditation

Increase the number of unique patients serviced by 3%

Improve daily access to care (visits) by 3%

Optimize and expand services at the Fremont location – SHC/RW/RH

Improve financial stability – Increase the number of Medicaid patients served by 5%

Enhance integrated Behavioral Health services and optimize new clinic at Decatur

Build a dental clinic at Fremont and develop an operational plan

Maintain HRSA Compliance

SOUTHERN NEVADA Community HEALTH CENTER

Thank you!

Questions?

Randy Smith
Chief Executive Officer

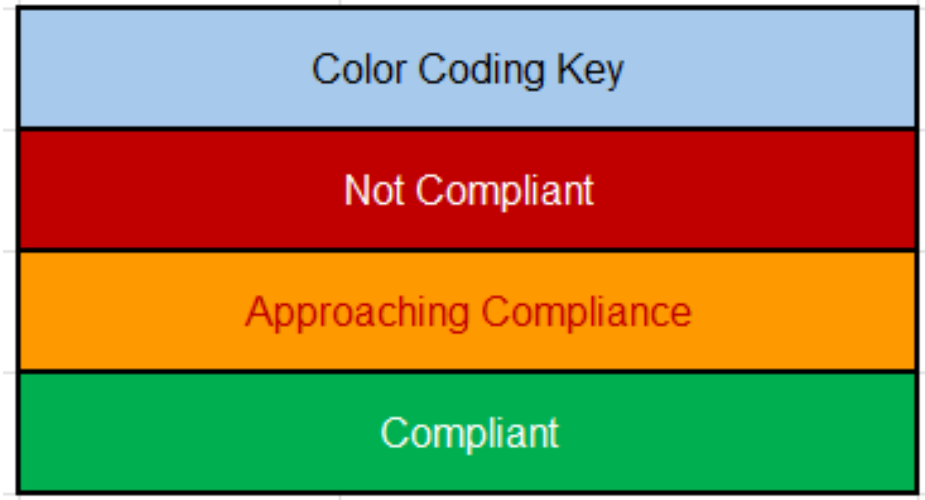
Motion to approve the Chief Executive Officer's Report of Accomplishments and Proposed Goals for FY26, as presented.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

2025 Q2 Quarterly Risk Management Report

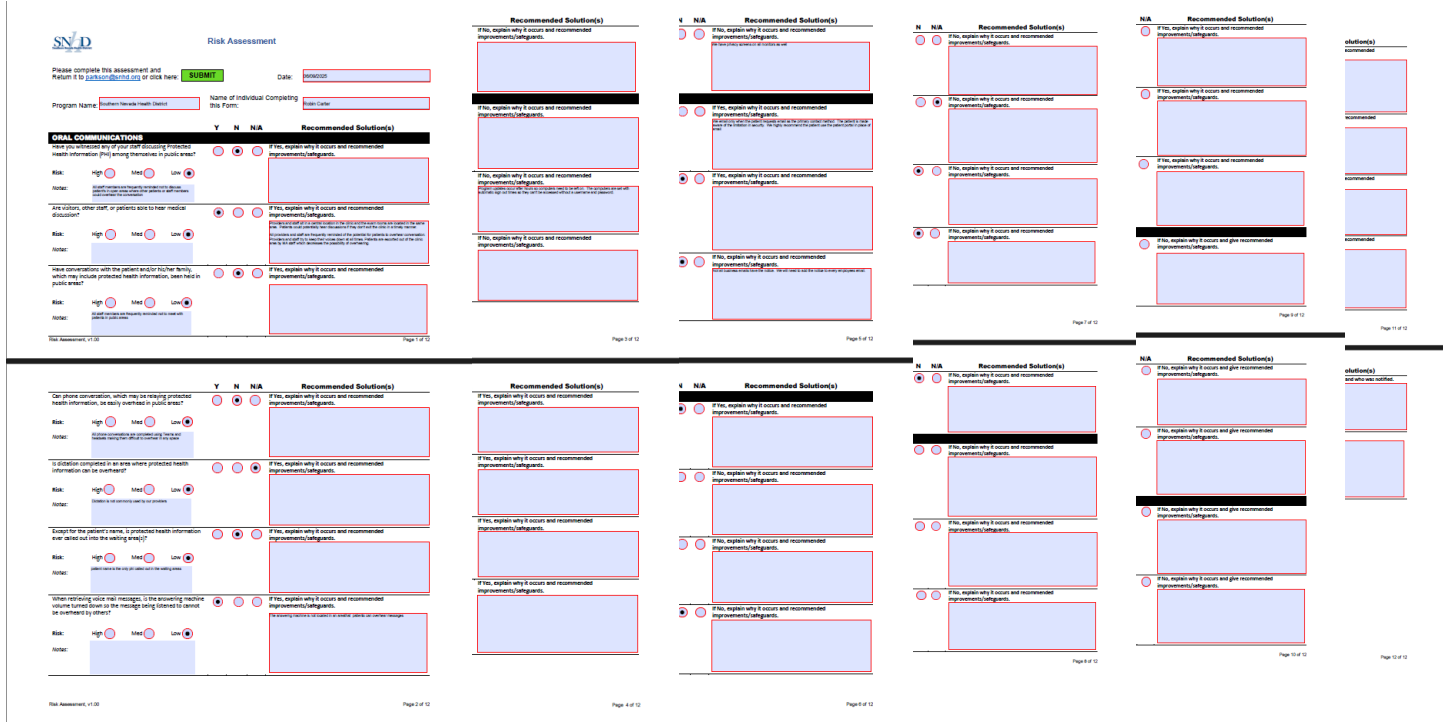
2025 Q2 Quarterly Risk Assessment

- Grading Scale



2025 Q2 Quarterly Risk Assessment

- FTCA requires one (1) risk assessment to be completed each quarter. Two (2) of the four (4) risk assessments must cover a high-risk area.
- The one (1) required risk assessment for Q2 is complete, making the requirement at 100% compliance through Q2.
- The tool used for the Q2 Risk Assessment is called the SNHD Annual HIPAA Risk Assessment
  - 45 Criteria Audited
  - 40/45 compliant (88.9%)
  - Action Plan to correct other five (5) criteria done and under way.
- Open Action plan goal = 75% or less



Risk Assessments

Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2
RM	# Completed annual high-risk assessments	≥ 2/yr	1	0
RM	# Completed quarterly assessments	Min 1/qtr	1	1
RM	% Open action plans	≤75%	100%	75%

Q2 2025 Incident Reporting and Peer Reviews

- FTCA requires SNCHC to track the quantity and level of severity of all incidents.
- Last year 70 incidents were reported
- Q2 of 2025 there were 25 incidents reported, 0 of which were sentinel events, and five (5) of which were high risk.
- 8/25 incidents required root cause analysis and follow up.
- The average score for Provider Peer Reviews in Q2 was 95%.

Adverse Events/ Incident Reports				
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**	**Q1**	**Q2**
Center staff	# Sentinel Incidents	Total /qtr.	0	0
Center staff	# High Risk Incidents	Total /qtr.	1	5
Center staff	# Medium Risk Incidents	Total /qtr.	15	18
Center staff	# Low Risk Incidents/Near Misses	Total /qtr.	2	2
Quarterly Incident Totals		Prior Year - 70	18	25
RM	# Root Cause Analyses (RCA) completed per qtr.	Total /qtr.	5	1
Medical Director	# Peer review audits completed (5/provider/qtr)	80%	95%	95%

Q2 2025 FTCA Required Annual Training Compliance

- There are five (5) FTCA required trainings that all clinical staff MUST participate in each year.
- By the end of Q2, 99.64% of SNCHC's clinical staff had completed 2025's annual required trainings for FTCA.
- FTCA requires that the Risk Manager take two (2) FTCA risk related trainings each year.
- The Risk Manager, Dave Kahananui, has already completed his two (2) annual trainings in May of 2025.

Training and Education				
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**	**Q1**	**Q2**
FQHC Leadership	Planning , review and completion of annual OB training.	≥90% by year-end	97.30%	100.00%
FQHC Leadership	Planning , review and completion of annual High Risk Area (Safe Injection) training.	≥90% by year-end	89.33%	100.00%
FQHC Leadership	Planning , review and completion of annual High Risk Area (Hand Hygiene) training.	≥90% by year-end	84.26%	99.07%
FQHC Leadership	Planning , review and completion of annual HIPAA training.	≥90% by year-end	81.51%	99.13%
FQHC Leadership	Planning , review and completion of annual Infection Prevention (BBP) training.	≥90% by year-end	86.90%	100.00%
RM	Annual Training Completion Rate Goal of 90%	≥90% by year-end	88.10%	99.64%
RM	Required Risk Manager Annual Training	2 Required FTCA trainings by End of Year	100.00%	100.00%

Q2 2025 Risk and Patient Safety Activities

- Patient satisfaction score averaged 97.8 for Q2 and 98.1% for the year.
- One (1) grievance filed and resolved.
- No pharmacy packaging and labeling errors.
- No HIPAA breaches.
- All referrals ordered were processed and sent.
- 49.23% of Pts eligible for Pregnancy Intention Screening were screened.
- No pregnant patients have documentation of which trimester they were in when first seen.
- No SNCHC patients who have had a baby this year have birthweight/race data documented for their newborn.
- 100% of LIP/OLCPs had current credentialing at the end of Q2.

Risk and Patient Safety Activities				
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**	**Q1**	**Q2**
QI/MD/Ops Mgrs/RM	Patient satisfaction score	90%	98.4%	97.8%
QI/MD/Ops Mgrs/RM	# Grievances	Avg/qtr	2	1
QI/MD/Ops Mgrs/RM	# Grievances resolved	100%	100%	100%
QI/Phar Mgr	Pharmacy packaging and labeling error rate	<5%	0%	0%
Compliance/RM	HIPAA breaches	Total # of breaches	0	0
QI/MD/Ops Mgrs/RM	Referral completion rate	>90%	100%	100%
QI/MD/Ops Mgrs/RM	# of Pts eligible for Pregnancy Intention	Total #	1325	3327
QI/MD/Ops Mgrs/RM	# of Pts Screened for Pregnancy Intention	Total #	550	1638
QI/MD/Ops Mgrs/RM	% of Pts Screened for Pregnancy Intention	>75%	**41.51%**	**49.23%**
QI/MD/Ops Mgrs/RM	# of Pregnant Pts Seen	Total #	18	27
QI/MD/Ops Mgrs/RM	# of Prenatal pts referred out for prenatal care	# of Prenatal Pts Referred	18	27
QI/MD/Ops Mgrs/RM	# of Prenatal Pts w Documented Trimester of Pregnancy When First Seen	# of Prenatal Pts Referred	0	0
QI/MD/Ops Mgrs/RM	% of Prenatal Pts w Documented Trimester of Pregnancy When First Seen	>75%	**0%**	**0%**
QI/MD/Ops Mgrs/RM	# of Birthweights by Race Captured	Total #	0	0
RM/HR	Credentialing and privileging file review rate	100%	97%	100%

Q2 2025 Claims Management

- No claims were reported or filed in Q2.

Claims Management				
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**	**Q1**	**Q2**
CM	# Claims submitted to HHS	NA	0	0
CM	# Claims settled or closed	NA	0	0
CM	# Claims open	NA	0	0
CM	# Lawsuits filed	NA	0	0
CM	# Lawsuits settled	NA	0	0
CM	# Lawsuits litigated	NA	0	0

Questions?

Motion to Accept the Second Quarter Risk Management Report, as presented.

2025 Q2 Quarterly Risk Management Assessment

2025 Q2 Quarterly Risk Assessment

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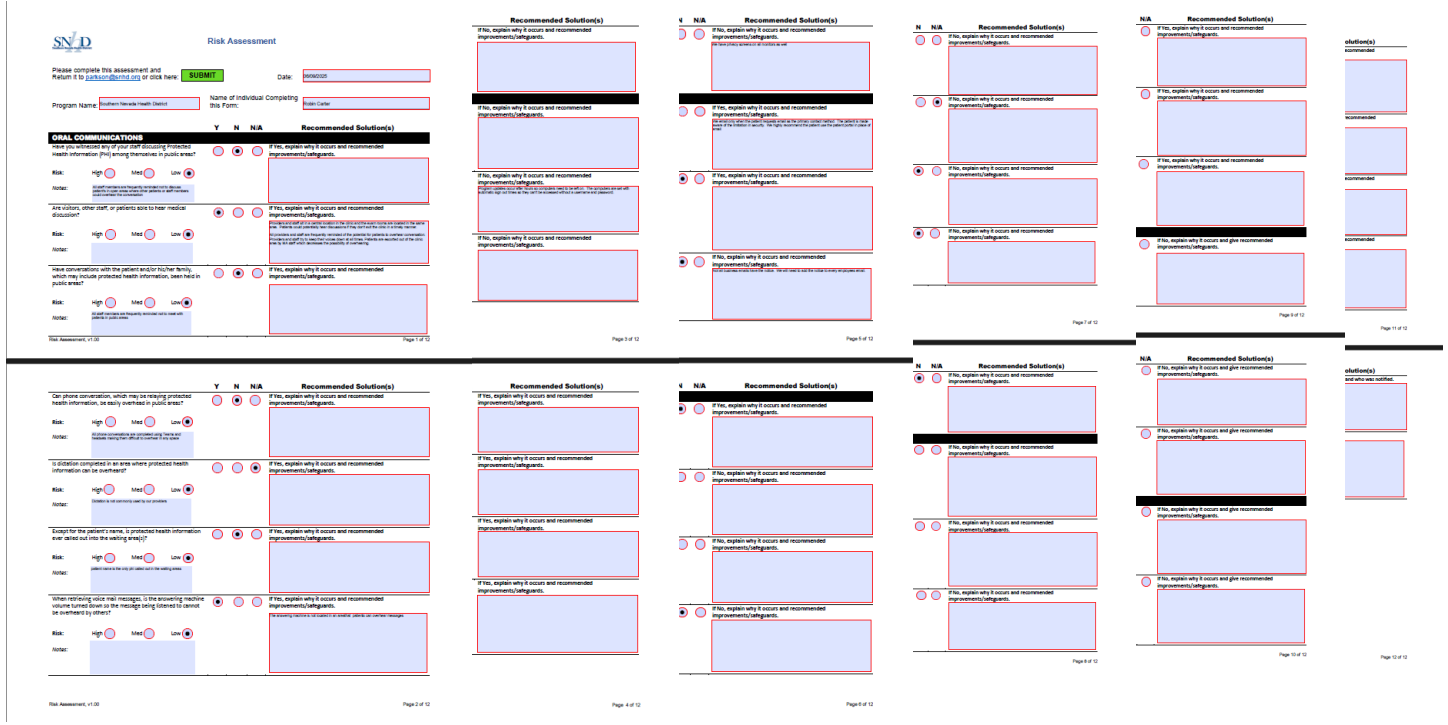

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2025 Q2 Quarterly Risk Assessment

- FY 2026 FTCA Application Submitted to and accepted by HRSA
- Warning Letter Received for FY2025 Risk Assessments Activities
  - The warning letter simply sets the expectation that the Risk Assessments performed in 2025 need more notes and details for all criteria assessed.
  - Q1's Risk Assessment was revised to add all comments by the Medical Director
  - Q2's Risk Assessment has notes in every question.

David Kahananui

From: HRSA EHBs System User <Grantsupport@hrsa.gov>
Sent: Friday, July 18, 2025 7:31 AM
To: David Kahananui
Subject: FTCA FRIDAY FAQ:Warning Letters

Federal Tort Claims Act (FTCA) Warning Letters - Frequently Asked Questions (FAQs)

This set of **FTCA Friday FAQs** provides important information for Health Centers that have received an FTCA Warning Letter. FTCA Warning Letters help Health Centers proactively address compliance areas needing improvement, maintain continuous FTCA deeming, and ensure strong operational standards.

FTCA consistently provides group Technical Assistance (TA) through webinars, FAQ documents, annual training sessions, and other resources highlighting common compliance issues, best practices, and clear "Dos and Don'ts."

Health Centers are encouraged annually to review prior submissions against this guidance to proactively identify and address potential deficiencies. Proactively reviewing prior submissions and documentation can help your Health Center avoid compliance notices and warning letters.

Below are FAQs designed to guide Health Centers that receive warning letters.

1. What is the purpose of an FTCA Warning Letter?

FTCA Warning Letters inform Health Centers about compliance concerns identified during the FTCA application review. These letters offer an opportunity to proactively assess and address issues before submitting the next application.

Warning Letters should be treated as confidential and intended exclusively for your Health Center's key management and compliance teams to review, address, and resolve.

2. What should we do if we receive a Warning Letter?

Receiving an FTCA Warning Letter provides your Health Center the opportunity to address compliance concerns proactively. We recommend that your Health Center:

2025 Q2 Quarterly Risk Assessment Findings

Five (5) Findings

SOUTHERN NEVADA Community HEALTH CENTER

CY25 HIPAA Assessment Findings and Action Plan

Findings/areas of highest risk identified:

1. **Oral Communications –**
    a. Are visitors, other staff, or patients able to hear medical discussion?
        i. Providers and staff sit in a central location in the clinic, and the exam rooms are in the same area. Patients could potentially hear discussions if they don't exit the clinic in a timely manner.
        ii. All providers and staff are frequently reminded of the potential for patients to overhear conversation. Providers and staff try to always keep their voices down. Patients are escorted out of the clinic area by MA staff which decreases the possibility of overhearing.
        iii. It was observed that no PHI was being discussed in a manner that could compromise PHI or HIPAA protected information.
            1. Ongoing reminders, observation, and intervention will continue as needed.
    b. When retrieving voice mail messages, is the answering machine volume turned down so the message being listened to cannot be overheard by others?
        i. An answering machine is not located in an area where patients can overhear messages.
            1. Team members were observed listening to their voice mail messages while wearing a computer headset.
2. **Protecting Confidentiality of Electronic PHI**
    a. Are workstations turned off after business hours?
        i. During observation, program updates occurring after-hours required computers to be left on. The computers are set with automatic sign-out times so they can't be accessed without a username and password.
            1. Ongoing observation is needed to ensure the computer screens remain protected.
    b. Program updates occur after hours so computers need to be left on. The computers are set with automatic sign-out times so they can't be accessed without a username and password.
        i. Privacy screens were observed on all monitors.
3. **Electronic Mail**
    a. Do workforce members in your area use e-mail to transmit protected health information?
        i. We email only when the patient requests email as the primary contact method. The patient is made aware of the limitation in security. We highly recommend the patient use the patient portal in place of email. It is occasionally observed that patients will still request email messages despite understanding the risks.
        ii. Do business e-mails from your area include confidentiality notices?
            1. It was observed that not all business emails have a confidentiality notice. We will need to add the notice to every employee. email.

2025 Q2 Quarterly Risk Assessment Action Plan

Three (3) Goals will correct and prevent five (5) findings by October 2025.

Action Plan:

CY25 Goals	CY25 Activities (What, Who, When)	CY25 Performance
		3 & 6 Month Follow Up
Goal #1: Close HIPAA Privacy gaps discovered in 2025 HIPAA Risk Assessment under category, Oral Communications.	• Operations Managers & Medical Director regularly walk through potential risk areas throughout the day with the intention of observing continued confidentiality in oral communication regarding PHI. • Operations Managers & Medical Director cover expectations and risks at huddles regularly. • Operations Managers & Medical Director identify and define areas for verbally discussing PHI, so communication only occurs away from other patients. • Complete by October 2025.	June 2025 – September 2025 – December 2025 –
		3 & 6 Month Follow Up
Goal #2: Close HIPAA Privacy gaps discovered in 2025 HIPAA Risk Assessment under category, Protecting Confidentiality of Electronic PHI.	• Operations Managers & Medical Director regularly walk through potential risk areas at the end of the day to ensure team members are signed out of their systems. • Operations Managers & Medical Director will walk through the clinic for continuous monitoring of team members signing out of their system as required. • Complete by October 2025.	Au June 2025 – September 2025 – December 2025 –
		3 & 6 Month Follow Up
Goal #3: Close HIPAA Privacy gaps discovered in 2025 HIPAA Risk Assessment under category, Electronic Mail.	• Operations Managers & Medical Director cover the need for the confidentiality notices in their email signatures and have all team members send an email with their signature lines to verify. • Complete by October 2025.	June 2025 – September 2025 – December 2025 –

Questions?

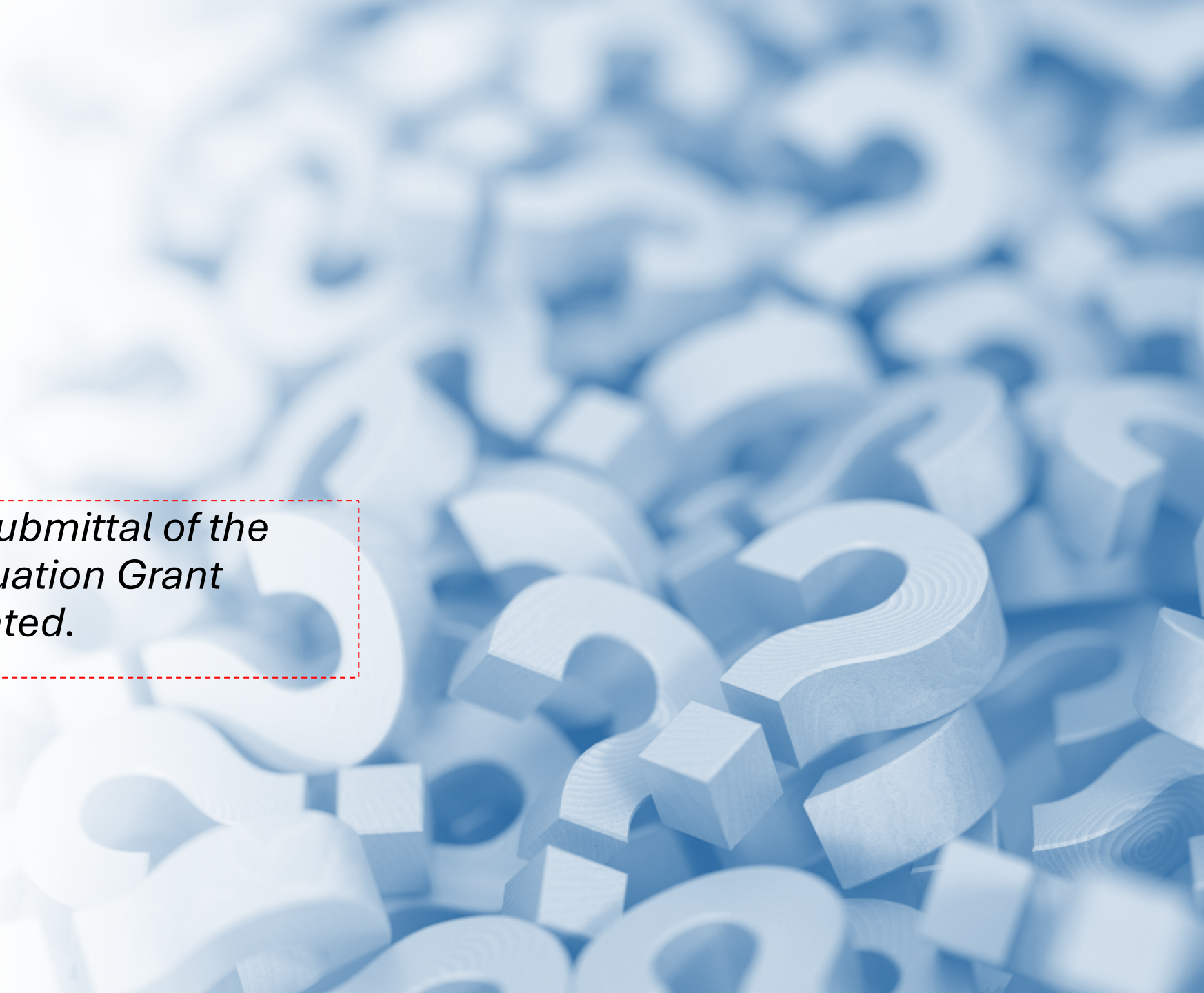
Motion to Accept the Second Quarter Risk Management Assessment, as presented.

Non-Competing Continuation Grant H80CS33641

- **Grant Name:** Health Center Program Award (H80CS33641)
- **Funder:** HRSA
- **Project Period:** 2/1/2024 – 1/31/2027
- **Budget Period**: 02/01/2026 – 01/31/2027 (Year 3 of the 3-year Award)
- **Funding Amount:** $1,023,114
- **Grantee**: Southern Nevada Health District
- **Submit to:** HRSA through the EHB
- **Submission Due Date**: 10/17/2025

Questions?

Motion to Approve the Submittal of the Non-Competing Continuation Grant H80CS33641, as presented.



Second Quarter FQHC Clinical Performance Measures

September 16, 2025

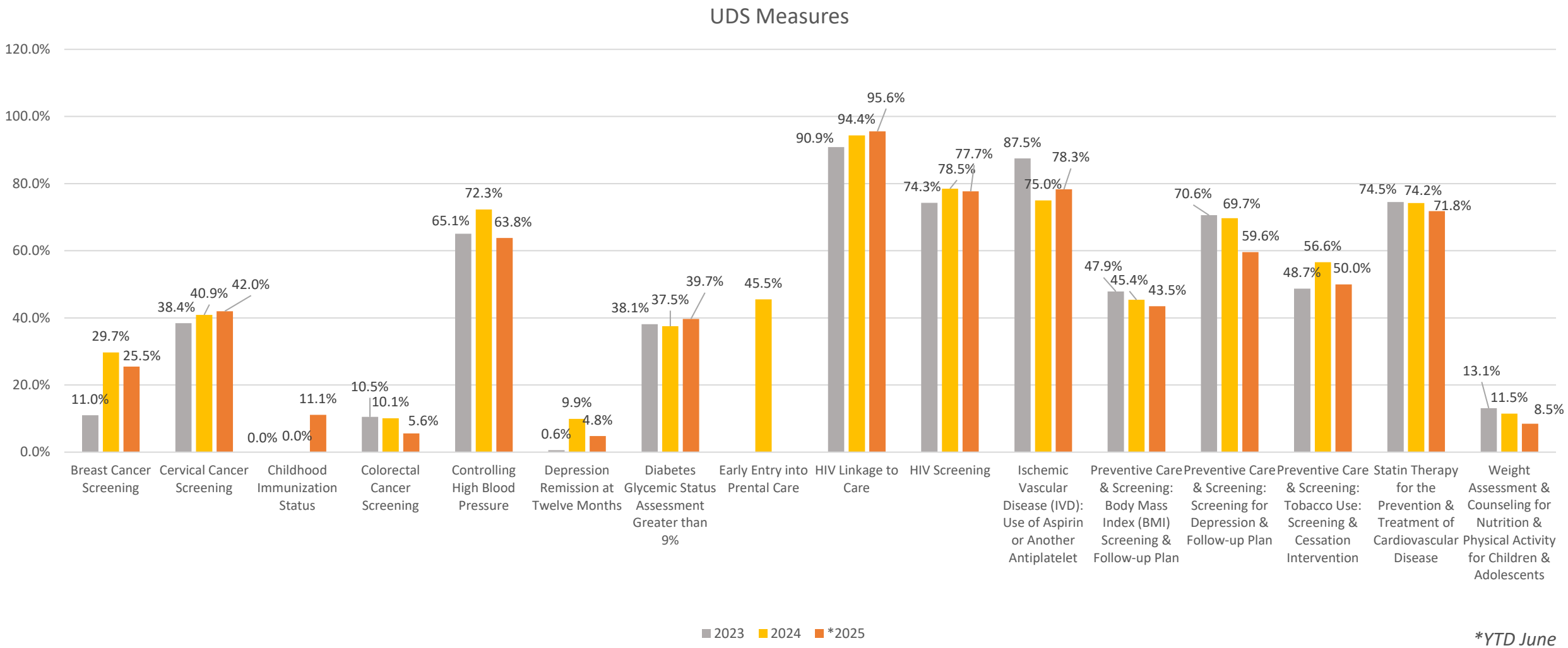
Clinical Quality Measures

UDS 2025 – New Measure

Initiation and Engagement of Substance Use Disorder (SUD) Treatment

- **Denominator**
  - Patients 13 years of age and older as of the start of the measurement period who were diagnosed with a new SUD episode during a visit between January 1 and November 14 of the measurement period.
- **Numerator:**
  - **Numerator 1 (Line 23a)** - Patients who initiated treatment including either an intervention or medication for the treatment of SUD within 14 days of the new SUD episode.
  - **Numerator 2 (Line 23b)** - Patients who engaged in ongoing treatment, including two additional interventions or medication treatment events for SUD, or one long-acting medication event for the treatment of SUD, within 34 days of the initiation.

Year by Year Comparison



*YTD June

2025 Quality Measure Focus

Focus Measures 2023-2024	Q2 2025	Q1 2025	2024	Target
Controlling High Blood Pressure	63.8%	60.6%	72.6%	65.0%
Depression Screening and Follow-Up Plan (***added***)	59.6%	49.2%	69.7%	63.0%
Diabetes Glycemic Status Assessment Greater than 9%*	39.7%	45.9%	37.6%	35.0%
HIV Screening	77.7%	78%	78.5%	70.0%
HIV Linkage to Care	95.6%	94.6%	94.4%	80.0%
Tobacco Use: Screening & Cessation Intervention	50.0%	51.8%	56.6%	64.0%

(Q2 2025 - YTD June)

Clinical Quality Measures - Continued

What's working well

- Integrated care
- QI work contributing to YoY improvements

Areas of opportunities

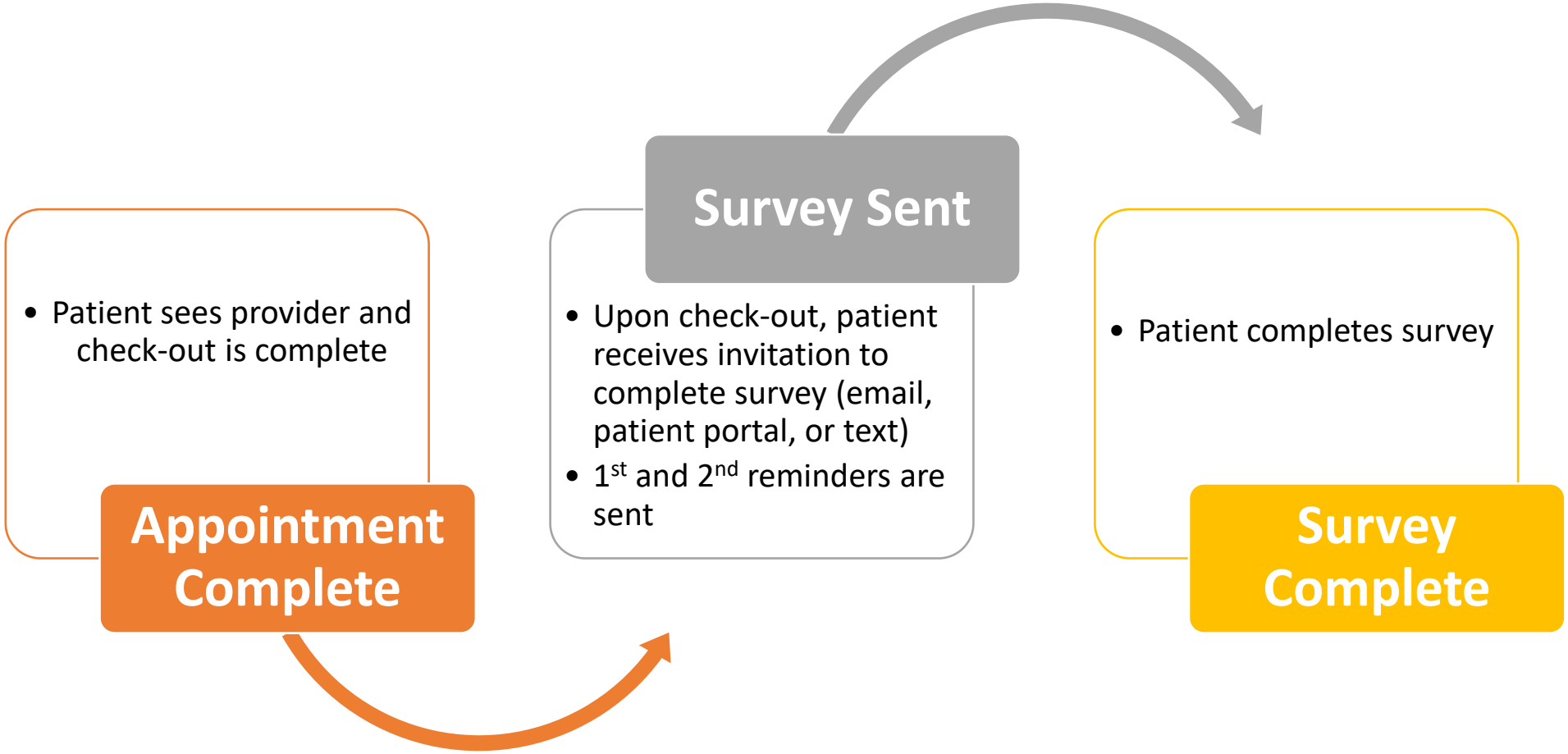
- Standardization (workflow)
- Data validation
- Capture more data in the maternal & childhood space

Next steps

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

Patient Satisfaction

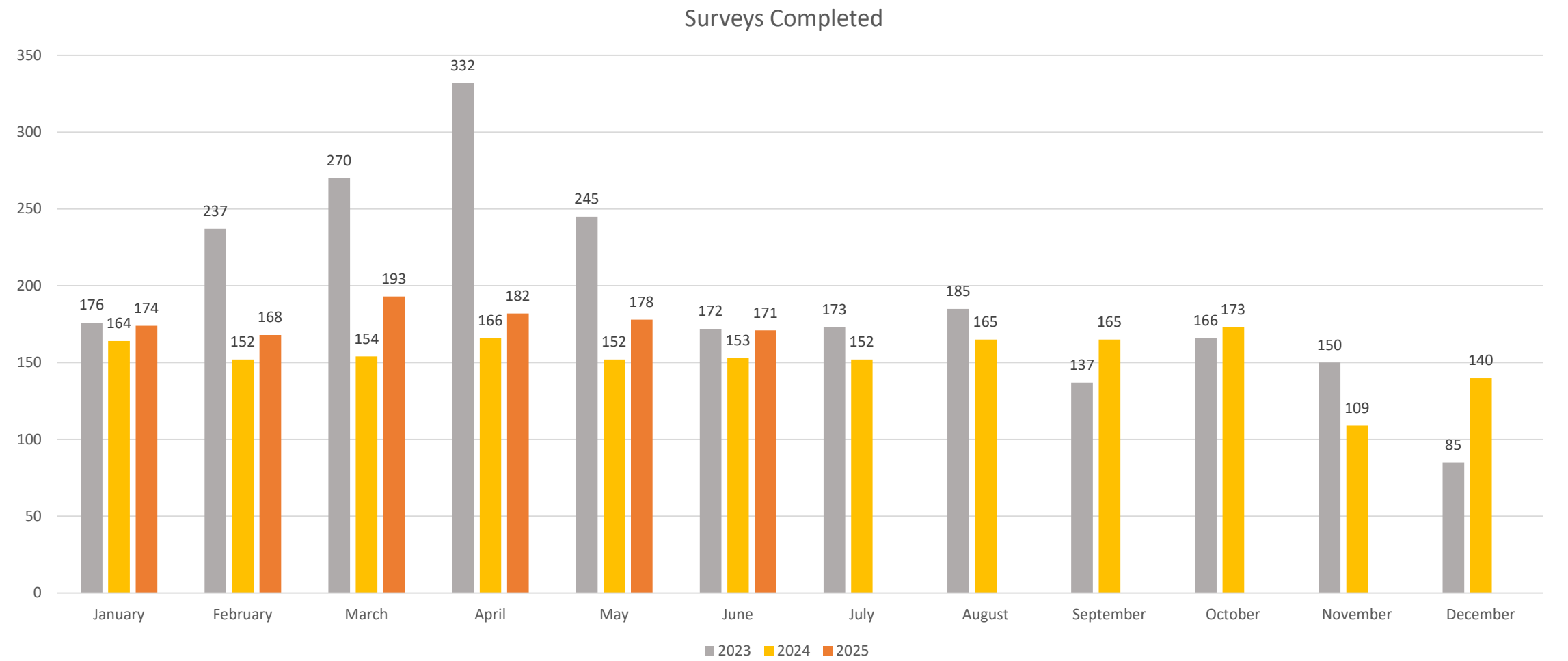
Survey Workflow



Survey Updates

- General Survey Includes:
  - Family Health/Primary Care
  - Family Planning
  - Ryan White
  - Behavioral Health
  - Dietician
- Sexual Health:
  - Pending - Separate or Combine
- Additions being considered:
  - *"Did your care team work well together to provide you healthcare (ex: referrals, lab results, medications, etc.)?"*
  - *"Thinking about your recent visit, was the health center open during a time that was convenient for you?"*

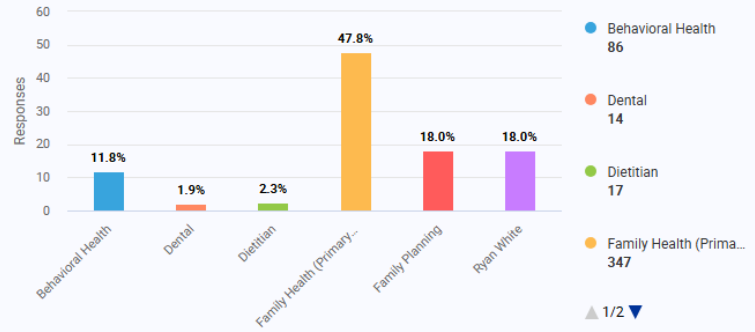
Participation Responses



Service, Location, & Visit

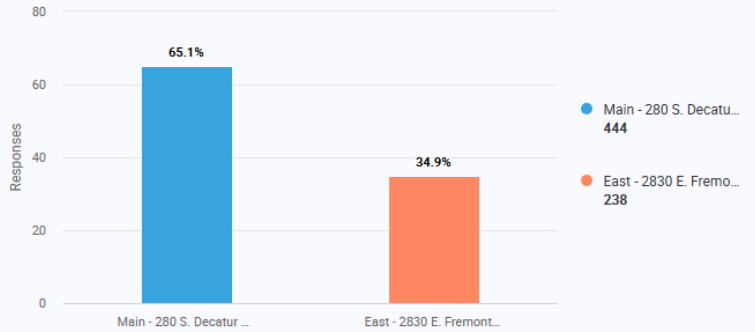
Service received during your visit?

726 Responses | Multi Choice Question Type



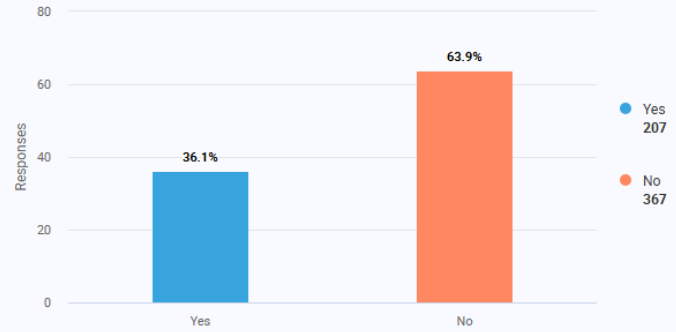
Community Health Center location?

682 Responses | Multi Choice Question Type



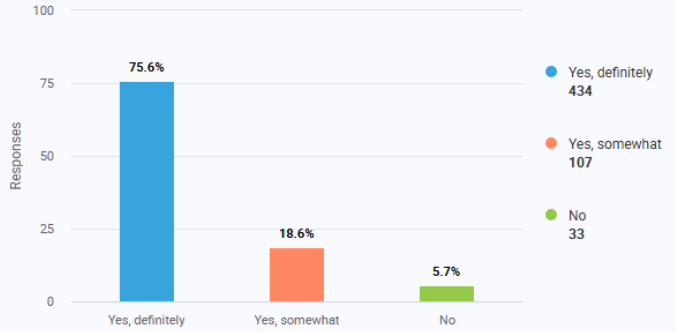
Was your most recent visit for an illness, injury or condition that needed care right away?

574 Responses | Multi Choice Question Type



Was the recent visit as soon as you needed?

574 Responses | Multi Choice Question Type

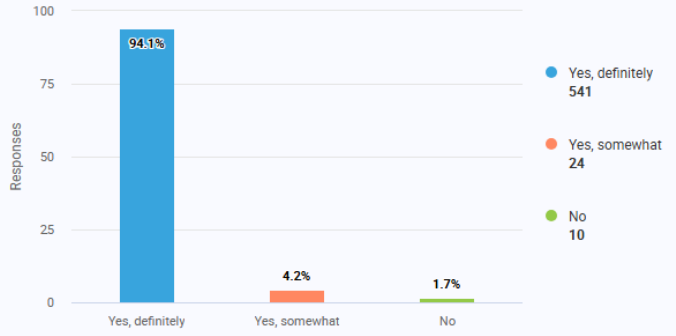


*Q2 2025 (Apr – Jun)

Provider

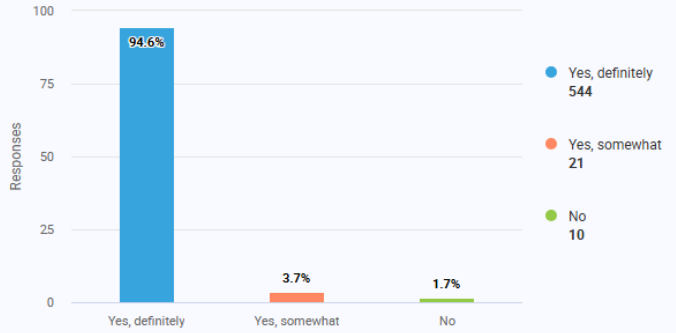
During your most recent visit, did this provider explain things in a way that was easy to understand?

575 Responses | Multi Choice Question Type



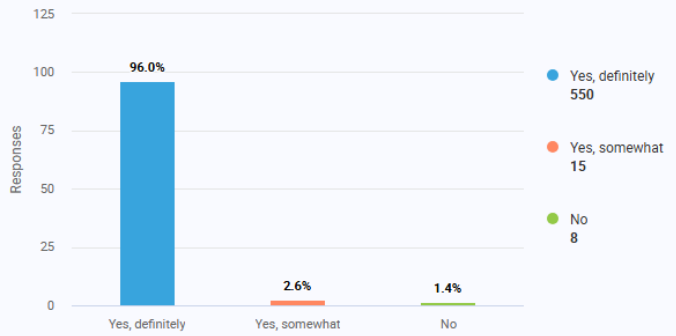
During your most recent visit, did this provider listen carefully to you?

575 Responses | Multi Choice Question Type



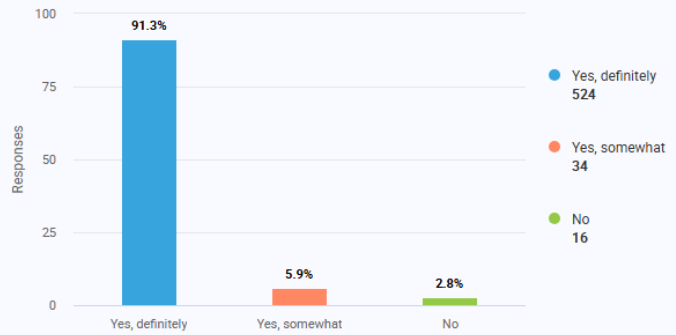
During your most recent visit, did this provider show respect for what you had to say?

573 Responses | Multi Choice Question Type



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

574 Responses | Multi Choice Question Type

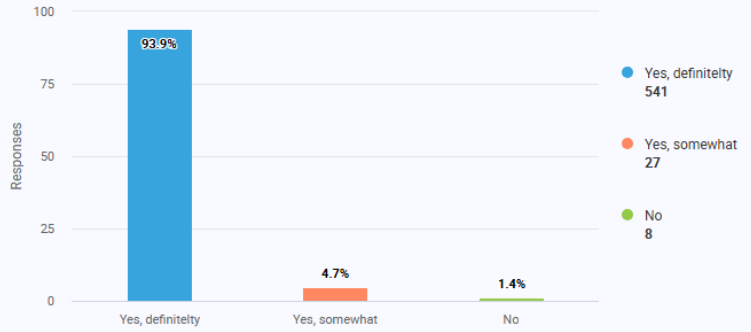


*Q2 2025 (Apr – Jun)

Staff, Scheduling, & Facility

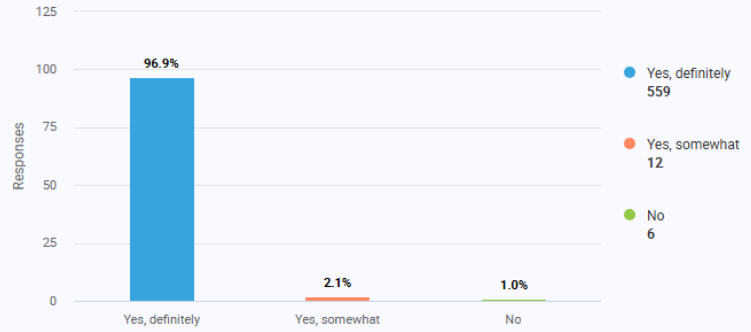
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

576 Responses | Multi Choice Question Type



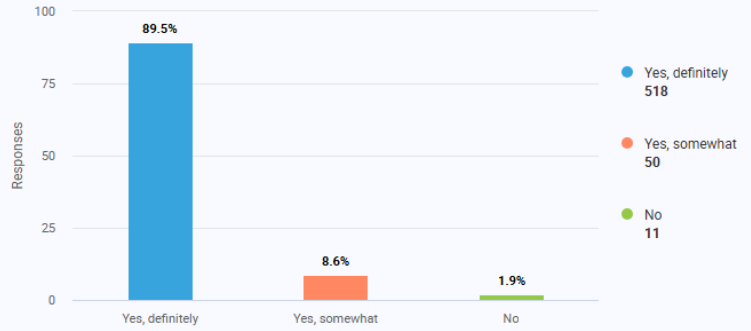
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

577 Responses | Multi Choice Question Type



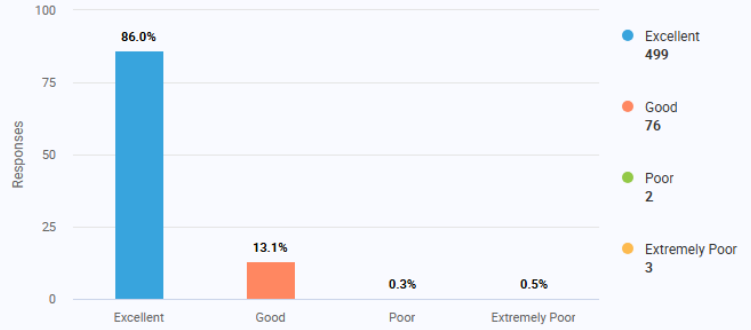
Thinking about your recent visit, was it easy to schedule an appointment?

579 Responses | Multi Choice Question Type



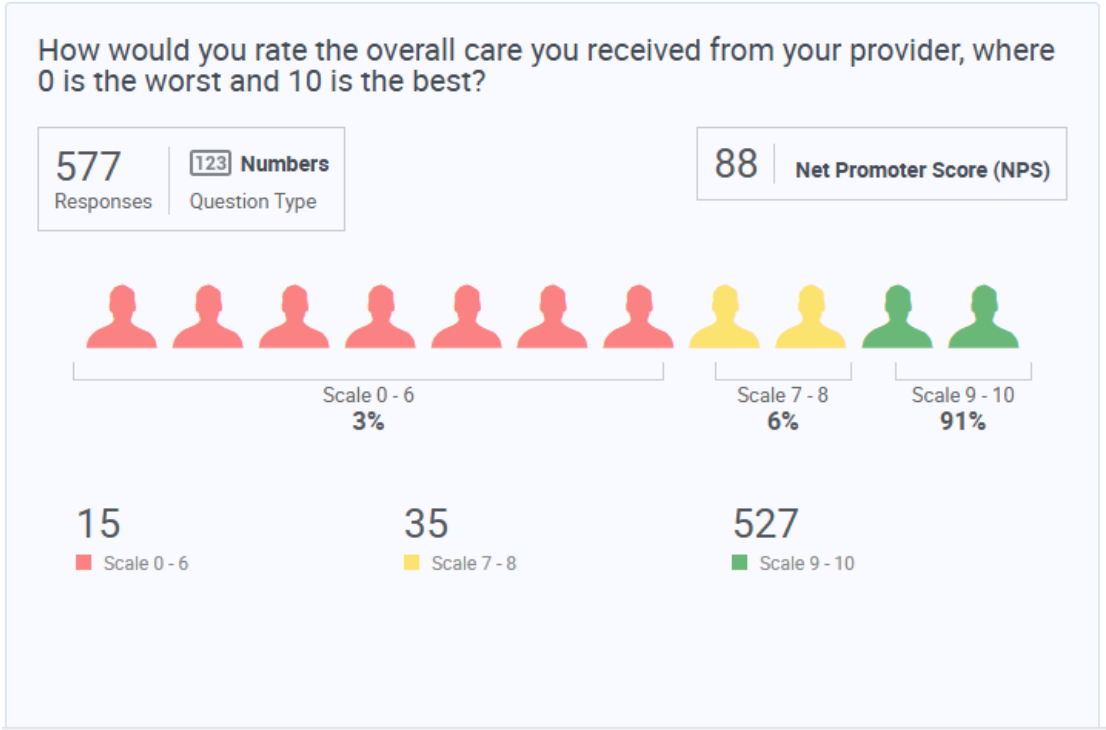
Thinking about the facility, how was the overall cleanliness and appearance?

580 Responses | Multi Choice Question Type



*Q2 2025 (Apr – Jun)

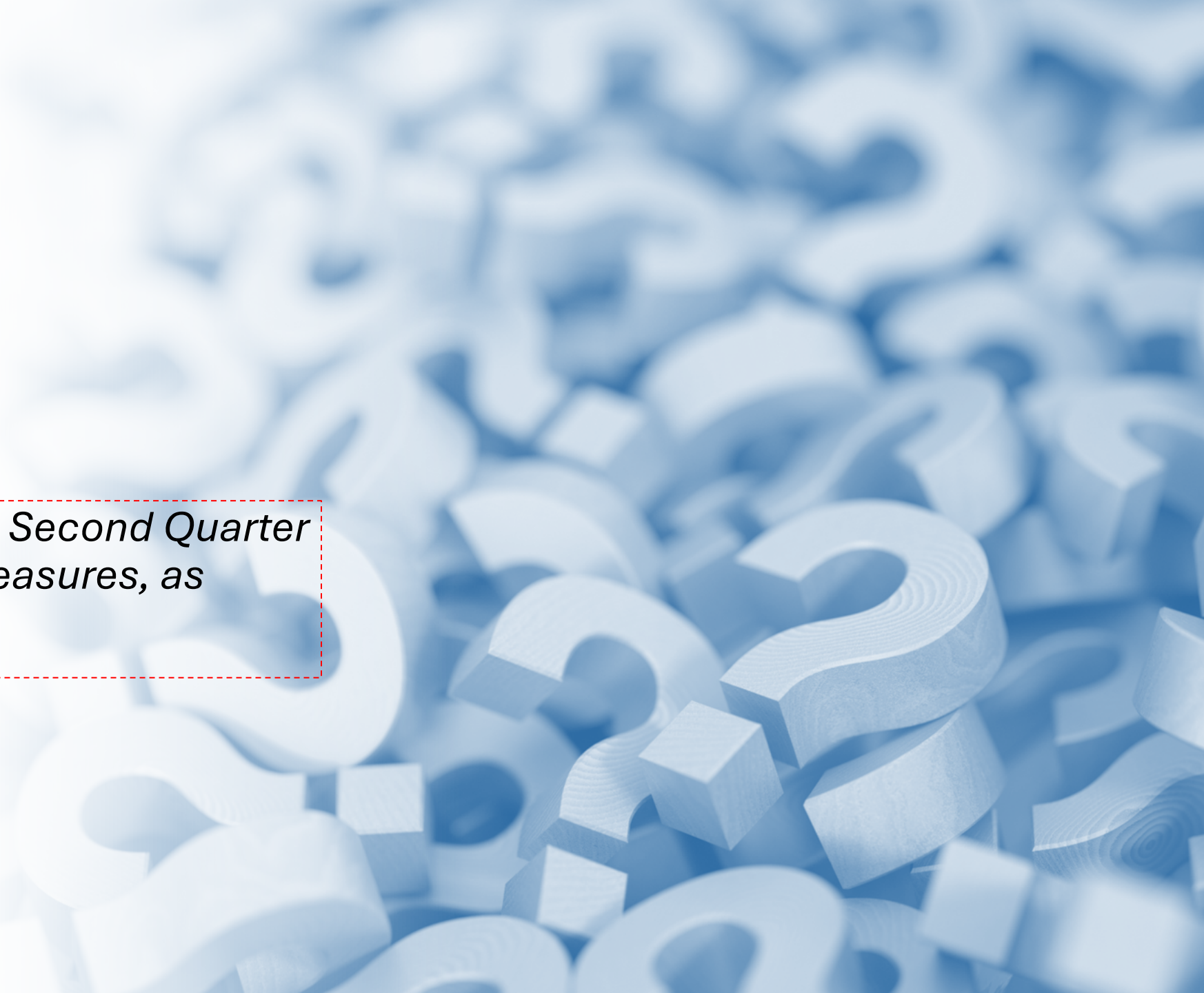
Net Promoter Score & Comments



Q2 2025 (Apr – Jun)

Questions?

Motion to Approve CY25 Second Quarter Clinical Performance Measures, as presented.



SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

IX. CHIEF EXECUTIVE OFFICER & STAFF REPORTS

Randy Smith, MPA, Chief Executive Officer - FQHC

SOUTHERN NEVADA Community HEALTH CENTER

UDS Benchmark Report

September 16, 2025

HRSA CHQR Recognition & Adjusted Quartile Rankings

- HRSA Community Health Quality Recognition (CHQR) – Badges awarded each year to recognize quality improvements in access, clinical quality, health outcomes, and health information technology. Badges are awarded based on prior year performance.
  - 2025 – SNCHC did not receive a badge for the 2024 UDS reporting period
  - Only one badge was awarded in the state of Nevada
  - Changes in badge eligibility

- UDS Health Center Adjusted Quartile Ranking – A ranking system assigned by HRSA that assesses and compares the CQM performance of all health centers.
  - Ranking from quartile 1 (highest 25%) to quartile 4 (lowest 25%)

CY24 – FQHC Nevada Comparison Report

CY24 - FQHC Nevada Comparison Report									
	Community Health Alliance*	First Person Care Clinic	First Med Health & Wellness Center	Hope Christina Health Center Corp	Nevada Health Centers#	Northern Nevada HIV Outpatient Program, Education & Services*	Southern Nevada Health District	Southern Nevada Health District CY 23	Southern Nevada Health District CY22
Quality Measures									
Prenatal Health									
Early Entry Into Prenatal Care (first visit in first trimester)	3					1	4	1	
Low Birth Weight	3								
Preventive Health Screening & Services									
Cervical Cancer Screening	3	4	3	4	3	3	4	4	3
Breast Cancer Screening	2	4	3	3	3	1	4	4	4
Weight Assessment & Counseling for Nutritional & Physical Activity for Children & Adolescents	2	1	2	1	4	2	4	4	4
Body Mass Index (BMI) Screening & Follow-Up Plan	2	1	2	1	2	3	4	4	4
Adults Screened for Tobacco Use & Receive Cessation Intervention	2	2	1	1	2	3	4	4	4
Colorectal Cancer Screening	3	4	3	3	4	3	4	4	4
Childhood Immunization Status	2		4		4	2			
Screening for Depression & Follow-Up Plan	1	1	2	1	3	3	3	3	4
Depression Remission at Twelve Months	1	1	1	2	4	4	3	4	3
Dental Sealants for Children between 6-9 Years	2				2				
HIV Screening	3	4	1	2	4	1	1	1	2
Chronic Disease Management									
Statin Therapy for the Prevention & Treatment of Cardiovascular Disease	2	4	1	2	4	2	3	3	4
Ischemic Vascular Disease (IVD): Use of Aspiring or Another Antiplatelet	3	1	1	4	4	3			4
Controlling High Blood Pressure	1	1	1	2	3	1	1	2	4
Diabetes Hemoglobin A1c Poor Control	1	1	3	3	3	3	4	4	4
HIV Linkage to Care							3	3	2
Total First Quartile									
	4	7	6	4	0	4	2	2	0
Total Patients Serviced									
	32,303	9,381	4,496	7,318	45,860	17,159	11,501	9,863	6,343
Cost per Patient									
	$ 1,231.99	$ 695.10	$ 2,522.37	$ 1,668.89	$ 1,430.06	$ 3,355.35	$ 3,768.55	$ 3,399.65	$ 3,262.77

*Northern Nevada

#Northern & Southern Nevada

Questions?

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Administrative Updates

- Successfully completed the Title X Audit.
- Title X funding received for the remainder budget period (3/31/2026)
- 9/30/2025 funding cliff for the Health Center - mandatory and discretionary funds.
- FTCA Redeeming for CY26 received.
- 2nd interview scheduled for Clinical Staff Physician (Fremont) scheduled 9/18/25.
- Patient Centered Medical Home (PCMH) accreditation work is underway.
- Call Center Quality Improvement Project activities ongoing.

Upcoming Board Activities

- Conflict of Interest/Disclosure
- Committee Assignments
  - Identify desired committees to participate on.
  - Each committee will have three (3) members.
  - Asking each Board member to participate on at least one (1) committee.
- CY26 Meeting Schedule
  - Currently meet on the 3rd Tuesday of the month at 2:30 p.m. except for December, meeting on the second Tuesday at 2:30 p.m.
  - Survey will be sent to board members to confirm this schedule will work for calendar year 2026.

Chief Executive Officer Evaluation Process and Timeline

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

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 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.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Chief Executive Officer Annual Review Process

Evaluation Tool

- **Five (5) Scored Questions - Scoring Guide**
  - 1 – Poor
  - 2 – Needs Improvement
  - 3 – Fair
  - 4 – Good
  - 5 – Outstanding

- **Two (2) Non-Scored Narrative Questions**
  - General Strengths
  - Areas for Growth

- **Weight of Each Question**
  - Question 1 – Weighted 15% of overall score
  - Question 2 – Weighted 40% of overall score
  - Question 3 – Weighted 15% of overall score
  - Question 4 – Weighted 15% of overall score
  - Question 5 – Weighted 15% of overall score

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

SNHD Internal Staff Questions

1. Mr. Smith consistently demonstrates equitable and fair treatment of SNCHC employees, contractors, and volunteers.
2. Mr. Smith consistently provides thorough administrative leadership and oversite of SNCHC's compliance with HRSA program requirements.
3. Mr. Smith ensures that the SNCHC has a viable long-range strategy to achieve its mission and utilizes data to measure progress towards achieving programmatic, clinical, and financial goals.
4. Mr. Smith appropriately utilizes financial and utilization data to ensure SNCHC is maximizing budgetary and human resources to achieve health center goals.
5. Mr. Smith properly represents SNCHC in the community and fosters the establishment of new community partners and develops existing partnerships.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Q1: CEO ensures that the agency has a long-range strategy which achieves its mission, and toward which it makes consistent timely progress through:

- Providing Leadership in Program development and org plans with BOD.
- Meets or exceeds program goals in quantity and quality.
- Evaluates how well goals and objectives have been met.
- Demonstrates quality of analysis and judgment in program planning, implementation, and evaluation.
- Shows creativity, and initiative in developing new programs.
- Maintains and utilizes a working knowledge of significant developments and trends in the field (such as healthcare legislation, public health concerns, health disparities, other disease and healthcare issues in communities served).

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Q2: Administration and Human Resource Management:

- Divides and assigns work effectively, delegating appropriate levels of freedom and authority.
- Establishes and makes use of an effective management team.
- Maintains appropriate balance between administration and programs.
- Ensures that job descriptions are developed, and that regular performance evaluations are held and documented.
- Ensures compliance with personnel policies and state and federal regulations on workplaces and employment.
- Ensures that employees are licensed and credentialed as required.
- Recruits and retains a diverse staff.
- Ensures that policies and procedures are in place.
- Encourages staff development and education.
- Maintains a climate which attracts, keeps, and motivates a diverse staff of top-quality people.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Q3: When representing the organization in the communities the CEO:

- Serves as an effective spokesperson for the agency; represents the programs and point of view of the organization to the agencies, organizations and the general public.
- Establishes sound working relationships and cooperative arrangements with community groups and organizations.
- Welcomes and pursues opportunities to share organizational objectives and perspectives in local, regional, and national forums as strategically appropriate.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Q4: The CEO exhibits sound knowledge of the financial management of the organization through the following demonstrated activities:

- Assures adequate control and accounting of all funds, including developing and maintaining sound financial practices.
- Works with the staff, Finance Committee, and the board in preparing a budget; sees that the organization operates within budget guidelines.
- Maintains official records and documents, and ensures compliance with federal, state, and local regulations and reporting requirements (such as annual information returns, payroll withholding and reporting, etc.).
- Executes legal documents appropriately.
- Assures that funds are disbursed in accordance with contract requirements and donor designations.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Two Open Ended Questions

- General strengthens
- Areas for improvement

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Questions?

MEMORANDUM

Date: **September 16, 2025**

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, Chief Executive Officer, FQHC RS

Cassius Lockett, PhD, District Health Officer CJ

Subject: Community Health Center FQHC Chief Executive Officer Report – August 2025

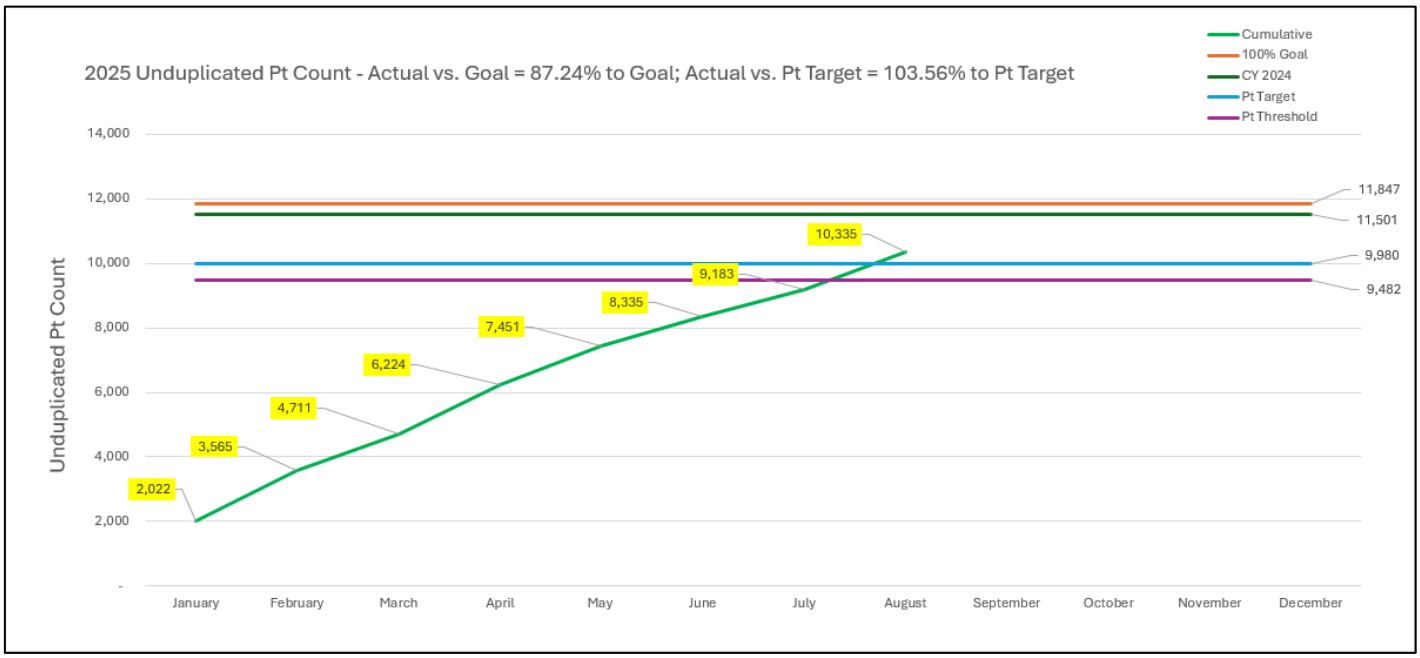
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention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

August Highlights - Administrative

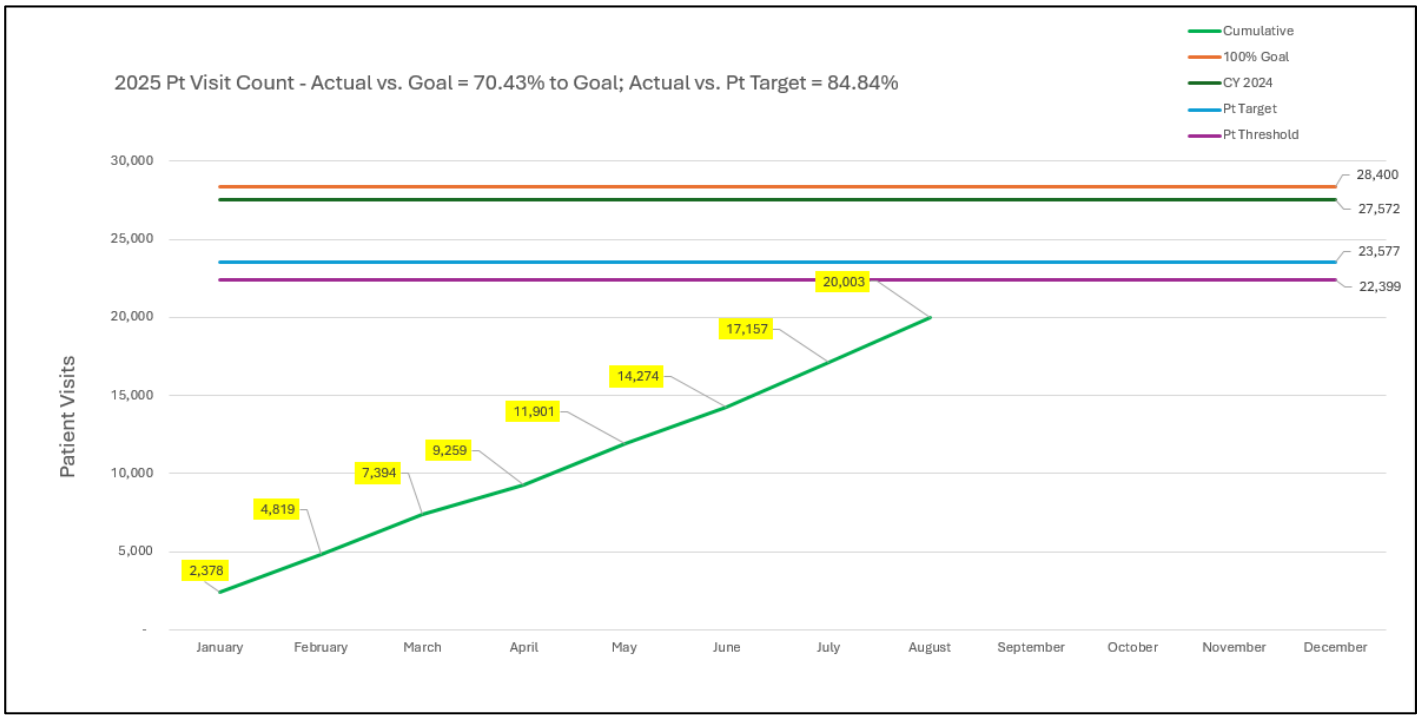
- Successfully completed the Title X Audit.
- Title X funding received for the remainder budget period (3/31/2026)
- 9/30/2025 funding cliff for the Health Center - mandatory and discretionary funds.
- FTCA Redeeming for CY26 received.
- Health center's laboratory assistants will be reporting to the CMO/Medical Director to support clinic alignment goals.
- 2nd interview scheduled for Clinical Staff Physician (Fremont) scheduled 9/18/25.
- Currently recruiting two (2) new board members for SNCHC board.
- Patient Centered Medical Home (PCMH) accreditation work is underway.
- Working with the Nevada Primary Care Association to prepare a proposal for Rural Health Transformation funding.
- Call Center Quality Improvement Project activities ongoing.
- A community health nurse providing case management services recognized as an employee of the month for September.

Access

Unduplicated Patients – August 2025



Patient Visits Count – August 2025



Provider Visits by Program and Site – August 2025

Facility	Program	AUG '25	AUG '24	AUG YoY %	FY26 YTD	FY25 YTD	FY YTD YoY%
Decatur	Family Health	818	537	34%	1,753	1,150	34%
Fremont	Family Health	521	396	24%	936	662	29%
Total	**Family Health**	**1,339**	**933**	**30%**	**2,689**	**1,812**	**33%**
Decatur	Family Planning	83	165	-99%	147	291	-98%
Fremont	Family Planning	203	121	40%	400	233	42%
Total	**Family Planning**	**286**	**286**	**0%**	**547**	**524**	**4%**
Decatur	Sexual Health	510	500	2%	1,147	1,079	6%
Fremont	Sexual Health	123	121	2%	258	230	
ASEC	Sexual Health		45		0	113	
Total	**Sexual Health**	**633**	**666**	**-5%**	**1,405**	**1,422**	**-1%**
Decatur	Behavioral Health	144	130	10%	357	254	29%
Fremont	Behavioral Health	149	133	11%	291	263	
Total	**Behavioral Health**	**293**	**263**	**10%**	**648**	**517**	**20%**
Decatur	Ryan White	194	212	-9%	493	497	-1%
Fremont	Ryan White	31	28	10%	45	44	
Total	**Ryan White**	**225**	**240**	**-7%**	**538**	**541**	**-1%**
FQHC Total		**2,776**	**2,388**	**14%**	**5,827**	**4,816**	**17%**

Pharmacy Services

	Aug 25	Aug 24		FY26 YTD	FY25 YTD		% Change YOY
Client Encounters (Pharmacy)	1,694	1,393	↑	3,454	2,806	↑	**23.1%**
Prescriptions Filled	3,084	2,253	↑	6,292	4,570	↑	**37.7%**
Client Clinic Encounters (Pharmacist)	53	59	↓	114	102	↑	**11.8%**
Financial Assistance Provided	10	25	↓	24	55	↓	**-56.4%**
Insurance Assistance Provided	5	12	↓	21	26	↓	**-19.2%**

A. Dispensed 3,084 prescriptions for 1,694 patients.
B. The pharmacists completed 53 patient clinical encounters.
C. 10 patients assisted to obtain medication financial assistance.
D. Assisted five (5) clients with insurance approvals.

Medicaid Managed Care Organization (MCO)

Medicaid MCO	Current # Of Medicaid Pts Empaneled
Anthem	205
HPN	1,651
Molina	217
SilverSummit	86
Total	2,159

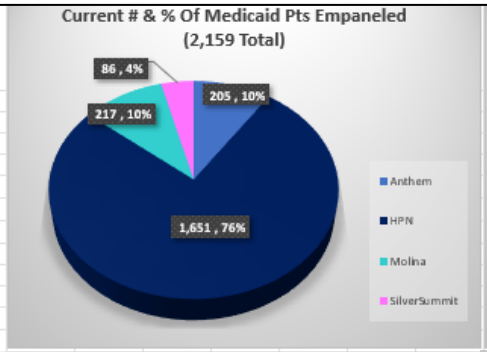
2025 # of MCD Undup Pt Goal	2969
YTD # of MCD Undup Pts Seen	2172
% of Unduplicated Pts to Goal	73.16%
# of Medicaid Pts Assigned to SNCHC	2,159
# of Empaneled Pts Not Yet Seen	?

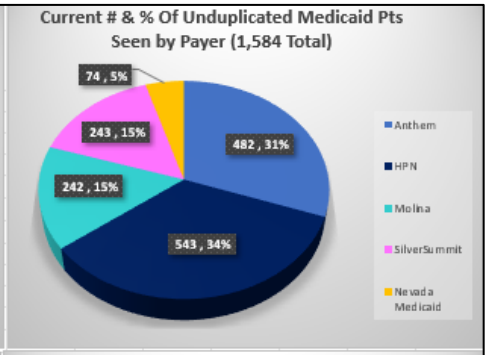
2025 # of MCD Visits Goal	4104
YTD # of MCD Visits Completed	2823
% of Medicaid Pts Visits to Goal	68.79%
Average # of Medicaid visits per undup pt	1.30

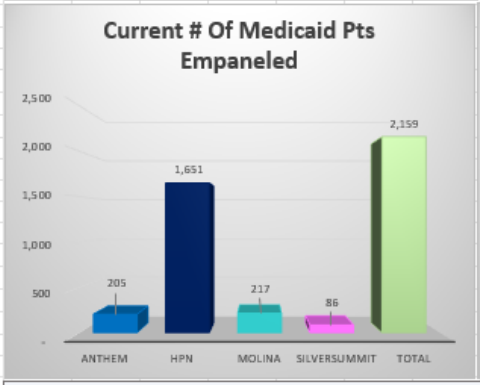
2025 # of Unduplicated MCD Pts Seen	
Anthem	482
HPN	543
Molina	242
SilverSummit	243
Nevada Medicaid	74
Total	1,584

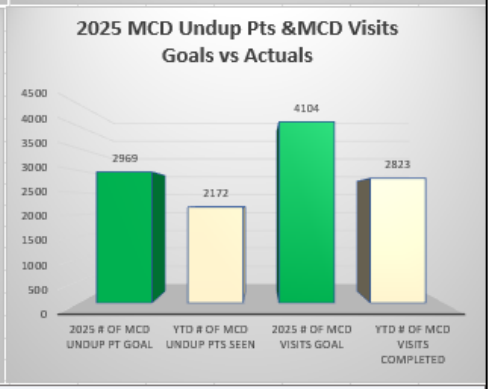
2025 # of Empaneled MCD Pts Seen	
Anthem	?
HPN	?
Molina	?
SilverSummit	?
Nevada Medicaid	?
Total	-

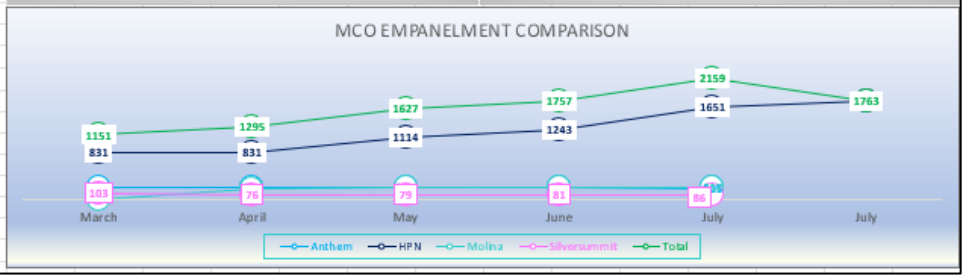
Calendar Year 2024	
# of Unduplicated Pts Seen	2827
# of Medicaid Pts Assigned to SNCHC	920
# of Empaneled Pts Not Yet Seen	474
2024 Goal of Medicaid Visits	2831
YTD # of Medicaid Visits	3908
% of Medicaid Pts Seen to Goal	138.04%
Average # of Medicaid visits per undup pt	1.38











Behavioral Health Services

A. A Psychiatric APRN I celebrated their fifth year with SNCHC in July and was promoted to an APRN II.
B. The Behavioral Health Manager and Psychiatric APRNs attended the 2025 Southern Nevada Substance Misuse and Overdose Prevention Summit held at UNLV.
C. SNCHC has been doing outreach with Nevada HAND and looking to explore options with SNCHC BH Team to potentially provide services to the residents.

Family Planning Services

A. Family Planning program access is flat to budget in August and up 4% 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 health center's Consent Forms were recognized as a best practice. The final outcome of the audit

will be conveyed by the project officer in 30 days.

C. The health center received 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 62 referrals between August 1st and August 31st. There were five (5) pediatric clients referred to the Medical Case Management in August and the program received two (2) referrals for pregnant women living with HIV during this time.

B. There were 519 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 274 unique clients served under these programs in August.

C. The Ryan White ambulatory clinic provided a total of 440 visits in the month of August, including 18 initial provider visits, 182 established provider visits including eight (8) tele-visits to established patients. Additionally, there were 22 nursing visits and 218 lab visits provided. There were 45 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of August. There were 12 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in August.

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 three (3) patients seen under the Rapid StART Program in August.

FQHC-Sexual Health Clinic (SHC)

A. The Sexual Health Clinic (SHC) clinic provided 1,229 unique services to 814 unduplicated patients for the month of August. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).

B. The SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the 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 CHN assisted with the American Heart Association Basic Life Support (AHA BLS) skills training for SNHD staff. Three (3) SHC Medical Assistant completed their AHA BLS skills training.

D. One (1) SHC CHN vacancy due to a resignation.

Refugee Health Program (RHP)

There were no services provided to clients in the Refugee Health Program for the month of August 2025.

Outreach/In Reach Activity

Month of August 2025

Number of events	3 - outreach 2 - in reach
Number of people reached	222
Number of people linked to the clinic	7
Number of hours dedicated to outreach	35

Eligibility and Insurance Enrollment Assistance

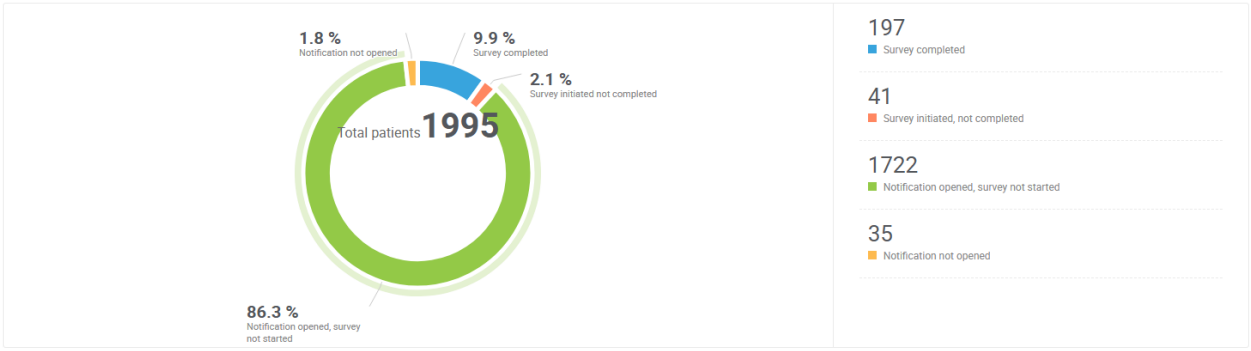
Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of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

Patient Satisfaction: See attached survey results.

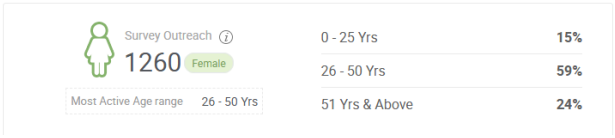
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

Southern Nevada Community Health Center
Patient Satisfaction Survey – August 2025

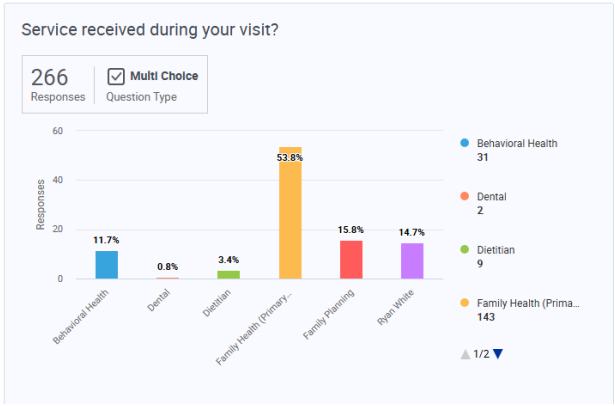
Overview

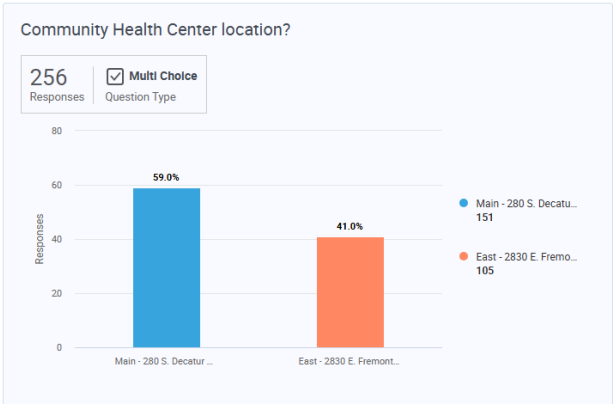


Gender



Service and Location

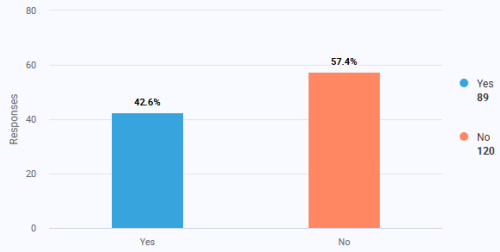




Provider, Staff, and Facility

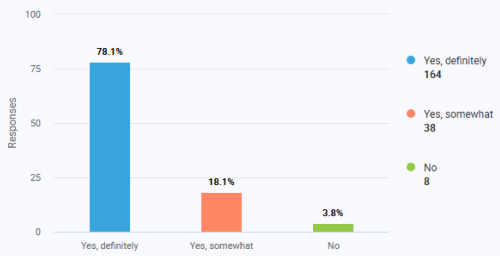
Was your most recent visit for an illness, injury or condition that needed care right away?

209 Responses | Multi Choice Question Type



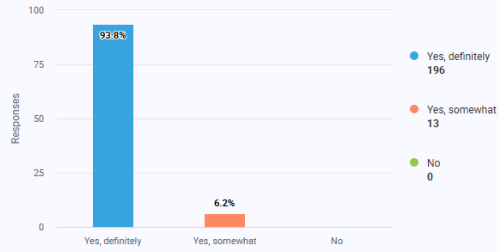
Was the recent visit as soon as you needed?

210 Responses | Multi Choice Question Type



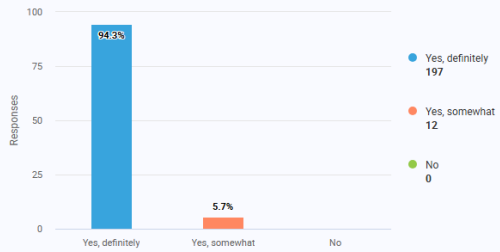
During your most recent visit, did this provider explain things in a way that was easy to understand?

209 Responses | Multi Choice Question Type



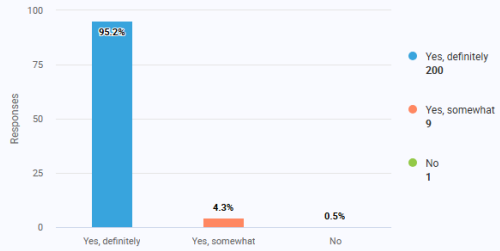
During your most recent visit, did this provider listen carefully to you?

209 Responses | Multi Choice Question Type



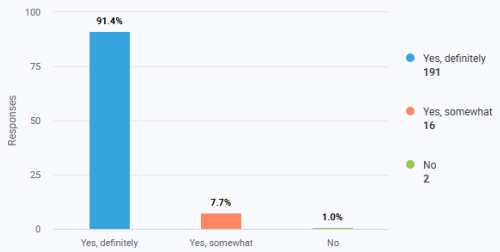
During your most recent visit, did this provider show respect for what you had to say?

210 Responses | Multi Choice Question Type



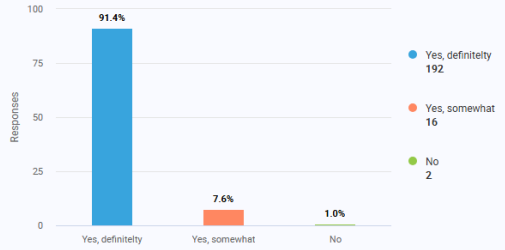
During your most recent visit, did this provider spend enough time with you?

209 Responses | Multi Choice Question Type



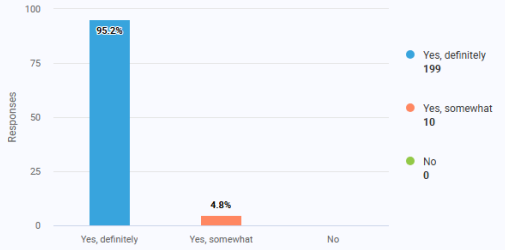
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

210 Responses | Multi Choice Question Type



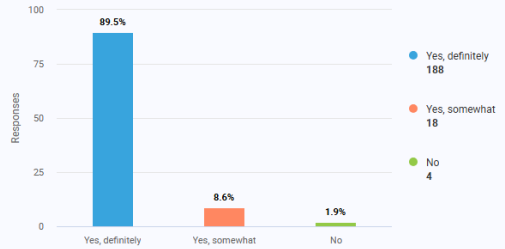
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

209 Responses | Multi Choice Question Type



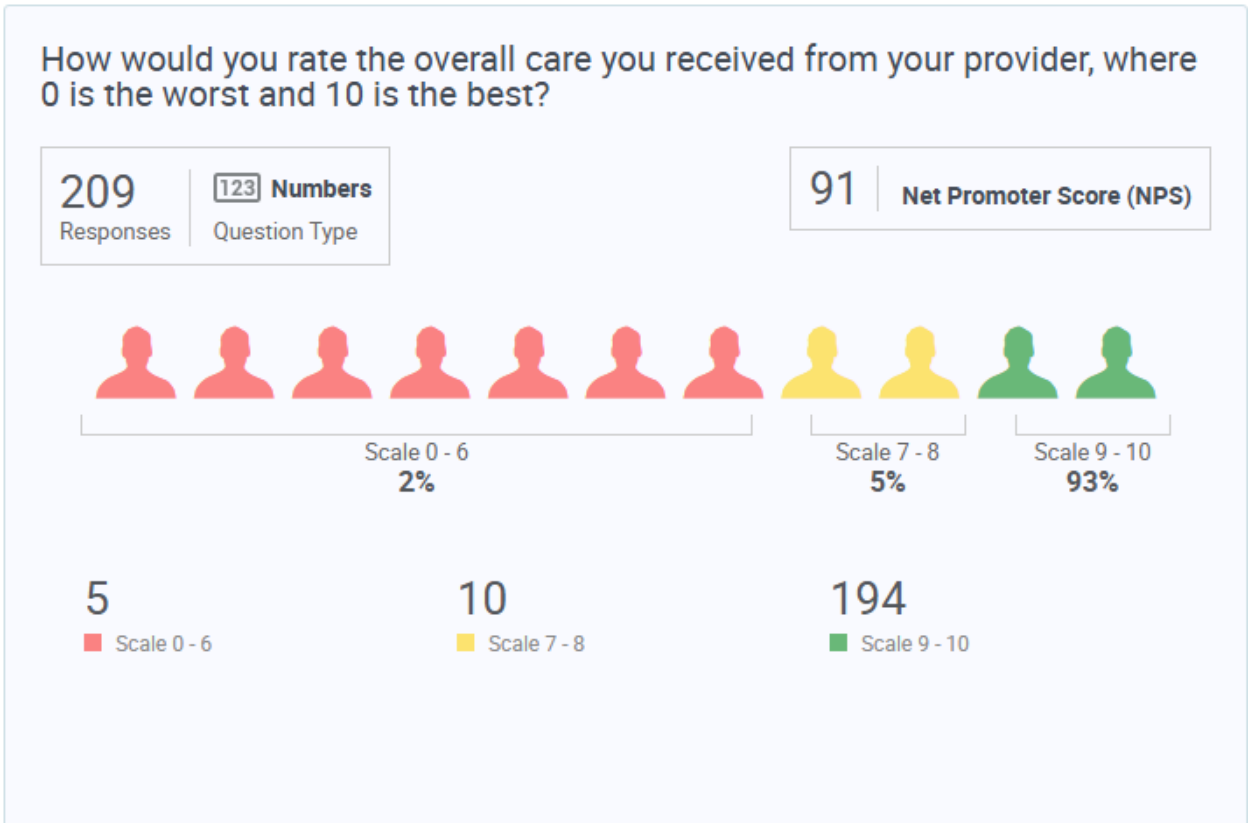
Thinking about your recent visit, was it easy to schedule an appointment?

210 Responses | Multi Choice Question Type



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

209 Responses | Multi Choice Question Type



General Information