

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

October 21, 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
Rebeca Aceves
Luz Castro
Marie Dukes
Blanca Macias-Villa
Jose L. Melendrez
David Neldberg

ABSENT:

Sara Hunt, Second Vice Chair
Erin Breen
Ashley Brown

ALSO PRESENT

LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

CHIEF EXECUTIVE OFFICER:

Randy Smith

STAFF:

Chelle Alfaro, Heather Anderson-Fintak, Emily Anelli, Tawana Bellamy, Andria Cordovez Mulet, Richard Hazeltine, David Kahananui, Cassondra Major, Luann Province, Yin Jie Qin, Emma Rodriguez, Felicia Sgovio, 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. OATH OF OFFICE

Ms. Bellamy administered the Members' Oath of Office to Member Feliz-Barrows, Member Aceves and Member Melendrez.

Members Dukes joined the meeting at 2:32 p.m.

Member Macias-Villa joined the meeting at 2:32 p.m.

Quorum was established at 2:32 p.m.

Member Melendrez joined the meeting at 2:34 p.m.

Member Castro joined the meeting at 2:35 p.m.

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

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

V. ADOPTION OF THE OCTOBER 21, 2025 MEETING AGENDA *(for possible action)*

The Chair called for questions or changes to the agenda. There were none.

A motion was made by Member Coca, seconded by Member Macias-Villa, and carried unanimously to approve the changes to the October 21, 2025 meeting agenda, as presented.

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

- 1. APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** September 16, 2025 *(for possible action)*

- 2. Approve Updates to CHCA-009 Laboratory and Diagnostic Imaging Tracking Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Chair called for any items to be removed from the Consent Agenda for separate discussion. No items were requested for removal.

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

VII. REPORT / DISCUSSION / ACTION

Recommendations from the October 8, 2025 Chief Executive Officer (CEO) Annual Review Committee Meeting

- 1. Receive, Discuss and Approve the FY25 Evaluation Results of the Chief Executive Officer (CEO);** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dave Kahananui, FQHC Administrative Manager presented the results of the CEO's annual evaluation, which is a HRSA-required activity. Mr. Kahananui shared the Health Center Governing Board is responsible for assessing the CEO's performance and achievement of project objectives. The CEO Annual Review Committee supports this process by providing

feedback and support to the Governing Board. The evaluation tool included five scored questions (rated 1–5, with 5 being outstanding) and two narrative questions. Each question carried different weight.

Mr. Kahananui advised of the following results.

Questions	Weighted	Average Score
Q1: The CEO consistently demonstrates equitable and fair treatment of SNCHC employees, contractors, and volunteers.	15%	4.71
Q2: The CEO consistently provides thorough administrative leadership and oversight of SNCHC's compliance with HRSA program requirements.	40%	4.43%
Q3: The CEO 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.	15%	4.43%
Q4: The CEO appropriately utilizes financial and utilization data to ensure SNCHC is maximizing budgetary and human resources to achieve health center goals.	15%	4.43%
Q5: The CEO properly represents SNCHC in the community and fosters the establishment of new community partners and develops existing partnerships.	15%	4.43%
Overall Score	4.48	

Mr. Kahananui advised that Mr. Smith overall score is 4.48 on a scale of 1 being poor to 5 being outstanding.

Mr. Kahananui further advised the committee discussed future improvements to the evaluation process, particularly regarding anonymity and accountability, as current methods limit follow-up and participation tracking.

Member Melendrez commented that he sincerely thanks Mr. Smith and the entire staff for their phenomenal work. Despite the current challenges, their dedication and performance have been commendable.

Member Coca thanked Mr. Smith and thought it was a really good evaluation overall. The board thinks highly of you. Thank you for all your hard work and that of your team.

Chair Feliz-Barrows expressed concern regarding board participation in the CEO evaluation process. Chair Feliz-Barrows noted that while 10 surveys were distributed, only 7 were returned. As this is a required HRSA activity, she emphasized the importance of full participation and accountability.

A motion was made by Member Coca, seconded by Member Melendrez, and carried unanimously to approve the FY25 Evaluation Results of the Chief Executive Officer, as presented.

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

Mr. Smith presented the proposed CEO goals for Fiscal Year 2026 to the board. Mr. Smith noted that these goals were previously reviewed by the CEO Annual Review Committee and are aligned with the health center's strategic priorities. A total of nine goals were outlined, categorized under Quality, Access, Administration, and Finance.

Mr. Smith proposed a revision to the original goal of Obtaining Patient-Centered Medical Home (PCMH) accreditation. Mr. Smith shared that based on further discussions with the team and consultant, he recommended modifying the goal to "Complete the first required check-in for PCMH accreditation by June 30, 2026." This adjustment reflects a more realistic timeline while maintaining momentum toward full accreditation by the end of calendar year 2026.

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

A motion was made by Member Coca, seconded by Member Luz, and carried unanimously to approve the Chief Executive Officer's FY26 Goals, as amended.

SNCHC Governing Board

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

Yin Jie Qin, Controller, presented the unaudited financial summary as of August 31, 2025, covering revenue, expenses, and net position.

Revenue

- General Fund revenue (Charges for Services & Other) is \$6.51M compared to a budget of \$6.51M, a favorable variance of \$3K.
- Special Revenue Funds (Grants) is \$835K compared to a budget of \$1.27M, an unfavorable variance of \$437K.
- Total Revenue is \$7.35M compared to a budget of \$7.78M, an unfavorable variance of \$434K.

Expenses

- Salary, Tax, and Benefits is \$2.49M compared to a budget of \$2.77M, a favorable variance of \$280K.
- Other Operating Expense is \$5.50M compared to a budget of \$5.18M, an unfavorable variance of \$324K.
- Indirect Cost/Cost Allocation is \$1.86M compared to a budget of \$2.14M, a favorable variance of \$290K.
- Total Expense is \$9.84MM compared to a budget of \$10.09M, a favorable variance of \$246K.

Net Position: is (\$2.49M) compared to a budget of (\$2.31M), an unfavorable variance of \$189K.

Ms. Qin also reviewed detailed fund and division comparisons, highlighting key variances:

- Pass-Through Revenue: Budget included eight (8) grant-funded eligibility workers not hired due to federal changes.
- Supplies: Increased due to higher patient encounters and pharmacy costs.

- Travel & Training: August expenses reflect upfront registration costs for provider and administrator training.

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

- Revenue & Expenses by Department: Pharmacy accounted for the largest share, followed by Family Planning and Primary Care.
- Refugee Health: 96% decline in patient encounters year-over-year due to reduced demand and prior period write-offs.
- Ryan White Program: Delayed reimbursements and unfilled grant-funded positions impacted revenue.
- Behavioral Health: Transitioned to general fund support following the end of the FY25 Incubator Grant.
- Patient Encounters: Overall FQHC encounters increased 18% year-over-year, with Primary & Preventive Care up 62% and Refugee Health down 96%.

Comparative charts and tables were presented, including monthly and year-to-date revenue and expense trends.

Member Coca inquired about the 100% grant-funded positions, Ms. Qin noted they were eligibility workers.

The Chair called for further questions and there were none.

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

4. Receive, Discuss and Approve the Insulin and Epinephrine Fee Structure Policy; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Todd Bleak, Pharmacy Services Manager presented the proposed Insulin and Epinephrine Fee Structure Policy, drafted by the Pharmacy Finance Work Group in response to an executive order. The policy ensures compliance with 340B pricing requirements for health centers, specifically for insulin and injectable epinephrine.

Dr. Bleak shared the executive order, now included in the health center's continuation grant, mandates that health centers receiving 340B pricing cannot charge patients more than the acquisition cost plus a nominal administration fee. This applies to patients below 200% of the federal poverty level who are uninsured, have high unmet deductibles, or face high cost-sharing. The policy sets a maximum dispensing fee equal to Medicaid's rate but allows for lower, flat fees to simplify pricing for patients and staff. All insulin and epinephrine products will have uniform pricing across the health center.

The Chair inquired whether it remains policy that no patient is denied medication regardless of ability to pay. Mr. Bleak commented that is correct and confirmed that the health center was already in compliance with this standard prior to the executive order. The new policy formalizes this practice to ensure transparency for patients. Mr. Bleak added that the fee scale will be updated in the next annual revision to include the insulin and epinephrine fees.

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

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve the Insulin and Epinephrine Fee Structure Policy, as presented.

5. Review and Discuss Committee Memberships; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith reminded the board that it is time to review and update committee memberships in preparation for calendar year 2026. Ms. Bellamy prepared a summary of current committee assignments for CY2025, along with a quick-reference guide outlining each committee's meeting frequency, composition, and ex officio roles.

Mr. Smith noted that the updated committee charters, recently approved by the board, clarify that the Board Chair serves as an ex officio member of all committees and all board members are welcome to attend any committee meeting, though only assigned members may vote. Mr. Smith advised that board members will receive a request to select at least one committee to join for the upcoming year. While members may serve on more than one committee, the goal is to maintain three members per committee to support quorum and effective participation.

Member Melendrez inquired whether the full board should be involved in the Chief Executive Officer annual evaluation process, referencing practices from other councils and boards where all members participate to ensure comprehensive input. Mr. Smith confirmed that this topic had been previously discussed within the CEO Annual Review Committee and offered to revisit the matter during agenda item seven (7). Member Melendrez expressed flexibility regarding the timing of further discussion.

The Chair suggested that a full board meeting should be scheduled prior to the committee's presentations to allow for broader discussion. The Chair recommend moving the timeline up by one month to accommodate this. Mr. Smith noted that this could be addressed under Item seven (7), which relates to increasing board participation and engagement. Mr. Smith clarified that the committee assignments shared earlier were for informational purposes in preparation for upcoming selections.

The Chair called to have Item number 7 was heard out of order for further discussion.

7. Review and Discuss Opportunities for Increased Board Member Participation; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith led a discussion on strategies to enhance board member engagement, aligning with a proposed FY26 goal to increase board governance capacity. Key points included the following:

Virtual vs. In-Person Meetings

While virtual meetings have ensured consistent quorum, Mr. Smith noted a trade-off in reduced engagement and relationship-building. Mr. Smith encouraged consideration of more in-person interactions.

CEO Annual Evaluation Process

Mr. Smith addressed concerns about the anonymous nature of the CEO evaluation, which limits the ability to follow up on unclear or inconsistent feedback. Mr. Smith emphasized the importance of board input and suggested exploring ways to maintain anonymity while allowing for clarification when needed. Mr. Smith also noted that full board participation in this HRSA required activity has historically been low and encouraged making participation a formal requirement. Mr. Smith commented that the board may want to consider codifying this in the bylaws or in some other formal documentation.

CEO and Board Member Check-Ins

Mr. Smith addressed the need to strengthen communication and support with board members. Mr. Smith proposed scheduling individual check-ins with board members throughout the year to discuss effectiveness, build rapport, ensure understanding of the health center's financials, and any additional needs.

Board Retreats

Mr. Smith reflected on the success of the October 2024 board retreat and suggested holding similar events every other year to foster deeper engagement and strategic planning.

Mr. Smith concluded by inviting board feedback on these ideas and whether further discussion or action is desired.

The Chair emphasized the importance of discussing meeting formats, particularly the balance between in-person and virtual attendance. The Chair recommended alternating monthly between virtual and in-person meetings. Alternatively, all meetings could be held virtually, with one in-person meeting every quarter to ensure everyone comes together. This quarterly meeting would also include the CEO's evaluation.

Member Melendrez expressed appreciation for the virtual meeting option, noting that due to current traffic conditions and his schedule, attending in-person meetings during the day is challenging. Member Melendrez suggested that when the CEO's annual evaluation is scheduled, it could be planned as a special, dedicated meeting and a two-hour session so board members can prepare accordingly.

Member Macias-Villa agreed with Member Melendrez, noting that the meeting time falls in the middle of the day, which is challenging due to childcare responsibilities. Member Macias-Villa emphasized the value of virtual meetings and suggested that quarterly in-person meetings would be more manageable than alternating monthly. Member Macias-Vill further shared that having a clear plan would help with coordination, and the virtual option remains very beneficial.

Member Coca inquired about how many meetings board members are expected to attend annually, whether virtual or in person, and if attendance requirements are considered. Mr. Smith responded that board members are expected to attend all meetings, as updated in the bylaws, which allow for a limited number of approved absences.

Edward Wynder, Associate General Counsel, added that HRSA requires board members to be actively engaged, it does not define how that is. Mr. Wynder emphasized that board members are expected to attend all meetings, acknowledging that occasional absences may be excused.

Mr. Wynder noted that it is the board's responsibility to assess when a member is unable to participate meaningfully and, in such cases, consider identifying a replacement. Member Coca agreed and emphasized the importance of overall engagement.

Member Coca expressed support for making the CEO evaluation process non-confidential and asked when a decision would be made regarding that approach. Mr. Smith responded that the matter could be brought forward for discussion at a future meeting. Member Coca also voiced her support for conducting board member check-ins throughout the year.

Member Coca inquired whether engaging with multiple board members outside of a formal meeting could be considered a meeting, referencing her experience on a task force. She shared her interest in discussing ideas with Mr. Smith via text or email but was uncertain about the applicable rules. Mr. Wynder clarified that the Open Meeting Law prohibits a majority of board members from convening outside of a properly noticed meeting, as the law is designed to have the board's decision-making process public. Mr. Wynder further clarified that while one-on-one conversations or informal lobbying are permissible, forming a consensus outside of a public meeting enters a gray area and may present issues. Further, as long as such discussions do not constitute a quorum, limited interactions between members are allowed.

Member Coca commented that the board retreat was very helpful, as some of the board members had not met in person before. Mr. Smith advised that with enough planning, we can make this part of our regular process whether that is annual or every other year.

Mr. Smith expressed deep appreciation for the board members' commitment, acknowledging that serving on the board is voluntary. Mr. Smith emphasized the importance of maintaining quorum at each monthly meeting to remain in compliance, noting that the meeting schedule was previously adjusted to allow flexibility in rescheduling if needed.

Mr. Smith also shared that his team is open to exploring alternative meeting times, whether earlier in the morning or later in the evening and shortening meeting durations to better accommodate members' schedules. Mr. Smith reiterated the importance of retaining virtual meeting options and emphasized that all suggestions are being considered with the goal of strengthening board capacity and ensuring a positive experience for all members.

The Chair asked board members to provide staff with their preferred meeting days and times, and to indicate whether they are open to early morning meetings, in-person gatherings, or prefer virtual meetings. The Chair suggested meeting virtually most of the time, with in-person meetings a few times a year, especially for the CEO annual evaluation and a potential retreat.

The Chair recommended avoiding October through December for a board retreat due to holidays and proposed planning a retreat in January or February. Member Coca agreed, noting that while she does not mind October, she supports the January or February timeframe, as it aligns with the start of the new year and allows time to assess upcoming developments.

Mr. Smith acknowledged the points raised and shared by the board members and that he would engage his team to begin planning a retreat and return with realistic options. Mr. Smith suggested reconvening the CEO Annual Review Committee in the near future to discuss the evaluation process.

6. Review and Discuss Governing Board Calendar Year 2026 Meeting Schedule; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith shared the board is currently meeting on the third Tuesday of each month at 2:30 PM, with the exception of December, which falls on the second Tuesday. Mr. Smith explained that a survey will be sent to all board members to gather input on preferred meeting days and times and discussed at the next meeting to finalize the meeting schedule for calendar year 2026.

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

There were no board reports.

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

- Title X Onsite Visit Audit Update

Mr. Kahananui reported that the recent Title X on-site audit resulted in a strong overall compliance score of 96.5%, with 82 out of 85 criteria met. Areas needing improvement included project administration and financial accountability.

- Project Administration: The team must update its policy to ensure all Title X-funded materials include the required Health and Human Services disclaimer.
- Financial Accountability: Policy revisions are needed to address how unemancipated minors are considered for services and to implement a process for verifying client income.

Mr. Kahananui shared that the next steps include submitting a response plan by October 28, 2025, despite challenges due to furloughs on the Title X side. As we are required to implement what are changes are within 60 days of submission.

Member Coca inquired about how the status of emancipated minors is verified, specifically whether documentation such as a court order is required to confirm emancipation. Mr. Wynder advised there are a few conditions, but the primary one is the court order.

- CEO Comments

Mr. Smith reported that the non-competing continuation funding application for year three of the Health Center grant has been submitted, covering February 2026 through January 2027. Next year, the team will prepare for a more competitive service area competition. Mr. Smith shared positive news regarding Title X, including approval of unobligated carryover funds and recognition of best practices by the review team.

Additional updates included:

- Completion of a Rural Health Transformation funding survey in partnership with the Nevada Primary Care Association.
- Approval of a change in scope request to reassess the behavioral health PPS rate, which initially came in significantly lower than expected.

- Hosting Representative Susie Lee at the Decatur site, highlighting the Health Center's work.
- Upcoming participation in the Nevada Healthcare Forum, where Mr. Smith will serve as a panelist discussing community health.

Mr. Smith shared details about the upcoming SNCHC holiday party, scheduled for December 16th from 1:00 to 6:00 PM. The Employee Engagement Committee has raised over \$1,300 toward the estimated \$2,000 budget, with plans for themed food and activities. Board members are invited to attend and will receive RSVP details from Ms. Bellamy. For those interested in contributing, donation information will also be provided. Mr. Smith praised the committee's efforts, highlighting the employee-led nature of the event and its role in fostering team spirit and celebration.

Mr. Smith provided a recap of upcoming board activities related to the conflict of interest forms, committee assignments, meeting schedule survey, and the holiday party.

Mr. Smith thanked the board for their engagement and reaffirmed his commitment to making participation manageable and meaningful.

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) September 2025 Monthly Report

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

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

XII. ADJOURNMENT

The Chair adjourned the meeting at 3:58 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER

GOVERNING BOARD MEETING

October 21, 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/1775568e-8da0-4db5-9bdc-da80fe4bed8b@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 116 326 381#

NOTE:

- Agenda items may be taken out of order at the discretion of the Chair.
 - The Board may combine two or more agenda items for consideration.
 - The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.
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I. CALL TO ORDER & ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. OATH OFFICE

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 116 326 381#. 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 OCTOBER 21, 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:** September 16, 2025 *(for possible action)*
- 2. Approve Updates to CHCA-009 Laboratory and Diagnostic Imaging Tracking Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VII. REPORT / DISCUSSION / ACTION

Recommendations from the October 8, 2025 Chief Executive Officer (CEO) Annual Review Committee Meeting

- 1. Receive, Discuss and Approve the FY25 Evaluation Results of the Chief Executive Officer;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Receive, Discuss and Approve the Chief Executive Officer’s FY26 Goals;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

SNCHC Governing Board

- 3. Receive, Discuss and Accept the August 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 Insulin and Epinephrine Fee Structure Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 5. Review and Discuss Committee Memberships;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 6. Review and Discuss Governing Board Calendar Year 2026 Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 7. Review and Discuss Opportunities for Increased Board Member Participation;** 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

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) September 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

September 16, 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
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

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)*

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

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION:	FQHC	NUMBER(s):	CHCA-009
PROGRAM:	Division Wide	VERSION:	1.01
TITLE:	Laboratory and Diagnostic Imaging Tracking	PAGE:	1 of 6
		EFFECTIVE DATE:	October 21, 2025
DESCRIPTION:	Policy and procedure to track orders and results for laboratory and diagnostic imaging tests.	ORIGINATION DATE:	October 27, 2022
APPROVED BY:			
CHIEF EXECUTIVE OFFICER - FQHC			
Randy Smith, MPA	Date	REPLACES:	October 27, 2022

I. PURPOSE

It is the policy of Southern Nevada Community Health Center (SNCHC) to track orders for tests, as well as the notification of the results for patients. It is the policy of SNCHC to follow-up in a systematic process for all overdue results.

II. SCOPE

This policy applies to all clinical staff members within the scope of their practice.

III. POLICY

To provide and ensure timely communication and review of results from laboratory and diagnostic imaging test studies to patients as well as appropriate documentation in the electronic health records (EHR), which is essential for ensuring safe and effective quality patient centered care.

IV. PROCEDURE

- A. SNCHC endeavors to communicate electronically with testing facilities, including laboratories and imaging facilities. This communication includes both ordering tests and retrieving results.
- B. SNCHC uses an electronic medical record system, eClinicalWorks (eCW), that has bi-directional interface capabilities with certain reference laboratories, such as Southern Nevada Public Health Laboratory (SNPHL), Quest Diagnostics (Quest) and/or Laboratory Corporation of America (LabCorp). For medical

imaging, SNCHC's eCW has bi-directional interface capabilities with SimonMed Imaging and Steinberg Diagnostics Medical Imaging (SDMI).

- C.** Providers are trained and educated on the process for placing orders and receiving results via eCW. Components of training include:
1. Ordering labs and diagnostic imaging.
 2. Electronically submitting orders and printing orders for the patient.
 - a. All printed orders must also be submitted electronically by a clinical staff member.
 3. Reviewing results in eCW and either signing or forwarding the results.
 4. Forwarding results with follow-up instructions to clinic staff for patient outreach to discuss results with patients.
- D.** Management of lab/imaging Results:
1. Receipt of results through eCW.
 - a. Abnormal Results
 - i. Critical lab/imaging results are called to either the ordering provider, nurse and/or an on-call provider, if after hours.
 - ii. Abnormal lab/imaging results are assigned high priority/red in the eCW system. These flags alert the provider of the abnormal results to ensure timely follow-up with the patient.
 - iii. Abnormal lab/imaging results in printed format must be scanned into the patient's chart in eCW and assigned high priority/red for provider review. A telephone encounter should be created for the provider to address the results.
 - b. Normal Results.
 - i. Normal lab/imaging results are assigned normal priority in the eCW system.
 - ii. Normal lab/imaging results in printed format must be scanned into the patient's chart in eCW for provider review.
 2. Rejected test orders
 - a. Clinical staff members must check the reconciliation queue daily to resolve any rejected test orders

3. Receipt and management of all in office lab results
 - a. In-house laboratory tests are performed during the patient's office visit.
 - b. Results are entered into the patients' medical record by the clinical staff performing the test and the provider has the capability to pull the results into the progress notes.
 - c. Provider will review, manage and discuss the result(s) with patient, parent or guardian prior to discharging the patient.
- E. Communication of abnormal lab/imaging results, per the provider's order and documentation:
 1. Abnormal results are interpreted by the ordering or covering provider prior to clinical staff notifying patient, parent or guardian. Notification of abnormal results to patient/parent/guardian should be attempted within three (3) business days of receipt.
 2. Provider will provide written instructions for following up on results and care plan for the clinical staff member handling abnormal results. Documentation is entered in eCW and is consistent with medical standards of care and legal prudence.
 3. A clinical staff member will attempt to contact the patient/parent/guardian by:
 - i. Telephone call: If unsuccessful, after a minimum of three (3) attempts, or telephone number is disconnected or no other emergency contact number documented in eCW, proceed to next step.
 - ii. A clinical staff member will create a letter in eCW addressed to the patient, parent or guardian, providing one of the following and letter will be translated into the patient's appropriate language prior to mailing:
 - Instructions for follow-up care.
 - Instructions to call staff to discuss the results.
 - Instructions to call to schedule an appointment with provider. Telephone call: If unsuccessful, after a minimum of three (3) attempts, or telephone number is disconnected.
 - iii. The letter will be sent either regular or certified mail depending on the result type.
 - The letter will be translated into the patient's appropriate language prior to mailing.

F. Communication of Normal Lab/Imaging Results:

1. Normal results are reviewed by the provider prior to clinical support staff notifying the patient, parent or guardian.
2. Communication of normal results will occur by one of the following methods:
 - i. Provider or designated clinical support staff member will outreach to patient, parent or guardian via phone call to discuss normal results.
 - ii. If patient has enrolled in patient portal, lab results will be visible to the patient after the provider has reviewed the results.
 - iii. Provider or clinical staff member will create a normal results letter in eCW, and designated staff member will mail letter to the patient, parent or guardian.
 - iv. The letter will be translated into the patient's appropriate language prior to mailing.

G. Tracking Overdue Lab/Imaging Results:

1. The *overdue* results report will be prepared twice a week and will contain routine lab orders that do not have results within fourteen (14) business days and STAT orders that do not have results at the time the report is prepared.
2. A designated staff member will review the overdue results report and follow-up on the ordered tests.
 - i. A staff member will check the patient chart to be sure lab results have not been received by fax and scanned into the chart.
 - ii. If no result is found for the test, a staff member will create a telephone encounter with reason for call "test reminder" and will contact the patient via telephone to verify if the test was completed. If there is no phone number on file, they will contact patient's emergency contact.
 - iii. If the patient reports he/she completed the test, the results will be requested and upon receipt, the results will be given to the ordering or covering provider for review and action, prior to being scanned to the patient's medical record.
 - iv. If the test has not been completed, staff will ask when the test is scheduled and document.
 - v. If the patient does not have the test scheduled, staff will offer to assist the patient with making the appointment and document.

- vi. If the patient does not answer the phone, staff leave a message to return call (refer to patient communication consent form). Leave encounter open and route to the ordering providers as well as verbal notification to the provider or designee as assigned.
- vii. If the patient does not respond, staff will attempt to contact them again in one (1) business day and document in the encounter. A total of three (3) telephone attempts will occur within three (3) business days.
- viii. If the patient does not respond after the third (3rd) phone call, staff will send an overdue letter to the patient and notify the ordering provider that the test was not completed.
- ix. Send a letter to the patient via United States Postal Service (USPS) mail and enclose order slip(s).
- x. If the patient does not respond or refuses the test, staff will notify the providers so there can be further discussion with the patient or the order can be cancelled by the provider.

V. REFERENCES

Medical Assistant Roles and Responsibilities SOP

VI. DIRECT RELATED INQUIRIES TO

Administrative Assistant Referral Coordinator
Community Health Nurse, Manager
FQHC Medical Director/CMO

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 1	10/21/2025	<ol style="list-style-type: none"> 1. Updated title to specify "imaging" 2. Updated description 3. Updated name of District Health Officer 4. Section II updated to reflect clinical staff 5. Updated to specify laboratory and diagnostic imaging orders and results throughout the policy 6. Section IV. B., added SimonMed and SDMI 7. Section IV. C. added 2a and simplified 3-4. 8. Section IV. D. added subsection a. iii., b., and 2. 9. Section IV. E. updated 1-3 to clarify instructions, added subsection 3.iii.

		10. Section IV. F. corrected grammar 11. Section IV. G. updated 12. Section V. Reference added 13. Section VI. updated 14. Section VII. Attachments added
Version 0	10/27/2022	First issuance

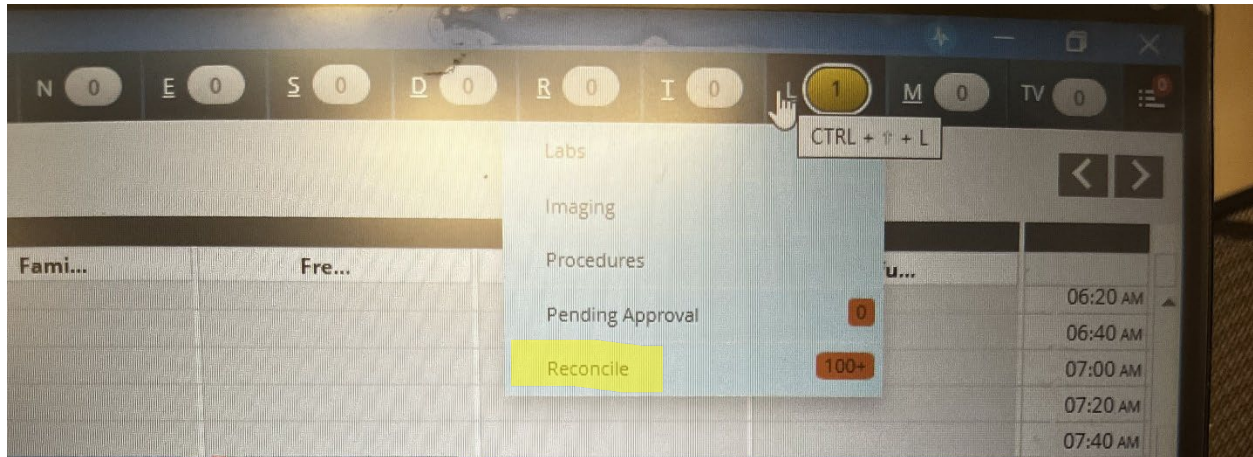
VII. ATTACHMENTS

Attachment A – Interface Reconciliation

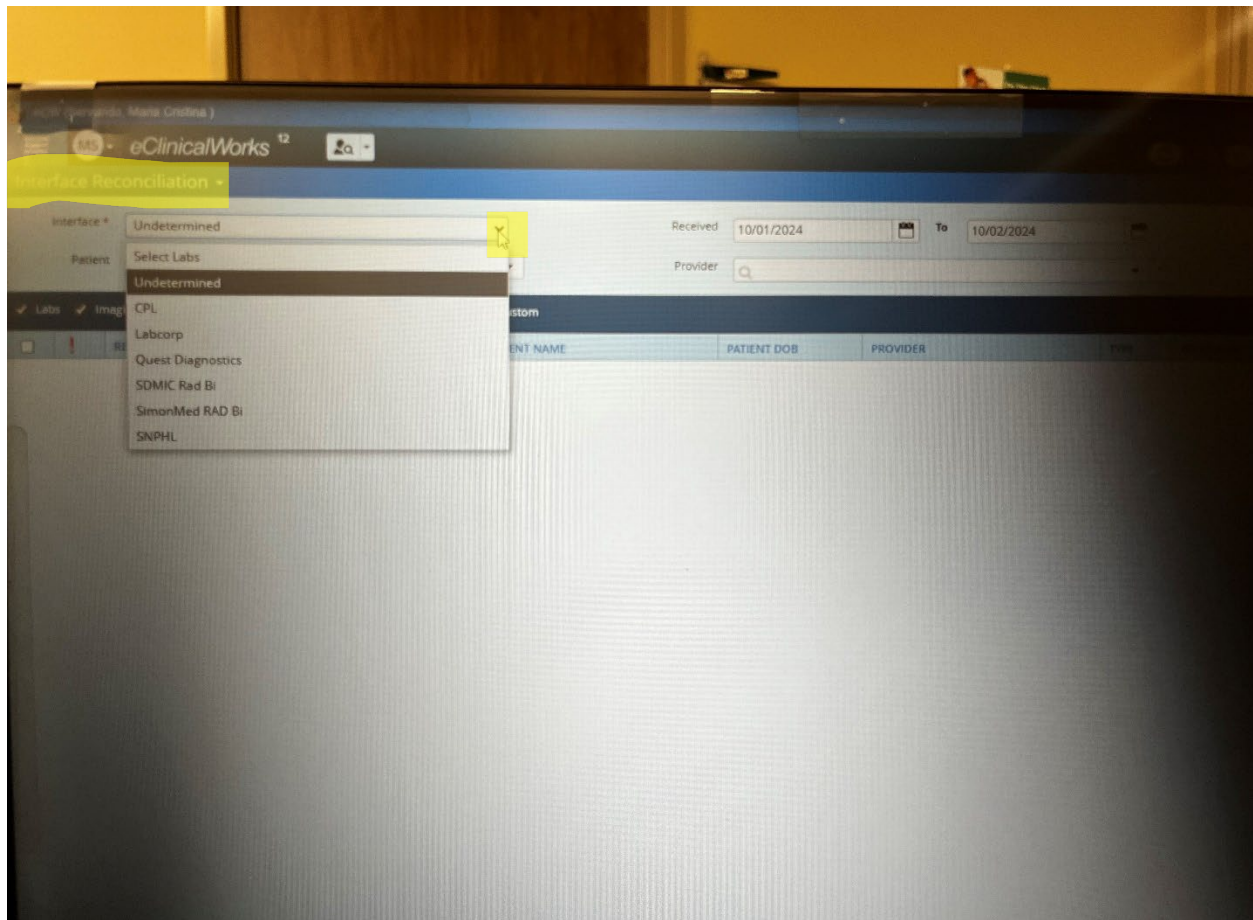
Attachment B – eCW Document Naming Convention

INTERFACE RECONCILIATION

Using mouse, Hover over L icon and Click on Reconcile. Interface Reconciliation will be seen on your screen and from there, you will be able to locate a Lab Result by customization.



Under Interface there is an arrow down option on the right side to choose from LABS: CPL, LABCORP, QUEST DIAGNOSTICS, SNPHL DIAGNOSTIC IMAGING: SDMI and SIMONMED



Received section has calendar icons- date ranges are needed, this is where the date range approximation needs to be entered to locate the Lab result *i.e. Date of Lab Draw up to Today's date.*

Interface Reconciliation

Interface: Quest Diagnostics

Received: 09/01/2024 To: 10/02/2024

Facility: FQHC Family Health Clinic-Fremont

Patient: Search by Account No Account No

Provider:

RECEIVED DATE	COLLECTION DATE	PATIENT NAME	PATIENT DOB	PROVIDER	TYPE	ACCESSION NO.	ORDER	EXAM CODE	ERROR LOGS
09/28/2024	09/27/2024	GIL, JENNIFER	05/24/2003	TOLZMANN, RACQUEL (1902360159)	LAB	ZL232196G	T3, FREE		Patient Match not found
09/28/2024	09/27/2024	GIL, JENNIFER	05/24/2003	TOLZMANN, RACQUEL (1902360159)	LAB	ZL232196G	T4, FREE		Patient Match not found
09/28/2024	09/27/2024	GIL, JENNIFER	05/24/2003	TOLZMANN, RACQUEL (1902360159)	LAB	ZL232196G	TSH		Patient Match not found

Click on the Box on the left side of the Patient's name, click on patient's name then Lab Result Pop up will automate as seen below. Provide patient's Name/ DOB/Account# , this should be crossed checked via ECW and must coincide with the patient's name and DOB and the date Lab was collected before clicking on the Reconcile (gray colored icon) button.

Failed Result

Accession ID: LV606280X Lab Ref ID:

Order Date: Report: 2024-09-28 17:45:00

Coll. Date: 09/27/2024 00:00:00

Requesting Physician: RIVAS, DAVID

COMPREHENSIVE METABOLIC PANEL

NAME	VALUE	REFERENCE RANGE
FASTING		
FASTING		
F GLUCOSE	99	65-99 mg/dL
Fasting reference interval		

Notes*

Add Notes

Patient:

Providers: Rivas, David

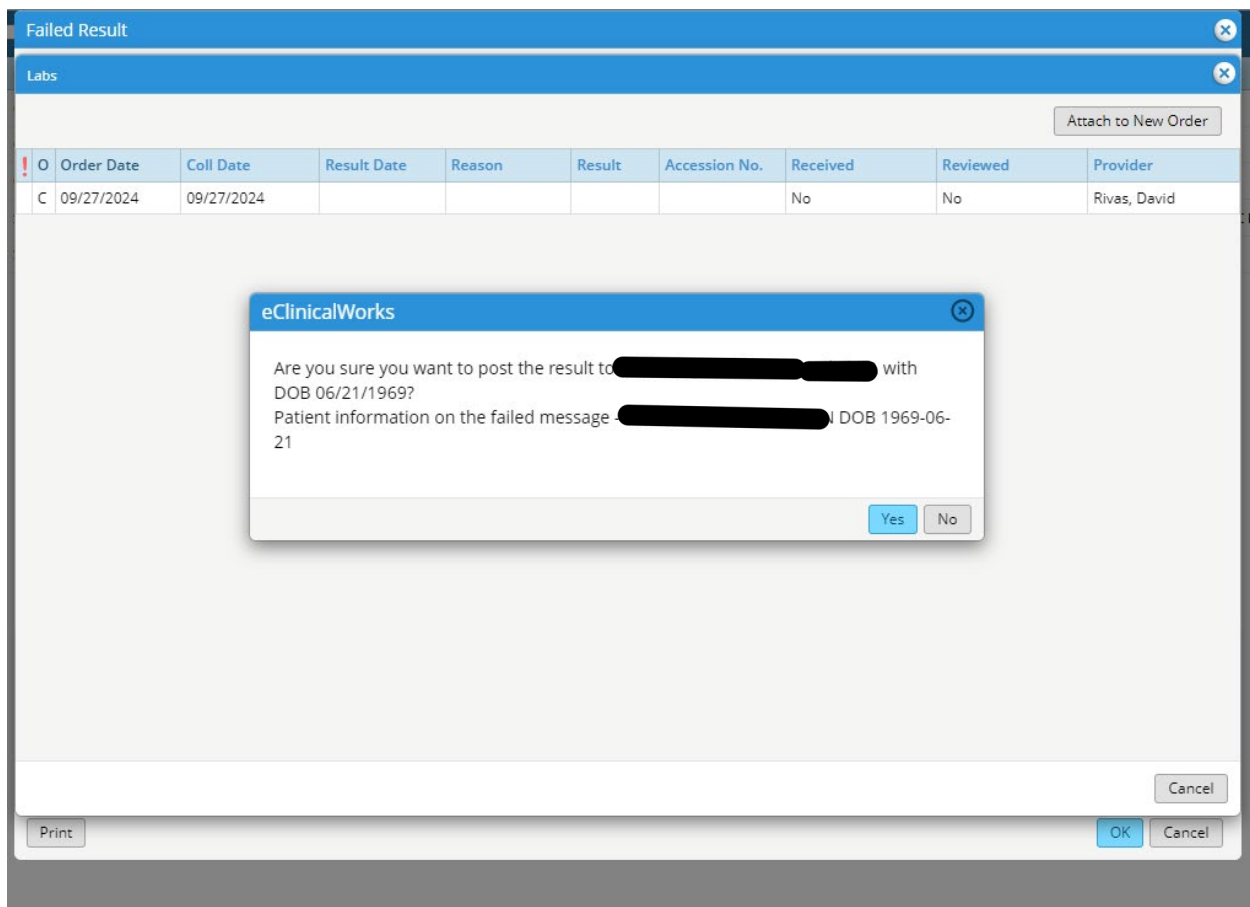
Status: ☒ Open ☐ Action Taken

Reconcile

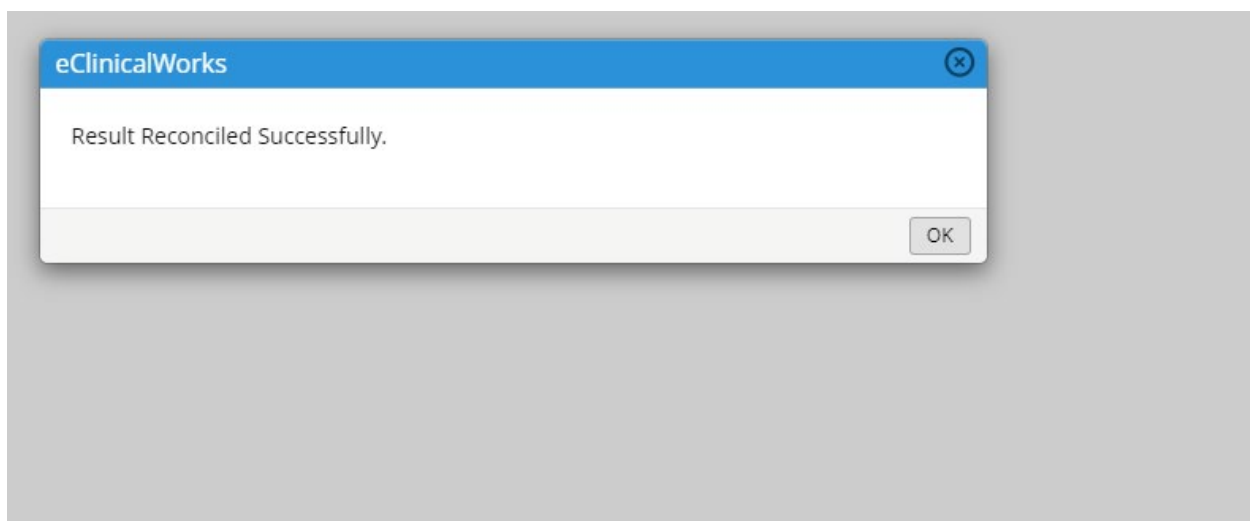
*Please refrain adding clinical data into Notes. It will not attach to patient chart.

Print

OK Cancel



Click Yes once all information is double checked.



Lastly, check ECW if Lab results are transferred over successfully.

Attachment B – eCW Document Naming Convention

eCW Document Naming Convention

Cassandra Major
September 17, 2024

When you scan documents into eCW, do not use the date the document is scanned, use the date the imaging, labs, consult notes, etc. were completed.

Please use the following naming convention:

- YYYY.MM.DD Title of Document - Facility Where it was Complete.
 - 2023-03-24 Mammography – SDMI
 - 2024-01-09 Colonoscopy – Valley View Surgery Center
 - 2024-08-14 ENT Consultation Notes – ENT Group

When scanning, please scan:

- Imaging under “Imaging Documents”
- Lab Reports under “Lab Documents”
- Consult Notes under “Consult Notes”
- Outside Medical Records under “Outside Medical Records”

Recommendations from the October 8, 2025
Chief Executive Officer Annual Review Committee Meeting

- 1. Receive, Discuss and Approve the FY25 Evaluation Results of the Chief Executive Officer;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
-



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

SNCHC Governing Board & SNHD Internal Staff Evaluation Survey Results for
Randy Smith, Chief Executive Officer

October 21, 2025



Chief Executive Officer Annual Review Committee

- 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 Chief Executive Officer 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 Tool

of Evals Requested

10

of Evals Received:

7

- **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

Survey scores were compiled from participating Governing Board Members, but comments were provided by a mixture of Governing Board Members and SNHD Staff.

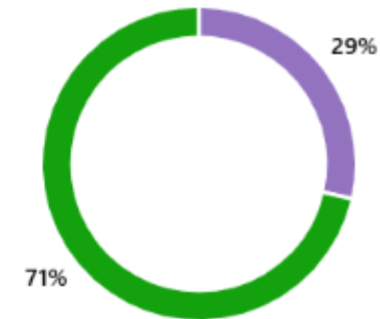
Q1. The CEO consistently demonstrates equitable and fair treatment of SNCHC employees, contractors, and volunteers.

- Divides and assigns work effectively, delegating appropriate levels of freedom and authority.
- Recruits and retains a diverse staff.
- Encourages staff development and education.
- Maintains a climate which attracts, keeps, and motivates a diverse staff of top-quality people.

Average Score
(Weighted at 15%)
4.71

Q1. Mr. Smith consistently demonstrates equitable and fair treatment of SNCHC employees, contractors, and volunteers.

1 - Strongly Disagree	0
2 - Disagree	0
3 - Unsure	0
4 - Agree	2
5 - Strongly Agree	5



Comments:

- Randy treats everyone with dignity, kindness, accountability, and respect.
- I am impressed with the employee recognition program Randy put in place, and the avenues that employees have to give feedback. I believe Randy truly cares about the staff at the CHC.
- Randy is the ultimate professional with strong communication and people skills. We are lucky to have him.
- Randy is always very hands on with the staff.

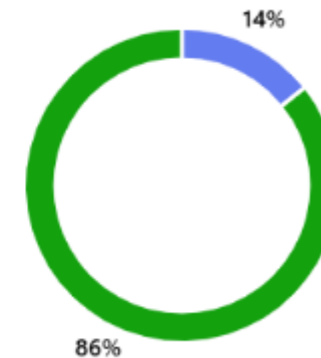
Q2. The CEO consistently provides thorough administrative leadership and oversight of SNCHC's compliance with HRSA program requirements.

- 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.
- Ensures that policies and procedures are in place.

Average Score
(Weighted at 40%)
4.43

Q2. Mr. Smith consistently provides thorough administrative leadership and oversight of SNCHC's compliance with HRSA program requirements.

1 - Strongly Disagree	1
2 - Disagree	0
3 - Unsure	0
4 - Agree	0
5 - Strongly Agree	6



Comments:

- Randy is very knowledgeable and is very skilled at delegation and asking meaningful questions.
- Compliance is a top priority for him.
- I believe Randy is very in touch with every aspect of the requirements HRSA has in place, now especially. The administration staff is also so well prepared at every instance of a question about anything from clients to budget.
- Randy explained in great detail the HRSA requirements.

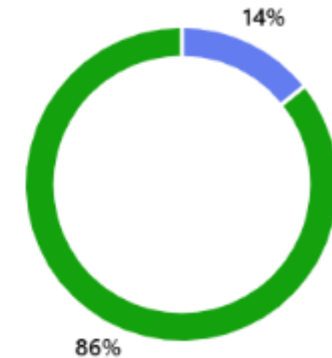
Q3. The CEO ensures that the SNCHC has a viable long-range strategy to achieve its mission and utilizes data to measure progress towards achieving programmatic, clinical, and financial goals:

- 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).

Average Score
(Weighted at 15%)
4.43

Q3. 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.

1 - Strongly Disagree	1
2 - Disagree	0
3 - Unsure	0
4 - Agree	0
5 - Strongly Agree	6



Comments:

- Randy works seamlessly with SNHD and SNCHC leadership to craft, monitor, and achieve relevant and impactful growth and change.
- I think the mission and goals were in place, but Randy has strengthened them. He is professional about setbacks this year which were out of his control, and that is also a leadership skill.
- He is doing his best given the current climate in healthcare generally and SNHD specifically.

Q4. The CEO appropriately utilizes financial and utilization data to ensure SNCHC is maximizing budgetary and human resources to achieve health center goals.

- 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.

Average Score
(Weighted at 15%)
4.43

Q4. Mr. Smith appropriately utilizes financial and utilization data to ensure SNCHC is maximizing budgetary and human resources to achieve health center goals.



Comments:

- This is an area that I trust more than know, but it seems to me that the entire staff, led by Randy have a firm grasp on the budget. They can always explain where we are on any budget line and can explain why we are over or under budget and where we will be in the future.
- Randy has strong skills in this area.
- Randy works closely with SNHD's Finance division and SNCHC's Business Office to gather, organize, and analyze financial sustainability, an engaged and appreciated workforce, and strategies that promote the brand reputation and solvency.

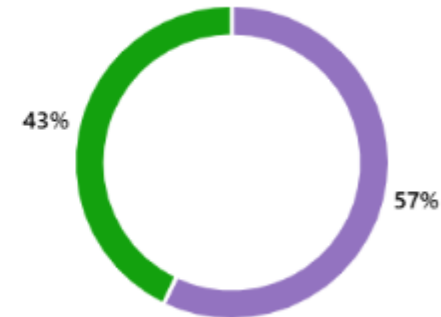
Q5. The CEO properly represents SNCHC in the community and fosters the establishment of new community partners and develops existing partnerships.

- 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.

Average Score
(Weighted at 15%)
4.43

Q5. Mr. Smith properly represents SNCHC in the community and fosters the establishment of new community partners and develops existing partnerships.

1 - Strongly Disagree	0
2 - Disagree	0
3 - Unsure	0
4 - Agree	4
5 - Strongly Agree	3



Comments:

- Mr. Smith has incorporated the feedback of enhancing community partnerships and increased SNCHC's reach.
- I do think the entire program could be more visible in the community, and by being more visible, bring both partners and supporters to the program, especially under the current leadership nationally, we may need community support! Randy would be a great spokesperson, and he has other staff who would be as well.
- I believe Mr. Smith can do more when it comes to visibility and creating partnerships.
- Community partnerships are a priority for Randy. He serves on the Board of the NVPCA. Competing priorities often limit growth in this area, however, more community engagement and partnerships have been established and strengthened in the last year than in past years.

Two Open Ended Questions

General Strengthens

- Great job!
- Randy is an exceptional leader that demonstrates a high degree of leadership, skill, and talent.
- Randy's focus is on compliance with all legal requirements and balancing that will the needs or employees.
- Randy has demonstrated strong leadership overall resulting in increased patient care, a successful site visit and audits, expanding services, and many other notable achievements. Job well done!
- Overall, I think Randy's leadership this year, has been outstanding. Last year, he was good, while still trying to keep his head above water after taking over. This year he has really shone as the perfect person to lead the CHC through expansion, development and potential issues that may arise due to the population we primarily serve. I have great faith in him.
- Demonstrates strong leadership skills. Ambitious for the SNCHC. Never complacent.
- Randy brings over all critical leadership skills that serve the SNHD-CHC. His ability to approach his work with humility and community serves all of the CHC well.
- Very efficient.
- Randy is doing an excellent job leading and supporting the health center.

Two Open Ended Questions

Areas for Growth

- More interaction with clinic staff.
- I'd like to see more opportunities to get the word out about both centers and grow community support for the program. Possibly speaking to Rotary, to city councils and commissions and other service groups. The program is so impressive, I want it to be showcased and recognized for what each center offers the community.
- Can be more visible in the community and in establishing partnerships.
- For my part, he just needs to keep doing what he is doing.
- Nope, I think he's touched on everything.
- Randy could interact with clinic staff more.

2025 Chief Executive Officer Annual Review Overall Weighted Score

4.48

Scoring Guide

- 1 – Poor
- 2 – Needs Improvement
- 3 – Fair
- 4 – Good
- 5 - Outstanding

Questions?

*Motion to Approve the FY25 Evaluation
Results of the Chief Executive Officer, as
presented.*



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Recommendations from the October 8, 2025
Chief Executive Officer Annual Review Committee Meeting

- 2. Receive, Discuss and Approve the Chief Executive Officer (CEO) FY26 Goals;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
-

Proposed Goals for FY26 (7.1.25 – 6.30.26)



(Quality): Obtain Patient Centered Medical Home accreditation



(Quality): Implement CHW Chronic Care Management services



(Access): Increase the number of unique patients served by 5%



(Access) Reduce program silos through primary care training and integration



(Access) Increase Behavioral Health encounters by 5%



(Administration) Maintain compliance with all funders



(Administration) Increase governance capacity



(Finance) Increase the number of Medicaid encounters 5%



(Finance): Reduce expenditures on supplies and services through Group Purchasing Organizations

Thank you!

Questions?

Randy Smith
Chief Executive Officer

*Motion to Approve the Chief Executive Officer (CEO)
FY26 Goals, as presented.*

VII. REPORT / DISCUSSION / ACTION

SNCHC Governing Board

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



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

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

Summary of Revenue, Expenses and Net Position

(August 31, 2025 – Unaudited)

Revenue

- General Fund revenue (Charges for Services & Other) is \$6.51M compared to a budget of \$6.51M, a favorable variance of \$3K.
- Special Revenue Funds (Grants) is \$835K compared to a budget of \$1.27M, an unfavorable variance of \$437K.
- Total Revenue is \$7.35M compared to a budget of \$7.78M, an unfavorable variance of \$434K.

Expenses

- Salary, Tax, and Benefits is \$2.49M compared to a budget of \$2.77M, a favorable variance of \$280K.
- Other Operating Expense is \$5.50M compared to a budget of \$5.18M, an unfavorable variance of \$324K.
- Indirect Cost/Cost Allocation is \$1.86M compared to a budget of \$2.14M, a favorable variance of \$290K.
- Total Expense is \$9.84MM compared to a budget of \$10.09M, a favorable variance of \$246K.

Net Position: is (\$2.49M) compared to a budget of (\$2.31M), an unfavorable variance of \$189K.

All Funds/Divisions by Type

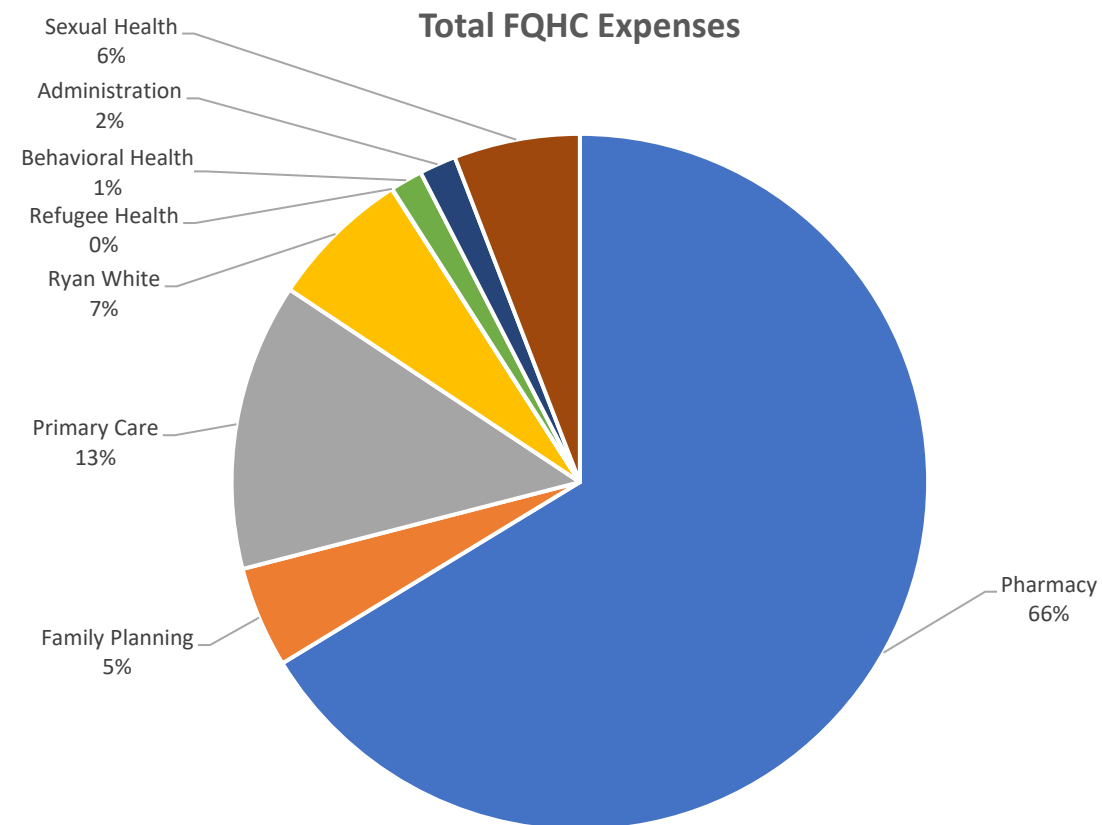
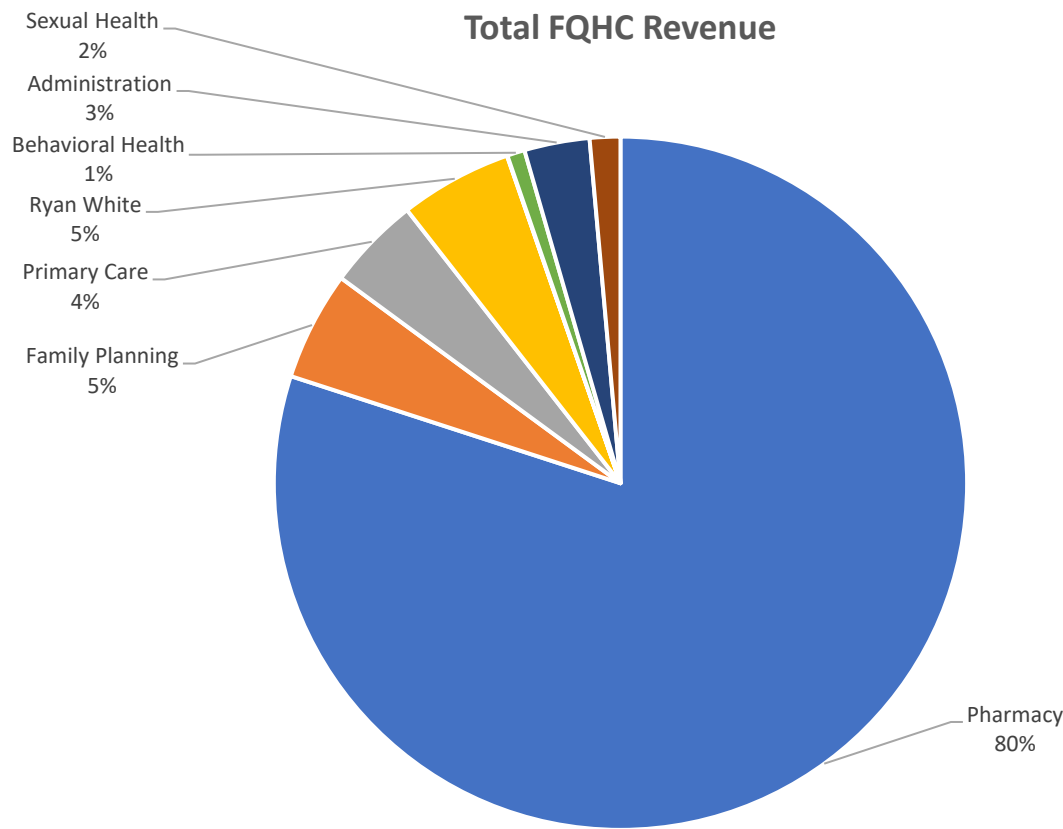
Budget to Actual

Activity	Budget as of August	Actual as of August	Variance Favorable (Unfavorable)	%
Charges for Services	6,242,962	6,288,156	45,194	1%
Other	267,830	225,598	(42,232)	-16%
Federal Revenue	503,357	408,764	(94,593)	-19%
Pass-Thru Revenue	645,264	354,524	(290,740)	-45%
State Revenue	123,884	71,822	(52,062)	-42%
Total FQHC Revenue	7,783,297	7,348,864	(434,433)	-6%
Salaries	1,843,467	1,658,394	185,073	10%
Taxes & Fringe Benefits	922,303	827,050	95,253	10%
Total Salaries & Benefits	2,765,770	2,485,444	280,326	10%
Supplies	4,908,690	5,224,282	(315,592)	-6%
Capital Outlay	3,263	-	3,263	100%
Contractual	255,688	227,930	27,758	11%
Travel & Training	10,974	50,776	(39,802)	-363%
Total Other Operating	5,178,615	5,502,988	(324,373)	-6%
Indirect Costs/Cost	2,144,984	1,855,017	289,967	14%
Transfers IN	(132,783)	(105,717)	(27,066)	20%
Transfers OUT	132,783	105,717	27,066	20%
Total Transfers	2,144,984	1,855,017	289,967	14%
Total FQHC Expenses	10,089,369	9,843,449	245,920	2%
Net Position	(2,306,072)	(2,494,585)	(188,513)	8%

NOTES:

- 1) FY26 ADOPTED BUDGET INCLUDED EIGHT ELIGIBILITY WORKERS THAT WOULD HAVE BEEN 100%-GRANT FUNDED WHO WERE NOT HIRED DUE TO CHANGING FEDERAL PRIORITIES. ADDITIONALLY, SOME RYAN WHITE REIMBURSEMENTS WERE DELAYED DUE TO FUNDING CONSTRAINTS.
- 2) PATIENT ENCOUNTERS INCREASING DRIVING HIGHER SUPPLIES EXPENSE INCLUDING HIGH-COST PHARMACY MEDICATIONS. .
- 3) REGISTRATIONS PAID FOR PROVIDER/ADMINISTRATOR TRAINING EVENT IN AUGUST. EXPENSES WILL NORMALIZE OVER THE REST OF THE YEAR.

Percentage of Revenues and Expenses by Department



Revenues by Department

Budget to Actuals

Department	Budget as of August	Actual as of August	Variance Favorable (Unfavorable)	%
Charges for Services, Other, Wrap				
Family Planning	48,928	72,940	24,012	49%
Pharmacy	5,859,616	5,881,457	21,841	0%
Primary Care	109,116	140,861	31,745	29%
Ryan White	46,084	32,918	(13,166)	-29%
Refugee Health	3,385	(3,279)	(6,664)	-197%
Behavioral Health	45,966	60,321	14,355	31%
Administration	267,830	223,833	(43,997)	-16%
Sexual Health	129,867	104,703	(25,164)	-19%
OPERATING REVENUE	6,510,792	6,513,754	2,962	0%
Grants				
Family Planning	384,924	300,750	(84,174)	-22%
Primary Care	207,369	179,836	(27,533)	-13%
Ryan White	624,522	352,724	(271,798)	-44%
Refugee Health	20,742	1,800	(18,942)	-91%
Behavioral Health	34,948	-	(34,948)	-100%
SPECIAL REVENUE	1,272,505	835,110	(437,395)	-34%
TOTAL REVENUE	7,783,297	7,348,864	(434,433)	-6%

NOTES:

- 1) REFUGEE HEALTH CLINIC PATIENT ENCOUNTERS REDUCED BY 96% YEAR-OVER-YEAR. NEGATIVE REVENUE DUE TO CONTRACTUAL ADJUSTMENTS/WRITE-OFFS FROM PRIOR PERIODS EXCEEDING REVENUE.
- 2) FY26 ADOPTED BUDGET INCLUDED EIGHT ELIGIBILITY WORKERS THAT WOULD HAVE BEEN 100%-GRANT FUNDED WHO WERE NOT HIRED DUE TO CHANGING FEDERAL PRIORITIES. ADDITIONALLY, SOME RYAN WHITE REIMBURSEMENTS WERE DELAYED DUE TO FUNDING CONSTRAINTS.
- 3) BH INCUBATOR GRANT ENDED IN FY25, ALL FY26 EXPENSES AND REVENUES ARE GENERAL FUNDED AND WILL BE UPDATED IN FIRST BUDGET AUGMENTATION.

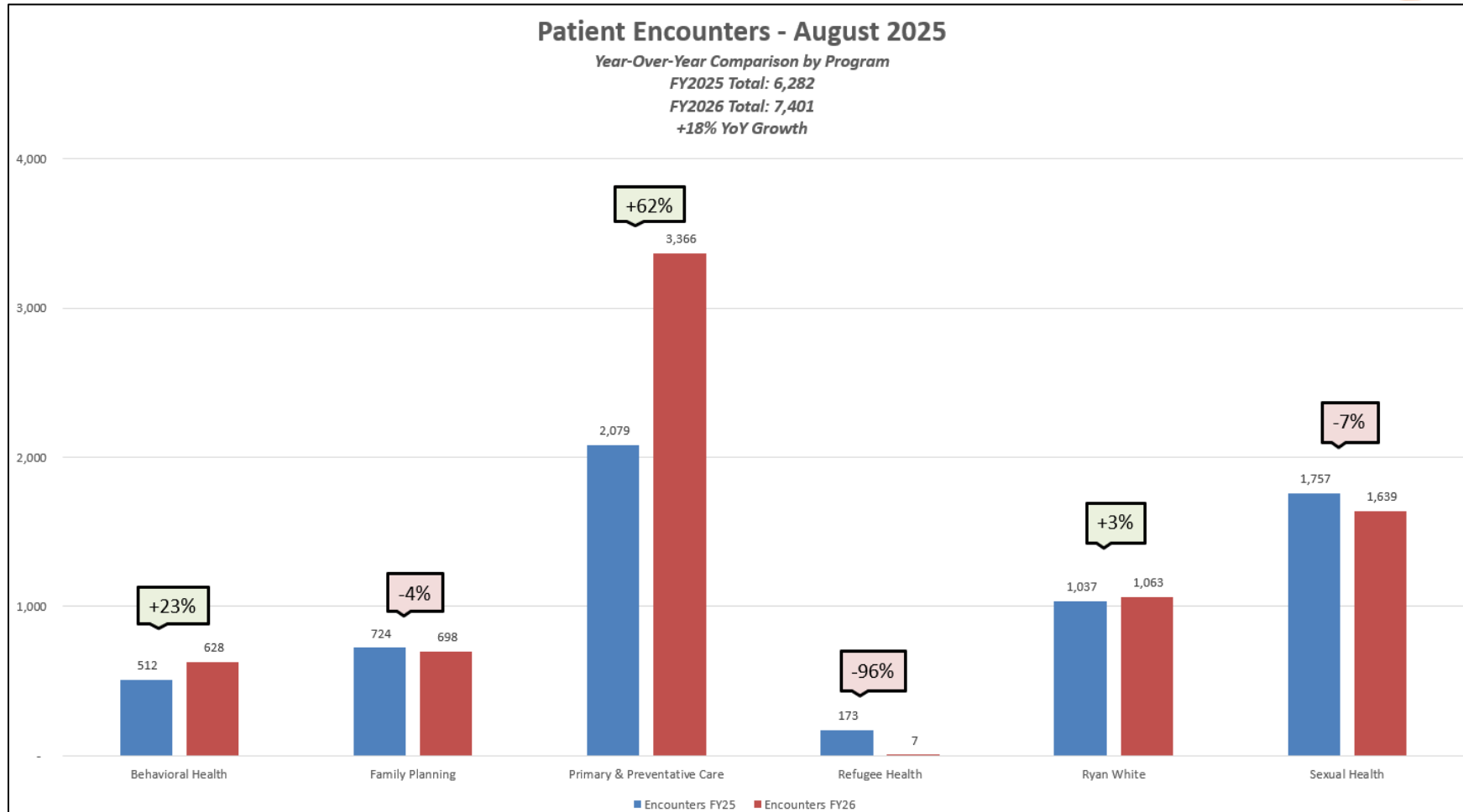
Expenses by Department Budget to Actuals

NOTES:

- 1) REFUGEE HEALTH CLINIC PATIENT ENCOUNTERS REDUCED BY 96% YEAR-OVER-YEAR.
- 2) PATIENT ENCOUNTERS INCREASING DRIVING HIGHER SUPPLIES EXPENSE INCLUDING HIGH-COST PHARMACY MEDICATIONS.

Department	Budget as of August	Actual as of August	Variance Favorable (Unfavorable)	%
Employment (Salaries, Taxes, Fringe)				
Family Planning	391,879	306,565	85,314	22%
Pharmacy	105,746	105,877	(131)	0%
Primary Care	965,637	995,017	(29,380)	-3%
Ryan White	658,474	480,131	178,343	27%
Refugee Health	50,002	1,466	48,536	97%
Behavioral Health	100,082	120,033	(19,951)	-20%
Administration	63,255	49,553	13,702	22%
Sexual Health	430,695	426,802	3,893	1%
Total Personnel Costs	2,765,770	2,485,444	280,326	10%
Other (Supplies, Contractual, Capital, etc.)				
Family Planning	96,844	68,589	28,255	29%
Pharmacy	4,765,895	5,189,850	(423,955)	-9%
Primary Care	79,958	70,371	9,587	12%
Ryan White	49,664	46,459	3,205	6%
Refugee Health	24,025	334	23,691	99%
Behavioral Health	2,000	-	2,000	100%
Administration	120,747	87,012	33,735	28%
Sexual Health	39,482	40,373	(891)	-2%
Total Other Expenses	5,178,615	5,502,988	(324,373)	-6%
Total Operating Expenses	7,944,385	7,988,432	(44,047)	-1%
Indirect Costs/Cost Allocations	2,144,984	1,855,017	289,967	14%
Transfers IN	(132,783)	(105,717)	(27,066)	20%
Transfers OUT	132,783	105,717	27,066	20%
Total Transfers & Allocations	2,144,984	1,855,017	289,967	14%
TOTAL EXPENSES	10,089,369	9,843,449	245,920	2%

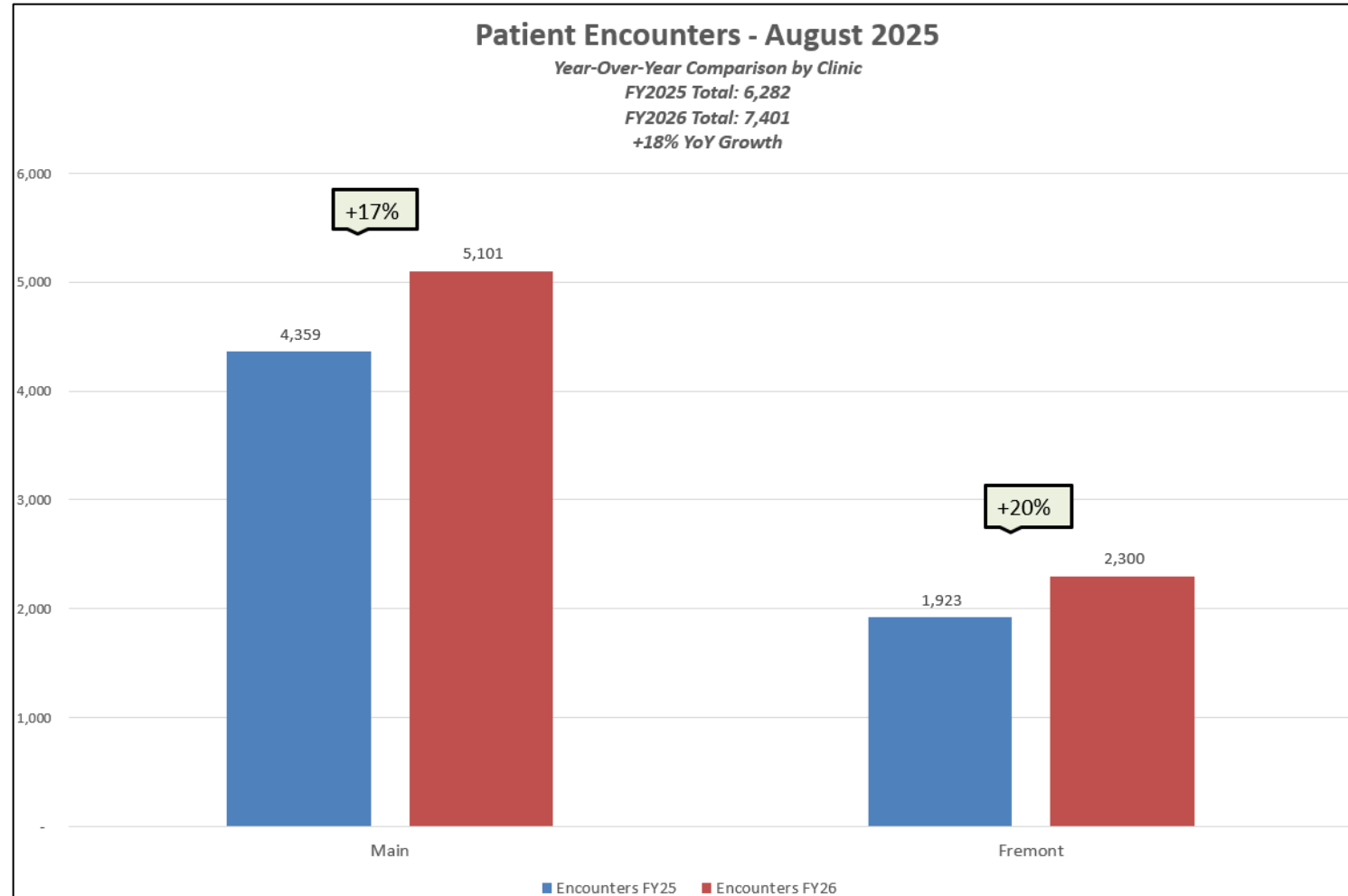
Patient Encounters By Department



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 – August 31, 2025

By Department

DEPARTMENT	Jul-25	Aug-25	YTD TOTALS	YTD AVERAGES
Administration (301)	112,900	110,933	223,833	111,916
Family Planning (309)	124,841	280,366	405,208	202,604
Pharmacy (333)	2,914,956	2,966,501	5,881,458	2,940,729
Dental Health (336)	-	-	-	-
Primary Care (337)	122,170	217,969	340,139	170,069
Ryan White (338)	174,872	265,980	440,853	220,426
Refugee Health (344)	(1,256)	(678)	(1,934)	(967)
Behavioral Health (345)	33,197	27,124	60,321	30,160
Sexual Health (350)	72,637	32,065	104,703	52,351
TOTAL REVENUES	3,554,318	3,900,262	7,454,580	3,727,290

DEPARTMENT	Jul-25	Aug-25	YTD TOTALS	YTD AVERAGES
Administration (301)	70,680	96,104	166,784	83,392
Family Planning (309)	138,478	342,991	481,469	240,735
Pharmacy (333)	3,372,950	3,253,263	6,626,213	3,313,107
Dental Health (336)	-	-	-	-
Primary Care (337)	468,407	823,761	1,292,167	646,084
Ryan White (338)	241,702	438,557	680,259	340,130
Refugee Health (344)	1,800	-	1,800	900
Behavioral Health (345)	43,031	99,241	142,272	71,136
Sexual Health (350)	193,121	365,079	558,199	279,100
TOTAL EXPENSES	4,530,168	5,418,997	9,949,165	4,974,583

NET POSITION:	(975,850)	(1,518,735)	(2,494,585)	(1,247,293)
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YTD by Month – August 31, 2025

By Type

REVENUE TYPE	Jul-25	Aug-25	YTD TOTALS	YTD AVERAGES
Charges for Services	3,133,749	3,154,407	6,288,156	3,144,078
Other	112,900	112,698	225,598	112,799
Contributions	-	-	-	-
Intergovernmental	264,027	571,083	835,110	417,555
TOTAL REVENUES	3,510,676	3,838,187	7,348,863	3,674,432
EXPENSE TYPE	Jul-25	Aug-25	YTD TOTALS	YTD AVERAGES
Salaries	523,875	1,134,519	1,658,394	829,197
Taxes and Benefits	264,484	562,566	827,050	413,525
Travel and Training	6,022	44,754	50,776	25,388
Supplies	2,669,620	2,554,662	5,224,282	2,612,141
Contractual	120,653	107,276	227,930	113,965
Property	-	-	-	-
TOTAL EXPENSES	3,584,654	4,403,778	7,988,432	3,994,216
TRANSFER TYPE	Jul-25	Aug-25	YTD TOTALS	YTD AVERAGES
Indirect/Cost Allocation	901,872	953,145	1,855,017	927,508
Transfer In	(43,642)	(62,075)	(105,717)	(52,858)
Transfer Out	43,642	62,075	105,717	52,858
TOTAL TRANSFERS	901,872	953,145	1,855,017	927,508
NET POSITION:	(975,850)	(1,518,735)	(2,494,585)	(1,247,293)

Questions?

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



VII. REPORT / DISCUSSION / ACTION

4. **Receive, Discuss and Approve the Insulin and Epinephrine Fee Structure Policy;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Insulin and Epinephrine Fee Structure Policy

PURPOSE

- To ensure SNCHC fee structure is compliant with Executive Order 14273 and associated HRSA grant requirements for Federally Qualified Health Centers (FQHC).

SCOPE

- This policy applies to all workforce members involved in the delivery of Southern Nevada Community Health Center services.

POLICY

- SNHD Pharmacy and any FQHC-associated contract pharmacies are required to make insulin and injectable epinephrine available to individuals with low incomes at fees specified in the FQHC grant.

Questions?

*Motion to Approve the Insulin
and Epinephrine Fee Structure
Policy, as presented.*

VII. REPORT / DISCUSSION / ACTION

- 5. Review and Discuss Committee Memberships;** direct staff accordingly or take other action as deemed necessary
(for possible action)

Committee Memberships



CURRENT GOVERNING BOARD COMMITTEE MEMBERS CY2025

Executive Committee	Chief Executive Officer Annual Review Committee	Finance and Audit Committee	Quality, Credentialing & Risk Management Committee	Nominations Committee	Strategic Planning Committee
Donna Feliz-Barrows	Donna Feliz-Barrows	Marie Dukes	Sara Hunt	Sara Hunt	Jasmine Coca
Jasmine Coca	Jose Melendrez	Ashley Brown	Jose Melendrez	Donna Feliz-Barrows	Blanca Macias-Villa
		Jasmine Coca	Erin Breen	Jose Melendrez	
		Blanca Macias-Villa		Erin Breen	
		Marie Dukes			

Governing Board Committees



Brief Description

Executive Committee	Chief Executive Officer Annual Review Committee	Finance and Audit Committee	Quality, Credentialing & Risk Management Committee	Nominations Committee	Strategic Planning Committee
Meet as often as deemed necessary.	Meet annually and as often as deemed necessary.	Meet monthly and as necessary.	Meet two (2) times per year and as deemed necessary.	Meet as deemed necessary.	Meet two (2) times per year and as deemed necessary.
Comprised of the Board Chair, First Vice Chair, and Second Vice Chair.	Comprised of three (3) Board members. Ex-Officio membership consists of the Board Chair.	Comprised of three (3) Board members. Ex-Officio membership consists of the Board Chair.	Comprised of three (3) Board members. Ex-Officio membership includes the Board Chair.	Comprised of three (3) Board members. Ex-Officio membership consists of the Board Chair.	Comprised of three (3) Board members. Ex-Officio membership consists of the Board Chair.
Board Chair shall be the chair of the Committee	Ex-officio members shall not vote and do not count toward quorum.	Ex-officio members shall not vote and do not count toward quorum.	Ex-officio members shall not vote and do not count toward quorum.	Ex-officio members shall not vote and do not count toward quorum.	Ex-officio members shall not vote and do not count toward quorum.
*Board members who are not Committee members may attend Committee meetings but may not vote.					

VII. REPORT / DISCUSSION / ACTION

6. **Review and Discuss Governing Board Calendar Year 2026 Meeting Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Governing Board Meeting Schedule (Calendar Year 2026)

- All meetings currently occur on the third Tuesday of each month at 2:30 p.m., with the following exception:
 - December – Second Tuesday to not coincide with holiday plans.

Questions?



VII. REPORT / DISCUSSION / ACTION

- 7. Review and Discuss Opportunities for Increased Board Member Participation;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Opportunities for Increasing Participation and Governance Capacity

- In person vs virtual meeting attendance
 - Must ensure quorum at each Governing Board meeting
- CEO annual evaluation
 - Currently not identified as a required activity in Governing Board documents (e.g., by-laws)
- CEO and Board member check-ins throughout the year.
 - Currently the CEO and Board Chair meet monthly to review the meeting agenda
- Last October we hosted our first Board Retreat

Questions?



IX. CHIEF EXECUTIVE OFFICER & STAFF REPORTS

Randy Smith, MPA, Chief Executive Officer - FQHC

TITLE X OSV AUDIT RESULTS

Expectation Category	Points/Points Possible	Percentage Score
Overall Title X OSV Score	82/85	96.5%
Project Administration	13/14	92.9%
Provision of High-Quality Family Planning Services	14/14	100%
Adolescent Services	10/10	100%
Referral for Social and Medical Services	4/4	100%
Financial Accountability	12/14	85.7%
Subrecipient Monitoring	9/9	100%
Community Education, Participation, and Engagement	2/2	100%
Information & Education	4/4	100%
Staff Training	4/4	100%
Quality Improvement and Quality Assurance	4/4	100%
Prohibition of Abortion	6/6	100%

PROJECT ADMINISTRATION EXPECTATION # 7

Additional Special Terms and Requirements and Standard Terms of the FY 2022 Title X Notice of Award – Standard Terms Expectation #7:

- **Acknowledgement of Federal Grant Support:** *Recipients acknowledge Federal funding when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter "statements")-- describing the projects or programs funded in whole or in part with HHS federal funds, the recipient must clearly state the percentage and dollar amount of the total costs of the program or project funded with federal money and the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources. When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement:*
 - *If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources: This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].*
 - *The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources: This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].*

FINANCIAL ACCOUNTABILITY EXPECTATION # 2

Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources. (42 CFR § 59.2)

- *Sliding Fee Discount Program Policy – CS-ADM-F-003*
- *Sliding Fee Policy*
- *Financial Management Procedures and Internal Control Manual*
- *Fiscal staff interviews*

This expectation was NOT MET.

Areas of Improvement and Required Action (F): SNHD's current policies and procedures do not address unemancipated minors seeking confidential services. SNHD should modify its existing Sliding Fee Policy to specifically address that unemancipated minors requesting confidential services must be considered on the basis of their own resources.

- Technical Assistance: N/A
- Best Practices Suggestions & Additional Comments: SNHD registration staff indicated that patients are offered confidential family planning services.
- A best practice would include all patients being asked if they were seeking confidential services regarding billing of the visit. If the patient is seeking confidentiality regarding the fiscal aspect of the visit, SNHD should ensure that the billing processes implemented.

FINANCIAL ACCOUNTABILITY EXPECTATION # 6

Take reasonable measures to verify client income, without burdening clients from low-income families. Recipients that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients' self-report. If a client's income cannot be verified after reasonable attempts to do so, charges are to be based on the client's self-reported income. (42 CFR § 59.5(a)(9))

Review of Evidence Demonstrating Compliance (F):

- *Sliding Fee Policy*
- *Sliding Fee Scale 2025*
- *Fiscal staff interviews*
- *Chart reviews*
- *Observation of check-in procedures*

This expectation was NOT MET.

- Areas of Improvement and Required Action (F): SNHD patients are asked when making an appointment through the centralized call center to bring to their appointment proof of income and documentation of their family/household size to assess their Federal Poverty Level per SNHD's Sliding Fee Policy.

NEXT STEPS

- Response Plan is due to be submitted to Title X through the GrantSolutions website by October 28, 2025.
- Implementation of Response Plan due 60 days after plan submission date.

Administrative Updates

- The health center's Non-Competing Continuous funding application submitted to HRSA for budget period: February 2026 – January 2027.
- \$172k in Title X unobligated carryover funds approved.
- Title X comprehensive program audit completed with high marks and identified best practices. Three areas for corrective action identified.
- Rural Health Transformation funding survey completed and submitted to the NVHA.
- SNCHC's request for a Change in Scope for its behavioral health Prospective Payment System (PPS) rate has been approved by NVHA. Fiscal year 2026 will be used as the Cost Period to establish the final rate.
- 10/16 – Congresswoman Susie Lee toured the Decatur site with members of the health center's leadership team
- 10/23 – Panelist on Nevada Healthcare Forum – Community Health

SNCHC Employee Engagement Update

End of the Year Party

- **Date/Time:** December 16, 1-6 p.m.
- **Location:** Decatur in Red Rock Conf Room
- **Theme:** FQHC Winter Wonderland Party
- **Food Cost:** \$1,984.00
 - Cost per person: about \$17
 - Three choices – Mexican, Italian, Filipino
- **Committee has raised:** \$1,351
- **Activities:** TBD
- **Board Member Participation Opportunities:**
 - Donations
 - Attendance

Upcoming Board Activities

- Annual Conflict of Interest/Disclosure statements
- Committee Assignments for CY26
 - 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 Governing Board 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.
 - Time: length of meetings – 75 minutes if needed to schedule another time.
- Holiday Party RSVP and Donations
 - Tawana will follow up with board members via mail.

MEMORANDUM

Date: October 21, 2025

To: Southern Nevada Community Health Center Governing Board

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

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

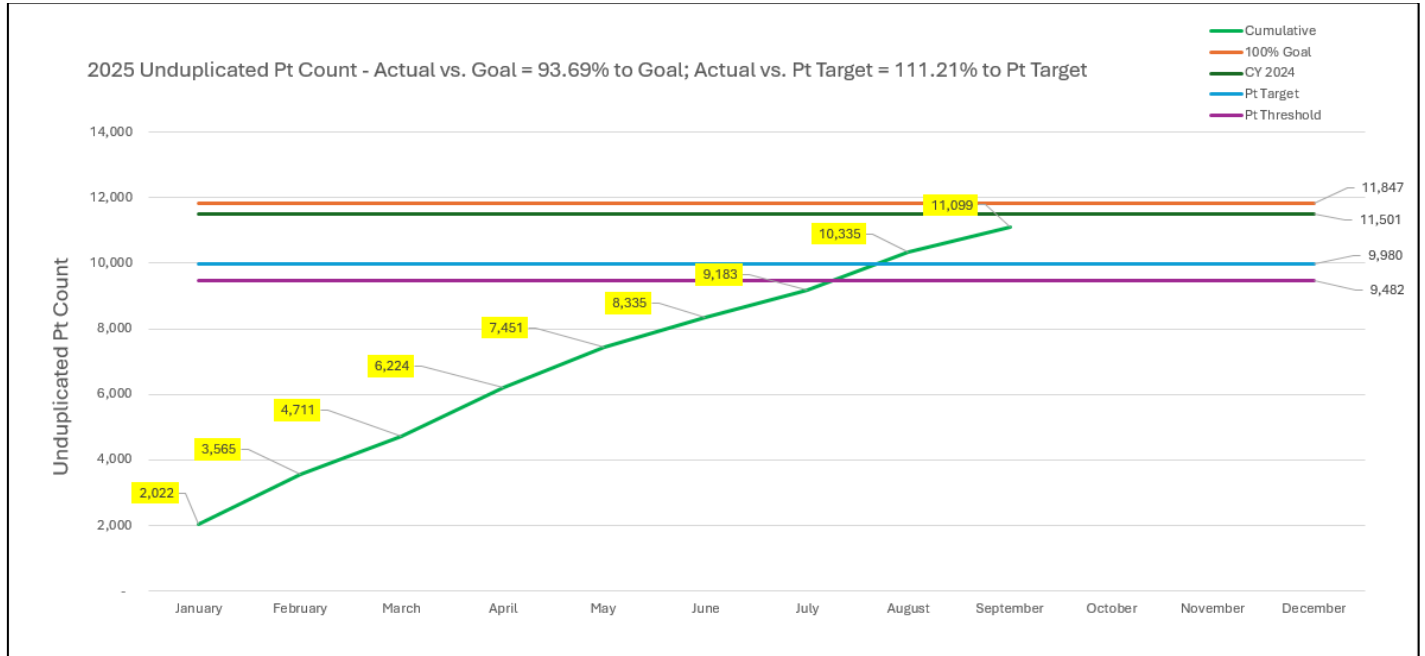
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention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

September Highlights - Administrative

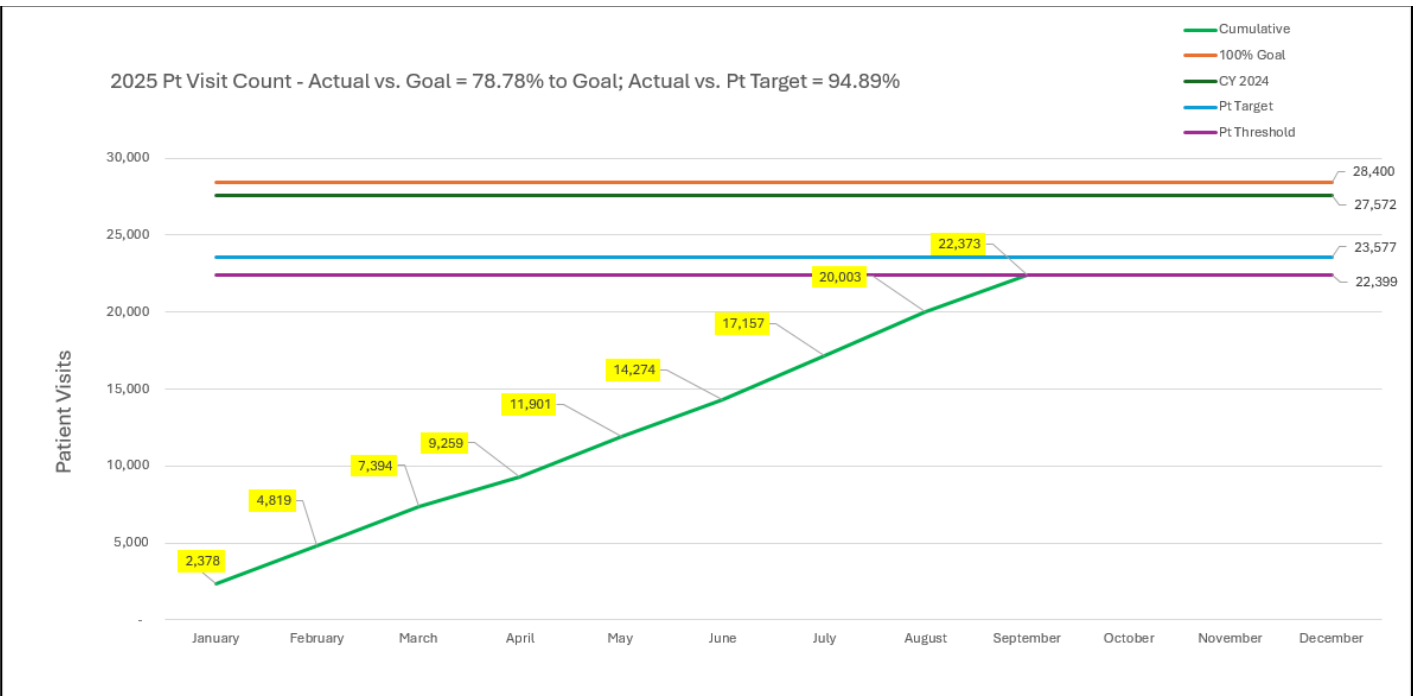
- One new SNCHC board member approved to join the Governing Board.
- The health center's Non-Competing Continuous funding application submitted to HRSA for budget period: February 2026 – January 2027.
- \$172k in Title X unobligated carryover funds approved.
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- Rural Health Transformation funding survey completed and submitted to the NVHA.
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Access

Unduplicated Patients – September 2025



Patient Visits Count – September 2025



Provider Visits by Program and Site – September 2025

Facility	Program	SEPT '25	SEPT '24	SEPT YoY %	FY26 YTD	FY25 YTD	FY YTD YoY%
Decatur	Family Health	728	525	28%	2,481	1,675	32%
Fremont	Family Health	492	349	29%	1,428	1,011	29%
Total	Family Health	1,220	874	28%	3,909	2,686	31%
Decatur	Family Planning	126	154	-22%	273	445	-63%
Fremont	Family Planning	186	118	37%	586	351	40%
Total	Family Planning	312	272	13%	859	796	7%
Decatur	Sexual Health	522	536	-3%	1,669	1,615	3%
Fremont	Sexual Health	126	126	0%	384	356	
ASEC	Sexual Health				0	113	
Total	Sexual Health	648	662	-2%	2,053	2,084	-2%
Decatur	Behavioral Health	173	97	44%	530	351	34%
Fremont	Behavioral Health	127	92	28%	418	355	
Total	Behavioral Health	300	189	37%	948	706	26%
Decatur	Ryan White	259	214	17%	752	711	5%
Fremont	Ryan White	32	19	41%	77	63	
Total	Ryan White	291	233	20%	829	774	7%
FQHC Total		2,771	2,230	20%	8,598	7,046	18%

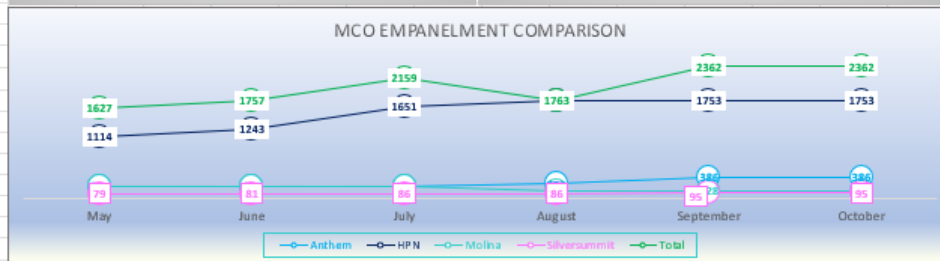
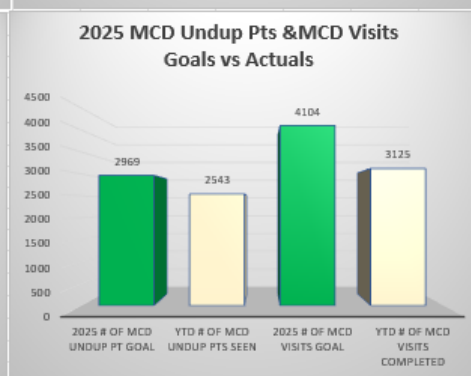
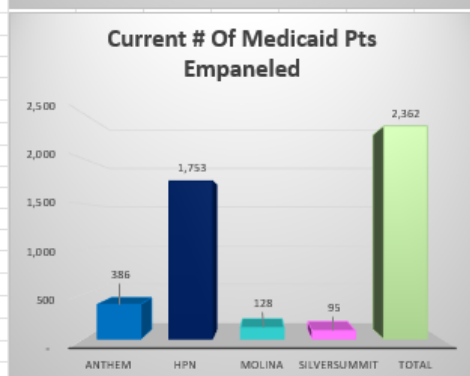
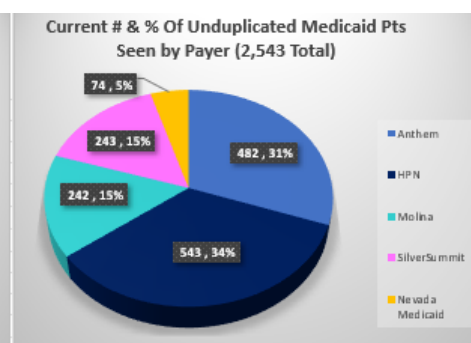
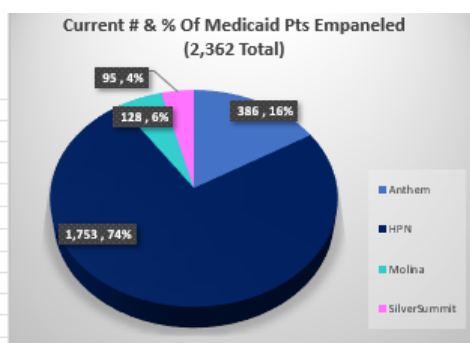
Pharmacy Services

	25-Sep	24-Sep		FY26 YTD	FY25 YTD		% Change YOY
Client Encounters (Pharmacy)	1,764	1,378	↑	5,218	4,184	↑	24.7%
Prescriptions Filled	3,356	2,219	↑	9,648	6,789	↑	42.1%
Client Clinic Encounters (Pharmacist)	52	49	↑	166	151	↑	9.9%
Financial Assistance Provided	9	41	↓	33	96	↓	-65.6%
Insurance Assistance Provided	6	9	↓	27	35	↓	-22.9%

- A. Dispensed 3,356 prescriptions for 1,764 patients.
- B. The pharmacists completed 52 patient clinical encounters.
- C. Nine (9) patients assisted to obtain medication financial assistance.
- D. Six (6) patients assisted with insurance approvals.

Medicaid Managed Care Organization (MCO)

Medicaid MCO	Current # Of Medicaid Pts Empaneled
Anthem	386
HPN	1,753
Molina	128
SilverSummit	95
Total	2,362
2025 # of MCD Undup Pt Goal	2969
YTD # of MCD Undup Pts Seen	2543
% of Unduplicated Pts to Goal	85.65%
# of Medicaid Pts Assigned to SNCHC	2,362
# of Empaneled Pts Not Yet Seen	?
2025 # of MCD Visits Goal	4104
YTD # of MCD Visits Completed	3125
% of Medicaid Pts Visits to Goal	76.15%
Average # of Medicaid visits per undup pt	1.23
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

- The Behavioral Health Manager presented on recognizing and responding to onsite mental health crises to 150+ Nevada HAND employees.
- SNCHC Behavioral Health team provided training on provider burnout to Clark County's Ryan White APG Meeting (Action Planning Group).
- SNCHC's Fremont team handed out 85 boxes of naloxone to the public during Save A Life Day event.

Family Planning Services

- Family Planning program access was up 13% in September and is up 7% year-over-year. Program team administrators and clinical staff have been working on a quality improvement project to increase access to care by simplifying the scheduling process and reducing waste in the appointment templates. Standardized metrics are being used to track the percentage of appointments scheduled per provider per day, appointment no-show rates, and the third next available appointment (TNAA) for new and established appointment types. The data is being used to fine tuning to the appointment schedules. The goal is to implement new, streamlined and standardized appointment templates in January 2026.
- SNCHC received the final report from its comprehensive Title X audit conducted last month. The report

indicates that the health center was compliant with 82/85 criteria. The areas of find include adding language to program forms indicating the document was created with support of Title X funding and updates to the health center's sliding fee discount policy and procedure.

- C. The health center received notification that its request for a no-cost carry over of Title X funds from the previous budget year was approved. These funds will be used to further support the provision of high quality, low-cost family planning services.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 52 referrals between September 1st and September 30th. There was one (1) pediatric client referred to the Medical Case Management in September, and the program received one (1) referral for pregnant women living with HIV during this time.
- B. There were 638 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 313 unique clients served under these programs in September.
- C. The Ryan White ambulatory clinic provided a total of 481 visits in the month of September, including 21 initial provider visits, 214 established provider visits including seven (7) tele-visits to established patients. Additionally, there were 16 nursing visits and 230 lab visits provided. There were 39 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of September. There were 18 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in September.
- 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 six (6) patients seen under the Rapid StART Program in September.

FQHC-Sexual Health Clinic (SHC)

- A. The Sexual Health Clinic (SHC) clinic provided 1,118 unique services to 768 unduplicated patients for the month of September. 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.
- C. One (1) SHC staff attended Naloxone training and received a presentation from American Heart Association.

Refugee Health Program (RHP)

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

Outreach/In Reach Activity

Month of September 2025

Number of events	3 - outreach 0 - in reach
Number of people reached	168
Number of people linked to the clinic	6
Number of hours dedicated to outreach	9

Eligibility and Insurance Enrollment Assistance

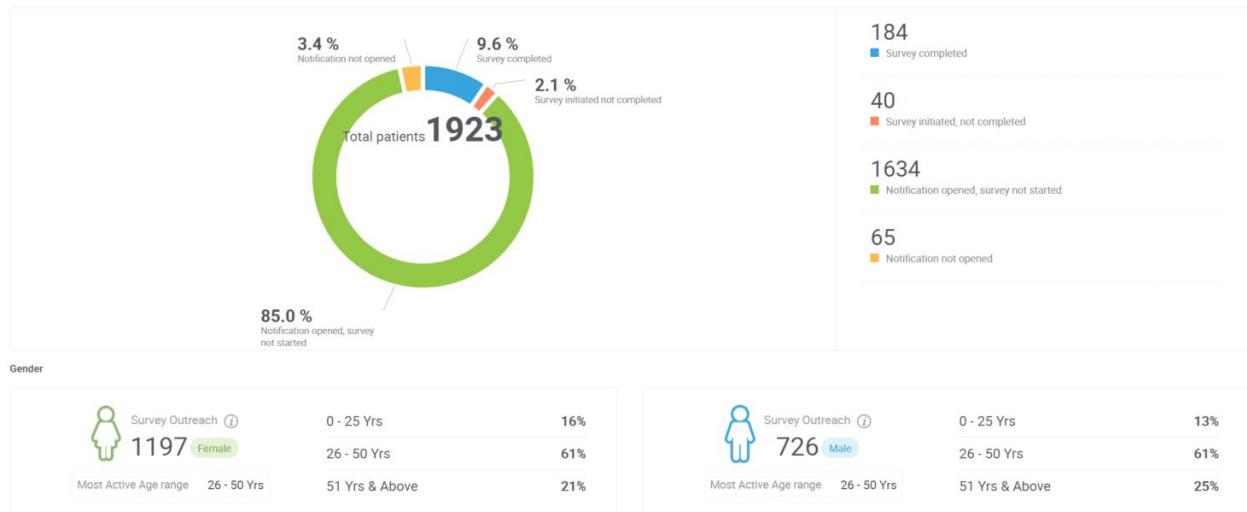
Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of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

Patient Satisfaction: See attached survey results.

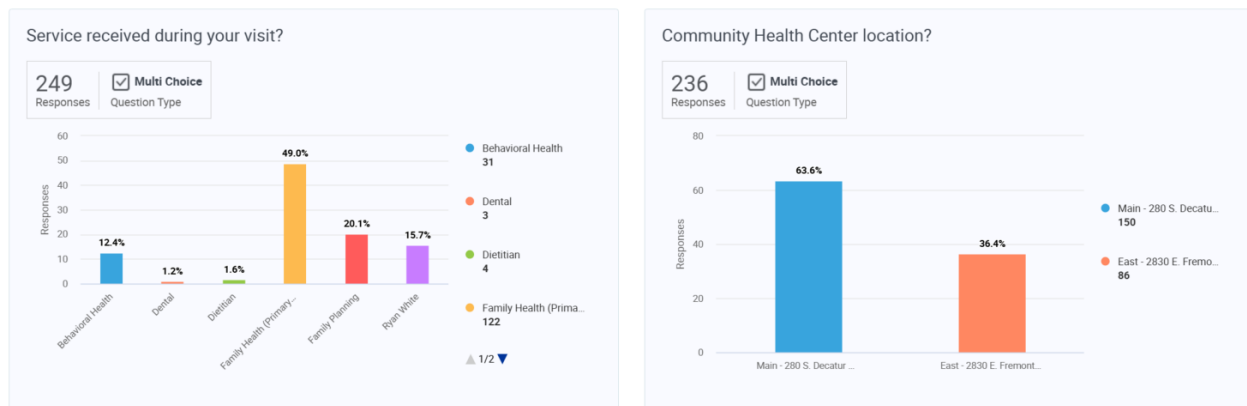
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

Southern Nevada Community Health Center Patient Satisfaction Survey – September 2025

Overview



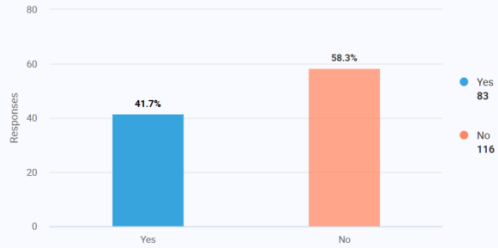
Service and Location



Provider, Staff, and Facility

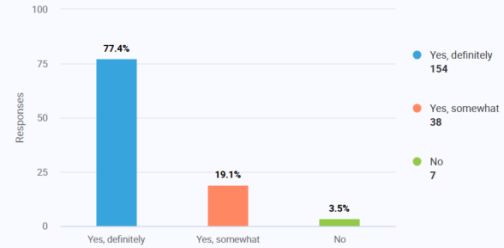
Was your most recent visit for an illness, injury or condition that needed care right away?

199 Responses
Multi Choice Question Type



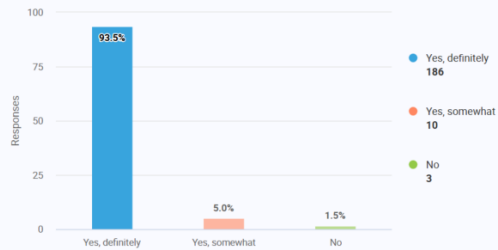
Was the recent visit as soon as you needed?

199 Responses
Multi Choice Question Type



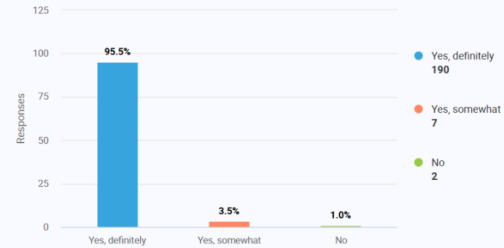
During your most recent visit, did this provider explain things in a way that was easy to understand?

199 Responses
Multi Choice Question Type



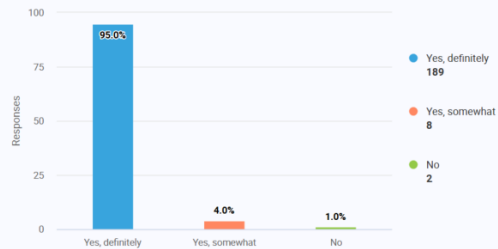
During your most recent visit, did this provider listen carefully to you?

199 Responses
Multi Choice Question Type



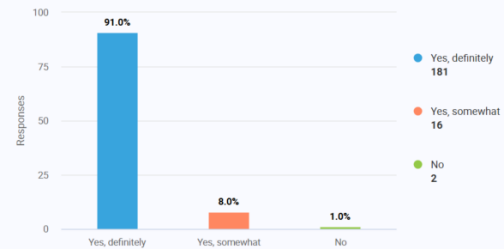
During your most recent visit, did this provider show respect for what you had to say?

199 Responses
Multi Choice Question Type

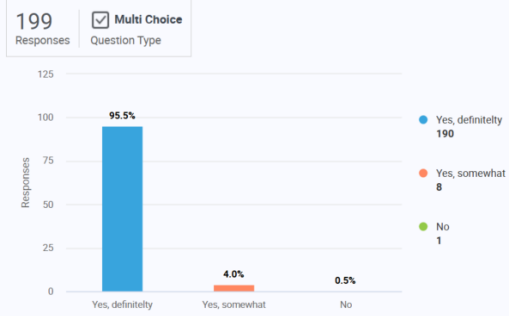


During your most recent visit, did this provider spend enough time with you?

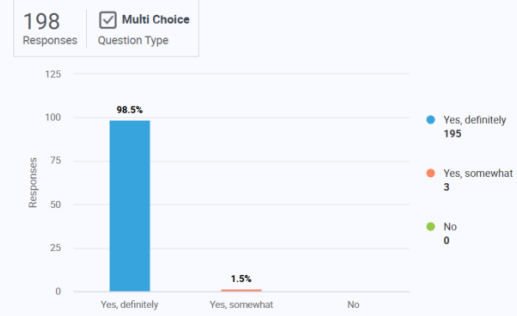
199 Responses
Multi Choice Question Type



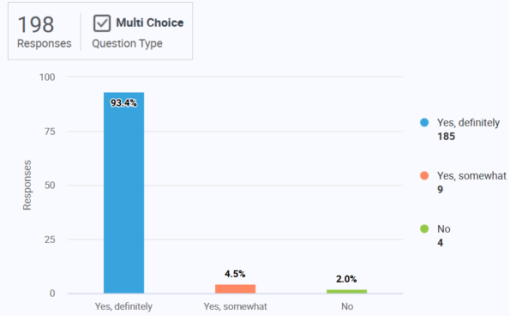
Thinking about your most recent visit, were the staff as helpful as you thought they should be?



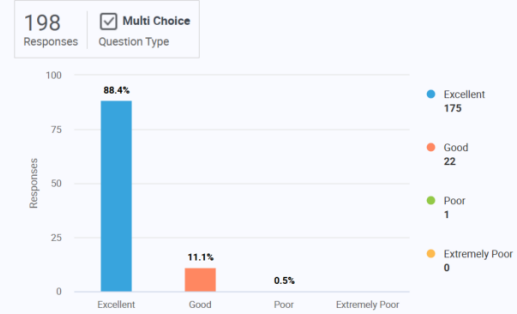
Thinking about your most recent visit, did the staff treat you with courtesy and respect?



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



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



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

198

Responses

123

Numbers

Question Type

93

Net Promoter Score (NPS)



2

Scale 0 - 6

10

Scale 7 - 8

186

Scale 9 - 10

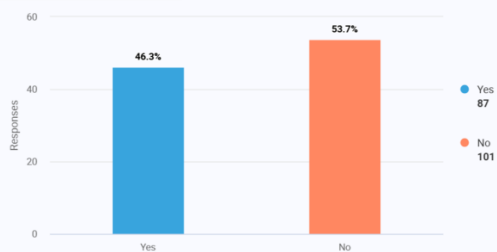
General Information

Do you have health insurance?

188

Responses

☒ Multi Choice
Question Type



How did you hear about us?

196

Responses

☒ Multi Choice
Question Type

