

## **MINUTES**

### **SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING**

**November 18, 2025 – 2:30 p.m.**

**Meeting was conducted In-person and via Microsoft Teams**

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

**Red Rock Trail Rooms A and B**

**MEMBERS PRESENT:**

Jasmine Coca, First Vice Chair  
Sara Hunt, Second Vice Chair  
Rebeca Aceves  
Erin Breen  
Ashley Brown  
Blanca Macias-Villa  
Jose L. Melendrez  
David Neldberg

**ABSENT:**

Donna Feliz-Barrows, Chair  
Marie Dukes

**ALSO PRESENT**

**LEGAL COUNSEL:**

Edward Wynder, Associate General Counsel

**CHIEF EXECUTIVE OFFICER:**

Randy Smith

**STAFF:**

Emily Anelli, Tawana Bellamy, Donna Buss, Robin Carter, Andria Cordovez Mulet, Jason Frame, David Kahananui, Ryan Kelsch, Cassius Lockett, Cassondra Major, Bernie Meily, Kyle Parkson, Luann Province, Yin Jie Qin, Emma Rodriguez, Felicia Sgovio, Greg Tordjman, Justin Tully, Donnie (DJ) Whitaker, Merylyn Yegon

**I. CALL TO ORDER and ROLL CALL**

The Southern Nevada Community Health Center (SNCHC) Governing Board Meeting was called to order at 2:33 p.m. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum.

**II. PLEDGE OF ALLEGIANCE**

**III. OATH OF OFFICE**

Ms. Bellamy administered the Members' Oath of Office to Member Breen.

#### **IV. RECOGNITION**

##### **1. Southern Nevada Health District – Manager & Supervisor of the Quarter (Q3 and Q4)**

- Bernie Meily
- Merylyn Yegon

The Governing Board recognized Bernie Meily, Community Health Nurse Manager and Merylyn Yegon, Community Health Nurse Manager as Southern Nevada Health District's Manager & Supervisor of the Quarter (Q3 and Q4). Ms. Bellamy read an excerpt of their nominations into the record. On behalf of the SNCHC Governing Board, the board congratulated Ms. Meily and Ms. Yegon.

Member Coca and Member Aceves congratulated Ms. Meily and Ms. Yegon.

Mr. Smith expressed appreciation for their leadership and noted that nominations originated from their employees.

##### **2. Outgoing Board Member**

- Luz Castro

Mr. Smith acknowledged the recent departure of Ms. Luz Castro from the Board. Mr. Smith noted that November was Ms. Castro's final month of service and expressed appreciation for her contributions. Ms. Castro joined the Board in November 2022 and played an instrumental role in supporting the health center's growth following its first operational site visit. Mr. Smith conveyed his gratitude for her dedication and leadership over the past three years and shared that he had personally reached out to Ms. Castro to thank her for her service.

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

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

#### **VI. ADOPTION OF THE NOVEMBER 18, 2025 MEETING AGENDA *(for possible action)***

There were no questions or changes to the agenda.

*A motion was made by Member Coca, seconded by Member Breen, and carried unanimously to approve the changes to the November 18, 2025 meeting agenda, as presented.*

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

##### **1. APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** October 21, 2025 *(for possible action)*

2. **Approve Updates to CHCA-005 Behavioral Health Crisis Event and Security Communication Policy;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
3. **Approve Re-Credentialing and Renewal of Privileges for Providers;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
  - Victoria Allen, APRN I
  - Alireza Farabi, MD
  - Jerry Cade, MD

There were no changes or questions to the Consent Agenda.

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

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

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

### **Revenue**

- General Fund revenue (Charges for Services & Other) is \$10.59M compared to a budget of \$9.76M, a favorable variance of \$823K.
- Special Revenue Funds (Grants) is \$1.12M compared to a budget of \$1.91M, an unfavorable variance of \$791K.
- Total Revenue is \$11.71M compared to a budget of \$11.67M, a favorable variance of \$32K.

### **Expenses**

- Salary, Tax, and Benefits is \$3.61M compared to a budget of \$4.15M, a favorable variance of \$541K.
- Other Operating Expense is \$7.87M compared to a budget of \$7.77M, an unfavorable variance of \$105K.
- Indirect Cost/Cost Allocation is \$2.71M compared to a budget of \$3.22M, a favorable variance of \$510K.
- Total Expense is \$14.19M compared to a budget of \$15.13M, a favorable variance of \$946K.

**Net Position:** is (\$2.48M) compared to a budget of (\$3.46M), a favorable variance of \$978K.

*Member Hunt joined the meeting at 2:50 p.m.*

Ms. Whitaker further advised of the following:

- Percentage of Revenues and Expenses - by Department
- Revenues by Department - Budget to Actuals
- Expenses by Department - Budget to Actuals
- Patient Encounters - By Department
  - FY2025 – 9,219
  - FY2026 – 10,901
  - 18% year-over-year growth
- Month-to-Month Comparisons - Year-to-Date revenues and expenses by department and by type.

Member Coca commented that Ms. Whitaker did a good job. Member Coca inquired about the clients attending the Health Center's second location, expressing concern regarding refugees who may be unable to seek services due to suspended Medicaid coverage.

Mr. Smith responded that both the Fremont and Decatur health centers are designed to provide the same core set of services, with minor variations. One such variation is that the Refugee Health Services Program is exclusively offered at Fremont. Clients at Fremont are similar to those at Decatur, primarily seeking primary care services, while also accessing programs such as family planning, sexual health, Ryan White services, and behavioral health. Mr. Smith noted that the behavioral health team has grown significantly, and the behavioral health provider at Fremont has been instrumental in supporting integrated care at that site.

There were no further questions.

*A motion was made by Member Coca, seconded by Member Macias-Villa, and carried unanimously to Accept the September 2025 Year to Date Financial Report, as presented.*

**2. Receive, Discuss and Approve the Southern Nevada Community Health Center Governing Board Committee Memberships;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Randy Smith presented the proposed committee memberships for calendar year 2026. Mr. Smith provided a brief review of the descriptions of the existing standing committees noting that each board member must serve on at least one committee and committee membership is capped at three members. Ms. Bellamy contacted board members to gauge interest in participation on the committees.

The board reviewed and discussed the committee membership for calendar year 2026. The Chair also expressed her willingness to serve on additional committees to ensure full participation.

Member Coca reminded board members that, aside from the Finance Committee, which meets monthly, other committees meet less frequently, alleviating concerns about time commitments. Mr. Smith confirmed that committee charters were reviewed and meeting frequency were reduced where possible.

Ms. Bellamy advised of the proposed committee assignments as follows:

CY26 GOVERNING BOARD COMMITTEE					
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	Dave Neldberg	Marie Dukes	Sara Hunt	Dave Neldberg	Rebeca Aceves
Jasmine Coca	Jose Melendrez	Jasmine Coca	Rebeca Aceves	Jose Melendrez	Jasmine Coca
Sara Hunt	Jasmine Coca	Ashley Brown	Erin Breen	Erin Breen	Erin Breen
		Blanca Macias-Villa			

There were no further questions.

*A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve the Southern Nevada Community Health Center Governing Board Committee Memberships, as presented.*

**3. Receive, Discuss and Approve the 2026 Governing Board Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Randy Smith presented the results of the meeting schedule survey conducted by Ms. Bellamy. The survey gathered board members' preferences for meeting days and times. An analysis of responses indicated the existing meeting time works best for most of the board members, which is the third Tuesday of each month from 2:30 p.m. to 4:00 p.m.

Mr. Smith reviewed the proposed meeting schedule for 2026, noting that the December meeting will be held earlier and occur on the second Tuesday, December 8, 2026.

Mr. Smith reminded the board that the next board meeting will be held on December 9, 2025.

Mr. Smith expressed his sincere appreciation to all board members for their commitment and willingness to serve, acknowledging the time and effort each member dedicates despite busy schedules. He reaffirmed his commitment to working collaboratively to ensure the board experience is meaningful and productive, while creating opportunities for in-person engagement when appropriate.

Mr. Smith shared that preliminary discussions have taken place with his team regarding leveraging National Health Center Week in August as a potential occasion for an in-person gathering. This event could also serve as an opportunity to conduct the Chief Executive Officer's annual evaluation earlier in the year. Mr. Smith noted that further dialogue will occur as plans develop.

There were no further questions or concerns from the board.

*A motion was made by Member Aceves, seconded by Member Breen, and carried unanimously to approve the 2026 Governing Board Meeting Schedule, as presented.*

**4. Receive, Discuss and Approve Updates to CHCA-002 Sliding Fee Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

David Kahananui, FQHC Administrative Manager, provided an overview of proposed updates to the CHCA-002 Sliding Fee Policy. Mr. Kahananui noted that the revisions were made to ensure compliance with Title X program requirements and to reinforce the health center's commitment to providing services regardless of a patient's ability to pay.

Key Policy updates include:

- Compliance with Title X Requirements: Added language addressing emancipated and unemancipated minors, specifying that their eligibility for sliding fee discounts will be based on their own resources.

- Definition of Low-Income Individuals: Introduced a new section under procedures to clearly define low-income status.
- Income Verification Process: Incorporated the use of a Certificate of Income to verify income in a manner that avoids creating barriers to care.
- Income Thresholds: Updated thresholds to reflect program-specific requirements:
  - Family Planning Program: 250% of Federal Poverty Level (FPL)
  - Ryan White Program: 400% of FPL
  - Health Center Program Fee: 200% of FPL

Mr. Kahananui emphasized that sliding fee discounts apply uniformly to all patients, regardless of insurance status, and cover all services within the HRSA-approved scope of project.

There were no further questions.

*A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve Updates to CHCA-002 Sliding Fee Policy, as presented.*

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

Mr. Dave Kahananui, FQHC Administrative Manager, presented proposed updates to the Informational and Educational Materials Review and Approval Process Policy (CHCA 010). Mr. Kahananui noted that approval of this policy will resolve the final Title X program finding from the recent compliance review. Mr. Kahananui advised of the purpose and scope of the policy.

Key policy updates include:

- Policy Title Revision: Updated name to “Informational and Educational Materials Review and Approval Process” for consistency with related policies and procedures.
- Evidence-Based Criteria: Added language requiring materials to be assessed against evidence-based standards.
- Intellectual Property and Grant Acknowledgment: Introduced a review step to ensure materials include proper acknowledgment of intellectual property, data rights, and federal grant support.
- Disclaimer Requirement: Incorporated Title X requirement for disclaimers on all materials and websites funded by Title X, including brochures, flyers, and digital content.
- Advisory Board Representation: Updated language to allow patient representatives to serve as population proxies when the Advisory Board does not meet composition requirements.

Mr. Kahananui emphasized that these updates will enable the health center to begin reviewing all materials for compliance and apply disclaimers where required.

There were no further questions.

*A motion was made by Member Melendrez, seconded by Member Neldberg, and carried unanimously to approve Updates to CHCA-010 Informational and Educational Materials Review and Approval Process, as presented.*

**6. Receive and Discuss the Third Quarter Clinical Performance Measures;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Felicia Sgovio, Quality Management Coordinator, presented the third-quarter FQHC clinical performance measures. Ms. Sgovio advised that one of the organization's strategic goals for the year is to pursue accreditation as a Patient-Centered Medical Home (PCMH). As part of this process, performance reporting is required at either the clinician or practice level. Based on current progress, the decision was made to share reports at the practice or site-specific level, which will be reflected in the data presented.

Key updates:

- Childhood Immunization Status: Historically, no data was reported for this measure. A new tracker has been implemented to monitor patients who fall within this category.
- Early Entry into Prenatal Care and Birth Weight: These UDS-required measures are being standardized through workflow improvements to capture trimester entry and birth weight data. Manual tracking continues as part of this effort.
- Breast Cancer Screening: Following HRSA reviewer feedback, reporting requirements were clarified, and missed data points are now being captured.
- Tobacco Use Screening and Cessation: Mapping issues previously led to underreporting. After corrections, performance improved significantly.

Ms. Sgovio advised the year-over-year comparisons showed improvement across most measures. From Q2 to Q3, notable increases include:

- Depression Screening and Follow-Up Plan: +5.8%
- Weight Assessment and Counseling for Children/Adolescents: +3.6%
- Controlling High Blood Pressure: +2.3%
- Breast Cancer Screening: +2%
- Tobacco Use Screening and Cessation improved from 50.2% to 70%, surpassing the target of 64%.

Ms. Sgovio provided an overview of the following:

- Site comparison data
- 2025 Quality Focus Measures
- Patient Satisfaction Survey results

Ms. Sgovio advised of the Net Promoter Score (NPS), which measures patient satisfaction by asking, "How would you rate the overall care you received from your provider?" on a scale from 0 (worst) to 10 (best). The organization achieved an NPS of 89, reflecting a strong level of patient satisfaction. Additionally, this quarter included the first review of site-specific NPS data, providing valuable insight into performance across locations.

Ms. Sgovio also shared patient comments, noting that feedback continues to be overwhelmingly positive.

Member Coca commented that Ms. Sgovio did a good job and that we like to see good comments from our patients. Member Breen agreed with Member Coca.

No action required.

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

Member Breen shared details about an upcoming community event, “Save Santa,” scheduled for Saturday, December 6, from 11:00 a.m. to 2:00 p.m. at the Boulevard Mall’s main court. The event is family-friendly and includes numerous raffles, with prizes such as bicycles and scooters awarded approximately every 15 minutes. Children are encouraged to visit various tables, and organizations are invited to host a table at no cost.

Member Breen further shared that the event also features Santa Claus and a bilingual elf to ensure Spanish-speaking families are accommodated. Parents are welcome to take their own photos with Santa, providing an affordable alternative to traditional holiday photo sessions. Member Breen noted that flyers are available in both English and Spanish and will be shared with board members. She encouraged anyone interested in displaying the flyer or hosting a table to contact her.

Member Breen also provided an update on the “Safe and Warm” initiative, noting that efforts to secure jackets for distribution will intensify in the coming weeks. She will coordinate with Mr. Smith regarding potential press coverage, particularly if commitments are received from local businesses to provide funding. Member Breen expressed interest in hosting a press conference at the Fremont location, as she believes it would be an ideal venue for the jacket distribution event. Additionally, Member Coca may assist with distributing jackets as part of this effort.

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

- CEO Comments

Mr. Smith shared the following organizational achievements and updates:

- As of October 31, the Health Center has served 11,922 unique patients, surpassing last calendar year’s total of 11,501, which was previously a record. This milestone reflects exceptional growth despite a challenging year. With two months remaining, projections indicate the organization may reach 13,000 patients by year-end. For context, in 2022—the CEO’s first year—the total number of unduplicated patients served was 7,050, underscoring significant progress in a short period.
- Federal funding for FQHCs, including the National Health Service Corps loan repayment program, has been extended at current levels through January 30, 2026.
- HRSA 340B Program Changes - HRSA will pilot a new rebate-based model for 10 medications in 2026, requiring health centers to pay full cost upfront and seek reimbursement later. This change may create cash flow challenges. Dr. Bleak and the finance team are analyzing potential financial impacts.
- The Title X project officer has returned following the federal furlough and confirmed receipt of the corrective action plan. Approval of two policies earlier in the meeting addresses audit findings, and remaining steps will be completed promptly.
- A new clinical pharmacist has been hired for the Decatur location, starting December 8<sup>th</sup>. This addition will strengthen pharmacy operations, support medical teams (including PrEP services), and allow Dr. Bleak to focus on administrative and strategic initiatives.
- Recruitment continues for a staff physician at the Fremont site. Efforts include a national search through an employment agency and internal outreach. The goal is to enhance



access to care and provide clinical leadership for mid-level providers, supporting initiatives led by Dr. Carter.

Mr. Smith highlighted that last year marked a significant improvement in employee engagement within the health center, largely due to targeted actions implemented by the management team. Mr. Smith then outlined plans for 2025, which include two short-term goals and one long-term goal:

- Short-Term Goals:
  1. Maintain Employee Recognition Program: Each division receives allocated funds to recognize staff through on-the-spot awards and exemplary service awards. The health center uses these funds during monthly all-staff meetings to celebrate achievements. The current year's budget for recognition is approximately \$2,500.
  2. Employee Engagement Meetings: Previously, new hires met individually with the CEO to review the FQHC mission and strategic plan. Due to the hiring freeze, this goal has been modified. In 2025, the CEO will meet with employees in small groups to reorient them to the mission, discuss strategic priorities, and gather feedback on successes and areas for improvement.
- Long-Term Goal:

Continue advancing initiatives originally developed during the OVS process to strengthen organizational culture and engagement.

Mr. Smith emphasized that these efforts aim to foster a positive work environment, enhance communication, and ensure employees feel valued and connected to the Health Center's mission.

Mr. Smith shared that the Employee Engagement Committee organizes activities throughout the year, including holiday celebrations, and has successfully raised funds to support these initiatives. Management continues to learn from and support the committee, with plans to refine engagement strategies in the coming year.

Mr. Smith also announced details for the Year-End Holiday Party, hosted by the Employee Engagement Committee on Tuesday, December 16, from 1:00 PM to 5:00 PM in the Red Rock conference room. The event will feature a taco bar, Filipino cuisine, games, and activities, providing an opportunity for staff from both sites to gather. Board members are invited to attend, and Ms. Bellamy will follow up to confirm availability. Contributions are welcome but not required as the focus is on celebrating together as a team.

Mr. Smith advised of the following upcoming board activities:

- Marie Dukes will resign in January 2026 due to changes in her availability.
- Former member Father Rafael, also a CPA, is interested in returning. The previous conflict of interest has been resolved. Board members unanimously supported moving his candidacy forward for a vote at the December 9<sup>th</sup> meeting, following an orientation and application update.
- The next board meeting is on December 9, 2025 and will be virtual.

## **XI. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) October 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 Second Public Comment period was closed.

**XIII. ADJOURNMENT**

The meeting was adjourned at 3:53 p.m.

Randy Smith  
Chief Executive Officer - FQHC

/tab

## AGENDA

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER

#### GOVERNING BOARD MEETING

November 18, 2025 – 2:30 p.m.

Meeting will be conducted In-person and via Microsoft Teams

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107  
Red Rock Trail Room A and B

## NOTICE

### Microsoft Teams:

<https://events.teams.microsoft.com/event/aa03f226-53d2-478a-acf9-b08d25df333d@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 544 886 15#

---

#### NOTE:

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

#### I. CALL TO ORDER & ROLL CALL

#### II. PLEDGE OF ALLEGIANCE

#### III. OATH OF OFFICE

#### IV. RECOGNITION

##### 1. Southern Nevada Health District – Manager & Supervisor of the Quarter (Q3 and Q4)

- Bernie Meily
- Merylyn Yegon

##### 2. Outgoing Board Member

- Luz Castro

#### 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 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 544 886 15#. Press \*5 to raise your hand. When called upon, press \*6 on your phone keypad to unmute yourself.
- **By email:** [public-comment@snhd.org](mailto: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.

**VI. ADOPTION OF NOVEMBER 18, 2025 AGENDA** *(for possible action)*

**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:** October 21, 2025 *(for possible action)*
2. **Approve Updates to CHCA-005 Behavioral Health Crisis Event and Security Communication Policy;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
3. **Approve Re-Credentialing and Renewal of Privileges for Providers;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
  - Victoria Allen, APRN I
  - Alireza Farabi, MD
  - Jerry Cade, MD

**VIII. REPORT / DISCUSSION / ACTION**

1. **Receive, Discuss and Accept the September 2025 Year to Date Financial Report;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
2. **Receive, Discuss and Approve the Southern Nevada Community Health Center Governing Board Committee Memberships;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
3. **Receive, Discuss and Approve the 2026 Governing Board Meeting Schedule;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
4. **Receive, Discuss and Approve Updates to CHCA-002 Sliding Fee Policy;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
5. **Receive, Discuss and Approve Updates to CHCA-010 Informational and Educational Materials Review and Approval Process;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
6. **Receive and Discuss the Third Quarter Clinical Performance Measures;** *direct staff accordingly or take other action as deemed necessary (for possible action)*

- IX. 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)**
- X. CEO & STAFF REPORTS (Information Only)**
- CEO Comments
- XI. INFORMATIONAL ITEMS**
- Community Health Center (FQHC) October 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. **See above for instructions for submitting public comment.**
- XIII. 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

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%
<b>Overall Score</b>	<b>4.48</b>	

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 16<sup>th</sup> 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

## SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

<b>DIVISION:</b>	Administration	<b>NUMBER(s):</b>	CHCA-005
<b>PROGRAM:</b>	Clinical Services - FQHC	<b>VERSION:</b>	1.02
<b>TITLE:</b>	Behavioral Health Crisis Event and Security Communication Policy and Procedure	<b>PAGE:</b>	1 of 3
		<b>EFFECTIVE DATE:</b> November 18, 2025	
<b>DESCRIPTION:</b>	Process for handling patients experiencing a mental health crisis and in need of immediate need of inpatient treatment.	<b>ORIGINATION DATE:</b> 8/29/2022	
<b>APPROVED BY:</b>  <b>CHIEF EXECUTIVE OFFICER- FQHC:</b>		<b>REPLACES:</b> Version 1, dated June 18, 2022	
Click or tap here to enter text.			
Randy Smith, MPA		Date	

### I. PURPOSE

To provide timely and appropriate response in the event of an immediate behavioral health crisis or security need in Behavioral Health (BH) Clinic. To streamline communication between BH staff and Security to ensure safety for patients and staff.

### II. SCOPE

Applies to Workforce members that provide Behavioral Health services to individuals/groups at Southern Nevada Community Health Center (SNCHC), including other Workforce members, visitors and patients.

### III. POLICY

The SNCHC is committed to providing a timely and appropriate response to those in need of immediate medical care or attention due to a behavioral health crisis.

### IV. PROCEDURE

#### A. BH Crisis Emergency

1. This emergency does not fall under Dr. Bluebird policy (CS-ADM-001-C). The patient is experiencing a mental health crisis and is in immediate need of inpatient treatment/higher level of care. The patient presents as non-disruptive and has had a conversation with the mental health provider that they are willing to go to the hospital.



- a. BH Provider will remain with the patient and call extension 1130 to alert security of the behavioral health crisis and that emergency personnel will be called to respond
- b. BH Provider will call 911.
- c. BH Provider will remain with the patient, and text/call CHN Manager. BH Provider will leave door cracked open for when Security Personnel arrive.
- d. SNHD Security Personnel will respond to the location to manage the environment and provide security and safety.
- e. Security Personnel will direct emergency personnel to the location. Upon arrival of emergency personnel, BH Provider will provide the necessary information pertaining to the crisis.
- f. BH Provider/Team will contact designated family and/or significant others, if applicable (with appropriate release of information forms signed) and provide the necessary information about transport and admission. BH provider will document in the patient record relevant clinical information. BH provider will complete FQHC Incident Report and alert Medical Director of the incident.
- g. BH Provider will follow-up with patient as clinically appropriate.

**B. Panic Button**

- a. If a patient presents as disruptive/aggressive and is a safety risk to themselves/others, the BH Provider will activate the panic button.
- b. Security Personnel and CHN Manager will receive the following text message. "Interview Room X. (Ext. XXXX) at FQHC area needs immediate help! An incident has occurred that requires immediate action by SNHD Security at (location name). Please take appropriate measures."
- c. Security Personnel will respond to the location and manage the environment.
- d. Security Personnel will attempt to deescalate the situation. If necessary, BH provider will call 911. Should a patient meet criteria for a mental health crisis hold, the form will be completed by the licensed mental health BH provider and given to emergency personnel for transport. A copy of the form will be scanned into the patient record. In addition, the BH provider will document in the patient record any additional relevant clinical information. If the patient is a minor, attempts to obtain consent from their parent or legal guardian will be made by the BH provider and will be documented in the patient's record.
- e. BH Provider will follow-up with patient as clinically appropriate. BH provider will complete FQHC Incident Report.

**C. Communication between BH/security**

- a. Regular communication will be established between BH and Security Personnel

by way of morning daily huddles (as needed) should there be any known patient concerns who are scheduled for the day or as needed throughout regular business hours to discuss any concerning trends in the clinic pertaining to BH patients, staff, etc.

- b. When panic button is not needed, but “mild” security presence is requested, BH provider to call extension 1130 and state “Have you seen the green folder? I believe it’s in room 1.”

### **Additional Sections**

Not Applicable

### **Acronyms/Definitions**

Not Applicable

## **V. REFERENCES**

If none, type Not Applicable

## **VI. DIRECT RELATED INQUIRIES TO**

Behavioral Health Manager

### **HISTORY TABLE**

**Table 1: History**

Version/Section	Effective Date	Change Made
Version 2		1. Under BH Crisis Emergency, added instructions for Security Personnel (1-c) and Medical Director involvement (1-f).
Version 1	06/18/2024	1. Updated policy name. 2. Revised content as appropriate and updated the procedure.
Version 0	8/29/2022	First issuance

## **VII. ATTACHMENTS**

Attachment No. CHCA-005 ATT-1, FQHC Incident Report

Attachment No. CHCA-005 ATT-2, Nevada Mental Health Crisis Packet for Adult and Minor



SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Financial Report  
Results as of September 30, 2025  
(Unaudited)

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

## Revenue

- General Fund revenue (Charges for Services & Other) is \$10.59M compared to a budget of \$9.76M, a favorable variance of \$823K.
- Special Revenue Funds (Grants) is \$1.12M compared to a budget of \$1.91M, an unfavorable variance of \$791K.
- Total Revenue is \$11.71M compared to a budget of \$11.67M, a favorable variance of \$32K.

## Expenses

- Salary, Tax, and Benefits is \$3.61M compared to a budget of \$4.15M, a favorable variance of \$541K.
- Other Operating Expense is \$7.87M compared to a budget of \$7.77M, an unfavorable variance of \$105K.
- Indirect Cost/Cost Allocation is \$2.71M compared to a budget of \$3.22M, a favorable variance of \$510K.
- Total Expense is \$14.19M compared to a budget of \$15.13M, a favorable variance of \$946K.

**Net Position:** is (\$2.48M) compared to a budget of (\$3.46M), a favorable variance of \$978K.

# All Funds/Divisions by Type

## Budget to Actual

Activity	Budget as of September	Actual as of September	Variance Favorable (Unfavorable)	%
Charges for Services	9,364,442	10,135,066	770,624	8%
Other	401,745	454,328	52,583	13%
Federal Revenue	755,035	574,497	(180,538)	-24%
Pass-Thru Revenue	967,896	439,184	(528,712)	-55%
State Revenue	185,827	103,639	(82,188)	-44%
<b>Total FQHC Revenue</b>	<b>11,674,945</b>	<b>11,706,714</b>	<b>31,769</b>	<b>0%</b>
Salaries	2,765,200	2,427,153	338,047	12%
Taxes & Fringe Benefits	1,383,455	1,180,637	202,818	15%
<b>Total Salaries &amp; Benefits</b>	<b>4,148,655</b>	<b>3,607,790</b>	<b>540,865</b>	<b>13%</b>
Supplies	7,363,035	7,514,661	(151,626)	-2%
Capital Outlay	4,895	-	4,895	100%
Contractual	383,532	332,894	50,638	13%
Travel & Training	16,460	25,363	(8,903)	-54%
<b>Total Other Operating</b>	<b>7,767,922</b>	<b>7,872,918</b>	<b>(104,996)</b>	<b>-1%</b>
Indirect Costs/Cost	3,217,476	2,707,504	509,972	16%
Transfers IN	(199,175)	(139,544)	(59,631)	30%
Transfers OUT	199,175	139,544	59,631	30%
<b>Total Transfers</b>	<b>3,217,476</b>	<b>2,707,504</b>	<b>509,972</b>	<b>16%</b>
<b>Total FQHC Expenses</b>	<b>15,134,053</b>	<b>14,188,212</b>	<b>945,841</b>	<b>6%</b>
<b>Net Position</b>	<b>(3,459,108)</b>	<b>(2,481,498)</b>	<b>977,610</b>	<b>-28%</b>

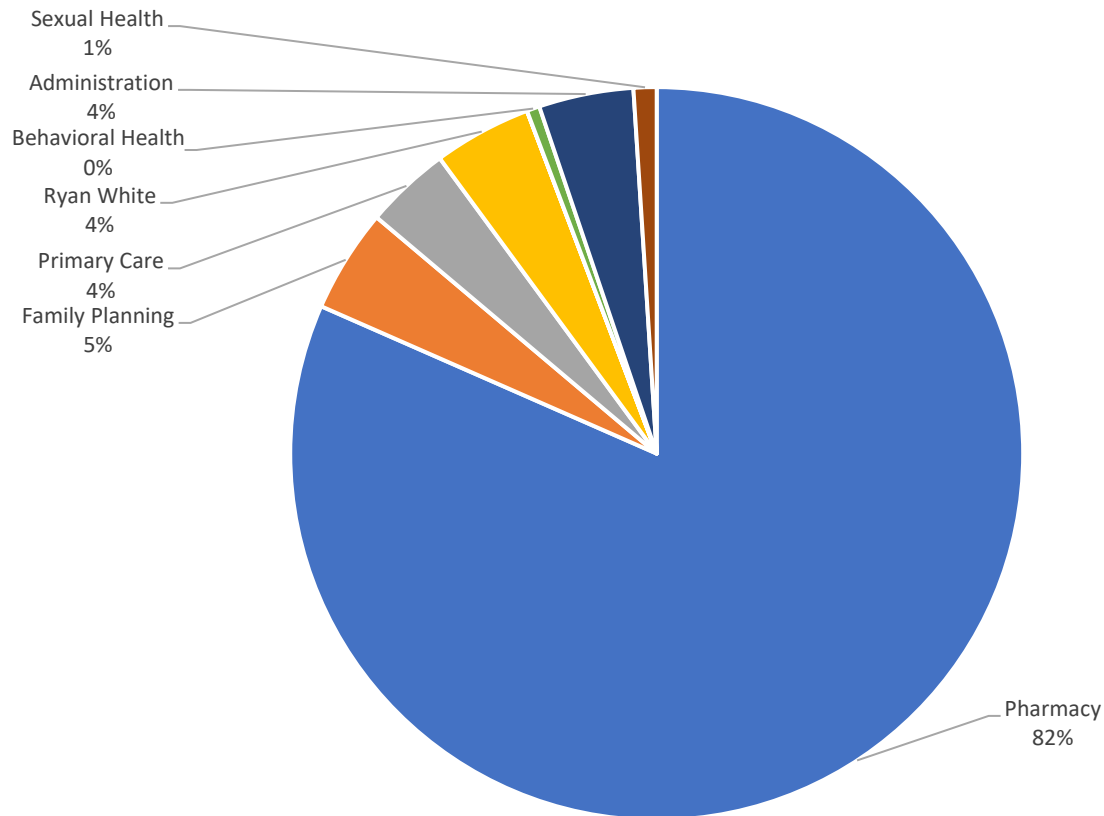
### NOTES:

- 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) REGISTRATIONS PAID FOR PROVIDER/ADMINISTRATOR TRAINING EVENT IN SEPTEMBER. EXPENSES WILL NORMALIZE OVER THE REST OF THE YEAR.

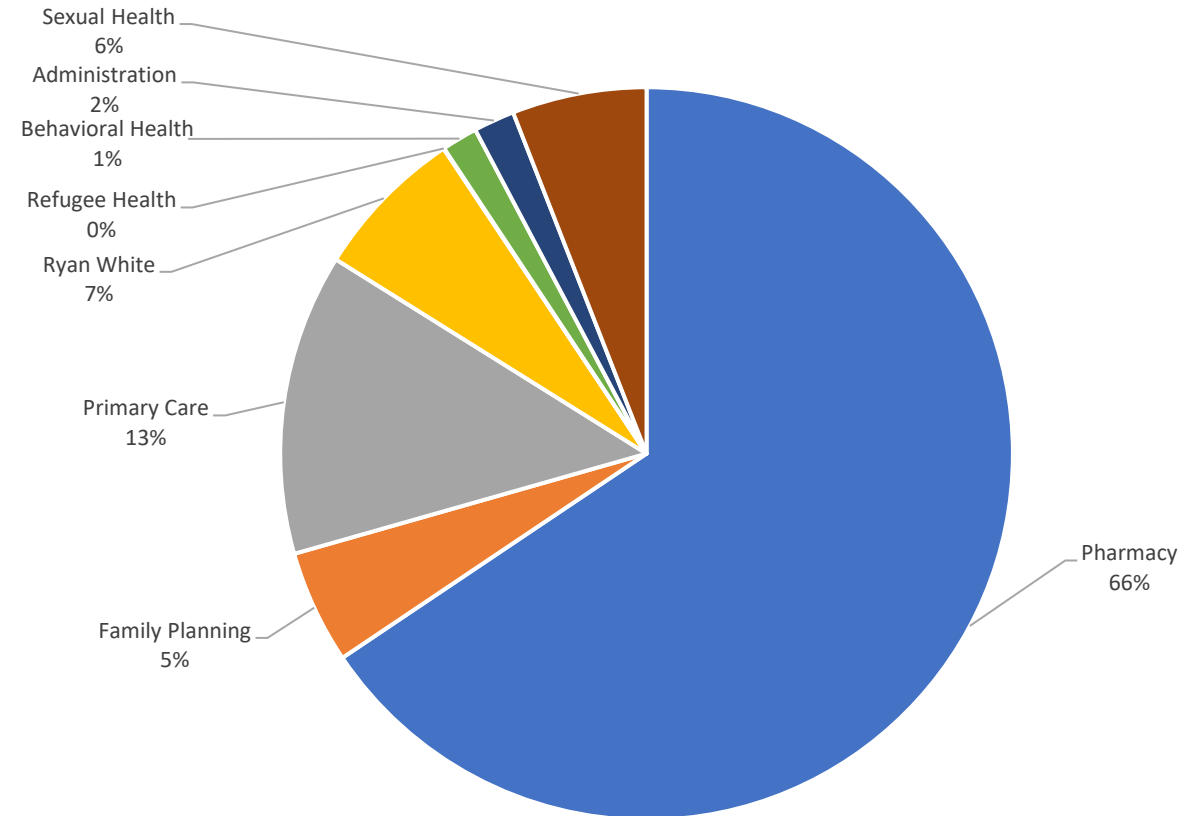
# Percentage of Revenues and Expenses by Department (September 30, 2025)

---

Total FQHC Revenue



Total FQHC Expenses



# Revenues by Department

## Budget to Actuals

Department	Budget as of September	Actual as of September	Variance Favorable (Unfavorable)	%
<b>Charges for Services, Other, Wrap</b>				
Family Planning	73,393	74,496	1,103	2%
Pharmacy	8,789,420	9,711,065	921,645	10%
Primary Care	163,674	150,256	(13,418)	-8%
Ryan White	69,126	32,918	(36,208)	-52%
Refugee Health	5,078	(3,279)	(8,357)	-165%
Behavioral Health	68,950	61,320	(7,630)	-11%
Administration	401,745	452,563	50,818	13%
Sexual Health	194,801	110,055	(84,746)	-44%
<b>OPERATING REVENUE</b>	<b>9,766,187</b>	<b>10,589,394</b>	<b>823,207</b>	<b>8%</b>
<b>Grants</b>				
Family Planning	577,386	420,573	(156,813)	-27%
Primary Care	311,054	257,562	(53,492)	-17%
Ryan White	936,782	435,705	(501,077)	-53%
Refugee Health	31,113	3,480	(27,633)	-89%
Behavioral Health	52,423	-	(52,423)	-100%
<b>SPECIAL REVENUE</b>	<b>1,908,758</b>	<b>1,117,320</b>	<b>(791,438)</b>	<b>-41%</b>
<b>TOTAL REVENUE</b>	<b>11,674,945</b>	<b>11,706,714</b>	<b>31,769</b>	<b>0%</b>

### 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) PATIENT ENCOUNTERS TRENDING 7% UNDER PRIOR FISCAL YEAR DUE TO INTEGRATING PROVIDERS ACROSS SH AND PC CLINICS.
- 3) 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.
- 4) 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

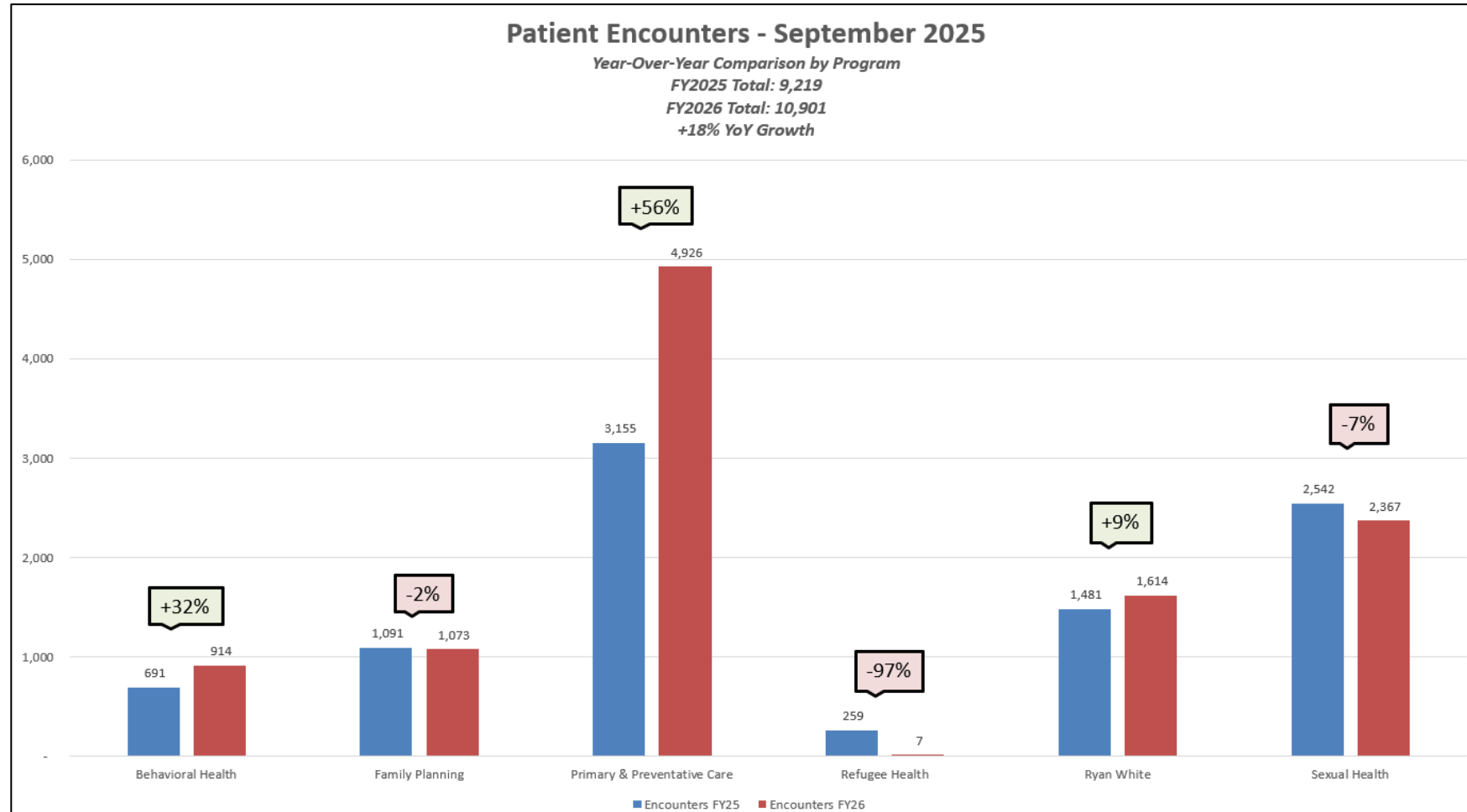
Department	Budget as of September	Actual as of September	Variance Favorable (Unfavorable)	%
<b>Employment (Salaries, Taxes, Fringe)</b>				
Family Planning	587,818	451,414	136,404	23%
Pharmacy	158,618	154,240	4,378	3%
Primary Care	1,448,457	1,413,976	34,481	2%
Ryan White	987,711	704,254	283,457	29%
Refugee Health	75,003	3,146	71,857	96%
Behavioral Health	150,123	180,842	(30,719)	-20%
Administration	94,883	83,626	11,257	12%
Sexual Health	646,042	616,292	29,750	5%
<b>Total Personnel Costs</b>	<b>4,148,655</b>	<b>3,607,790</b>	<b>540,865</b>	<b>13%</b>
<b>Other (Supplies, Contractual, Capital, etc.)</b>				
Family Planning	145,267	122,803	22,464	15%
Pharmacy	7,148,842	7,375,789	(226,947)	-3%
Primary Care	119,937	113,103	6,834	6%
Ryan White	74,496	71,847	2,649	4%
Refugee Health	36,037	334	35,703	99%
Behavioral Health	3,000	-	3,000	100%
Administration	181,120	123,980	57,140	32%
Sexual Health	59,223	65,062	(5,839)	-10%
<b>Total Other Expenses</b>	<b>7,767,922</b>	<b>7,872,918</b>	<b>(104,996)</b>	<b>-1%</b>
<b>Total Operating Expenses</b>	<b>11,916,577</b>	<b>11,480,709</b>	<b>435,868</b>	<b>4%</b>
Indirect Costs/Cost Allocations	3,217,476	2,707,504	509,972	16%
Transfers IN	(199,175)	(139,544)	(59,631)	30%
Transfers OUT	199,175	139,544	59,631	30%
<b>Total Transfers &amp; Allocations</b>	<b>3,217,476</b>	<b>2,707,504</b>	<b>509,972</b>	<b>16%</b>
<b>TOTAL EXPENSES</b>	<b>15,134,053</b>	<b>14,188,212</b>	<b>945,841</b>	<b>6%</b>

## NOTES:

- 1) GRANT-FUNDED VACANCIES ARE DRIVING SAVINGS IN Q1 FY26.
- 2) REFUGEE HEALTH CLINIC PATIENT ENCOUNTERS REDUCED BY 97% YEAR-OVER-YEAR.
- 3) BH FTE ALLOCATIONS UPDATED FOLLOWING END OF THE STATE INCUBATOR GRANT AND PROVIDER TIME AND EFFORT ADJUSTMENTS. ALLOCATIONS WILL BE UPDATED IN FIRST AUGMENTATION TO REFLECT CHANGES.
- 4) PATIENT ENCOUNTERS INCREASING DRIVING HIGHER SUPPLIES EXPENSE INCLUDING HIGH-COST PHARMACY MEDICATIONS.

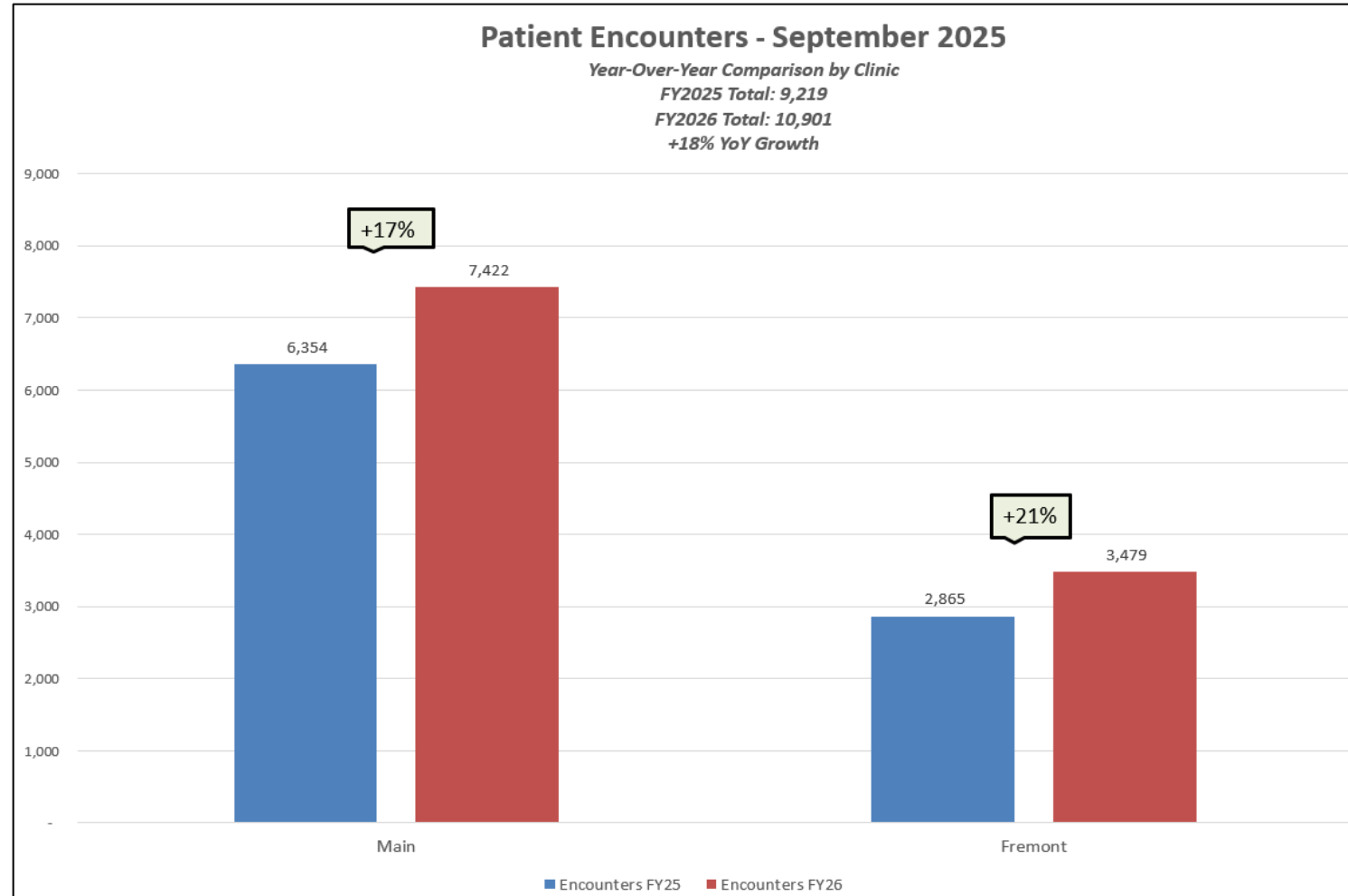


# Patient Encounters By Department



**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.

# 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 – September 30, 2025

## *By Department*

DEPARTMENT	Jul-25	Aug-25	Sep-25	YTD TOTALS	YTD AVERAGES
Administration (301)	206,479	123,480	122,605	452,563	150,854
Family Planning (309)	124,841	227,027	188,365	540,233	180,078
Pharmacy (333)	3,483,772	2,844,477	3,382,815	9,711,064	3,237,021
Dental Health (336)	-	-	-	-	-
Primary Care (337)	122,170	178,371	137,287	437,828	145,943
Ryan White (338)	174,872	182,512	175,154	532,538	177,513
Refugee Health (344)	(347)	(678)	1,680	655	218
Behavioral Health (345)	33,197	27,124	999	61,320	20,440
Sexual Health (350)	72,637	32,065	5,352	110,055	36,685
<b>TOTAL REVENUES</b>	<b>4,217,621</b>	<b>3,614,379</b>	<b>4,014,256</b>	<b>11,846,256</b>	<b>3,948,752</b>

DEPARTMENT	Jul-25	Aug-25	Sep-25	YTD TOTALS	YTD AVERAGES
Administration (301)	70,680	79,215	104,726	254,622	84,874
Family Planning (309)	138,478	267,099	335,380	740,957	246,986
Pharmacy (333)	3,374,348	3,228,001	2,822,073	9,424,422	3,141,474
Dental Health (336)	-	-	-	-	-
Primary Care (337)	468,407	590,367	822,617	1,881,391	627,130
Ryan White (338)	241,702	315,381	422,000	979,082	326,361
Refugee Health (344)	2,709	-	1,680	4,389	1,463
Behavioral Health (345)	43,031	67,285	106,886	217,202	72,401
Sexual Health (350)	193,372	258,395	373,922	825,690	275,230
<b>TOTAL EXPENSES</b>	<b>4,532,727</b>	<b>4,805,743</b>	<b>4,989,284</b>	<b>14,327,754</b>	<b>4,775,918</b>

<b>NET POSITION:</b>	(315,106)	(1,191,364)	(975,028)	(2,481,498)	(827,166)
----------------------	-----------	-------------	-----------	-------------	-----------

# YTD by Month – September 30, 2025

## *By Type*

REVENUE TYPE	Jul-25	Aug-25	Sep-25	YTD TOTALS	YTD AVERAGES
Charges for Services	3,702,564	3,032,383	3,400,119	10,135,066	3,378,355
Other	206,479	125,245	122,605	454,328	151,443
Contributions	-	-	-	-	-
Intergovernmental	264,027	394,677	458,616	1,117,320	372,440
<b>TOTAL REVENUES</b>	<b>4,173,070</b>	<b>3,552,304</b>	<b>3,981,339</b>	<b>11,706,714</b>	<b>3,902,238</b>
EXPENSE TYPE	Jul-25	Aug-25	Sep-25	YTD TOTALS	YTD AVERAGES
Salaries	523,875	723,389	1,179,888	2,427,153	809,051
Taxes and Benefits	264,484	358,856	557,297	1,180,637	393,546
Travel and Training	6,022	12,281	7,060	25,363	8,454
Supplies	2,669,698	2,587,149	2,257,815	7,514,662	2,504,887
Contractual	122,225	108,848	101,820	332,894	110,965
Property	-	-	-	-	-
<b>TOTAL EXPENSES</b>	<b>3,586,304</b>	<b>3,790,524</b>	<b>4,103,881</b>	<b>11,480,709</b>	<b>3,826,903</b>
TRANSFER TYPE	Jul-25	Aug-25	Sep-25	YTD TOTALS	YTD AVERAGES
Indirect/Cost Allocation	901,872	953,145	852,486	2,707,503	902,501
Transfer In	(44,551)	(62,075)	(32,918)	(139,544)	(46,515)
Transfer Out	44,551	62,075	32,918	139,544	46,515
<b>TOTAL TRANSFERS</b>	<b>901,872</b>	<b>953,145</b>	<b>852,486</b>	<b>2,707,503</b>	<b>902,501</b>
<b>NET POSITION:</b>	<b>(315,106)</b>	<b>(1,191,364)</b>	<b>(975,028)</b>	<b>(2,481,498)</b>	<b>(827,166)</b>

Questions?

---



# MOTION

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



## VIII. REPORT / DISCUSSION / ACTION

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

# 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.					

# Committee Interest



CY26 GOVERNING BOARD COMMITTEE INTEREST					
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	Dave Neldberg	Marie Dukes	Sara Hunt	Dave Neldberg	Rebeca Aceves
Jasmine Coca		Jasmine Coca	Rebeca Aceves		Jasmine Coca
Sara Hunt		Ashley Brown			
	Donna Feliz-Barrows	Blanca Macias-Villa		Donna Feliz-Barrows	

# Questions?

*Motion to Approve the Southern Nevada  
Community Health Center Committee  
Memberships for CY26, as presented.*

## VIII. REPORT / DISCUSSION / ACTION

- 3. Receive, Discuss and Approve the 2026 Governing Board Meeting Schedule;**  
direct staff accordingly or take other action  
as deemed necessary (*for possible action*)

# CY26 Meeting Availability Survey Results

## Overview

- This summary presents key findings from the SNCHC Governing Board CY26 Meeting Availability Survey, which collected input from 9 respondents regarding the suitability of current meeting times, preferred alternatives, and format preferences.

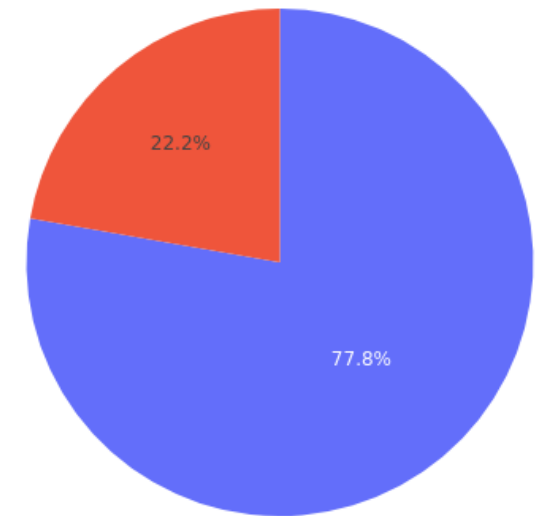
## Key Findings

- Current meeting time works for most respondents:  
7 Yes (77.8%), 2 No (22.2%).
- Preferred days: Thursday (7), Monday (6), Tuesday (6), Wednesday (5).
- Preferred times: Afternoon (6), Morning (5), Evening (3), Midday (3).
- Meeting format: No preference (4), Virtually (3), In person (2).

## Recurring Conflicts Include:

- Work meetings, court schedules, and childcare needs.

Current Meeting Time Works



# Proposed 2026 CHC Governing Board Meeting Schedule

All Governing Board meetings are proposed to occur on the third Tuesday of each month at 2:30 p.m. with the following exception:

\*December – Second Tuesday in December (December 8, 2026), at 2:30 p.m., in order to not coincide with holiday plans.

DATE	TIME
January 20, 2026	2:30 p.m.
February 17, 2026	2:30 p.m.
March 17, 2026	2:30 p.m.
April 21, 2026	2:30 p.m.
May 19, 2026	2:30 p.m.
June 16, 2026	2:30 p.m.
July 21, 2026	2:30 p.m.
August 18, 2026	2:30 p.m.
September 15, 2026	2:30 p.m.
October 20, 2026	2:30 p.m.
November 17, 2026	2:30 p.m.
*December 8, 2026	2:30 p.m.



# Questions?

*Motion to Approve the 2026 Governing Board Meeting Schedule, as presented.*



## SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

<b>DIVISION:</b>	Federally Qualified Health Center	<b>NUMBER(s):</b> CHCA-00
<b>PROGRAM:</b>	Administration	<b>VERSION:</b> 1.03
<b>TITLE:</b>	Sliding Fee Policy	<b>Page:</b> 1 of 5
<b>DESCRIPTION:</b>	To determine eligibility for discounts on fees under the Sliding Fee Schedule	<b>EFFECTIVE DATE:</b> November 18, 2025
<b>APPROVED BY:</b>		<b>ORIGINATION DATE:</b> May 11, 2022
<b>CHIEF EXECUTIVE OFFICER - FQHC:</b>		<b>Replaces:</b> Versions dated: 04/16/2024, 04/15/2025
Randy Smith, MPA	Date	

### I. PURPOSE

To ensure that Southern Nevada Community Health Center (SNCHC) provides services to all patients without regard to the patient's ability to pay. No patient will be denied service due to an individual's inability to pay.

### II. SCOPE

Sliding fee discounts are uniformly applicable/offered to all patients regardless of their insurance status. Assessments are based only on income and family size. All services within the HRSA scope of project are offered at a sliding fee discount, regardless of the mode of delivery.

### III. POLICY

It is the policy of the SNCHC to comply with Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u). This policy is designed to reduce barriers to accessing health services for patients.

### IV. PROCEDURE

#### A. Sliding Fee Discount Schedule

1. All patients whose income is at or below 200% of the Federal Poverty Guidelines (FPG) will have access to a Sliding Fee Discount Schedule (SFDS).
2. Eligibility for discounts under the SFDS will be based solely on income and family size.

- a. Patients with income at or below 100% of FPG will receive a full discount but will be assessed a nominal fee.
- b. Patients with incomes from 101% and up to and including, 200% of FPG will receive a sliding fee discount.

## **B. Sliding Fee Categories**

1. The sliding fee schedule has three discount categories from 101% to 200% of the FPG.

**NOTE:** No sliding fee discounts are offered to patients whose income is greater than 200% of the FPG *except* for the Family Planning (250%) and Ryan White (400%) programs.

The schedule also includes a nominal fee. The nominal fee is less than the fee assessed to patients in the first sliding fee discounting pay class beginning at 101% of the FPG. The SFDS will assure that all SFDS patients have access to all services within the approved scope of project under the HRSA Section 330 grant.

The nominal charge for patients at or below 100% of the FPG is a flat amount, nominal from the perspective of the patient and does not reflect the actual cost of the service being provided.

2. Patients with third-party insurance that does not cover, or only partially covers, fees for health center services are eligible for sliding fee discounts based on income and family size. In such cases, subject to contractual limitations, the charge for each sliding fee discount pay class is the maximum amount an eligible patient in that pay class is required to pay for a certain service.

## **C. Income and Family Size Determination**

1. Patients must provide proof of income for staff to assign the Sliding Fee Category.
2. Family Size is determined by having the patient disclose how many people are supported by the stated income.

Family is defined as the applicant and the number of individuals who qualify as IRS dependents of the applicant determines family size. This includes the applicant, spouse, dependent children, and any other individual that qualifies as a personal exemption for tax reporting purposes.

3. Income is defined as wages, tips, and salaries before any deductions; of all of the adult members of the household. This includes regular payments from public assistance, social security, unemployment, worker's compensation, alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household, or pensions, and private pensions, etc. Patients may demonstrate proof of income by providing documentation of income (e.g., paystubs, W2s, etc.), or can complete and sign

SNCHC's Certification of Income form attesting to their income and family size.

Non-cash benefits (such as food stamps and housing subsidies) **do not** count.

A patient's income and family size are assessed upon establishing care with the health center and no less frequently than annually thereafter. Ryan White patients are reassessed every six months.

4. Emancipated and unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources. (42 CFR S 59.2)

#### **D. Low Income Individuals**

1. Definition: Individual living in a household with income level at or below 200 percent of the Federal Poverty Guidelines (see 42 CFR 51c.303(f))
  - a. No health care insurance: Not covered by a federal, state, or commercial insurance plan.
  - b. High unmet deductible: Insured individuals that have a high-deductible health plan as defined by the Internal Revenue Service (IRS) with deductibles that meet or exceed the annual minimums published by the IRS that have not been satisfied at the time of service.
  - c. High cost-sharing requirement: Individuals covered by health insurance plans with deductible, copayment, and coinsurance requirements that exceed an individual's ability to pay for care.

#### **E. Notification of Discounts**

1. All patients of SNHD will be notified of the availability of the SFDS in the following ways:
  - Signage in Waiting Rooms
  - Registration Staff
  - Eligibility Staff
  - Web Site
2. Notification methods will utilize appropriate language and literacy levels for the populations being served.

#### **F. Other**

1. The SFDS is based on the health center's schedule of fees for the provision of services that is designed to cover the reasonable costs of providing services and consistent with locally prevailing rates.
2. The SFDS is updated annually to reflect changes to the FPG.

3. Patients who refused to complete the Certification of Income documentation are not eligible to participate in the sliding fee discount program and will be assessed the full charge for their visit.
4. A sliding fee evaluation is conducted at least every three years. Internal and external metrics are used to evaluate the effectiveness of the program's policies and discount schedules in reducing financial barriers to care. Evaluation activities can include results of patient satisfaction surveys or focus groups to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care, financial reports showing patient payment participation rate within each discount, and an assessment of the prevailing nominal and sliding fee charges amongst other local FQHCs.  
  
Upon the completion of the evaluation, staff will identify potential changes and will recommend to the Governing Board for approval.
5. Charges or fees may be reduced or waived to assist patients experiencing circumstances that directly impact their physical well-being and health. The CHN Manager, BH Manager, and Revenue Cycle Manager are authorized to waive charges and other patient fees in cases where it is determined that the charge or other patient fees represents a barrier to care. Patient fees may be discounted or waived in the case of recent hospital stay, extraordinary personal circumstances or other unusual situations, etc. Staff members may refer patients or patients may directly contact authorized administrative staff to discuss additional discounts needed due to hardship. All patients regardless of income or insurance status are eligible to apply for a waiver of fee.
6. For patients who are using the sliding fee schedule, and who are receiving more than one service in a day, the first sliding fee charge will be imposed and any additional sliding fee charges for that day's services will be waived.
7. SNCHC does not limit or deny services due to a patient refusing to pay.
8. See the Sliding Fee Scale for additional information.

## V. REFERENCES

1. HRSA Site Visit Protocol: <https://bphc.hrsa.gov/programrequirements/site-visit-protocol>
2. Health Centers Program Compliance Manual: <https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>
3. Section 330(k)(3)(G) of the PHS Act, 42 CFR 51c303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)

## HISTORY TABLE

**Table 1: History**

Version/Section	Effective Date	Change Made
Version 3		<ol style="list-style-type: none"><li>1. Added language for emancipated and unemancipated minors.</li><li>2. Added new section – Low Income Individuals under procedures.</li><li>3. Added process for verification of income using Certificate of Income (COI)</li><li>4. Specified the income thresholds for Family Planning and Ryan White.</li></ol>
Version 2	04/15/2025	<ol style="list-style-type: none"><li>1. Added a new item under IV. Procedure, E, Other</li></ol>
Version 1	04/16/2024	<ol style="list-style-type: none"><li>1. Changed division, program and approver.</li><li>2. Updated procedure.</li></ol>
Version 0	05/11/2022	First issuance

## VI. ATTACHMENTS

Not Applicable

## SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

<b>DIVISION:</b>	FQHC	<b>NUMBER(s):</b>	CHCA-010
<b>PROGRAM:</b>	Sexual and Reproductive Health (SRH) Program	<b>VERSION:</b>	1.01
<b>TITLE:</b>	Informational and Educational Materials Review and Approval Process	<b>PAGE:</b>	1 of 4
		<b>EFFECTIVE DATE:</b> November 18, 2025	
<b>DESCRIPTION:</b>	Requirement for compliance to establish a review and approval process for Informational and Educational Advisory Committee	<b>ORIGINATION DATE:</b> August 19, 2025	
<b>APPROVED BY:</b>  <b>FQHC CHIEF EXECUTIVE OFFICER:</b>		<b>REPLACES:</b> Version dated 8/19/2025	
Randy Smith, MPA		Date	

### I. PURPOSE

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

### II. SCOPE

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

### III. POLICY

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

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

characteristics, age, marital status, income, geography and other factors.

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

If the advisory board composition does not meet the requirements to include representation from the underserved population, the program will engage its own patients who are representative of the population it serves to review and approve the materials. These patients will use the Community Review Form (Attachment 3) to ensure that materials are evaluated with input reflective of the community served.

#### **IV. PROCEDURE**

- A. Determining the Need for Review – A review of educational materials will occur under the following circumstances:
  - 1. A request by a client or community member for a new topic
  - 2. Identification by staff of a gap in current materials
  - 3. Three (3) years have passed since the material was last reviewed
  - 4. New medical guidance or data renders current materials outdated
- B. Review Process Steps
  - 1. General Review
    - a. Materials are assessed for cultural relevance, literacy level (6<sup>th</sup> grade or below), evidence-based support, and overall appropriateness
    - b. Readability tools such as Flesch-Kincaid, Fry Graph, or Hemingway Editor may be used
    - c. Staff complete the General Staff Review Form (Attachment A)
    - d. Materials will be assessed for acknowledgement of intellectual property, data rights, and federal grant support.
      - i. Intellectual Property and Data Rights: Federal grant awardees may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a federal award. The federal government reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so. The awardee is subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR part 401. The federal government has the right to: obtain, reproduce, publish, or otherwise use the data produced under this award; and authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes. (43 CFR § 75.322)



- ii. 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:
    - 1. 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].
    - 2. 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].”
- 2. Medical Review
    - a. If approved in general review, materials are reviewed by the Medical Director to ensure they are medically accurate and consistent with current evidence-based clinical guidelines, including those recommended by



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

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

3. Advisory/Community Review

a. Materials approved by both general and medical reviewers are presented to the Advisory committee for review and approval.

b. The Advisory Committee considers cultural, linguistic, educational backgrounds, trauma informed principles and medical accuracy.

c. Advisory Community Review Form (Attachment C) is completed.

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

a. Pamphlet title, distributor, publication date, reading level, topic, intended audience and languages available

b. Advisory committee demographics and comments

c. Final recommendation and approval date

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

D. Notes

1. Social media posts (e.g. Facebook, Instagram, X) are excluded from the I & E review process.

2. Approved educational materials are accessible for the patients at each clinic. It is also organized in a binder.

**V. REFERENCES**

Code of Federal Regulations 42 CFR § 59.6

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

**VI. DIRECT RELATED INQUIRIES TO**

Community Health Nurse Manager (FQHC)

SRH Health Educator

Title X Program Director

## HISTORY TABLE

**Table 1: History**

Version/Section	Effective Date	Change Made
Version 1		<ul style="list-style-type: none"> <li>Amended name of policy from Materials Review and Approval Process to Informational and Educational Materials Review and Approval Process</li> <li>Added “evidence-based support” to the criteria for which materials need to be assessed.</li> <li>Added a step to the General Review Process for materials to be assessed for acknowledgement of intellectual property, data rights, and federal grant support.</li> <li>As recommended by the Title X admin reviewer, language was updated around using patients as representatives of the population served when advisory board does not meet composition requirements.</li> </ul>
Version 0	08/19/2025	First issuance Supersedes previous version dated 11/21/2022

## VII. ATTACHMENTS

Attachment A –I&E General Staff Review Form

Attachment B –I&E Medical Review Form

Attachment C –I&E Advisory Community Review Form

Attachment D –I&E Materials Summary Review Form

# Third Quarter FQHC Clinical Performance Measures

November 18, 2025

# Clinical Quality Measures

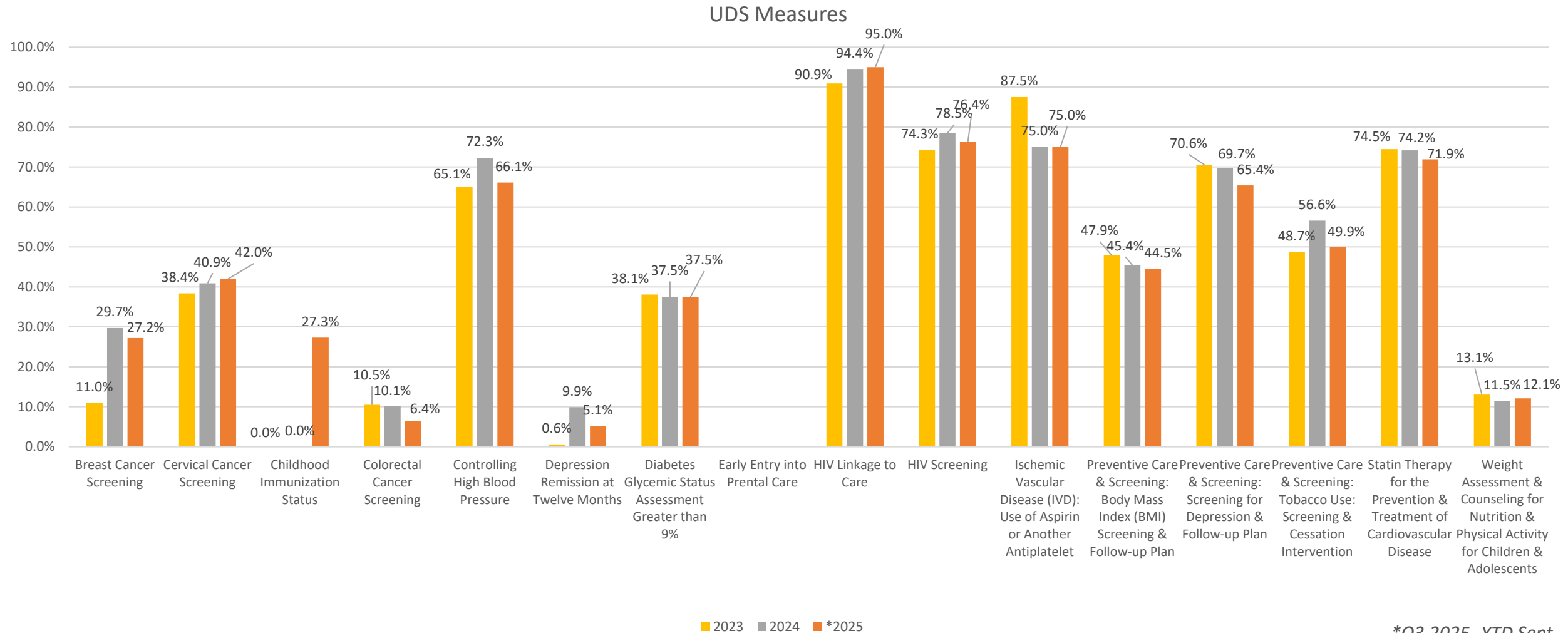
---

# Updates

---

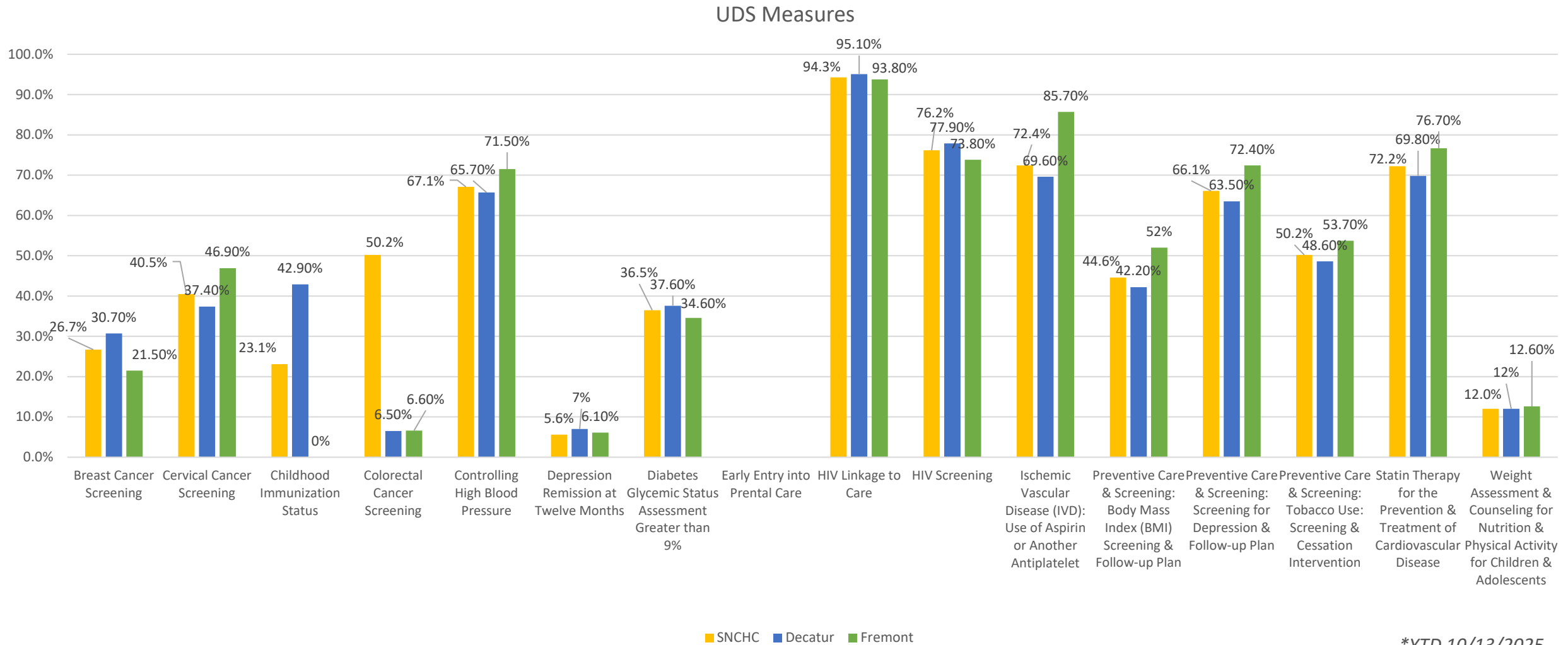
- PCMH (QI 01, 15, & 16) – Reporting Performance Within the Practice: Shares clinician-level or **practice-level** performance results with clinicians, staff, and patients/public for measures it reports
  - 1 Clinical Quality Measure (all measures)
  - 1 Resource Stewardship Measure (closing referral loop)
  - 1 Patient Experience Measure (undecided)
- Childhood Immunization Status Measure
  - Monthly patient encounter report (Ages 0-2)
  - Created a tracker combining Azara's mapped patient list and patients who will fall into the measure (excludes RW patients under RNCM care).
  - YTD Q3 2025 – 16 patients total
- Early Entry Into Prenatal Care & Birthweight Measures
  - Monthly positive pregnancy report filtered and sent to teams for outreach
  - Created a manual tracker to capture documented information
  - Pending update from Azara to map documented patients
- Mammograms & Breast Cancer Screenings
  - Ad-hoc meetings taking place to review reporting/data
- Tobacco Use: Screening & Cessation
  - Ticket submitted for unmapped patients

# Year by year Comparison



\*Q3 2025 -YTD Sept

# Site Comparison



\*YTD 10/13/2025

# 2025 Quality Measure Focus

Focus Measures 2025	Decatur	Fremont	SNCHC	2024	Target
Controlling High Blood Pressure	65.7%	71.5%	67.1%	72.6%	65.0%
Depression Screening and Follow-Up Plan	63.5%	72.4%	66.1%	69.7%	63.0%
Diabetes Glycemic Status Assessment Greater than 9%*	37.6%	34.6%	36.5%	37.6%	35.0%
HIV Screening	77.9%	73.8%	76.2%	78.5%	70.0%
HIV Linkage to Care	95.1%	93.8%	94.3%	94.4%	80.0%
Tobacco Use: Screening & Cessation Intervention	48.6%	53.7%	50.2%	56.6%	64.0%

\*YTD 10/13/25



# Clinical Quality Measures - Continued

---



## What's working well

Integration visits

New Monthly reports

- Patients ages 0-2
- Positive pregnancy



## Areas of opportunities

Azara Mapping

- Manual trackers may not be feasible in the long run



## Next steps

Continue troubleshooting mapping issues

Continue data validation efforts to identify areas of opportunities

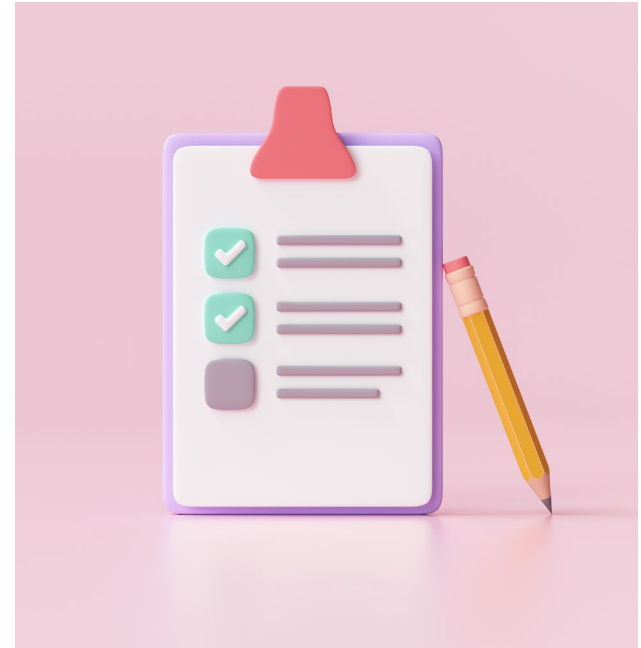
# Patient Satisfaction

---

# Updates

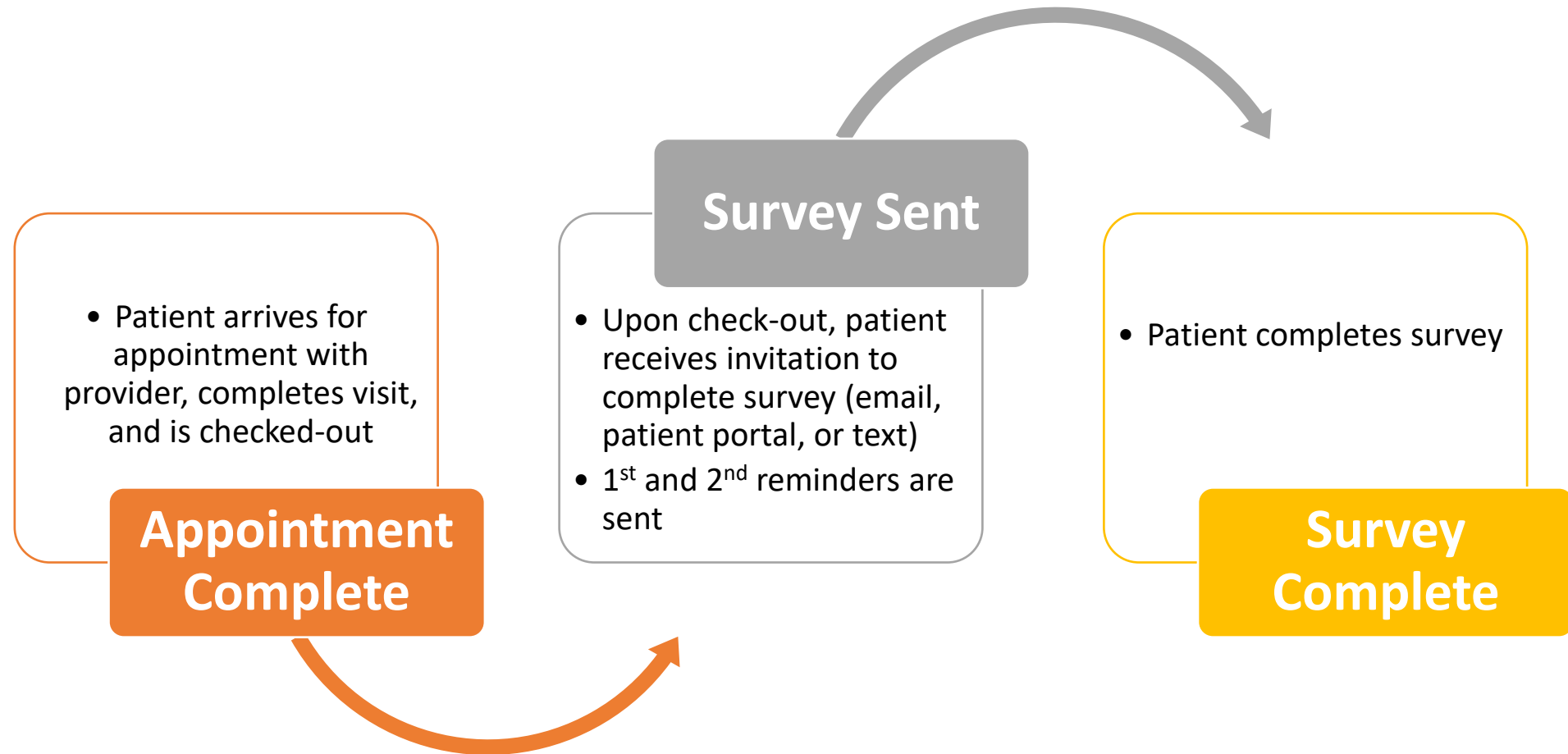
---

- PCMH QI 15 (core) & 16 (elective) - Reporting Performance Within the Practice: Shares clinician-level or **practice-level** performance results with clinicians, staff, and patients/public for measures it reports
  - 1 Clinical Quality Measure
  - 1 Resource Stewardship Measure
  - **1 Patient Experience Measure**
    - Net Promoter Score (other suggestions?)



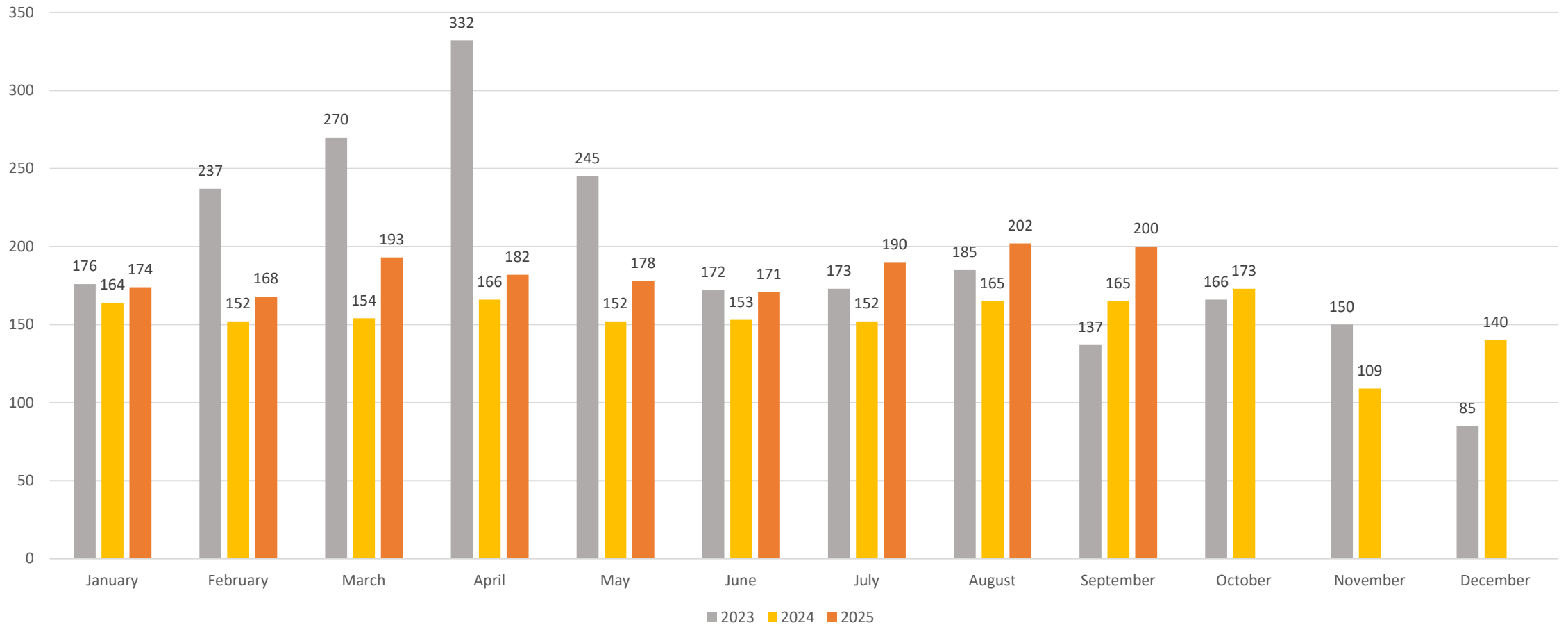
# Survey Workflow

---



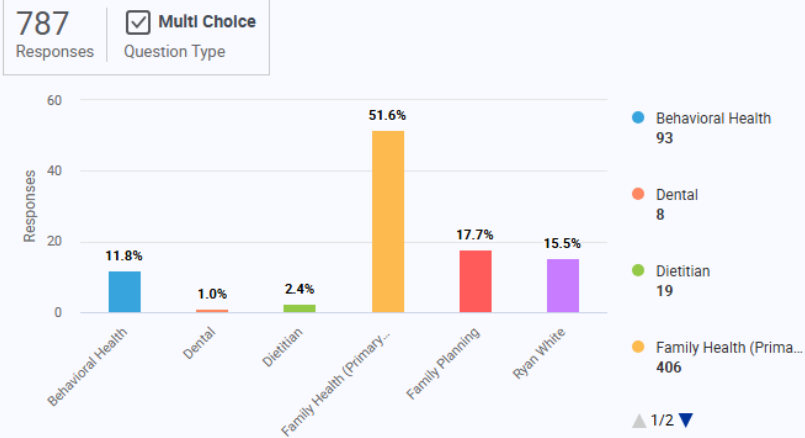
# Participation Responses

Surveys Completed

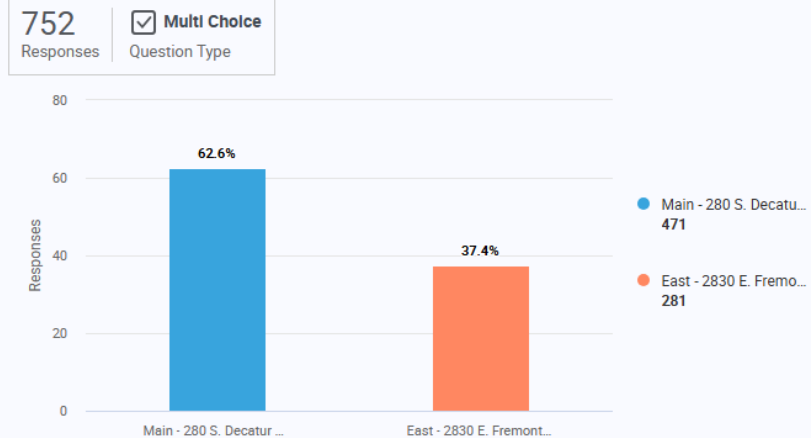


# Service, Location, & Visit

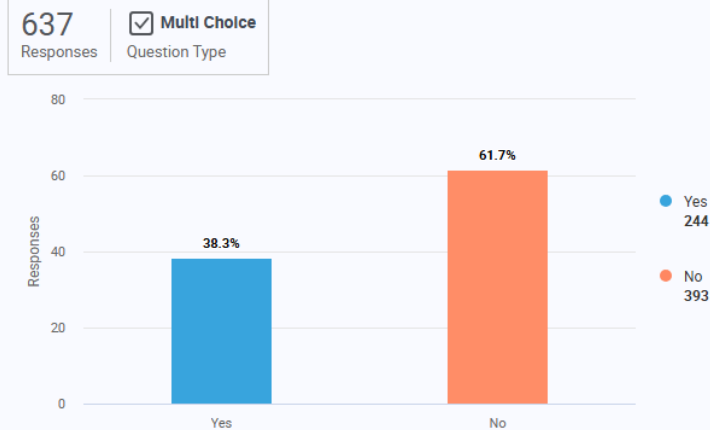
Service received during your visit?



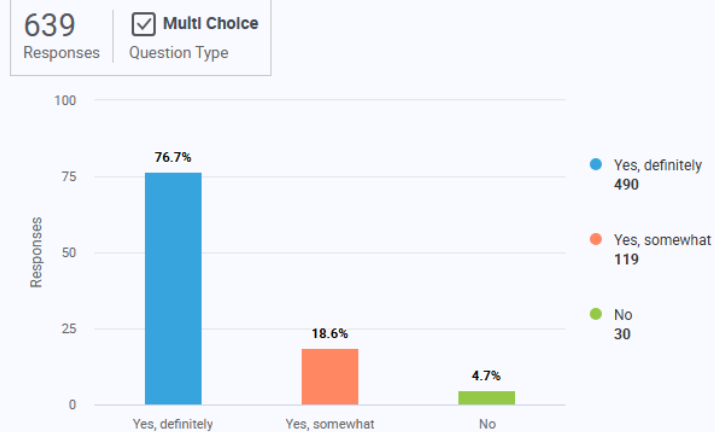
Community Health Center location?



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



Was the recent visit as soon as you needed?



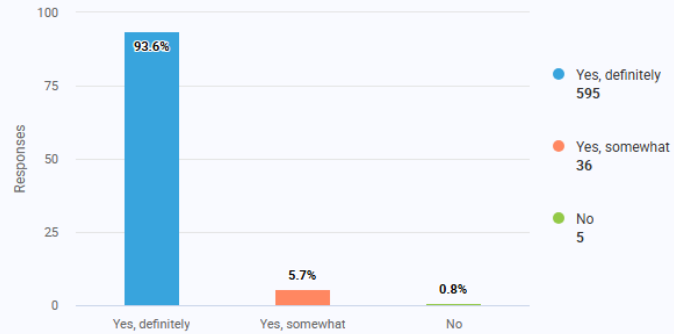
# Provider

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

636

Responses

☒ Multi Choice  
Question Type

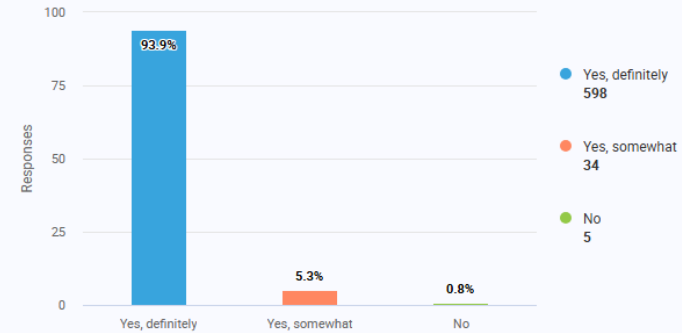


During your most recent visit, did this provider listen carefully to you?

637

Responses

☒ Multi Choice  
Question Type

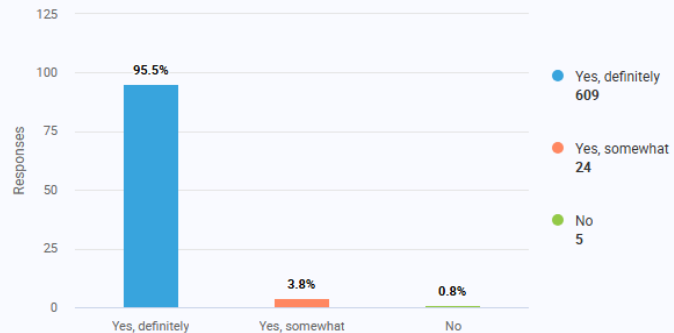


During your most recent visit, did this provider show respect for what you had to say?

638

Responses

☒ Multi Choice  
Question Type

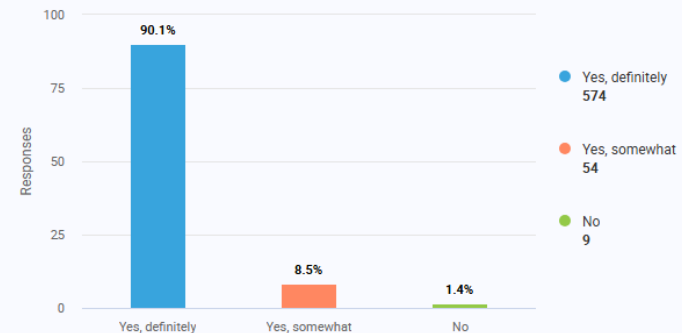


During your most recent visit, did this provider spend enough time with you?

637

Responses

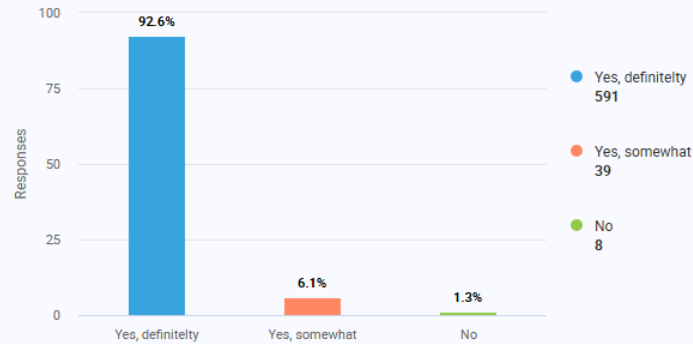
☒ Multi Choice  
Question Type



# Staff, Scheduling, & Facility

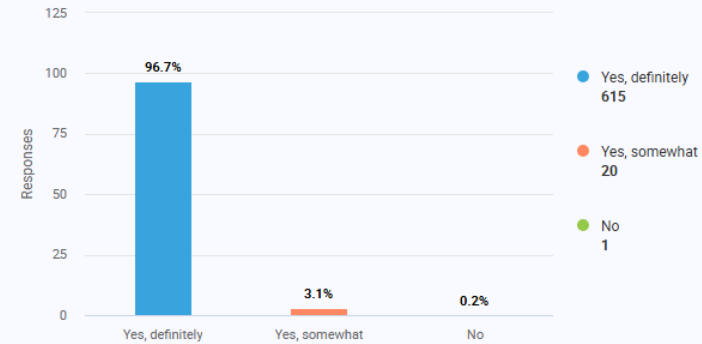
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

638 Responses ☒ Multi Choice Question Type



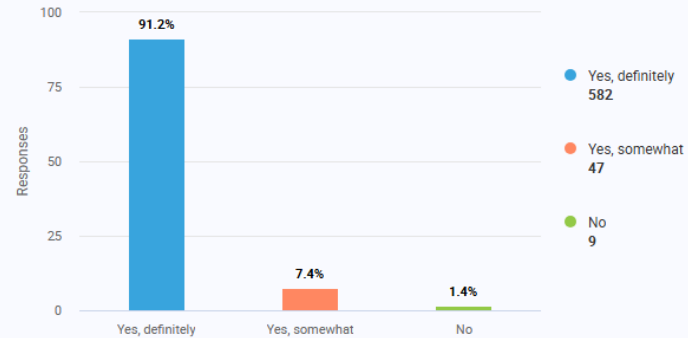
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

636 Responses ☒ Multi Choice Question Type



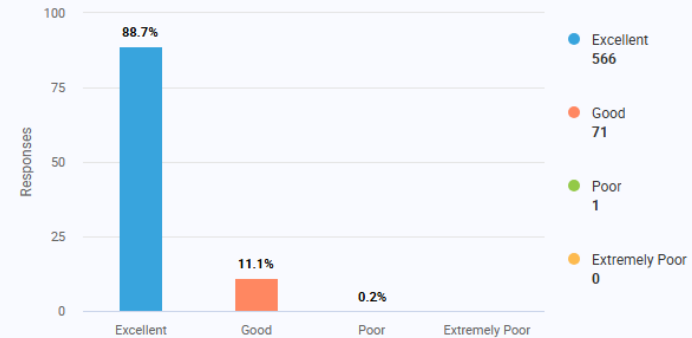
Thinking about your recent visit, was it easy to schedule an appointment?

638 Responses ☒ Multi Choice Question Type



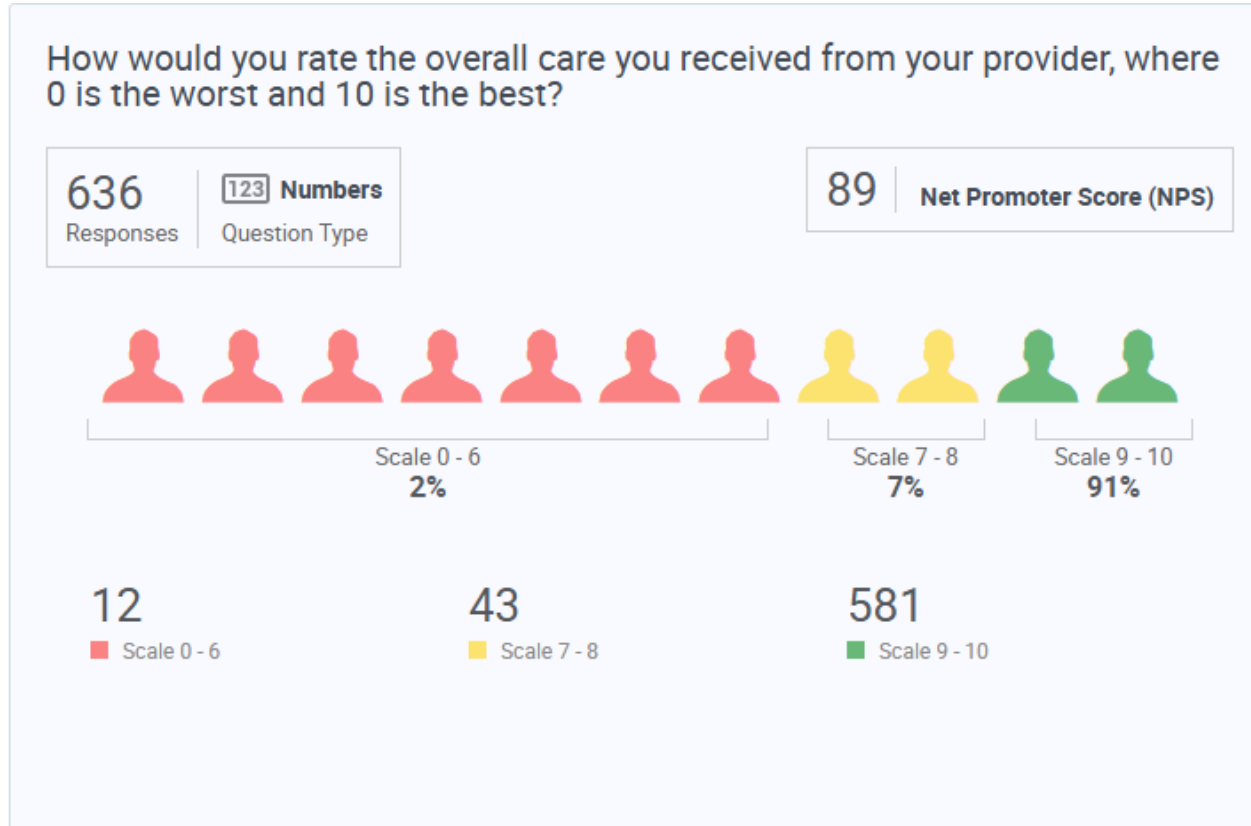
Thinking about the facility, how was the overall cleanliness and appearance?

638 Responses ☒ Multi Choice Question Type





# Net Promoter Score



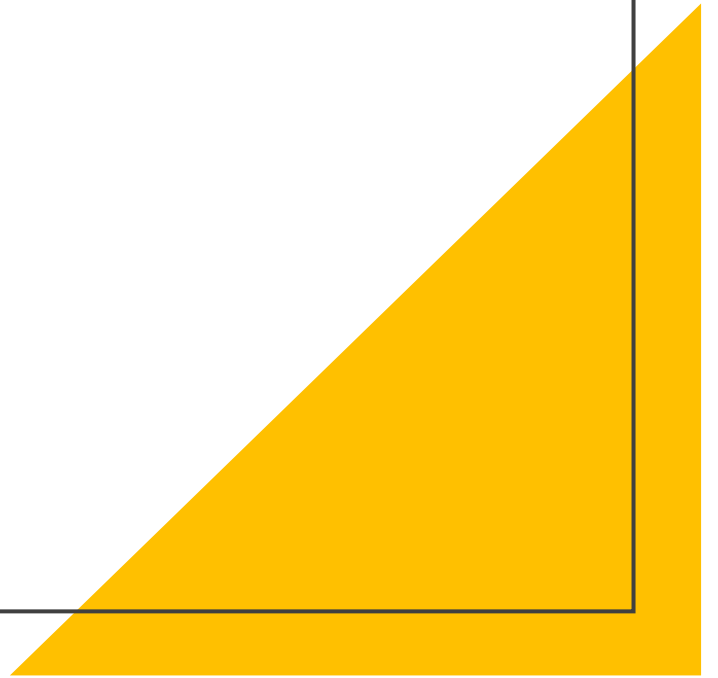
Site	Net Promoter Score
SNCHC	89
Decatur	85
Fremont	96

\*Q3 2025 (Jul – Sept)

# Patient Comments



# Questions?



## **X. CHIEF EXECUTIVE OFFICER & STAFF REPORTS**

---

Randy Smith, MPA, Chief Executive Officer - FQHC

---

# Administrative Updates

- ***As of October 31<sup>st</sup>, SNCHC has provided care to 11,922 unique patients beating CY24's previous high mark of 11,501.***
- Federal funding for FQHCs and the National Health Services Corps extended at a flat-line rate through January 30, 2026.
- The Pharmacy Manager is conducting a financial impact analysis in response to HRSA's 340b drug rebate pilot program set to commence in CY26.
- A corrective action plan in response to the comprehensive Title X audit has been submitted to the Office of Populations Affairs.
- A new Clinical Pharmacist has been hired for the Decatur Health Center. Anticipated start date, December 8<sup>th</sup>.
- Recruitment for a Staff Physician for the Fremont Public Health Center is ongoing.

# 2025 Employee Engagement Goals & Activities

Highlighted Goals for 2025	Ongoing Efforts and Key Actions for 2025
<b>Short-term Goals:</b> <ul style="list-style-type: none"><li>• Maintain the health center's employee recognition program during FY26.</li><li>• Enhance health center employees' knowledge of Federally Qualified Health Centers and SNCHC's strategic plan. Improve SNCHC's CEO's awareness and understanding of important issues faced by health center employees in executing the mission and strategic activities of the program.</li></ul>	<ul style="list-style-type: none"><li>• Use the monthly All-Staff meeting to recognize employees with On-the-Spot and Exemplary Service awards. By June 30, 2026, expend the entire Employee Recognition budget of \$2,545.00.</li><li>• By June 30, 2026, SNCHC's CEO will meet in small groups with all health employees.</li></ul>
<b>Long-term Goal:</b> <ul style="list-style-type: none"><li>• Improve the synergy and unity between employees working at the Decatur and Fremont health centers.</li></ul>	<ul style="list-style-type: none"><li>• Through the SNCHC Employee Engagement Committee and supported by the health center's leadership team, continue to develop and implement activities to increase collaboration, cooperation, and sense of team between the two clinic sites.</li><li>• By June 30, 2028, the Employee Engagement Committee will facilitate with the leadership team's support no less than six health center wide team building and celebratory events.</li></ul>

# SNCHC Employee Engagement Update

## End of the Year Party

- **Date/Time:** December 16, 1-5 p.m.
- **Location:** Decatur in Red Rock Conf Room
- **Theme:** FQHC Winter Wonderland Party
- **Food Cost:** \$1,600
  - Cost per person: about \$13.50
  - Taco Bar and Filipino
- **Committee has raised:** \$1,613
- **Activities:** Games
- **Board Member Participation Opportunities:**
  - Donations – Submit to Ms. Bellamy by November 21, 2025
  - Attendance – Let Ms. Bellamy know if you plan to attend.



# Upcoming Board Activities

- Marie Dukes has resigned her board seat effective January 2026.
- Holiday Party RSVP and Donations
  - Let Tawana know if you plan to attend.
  - Contribution/donations to Tawana by Nov. 21, 2025
- December Board Meeting
  - December 9, 2025
  - Virtual only



## MEMORANDUM

**Date:** November 18, 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 – October 2025**

---

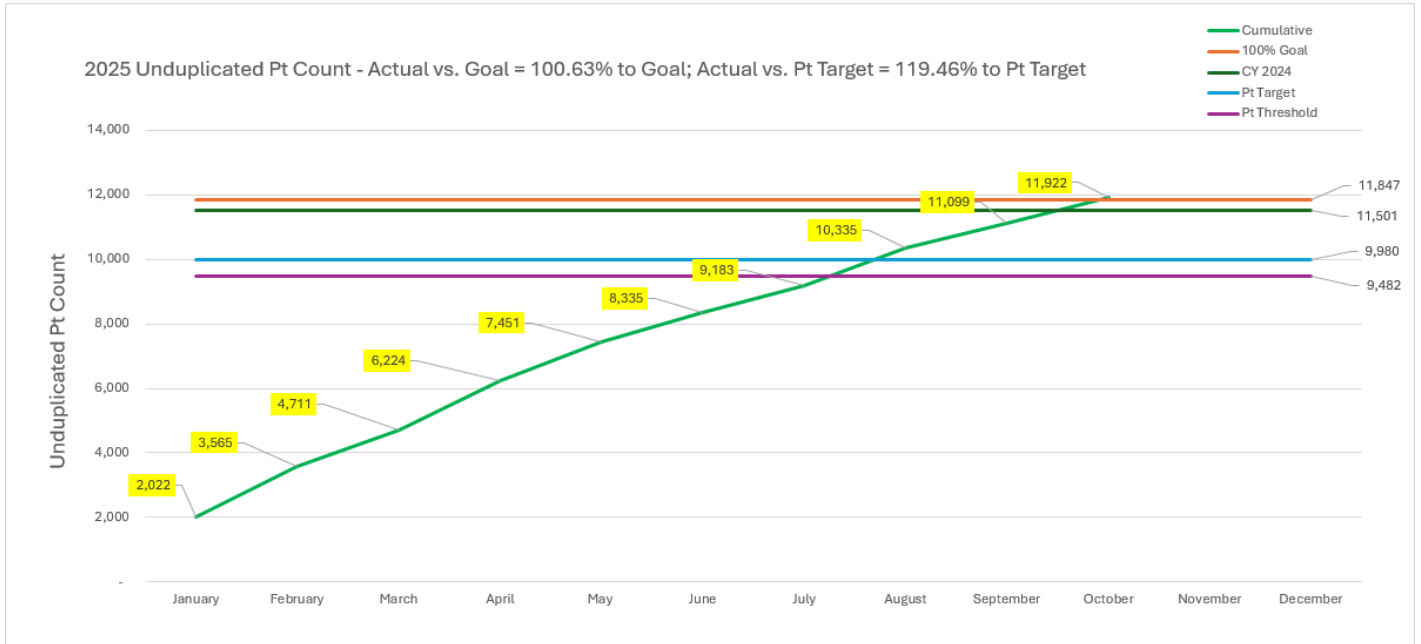
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention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

### October Highlights - Administrative

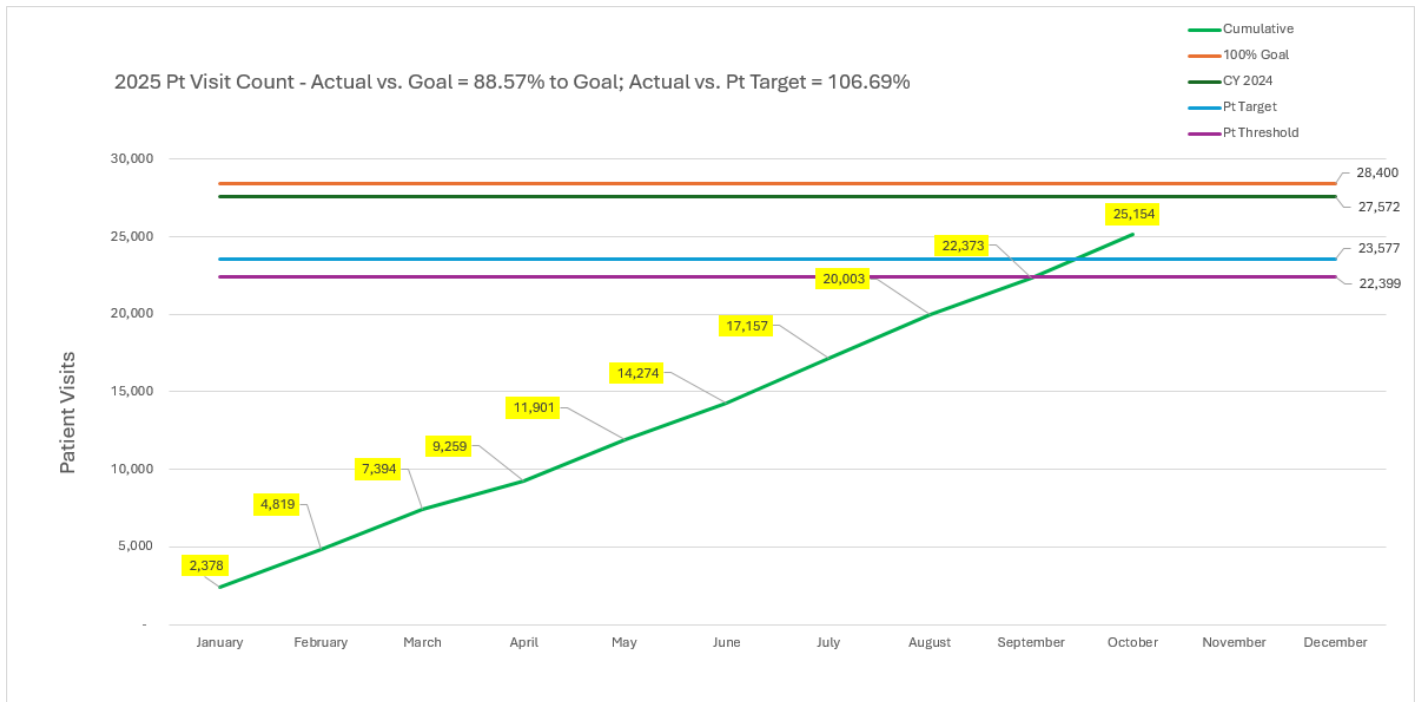
- As of October 31<sup>st</sup>, SNCHC has provided care 11,922 unique patients beating CY24's previous high mark of 11,501.
- A corrective action plan in response to the comprehensive Title X audit has been submitted to the Office of Populations Affairs.
- The Pharmacy Manager is conducting a financial impact analysis in response to HRSA's 340b drug rebate pilot program set to commence in CY26.
- Representative Susie Lee toured the Decatur Health Center and met with SNCHC leadership team members on October 16<sup>th</sup>.
- The health center CEO was a panelist for a session on community health at the 18<sup>th</sup> annual Nevada Healthcare Forum on October 23<sup>rd</sup>.
- A new Clinical Pharmacist has been hired for the Decatur Health Center.
- Recruitment for a Staff Physician for the Fremont Public Health Center is ongoing.
- One health center employee was promoted to the position of Sr. Administrative Assistant.
- Two Community Health Nurse Managers recognized as SNHD Managers of the Quarter.

## Access

### Unduplicated Patients – October 2025



### Patient Visits Count – October 2025



### Provider Visits by Program and Site – October 2025

Facility	Program	OCT '25	OCT '24	OCT YoY %	FY26 YTD	FY25 YTD	FY YTD YoY%
Decatur	Family Health	787	714	9%	3,268	2,389	27%
Fremont	Family Health	581	400	31%	2,009	1,411	30%
<b>Total</b>	<b>Family Health</b>	<b>1,368</b>	<b>1,114</b>	<b>19%</b>	<b>5,277</b>	<b>3,800</b>	<b>28%</b>
Decatur	Family Planning	212	220	-4%	485	665	-37%
Fremont	Family Planning	221	172	22%	807	523	35%
<b>Total</b>	<b>Family Planning</b>	<b>433</b>	<b>392</b>	<b>9%</b>	<b>1,292</b>	<b>1,188</b>	<b>8%</b>
Decatur	Sexual Health	426	604	-42%	2,095	2,219	-6%
Fremont	Sexual Health	119	150	-26%	503	506	
ASEC	Sexual Health				0	113	
<b>Total</b>	<b>Sexual Health</b>	<b>545</b>	<b>754</b>	<b>-38%</b>	<b>2,598</b>	<b>2,838</b>	<b>-9%</b>
Decatur	Behavioral Health	205	145	29%	735	496	33%
Fremont	Behavioral Health	181	126	30%	599	481	
<b>Total</b>	<b>Behavioral Health</b>	<b>386</b>	<b>271</b>	<b>30%</b>	<b>1,334</b>	<b>977</b>	<b>27%</b>
Decatur	Ryan White	260	264	-2%	1,012	975	4%
Fremont	Ryan White	31	15	52%	108	78	
<b>Total</b>	<b>Ryan White</b>	<b>291</b>	<b>279</b>	<b>4%</b>	<b>1,120</b>	<b>1,053</b>	<b>6%</b>
<b>FQHC Total</b>		<b>3,023</b>	<b>2,810</b>	<b>7%</b>	<b>11,621</b>	<b>9,856</b>	<b>15%</b>

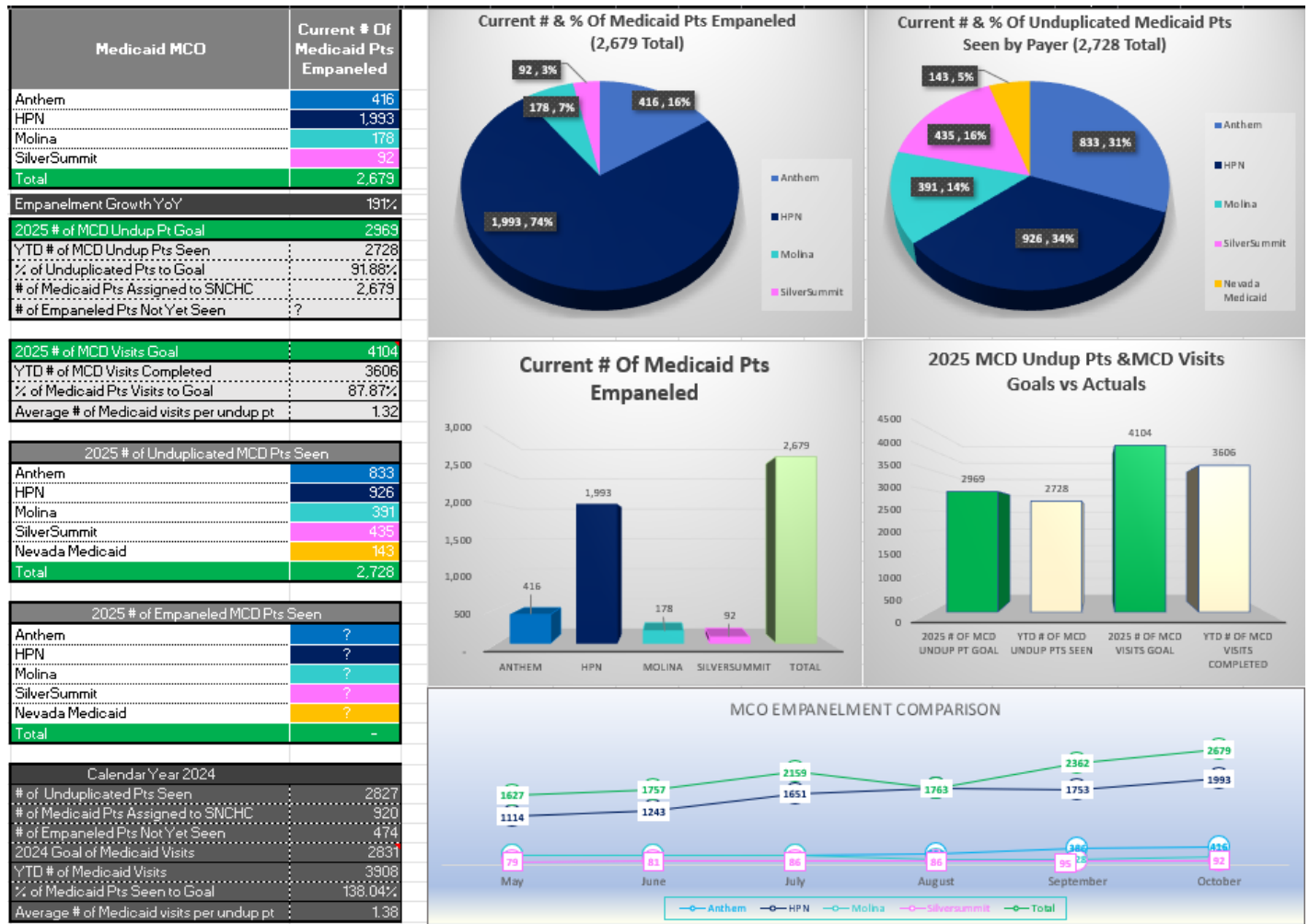
### Pharmacy Services

	25-Oct	24-Oct		FY26 YTD	FY25 YTD		% Change YOY
<b>Client Encounters (Pharmacy)</b>	1,709	1,555	↑	6,927	5,739	↑	<b>20.7%</b>
<b>Prescriptions Filled</b>	3,187	2,571	↑	12,835	9,360	↑	<b>37.1%</b>
<b>Client Clinic Encounters (Pharmacist)</b>	71	71	→	237	222	↑	<b>6.8%</b>
<b>Financial Assistance Provided</b>	15	42	↓	48	138	↓	<b>-65.2%</b>
<b>Insurance Assistance Provided</b>	13	2	↑	40	37	↑	<b>8.1%</b>

- A. Dispensed 3,187 prescriptions for 1,709 clients.
- B. Pharmacist completed 71 client clinic encounters.
- C. Assisted 15 clients to obtain medication financial assistance.
- D. Assisted 13 clients with insurance approvals.

## Medicaid Managed Care Organization (MCO)

SNCHC at 91.88% to goal for MCD Unduplicated Pts, and 87.87% to goal for MCD Visits for the year. The health center is on pace to beat both goals. Empanelment numbers are up 191% over last year.



## Behavioral Health Services

- The Behavioral Health Manager presented to the Southern Nevada Health District Public Health Advisory Board on the behavioral health program and integrated care model.
- The Behavioral Health Manager and key leadership staff gave a tour of the behavioral health space to Representative Susie Lee and discussed services being offered.
- Integrated care continues to be thriving at both clinic locations, and the behavioral health team has begun increasing access to care by way of scheduling changes.

## **Family Planning Services**

- A. Family Planning program access was up 9% in October and is up 8% year-over-year. Program team administrators and clinical staff are working with SNHD's Quality Improvement and Accreditation Program Manager 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. Meetings with key staff stakeholders and clinic observations are being conducted to fine tune potential interventions. The goal is to implement new, streamlined and standardized appointment templates in January 2026.
- B. 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 requiring correction 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. The health center has submitted its plan to correct these deficiencies. Actions to correct these findings include revisions to the health center's Sliding Fee and Materials Review and Approval Process policies.

## **HIV / Ryan White Care Program Services**

- A. The Ryan White program received 52 referrals between October 1<sup>st</sup> and October 30<sup>th</sup>. There were two (2) pediatric clients referred to the Medical Case Management in October, and the program received one (1) referral for a pregnant women living with HIV during this time.
- B. There were 757 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 414 unique clients served under these programs in October.
- C. The Ryan White ambulatory clinic provided a total of 521 visits in the month of October, including 20 initial provider visits, 230 established provider visits including four (4) tele-visits to established patients. Additionally, there were 15 nursing visits and 256 lab visits provided. There were 55 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of October. There were 18 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in October.
- 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 four (4) patients seen under the Rapid StART Program in October.

## **FQHC-Sexual Health Clinic (SHC)**

- A. The Sexual Health Clinic (SHC) clinic provided 864 unique services to 633 unduplicated patients for the month of October. 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. There are two (2) Community Health Nurse vacancies in SHC due to a resignation and a transfer to another division.

## Refugee Health Program (RHP)

Refugee Health Program for the month of October.

Client required medical follow- up for Communicable Diseases	
Refugee Health Screening for Ova and Parasites (positive tests)	0
Referrals for TB issues	0
Referrals for Chronic Hep B	0
Referrals for STD	0
Pediatric Refugee Exams	3
Clients encounter by program (adults)	3
<b>Refugee Health Screening for October 2025</b>	<b>6</b>
<b>Total for FY25-26</b>	<b>12</b>

## Outreach/In Reach Activity

Month of October 2025

Number of events	2 – Outreach 0 - In reach
Number of people reached	173
Number of people linked to the clinic	4
Number of hours dedicated to outreach	3

## Eligibility and Insurance Enrollment Assistance

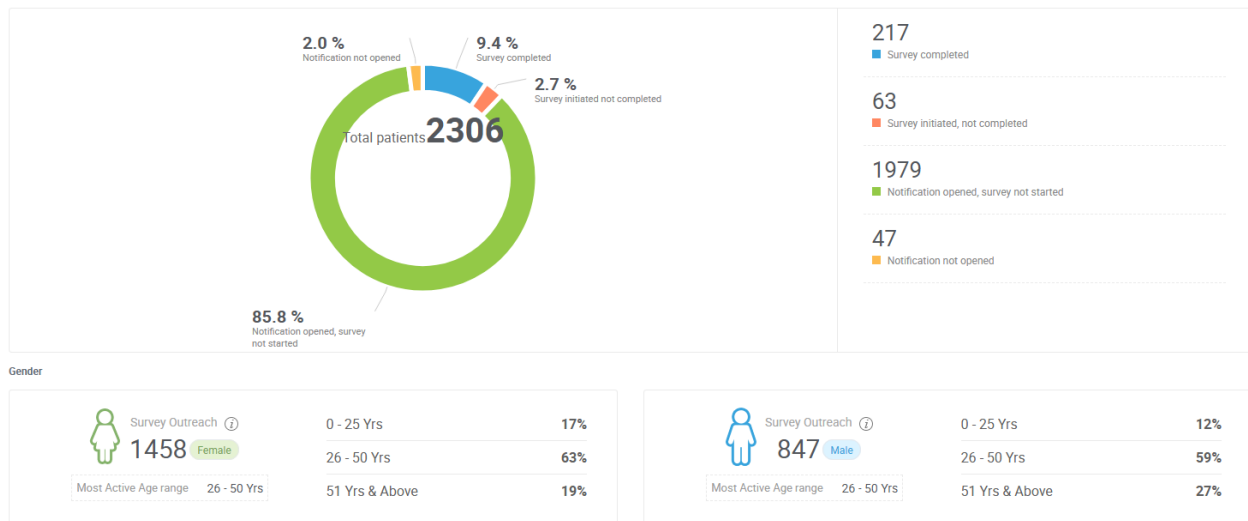
Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of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

## Patient Satisfaction: See attached survey results.

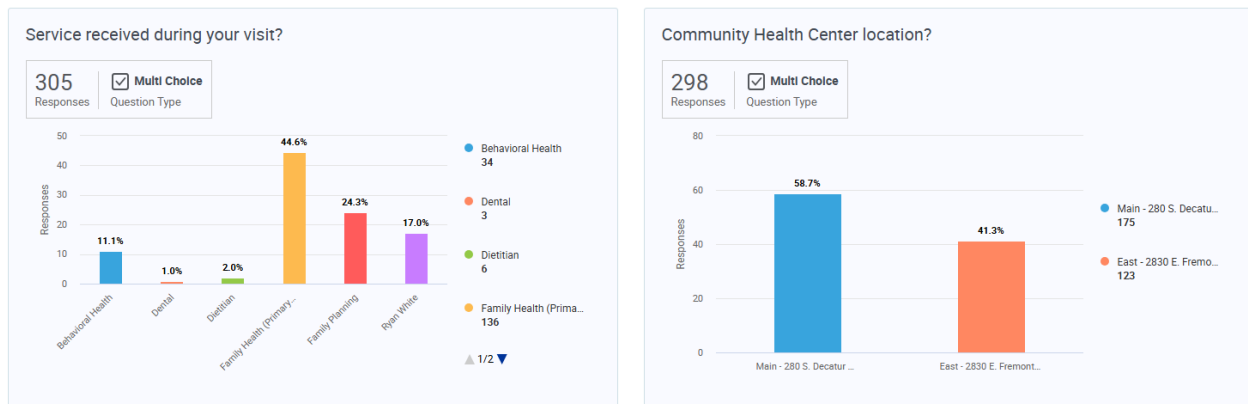
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

# Southern Nevada Community Health Center Patient Satisfaction Survey – October 2025

## Overview



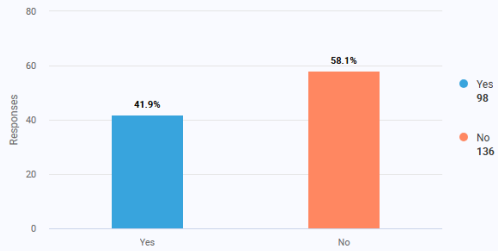
## Service and Location



## Provider, Staff, and Facility

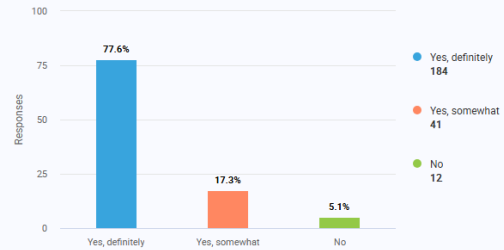
Was your most recent visit for an illness, injury or condition that needed care right away?

234 Responses ☒ Multi Choice Question Type



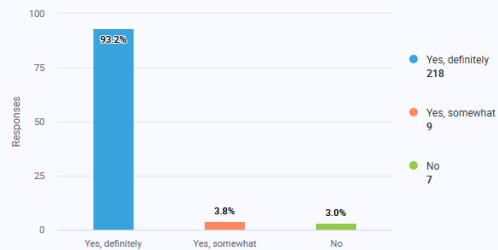
Was the recent visit as soon as you needed?

237 Responses ☒ Multi Choice Question Type



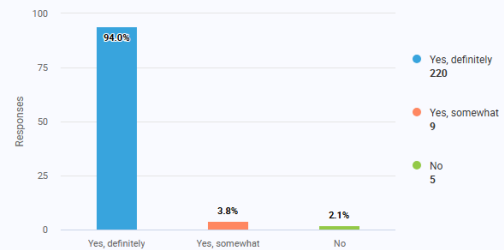
During your most recent visit, did this provider explain things in a way that was easy to understand?

234 Responses ☒ Multi Choice Question Type



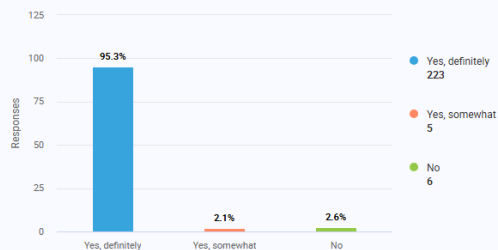
During your most recent visit, did this provider listen carefully to you?

234 Responses ☒ Multi Choice Question Type



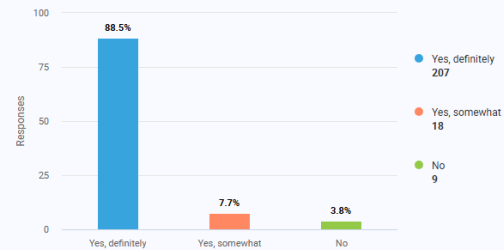
During your most recent visit, did this provider show respect for what you had to say?

234 Responses ☒ Multi Choice Question Type



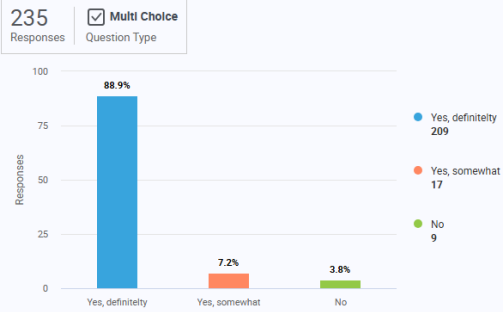
During your most recent visit, did this provider spend enough time with you?

234 Responses ☒ Multi Choice Question Type

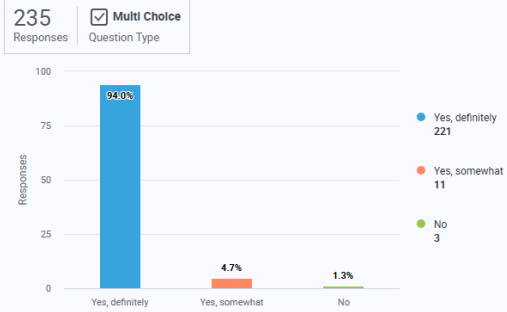




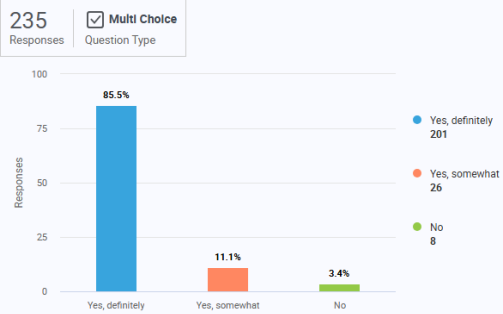
Thinking about your most recent visit, were the staff as helpful as you thought they should be?



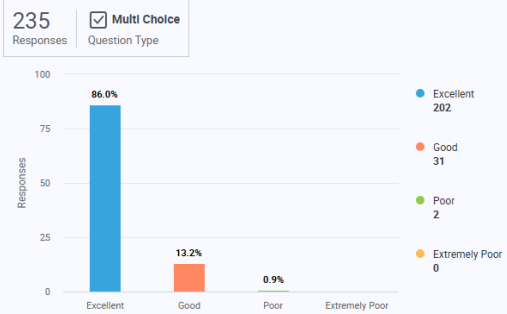
Thinking about your most recent visit, did the staff treat you with courtesy and respect?



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?

235

Responses

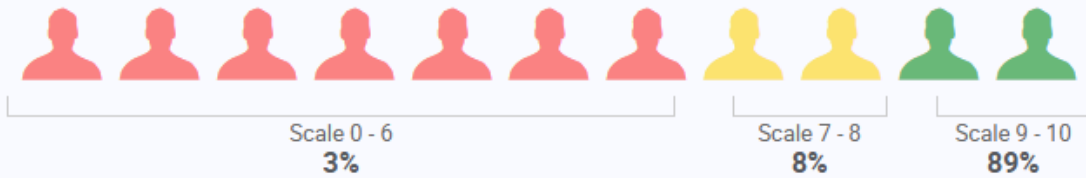
123

Numbers

Question Type

86

Net Promoter Score (NPS)



8

Scale 0 - 6

19

Scale 7 - 8

208

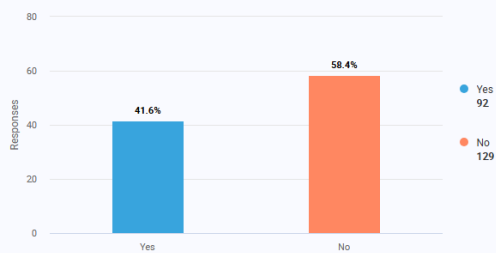
Scale 9 - 10

## General Information

Do you have health insurance?

221  
Responses

☒ Multi Choice  
Question Type



How did you hear about us?

233  
Responses

☒ Multi Choice  
Question Type

