

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

June 20, 2023 – 2:30 p.m.

Meeting was conducted In-person and via WebEx Event

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

MEMBERS PRESENT: Jose L. Melendrez, Chair – Consumer Member (*Webex/In person*)
Donna Feliz-Barrows, Vice-Chair – Consumer Member (*In-person*)
Erin Breen – Community Member, UNLV Vulnerable Road Users Project (*via Webex*)
Scott Black – Community Member, City of North Las Vegas (*via Webex*)
Jasmine Coca – Community Member, Catholic Charities of Southern Nevada (*In person*)
Gary Costa – Community Member, Golden Rainbow (*via Webex*)
Brian Knudsen – Consumer Member (*via Webex*)
Lucille Scott – Consumer Member (*In person*)
Luz Castro – Consumer Member (*In person*)

ABSENT: Father Rafael Pereira – Community Member, All Saints Episcopal Church (*via Webex*)

ALSO PRESENT:

LEGAL COUNSEL: Edward Wynder, Associate General Counsel

EXECUTIVE DIRECTOR: Fermin Leguen, MD, MPH, District Health Officer

STAFF: Tawana Bellamy, Andria Cordovez Mulet, Cassius Lockett, Cortland Lohff, Randy Smith, Donnie (DJ) Whitaker, Justin Tully, Fernando R. Lara, Luann Province, David Kahananui, Cassondra Major, Greg Tordjman, David Kahananui, Lourdes Yapjoco, Fidel Cortes Serna

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

The Vice Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:32 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call and confirmed a quorum.

II. **PLEDGE OF ALLEGIANCE**

III. **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 Vice Chair closed the First Public Comment portion.

IV. **ADOPTION OF THE JUNE 20, 2023 MEETING AGENDA** (*for possible action*)

A motion was made by Member Coca, seconded by Member Scott, and carried unanimously to approve the June 20, 2023 Meeting Agenda, as presented.

V. 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:** May 16, 2023 *(for possible action)*
- 2. Approve Credentialing and Privileging of Provider Jerry Cade, MD;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

VI. REPORT / DISCUSSION / ACTION

Recommendations from the June 15, 2023 Finance & Audit Committee

- 1. Review, Discuss and Accept the Augmentation to the Southern Nevada Community Health FY2023 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Donnie (DJ) Whitaker, Chief Financial Officer presented the Augmentation to the Southern Nevada Health Center FY2023 Budget. Ms. Whitaker provided a definition of a budget augmentation, explained the Nevada Revised Statutes 354.626 and provided the following highlights.

Revenues – Combined Revenues by Source

- No changes to the FQHC Division Organization Chart.
- First FY2023 Budget Augmentation Revenue was \$24.5M – board approved January 2023.
- Second FY2023 Budget Augmentation Revenue was \$26M – presented June 2023.

Revenues – General and Special Revenue Fund Summary

- Total Charges for Services Revenue was augmented at \$17.3M, an increase of \$1.9M.
- Special Revenue – Federal & Pass Thru (Grants) revenue decreased from \$7.7M to \$6.5M due to program grants phasing out.

Expenditures

- FQHC total combined expenditures projected at \$30.4M for FY2023 compared to \$29.7M from prior augmentation.
- General Fund Pharmacy Medical supplies was projected at \$12.5M, 92% of total FQHC supplies of \$13.6M.
- Proposed FY2023 Augmented projected Budget was negative \$4.38M compared to \$4.89M Adopted Budget.
- Staffing FY2023 – No changes to the full-time equivalent (FTE) in General Fund and Special Revenue Fund that was approved in January 2023 for the augmented budget.

A motion was made by Chair Melendrez, seconded by Member Scott, and carried unanimously to accept the Augmentation to the Southern Nevada Community Health FY2023 Budget, as presented.

- 2. Receive, Discuss and Accept the April 2023 YTD Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented the April 2023 Year-to-Date Financial Report as of April 30, 2023. Ms. Whitaker advised the Net budgeted Position for all funds in all departments was negative \$4.0M and the Actual was negative \$3.3M with a variance of \$756K. Ms. Whitaker commented that this budget does not include the budget just presented.

Ms. Whitaker advised the Number of Patient Encounters by Department was 22,452 through April 30, 2023. Pharmacy was the highest at 8,980 patients. Ms. Whitaker further provided an overview of

the Revenue by Department, Expenses by Department and the FQHC General and Special Revenue Funds.

A motion was made by Member Castro, seconded by Member Coca, and carried unanimously to accept the April 2023 Year-to-Date Financial Report, as presented.

SNCHC Governing Board

3. Review, Discuss and Approve for Submittal the Service Area Competition (SAC) Application; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, FQHC Operations Officer provided an overview of the SAC. The SAC is a grant and also the means by which health center receive redesignation as a FQHC. The SAC provides funding for the next three (3) year period which will start January 1, 2024. The recommended grant funding for the first year is \$966K. The annual patient target goal is set at 10,504 unique patients. Mr. Smith further advised that the application is a two (2) tier process. The initial application will be submitted in July 2023, which opens the full application. Mr. Smith advised this is a significant endeavor for the Health Center, with multiple SNHD divisions supporting the completion of the health center's application. The full application is due on August 23, 2023.

Member Coca inquired about how funds are dispersed once they are received. Mr. Smith commented HRSA directs how funds are used. For example, it could be a base increase to all health center grantees based on a formula.

A motion was made by Member Black, seconded by Member Scott and carried unanimously to approve the Submittal of the Service Area Competition (SAC) Application, as presented.

4. Review, Discuss and Approve a Change in Scope to add the All Saints Episcopal Church (ASEC) to our HRSA Project; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Change in Scope to add the All Saints Episcopal Church to the Health Center's HRSA Project. Mr. Smith advised that one of the requirements from HRSA and of the board is that any activity related to the FQHC needs to be included in our scope of work. Activities could include locations where services are delivered. Mr. Smith advised ASEC is a service delivery location for the Sexual Health Clinic and the Sexual Health Clinic will join the Health Center on July 1, 2023. Mr. Smith further advised that in order to continue using that location as part of our FQHC model, board approval is needed to include the All Saints Episcopal Church to our HRSA Project.

A motion was made by Chair Melendrez, seconded by Member Breen and carried unanimously to approve a Change in Scope to add All Saints Episcopal Church (ASEC) to our HRSA Project, as presented.

5. Review, Discuss and Approve a Change in Scope to add the Mobile Medical Unit; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith provided an overview of the Change in Scope to add the Mobile Medical Unit to the HRSA scope of work. Mr. Smith advised that in preparation of the SAC Application, it was determined that the Mobile Unit was not currently part of the FQHC scope of work, and it needs to be. Mr. Smith further advised that by including it, any service delivered at that unit would be delivered under the FQHC umbrella which includes reimbursements and our quality plans.

A motion was made by Member Breen, seconded by Member Costa and carried unanimously to approve a Change in Scope to add the Mobile Medical Unit to our HRSA Scope of Work, as presented.

6. Review, Discuss and Approve the addition of the Sexual Health Clinic; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith provided the following information to the board requesting to add Sexual Health Clinic to FQHC's scope of work.

- Sexual health services currently are included in the FQHC's scope of work.
- The inclusion of the Sexual Health Clinic (SHC) will increase the volume of the services provided.
- The sexual health clinic (SHC) is staff with four (4) mid-level providers.
- Day-to-day operations of the SHC are overseen by a Community Health Nurse Supervisor.
- The clinic operates four days per week Monday – Thursday from 8am – 6pm at Decatur and ASEC.
- Services available via walk-ins and scheduled appointments.
- Services available to those with insurance and those without (sliding fee discount schedule).
- The approved SNCHC FY24 budget includes the Sexual Health Clinic*
 - *An estimated \$306,309 in the general fund budget will remain in the Primary and Preventative Care division for the Sexual Health Outreach and Prevent Programs (SHOPP). Existing public health grant budgets will also remain with SHOPP.
- Transition on July 1, 2023

Mr. Smith further advised that the next annual report will show a significant year over year increase in the number of visits and patients receiving services at the health center. Mr. Smith commented that may generate questions from HRSA about the increase. Mr. Smith advised that the health center would be able to explain this increase with the board's approval of the addition of Sexual Health Clinic to the FQHC's scope of work.

A motion was made by Member Coca, seconded by Member Breen and carried unanimously to approve the addition of the Sexual Health Clinic to the FQHC's scope of work, as presented.

Chair Melendrez left the meeting at 2:59 p.m.

7. Highlights from the May 2023 Operational Report; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith provided an overview of the Highlights from the May 2023 Operational Report.

Staffing Updates

- Medical Director resigned and there are active recruitments for a Medical Director and Staff Physician.
- No viable candidates for the Licensed Clinical Social Worker (LCSW).
- Bi-lingual (English/Spanish) Advanced Practice Registered Nurse (APRN) scheduled to start on August 7, 2023.
- Dr. Cade, a new contract physician began in May 2023.
 - Eight (8) hours of care per work in the Ryan White program at Decatur
 - Later this year Dr. Cade will help build Ryan White programming at Fremont

Administrative Updates

- Unduplicated patients:
 - 859 unduplicated patients seen in May.
 - 230 new patients established care.
 - 2,848 unduplicated patients seen YTD.
- Federal Tort Claims Act (FTCA):
 - Final submission pending the completion of staff training log.

- Required trainings based on position, risk reduction (e.g., clinical, physical safety, confidentiality, fraud)
- SNHD, FQHC, Family Planning and Ryan White Requirements.
- Goal to submit the application by end of July 2023.
- Azara – DRVS implementations – Population Health Management system which provides Population Health, Care Gaps, and data Reporting.
 - Coordinating staff training
 - Admin
 - Superuser
 - Users
- In clinic Electronic Health Record/Clinic Information Systems CHAMPION – identified need
- Refugee Health Clinic – effective September 5, 2023
 - Transition to day-to-day FQHC operation.
 - Move program to the Fremont Public Health Center.
 - Goal 1: Increase access to refugee health services.
 - Goal 2: Integration with health care services for those individuals wanting to establish a medical home.
- Service Area Competition (SAC)
Needs Assessment, comprehensive data and narrative response.
 - Focus on the health center's Service Area, Community Characteristics.
 - Excellent tool for the strategic planning.
 - Information to help the Strategic Planning Committee and SNHD's strategic planning.

Member Breen inquired about mental health services and if we are down two LCSWs. Mr. Smith advised that the second position has not been filled. Mr. Smith further advised there is one LCSW providing services and one Psychiatric APRN and both are full time. Member Breen commented that is great.

Member Breen commented that we are lucky to have Dr. Jerry Cade. He is an amazing human being. Mr. Smith agreed with Member Breen and commented that Dr. Cade comes with a wealth of knowledge.

VII. 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.

VIII. EXECUTIVE DIRECTOR & STAFF REPORTS (Information Only)

- Executive Director Comments

Dr. Leguen acknowledged all the work of Mr. Smith, the health center management staff and the leadership of the Sexual Health Clinic for the integration of the SHC into the FQHC. Dr. Leguen thanked the board for approving the transition of the Sexual Health Clinic. Dr. Leguen further commented that the SHC will be a positive addition to the health center, specifically for the patients. Dr. Leguen further advised of the Refugee Health services that will be at the Fremont location. This will allow the health center to have a higher level of patient retention, as there are several advantages to having these services at this location. The location is physically close to Catholic Charities and to the area where that patient population lives.

Dr. Leguen commented on the need to increase the visibility of the health center in terms of marketing the health center in the communities. Dr. Leguen advised that work has been done before and we can do more, especially once the additional provider have been hired. We want to

engage in more effective marketing of the health center to show the health center's capabilities and availability for the members of the community in the Clark County.

- Overview of the Sexual Health Clinic

Lourdes Yapjoco, Director of Primary and Preventive Care provided an overview of the Sexual Health Clinic.

Member Costa inquired about contact tracing follow up and where clients go for care in the new structure. Ms. Yapjoco advised contact tracing and express testing is embedded in the clinic now. Dr. Leguen advised that the patient experience will not change when the Sexual Health Clinic transitions to FQHC. Dr. Leguen further advised the SHC's physical location will remain the same.

Dr. Leguen recognize Ms. Yapjoco for her work with the community workers. Ms. Yapjoco also think Member Castro for her work with the College of Southern Nevada (CSN).

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) May 2023 Operations Reports

- X. 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 Vice Chair closed the Second Public Comment.

XIII. ADJOURNMENT

The Vice Chair adjourned the meeting at 3:28 p.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary/CHC Executive Director

/tab

AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

June 20, 2023 – 2:30 p.m.

Meeting will be conducted In-person and via Webex Event
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

NOTICE

WebEx Event address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=m028f98593517afe04a46f97bcc741315>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2550 873 7129](https://snhd.webex.com/snhd/j.php?MTID=m028f98593517afe04a46f97bcc741315)

For other governmental agencies using video conferencing capability, the Video Address is:
25508737129@snhd.webex.com

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. 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. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman 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 Webex:** Use the link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Community Health Center employee or by raising your hand during the public comment period, a Community Health Center employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** public-comment@snchc.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.

IV. ADOPTION OF THE JUNE 20, 2023 AGENDA *(for possible action)*

V. **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:** May 16, 2023 *(for possible action)*
2. **Approve Credentialing and Privileging of Provider Jerry Cade, MD;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VI. **REPORT / DISCUSSION / ACTION**

Recommendations from the June 15, 2023 Finance & Audit Committee

1. **Review, Discuss and Accept the Augmentation to the Southern Nevada Community Health FY2023 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
2. **Receive, Discuss and Accept the April 2023 YTD Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

SNCHC Governing Board

3. **Review, Discuss and Approve for Submittal the Service Area Competition (SAC) Application;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **Review, Discuss and Approve a Change in Scope to add the All Saints Episcopal Church (ASEC) to our HRSA Project;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **Review, Discuss and Approve a Change in Scope to add the Mobile Medical Unit;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
6. **Review, Discuss and Approve the addition of the Sexual Health Clinic;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
7. **Highlights from the May 2023 Operational Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VII. **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)***

VIII. **EXECUTIVE DIRECTOR & STAFF REPORTS *(Informational Only)***

- Executive Director Comments
- Overview of the Sexual Health Clinic

IX. **INFORMATIONAL ITEMS**

- Community Health Center (FQHC) May Operations Reports

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 Chairman or the Board by majority vote. **See above for instructions for submitting public comment.**

X. **ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Tawana Bellamy or Andria Cordovez Mulet in Administration 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 Tawana Bellamy or Andria Cordovez Mulet at 280 S. Decatur Blvd, Las Vegas, NV, 89107 or dial (702) 759-1201.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

May 16, 2023 – 2:30 p.m.

Meeting was conducted In-person and via WebEx Event

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

MEMBERS PRESENT: Jose L. Melendrez, Chair – Consumer Member (*Webex/In person*)
Donna Feliz-Barrows, Vice-Chair – Consumer Member (*In-person*)
Erin Breen – Community Member, UNLV Vulnerable Road Users Project (*via Webex*)
Scott Black – Community Member, City of North Las Vegas (*via Webex*)
Jasmine Coca – Community Member, Catholic Charities of Southern Nevada (*In person*)
Gary Costa – Community Member, Golden Rainbow (*via Webex*)
Brian Knudsen – Consumer Member (*via Webex*)
Father Rafael Pereira – Community Member, All Saints Episcopal Church (*via Webex*)
Lucille Scott – Consumer Member (*In person*)

ABSENT: Luz Castro – Consumer Member

ALSO PRESENT:

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

EXECUTIVE DIRECTOR: Fermin Leguen, MD, MPH, District Health Officer

STAFF: Tawana Bellamy, Andria Cordovez Mulet, Cassius Lockett, Cortland Lohff, Randy Smith, Donnie (DJ) Whitaker, Justin Tully, Fernando R. Lara, Luann Province, David Kahananui, Merylyn Yegon, Fidel Cortes Serna

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

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

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

II. **OATH OF OFFICE**

- Board Member – Jasmine Coca

The Oath of Office was administered to member Jasmine Coca by Tawana Bellamy, Administrative Secretary.

III. **PLEDGE OF ALLEGIANCE**

- 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 Vice Chair closed the First Public Comment portion.

V. ADOPTION OF THE MAY 16, 2023 MEETING AGENDA *(for possible action)*

A motion was made by Chair Melendrez, seconded by Member Father Rafael, and carried unanimously to approve the May 16, 2023 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: April 18, 2023 *(for possible action)*

2. Approve the Ongoing Professional Practice Evaluation – Peer Review Policy; direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. Approve Credentialing and Privileging of Provider Jerry Cade, MD; direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

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

VII. REPORT / DISCUSSION / ACTION

Recommendations from the May 15, 2023 Finance & Audit Committee

1. Review and Discuss the Chair Nomination for the Finance and Audit Committee; direct staff accordingly or take other action as deemed necessary *(for possible action)*

David Kahananui, Senior FQHC Manager advised that the Finance and Audit committee nominated Jasmin Coca as the chair to the committee. Member Coca accepted the nomination.

2. Review and Discuss the Finance and Audit Committee Meeting Schedule; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Heather Anderson-Fintak, General Counsel advised that the Finance and Audit Committee agree to meet on the third Mondays of the month at 4 p.m. Ms. Anderson-Fintak further advised that the meeting time may be moved if members are not able to meet on the agreed schedule.

3. Receive, Discuss and Accept the Single Audit Report from Eide Bailly; direct staff accordingly or take action as deemed necessary *(for possible action)*

Member Coca advised that the Finance and Audit Committee reviewed and accepted the Single Audit Report from Eide Bailly and the March 2023 YTD Financial Report and recommended approval by the board.

Donnie (DJ) Whitaker, Chief Financial Officer presented the Single Audit Report from Eide Bailly and advised it is required to get a single audit because of the amount of federal funding processed through Southern Nevada Health District. Ms. Whitaker advised the final report contained the Independent Auditors Report, Auditor's Report Government Auditing Standards, and the June 30, 2022 Single Audit Report, issued on March 29, 2023.

Ms. Whitaker outlined the total federal expenditures included in the Schedule of Expenditures of Federal Awards (SEFA) was \$84,020,096 and the following four programs were audited:

- Epidemiology & Lab Capacity – Assistance Listing 93.323
- Health Department Response to Public Health or Healthcare Crises – Assistance Listing 93.391
- Health Center Program Cluster – Assistance Listing 93.224 & 93.527
- HIV Prevention Activities – Assistance Listing 93.940

Ms. Whitaker advised there were no scheduled finding and questioned costs and Eide Bailly issued an unmodified report. Ms. Whitaker further advised that the communication from Eide Bailly outlined no significant difficulties were with management, no misstatements were identified and no disagreements with management.

A motion was made by Chair Melendrez, seconded by Member Scott, and carried unanimously to accept the recommendation from the Finance and Audit Committee to accept the Single Audit Report from Eide Bailly, as presented.

Chair Melendrez left the Webex meeting at 2:43 p.m.

- 4. Receive, Discuss and Accept the March 2023 YTD Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Chair Melendrez rejoined the meeting in person at 2:44 p.m.

Ms. Whitaker presented the March 2023 YTD Financial Report with the following highlights:

Highlights

- Net Position – Negative \$3.6M budgeted and negative \$2.6M actual, variance of \$983K.
- Charges for Services – \$11.7M budgeted, and \$13.3M actual, variance increase mostly related to Pharmacy.
- Supplies - \$8.8M budgeted and \$11M actual, variance \$2.1M – increase due to Pharmacy activity continues to outpace expected patient encounters and rising cost of prescription drugs.

Patients by Department

- Number of Encounters through March 31, 2023 – 19,847
- Pharmacy had generated most of the revenue.

Ms. Whitaker further reviewed the:

- Revenue by Department (with and without Pharmacy)
- Expenses by Department (with and without Pharmacy)
- General Fund – Included information about what is funded by general fund and special revenue.
- Special Revenue by Fund
- Revenue by Fund
- Expenses by Fund

A motion was made by Chair Melendrez, seconded by Member Scott, and carried unanimously to accept the recommendation from the Finance and Audit Committee to accept the March 2023 YTD, as presented.

SNCHC Governing Board

- 5. Receive and Discuss the Quality, Credentialing and Risk Management Meeting Schedule;** direct staff accordingly or take action as deemed necessary *(for possible action)*

Mr. Kahananui advised that the Quality, Credentialing and Risk Management Committee agreed to meet four times per year and as deemed necessary. Mr. Kahananui further advised of the meeting dates.

- Thursday, April 13, 2023, 102 p.m. (Q1 activities)
- Wednesday, July 5, 1-2 p.m. (Q2 activities)
- Wednesday, October 11, 1-2 p.m. (Q3 activities)
- Wednesday, January 10, 2024, 1-2 p.m. (Q4 activities)

6. Receive, Discuss and Approve Updates to the Risk Management Report; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented an update to the health center's Annual Risk Management Report learned during the submission of the FTCA application in December 2022. Mr. Kahananui advised that HRSA requested a plan that outlines how goals would be met and a report of the health center's progress towards those goals. Mr. Kahananui provided an overview of the plan indicating the CY23 goals, CY22 baseline, CY23 activities and CY23 performance that will help track and monitor the metrics. The tracking report will be submitted to HRSA as a part of the FTCA application.

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

7. Receive, Discuss and Approve the Quality Management Plan; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the Quality Management Plan for 2023 and advised there were no changes to the goals and objectives. Mr. Kahananui advised of changes to the organization and how it is governed. The quality improvement and assurance activities will be conducted by SNCHC Governing Board, to provide oversight and SNCHC Quality, Credentialing and Risk Management Committee, to manage the details. In the past, the Quality Improvement Committee worked internally on daily operations, strategic updates, and improvements. Many of the people on that committee did not have an immediate stake in the success of the health center and the group has been reestablished as the Quality Improvement Work Group. The work group will be comprised of clinical and administrative leaders and staff that are specific to the health center.

A motion was made by Chair Melendrez, seconded by Member Scott, and carried unanimously to approve the Quality Management Plan, as presented.

8. Receive, Discuss and Approve Credentialing and Privileging of Provider Alireza Farabi, MD, PC; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dr. Cortland Lohff, Chief Medical Officer presented the Credentialing and Privileging of Provider Alireza Farabi, MD, PC. Dr. Lohff advised the board of the unusual circumstances surrounding Dr. Farabi's credentialing. Dr. Lohff provided a brief background about Dr. Farabi's work at the Health Department and advised that Dr. Farabi's credentialing was previously approved by human resources.

Dr. Lohff advised that HRSA requires certain credentials to be verified through a process called primary source verification, which means confirming the authenticity of the credentials directly with the source. Dr. Lohff advised that human resources requested primary source verification of education directly from Dr. Farabi's medical school, however despite multiple attempts, they were unable to receive verification. Dr. Lohff further advised that human resources requested the verification through a secondary source and Dr. Farabi was able to provide documentation of attendance and completion of his medical education. Dr. Lohff advised that the Nevada Board of Medical Examiners require primary source verification for education and training when a physician applies for a license. Based on these

findings, we recommend that the Governing Board approve the credentialing and privileging of Dr. Farabi.

Member Coca inquired where Dr. Farabi will be providing services. Dr. Lohff advised that Dr. Farabi would provide services at the health center.

Member Coca inquired about the type of services Dr. Farabi would provide. Dr. Lohff advised that Dr. Farabi is an infectious disease specialist and provides services to our HIV/AIDS patients in the Ryan White program. Dr. Farabi also helps to diagnose patients and manage other infectious disease conditions in the health center.

Dr. Leguen advised that Dr. Farabi's medical schools is in Iran, and it is difficult to get primary source verification from that country. Chair Melendrez inquired if Dr. Farabi is verified through the State of Nevada. Dr. Leguen commented yes.

A motion was made by Chair Melendrez, seconded by Member Scott, and carried unanimously to approve the Credentialing and Privileging of Provider Alireza Farabi, MD, PC, as presented.

9. Highlights from the April 2023 Operational Report; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the following highlights from the April 2023 Operational Report.

April 2023 Patients Served:

- 847 unduplicated patients served
- 214 new patients

Staffing:

- New mid-level provider started on 5/1
- Recruitment for staff physician and LCSW ongoing

Grants:

- FQHC Incubator Grant for \$1.4 million over two years to develop oral health services at Fremont
- HRSA Service Area Competition (SAC) will be released at the end of May

Audits:

- Ryan White Onsite Visit – May 2023
- Title X Onsite Visit – September 2023

Community Health Worker (CHW) new billable provider for FQHCs

- Requires a Payer Credentialing and Internal Privileging Process
- Scope of Billable work

Approved for three (3) billable Medicaid encounters each day

- Medical, Behavioral Health, Dental

Final PPS rate with State Medicaid Office

- Currently operating on an interim rate

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. EXECUTIVE DIRECTOR & STAFF REPORTS (Information Only)

Dr. Leguen advised that May 11, 2023 was the last day of the public health emergency, which means many activities related to COVID-19 response will end. Services will continue at the health center until July 31, 2023. Dr. Leguen advised that the health center will continue to offer testing services to the community at two College of Southern Nevada locations. Dr. Leguen advised that the health center will also provide free home test kits in vending machines at six locations. Dr. Leguen further advised that back to school immunizations for children returning to school will be at the Fremont location.

Member Coca inquired the two Licensed Clinical Social Workers (LCSW) in behavioral health that was discussed at the Finance and Audit Committee meeting. Dr. Leguen advised that the behavioral health staff is being funded by thorough Ryan White and that includes the LCSWs. Dr. Leguen further advised that the discussion at the Finance and Audit Committee meeting was for finance to create a separate line item in the financial report to identify the funds dedicated to that work.

Member Coca inquired if the LCSW are full time positions. Dr. Leguen advised they are full time positions.

Chair Melendrez inquired about the emergency medical relief fund ending and if the health center will be able to continue to provide vaccines. Dr. Leguen advised that the health center will continue to provide free COVID-19 vaccines as long as we receive federal supplies for it. After that, the COVID-19 vaccine will be available for free to people who have insurance. For the uninsured, the health center will provide the COVID-19 vaccine for children for free and the 339 program will allow adults to get the COVID-19 vaccine for free.

Chair Melendrez inquired about the COVID-19 cases trending down. Dr. Leguen advised that cases are trending down. The virus is still circulating but less than what it was in previous years. The number of hospitalizations has decreased dramatically, as well as the number of deaths.

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) April 2023 Operations Reports

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 Vice Chair closed the Second Public Comment.

XIII. ADJOURNMENT

The Vice Chair adjourned the meeting at 3:12 p.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary/CHC Executive Director

/tab

SNCHC Governing Board Meeting

June 20, 2023



AT THE SOUTHERN NEVADA HEALTH DISTRICT



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Southern Nevada Community Health Center FY 2023 Budget Augmentation

Presented by: Donnie (DJ) Whitaker, CFO

June 20, 2023

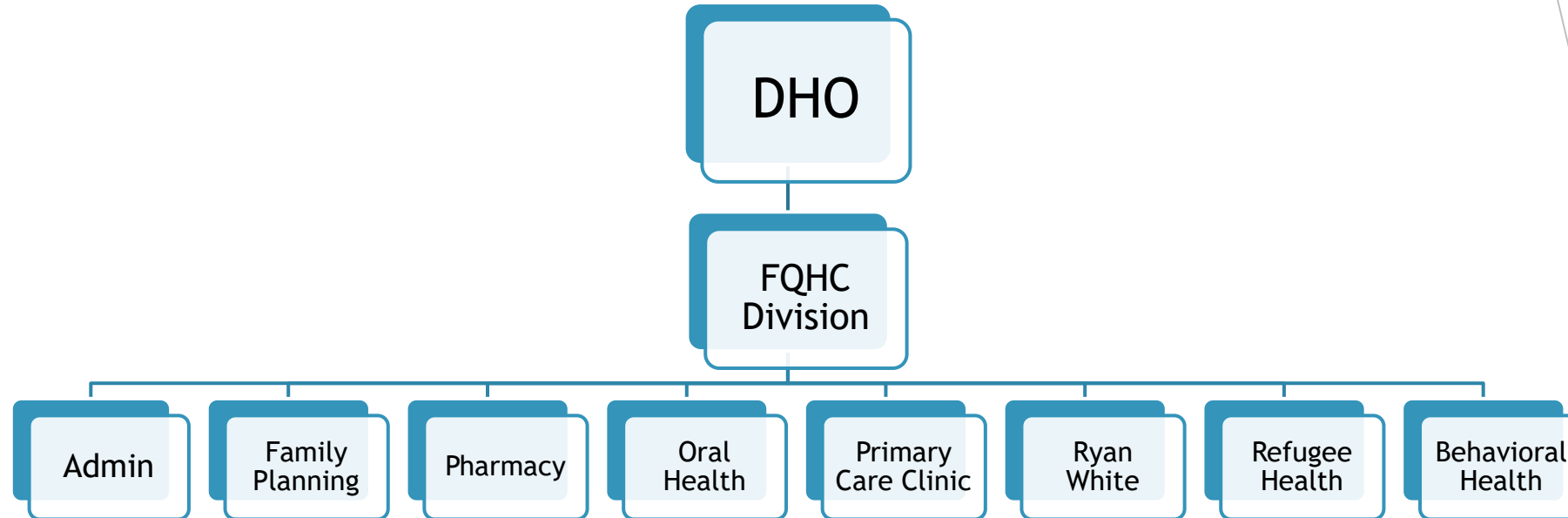
Definition

A “**Budget augmentation**” is a procedure for increasing appropriations of a fund with the express intent of employing previously unbudgeted resources of the fund for carrying out the increased appropriations.

Nevada Revised Statute (NRS) 354.626

Unlawful expenditure of money in excess of amount appropriated; penalties; exceptions, states that “No governing body or member thereof, officer, office, department, or agency may, during any fiscal year, expend or contract to expend any money or incur any liability, or enter into any contract which by its terms involves the expenditure of money, in excess of the amounts appropriated for that function, other than bond repayments, medium-term obligation of repayments and any other long-term contract expressly authorized by law.”

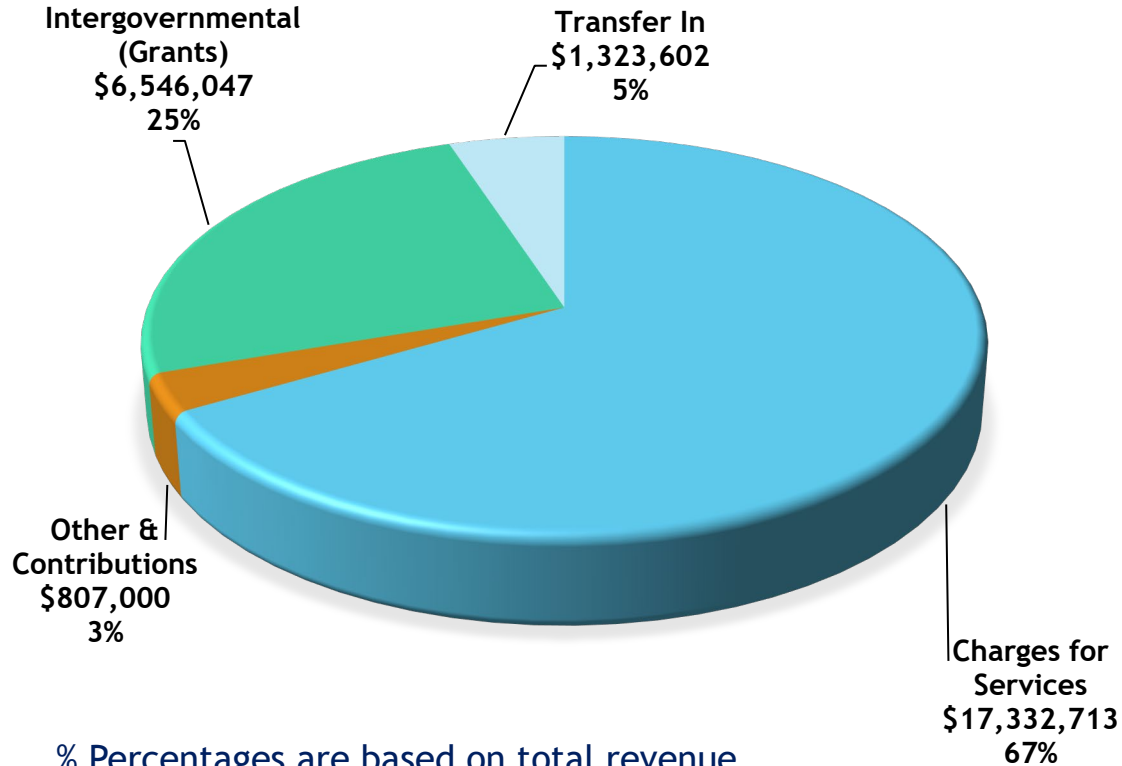
FQHC Division Org Chart



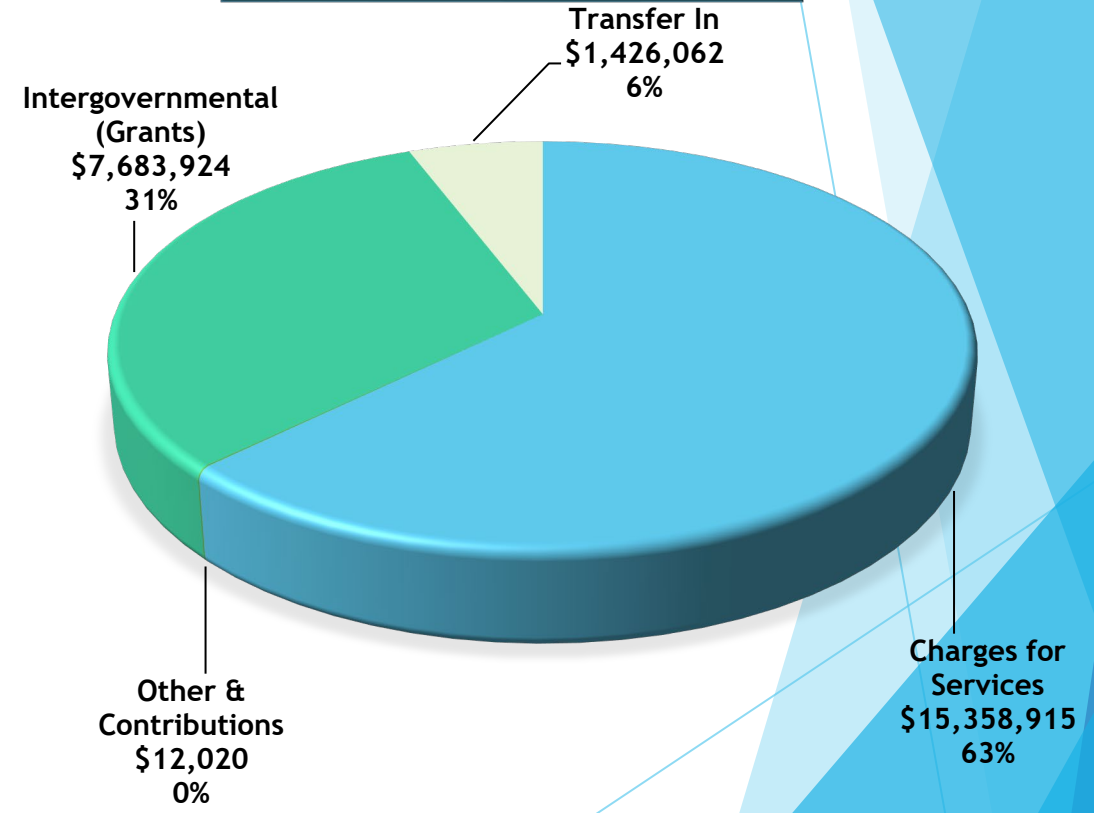
REVENUES

COMBINED REVENUES BY SOURCE - Adopted vs Augmented

FY2023 2nd Budget
Augmentation Revenue
\$26.0 M



FY2023 1st Budget
Augmentation Revenue
\$24.5M



% Percentages are based on total revenue

1st Budget Augmentation was approved in Jan 2023

2nd Budget Augmentation is presented in June 2023

REVENUES

GENERAL & SPECIAL REVENUE FUND SUMMARY

General Fund:

Total *Charges for Services revenue is augmented at \$17.3M an increase of \$1.9M compared \$15.4M from 1st (Jan 2023) budget augmentation.

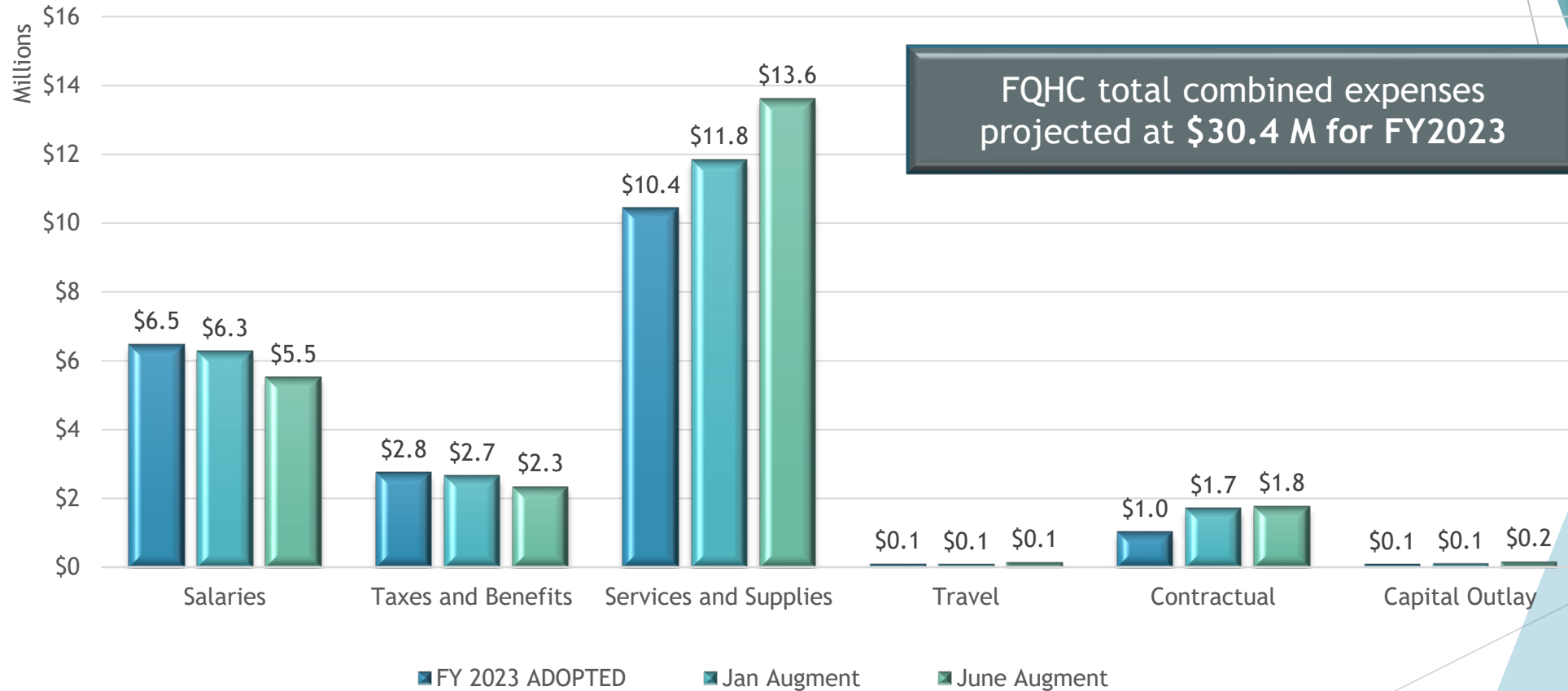
**Major component of Charges for Services revenue is Pharmacy which continue to increase and is now projected at \$16.3M compared to \$15.3M from previous budget augmentation.*

Special Revenue Fund:

Federal & Pass Thru (Grants) revenue decreased from \$7.7M to \$6.5M due to grants phasing out (Covid Supplemental #4) ended 03/31/23.

EXPENDITURES

COMBINED EXPENDITURES BY CATEGORY - Adopted vs Augmented



EXPENDITURES

GENERAL & SPECIAL REVENUE FUND SUMMARY



FQHC combined expenditures augmented budget is **\$30.4 M** compared to **\$29.7 M** from prior augmentation.



General Fund Pharmacy Med supplies is projected at **\$12.5 M**, **92%** of total FQHC supplies of **\$13.6 M**.



Total salaries and benefits for General & Grants funds is **\$7.9M**, **26%** of total FQHC expenditures. More than **56%** of Personnel expense are supported by grants.

Combined Funds Table

FQHC Combined Funds (Budget Augmentation)

| FQHC Community Health Center | FY 2023 | | |
|------------------------------|-----------------------|-----------------------|-----------------------|
| | Adopted | Jan Augment | June Augment |
| Revenue | | | |
| Charges for Services | \$ 13,974,543 | \$ 15,358,915 | \$ 17,332,713 |
| Contributions | - | 12,020 | 7,000 |
| Other (Wrap Recovery) | - | - | 800,000 |
| Intergovernmental | 7,683,924 | 7,683,924 | 6,546,047 |
| Transfer In | 1,426,062 | 1,426,062 | 1,323,602 |
| Revenue Total | \$ 23,084,529 | \$ 24,480,921 | \$ 26,009,362 |
| Expenses | | | |
| Salaries | 6,478,743 | 6,274,186 | 5,518,840 |
| Taxes and Benefits | 2,753,464 | 2,661,429 | 2,342,092 |
| Supplies | 10,442,708 | 11,848,861 | 13,622,173 |
| Contractual | 1,024,226 | 1,716,362 | 1,772,759 |
| Travel | 92,871 | 80,173 | 143,739 |
| Capital | 83,455 | 106,455 | 163,955 |
| Indirect/Cost Allocation | 5,726,090 | 5,665,780 | 5,507,606 |
| Transfer Out | 1,381,949 | 1,381,949 | 1,323,602 |
| Expenses Total | \$ 27,983,506 | \$ 29,735,195 | \$ 30,394,766 |
| Revenue less Exp | \$ (4,898,977) | \$ (5,254,274) | \$ (4,385,404) |

Staffing FY2023

FQHC Total Augmented FTE (NO CHANGES)

| | Total |
|-----------------------------|--------------|
| General Fund | 33.80 |
| Special Revenue Fund | 53.10 |
| Total | 86.90 |

Reminder: FQHC was formerly under Primary & Preventive Care. It was established as a new division on July 1, 2022 (beginning of FY2023).



Questions?

Motion to accept the recommendation from the Finance and Audit Committee to accept the Southern Nevada Community Health Center's FY2023 Budget Augmentation, as presented.

FQHC Financial Report

Results as of April 30, 2023

All Funds/Divisions

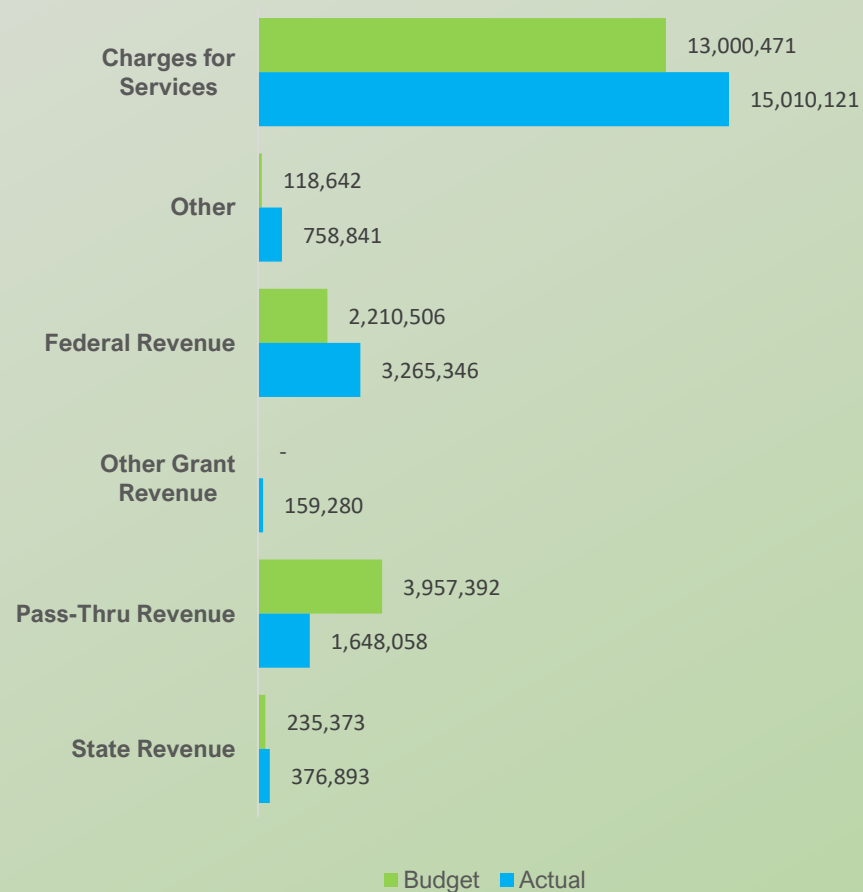
| Activity | Budget as of April | Actual as of April | Variance | % |
|--------------------------------------|--------------------|--------------------|--------------------|-------------|
| Charges for Services | 13,000,471 | 15,010,121 | 2,009,650 | 15% |
| Other | 118,642 | 758,841 | 640,199 | 540% |
| Federal Revenue | 2,210,506 | 3,265,346 | 1,054,840 | 48% |
| Other Grant Revenue | - | 159,280 | 159,280 | 0% |
| Pass-Thru Revenue | 3,957,392 | 1,648,058 | (2,309,333) | -58% |
| State Revenue | 235,373 | 376,893 | 141,521 | 60% |
| Total FQHC Revenue | 19,522,383 | 21,218,540 | 1,696,157 | 9% |
| Salaries | 5,228,488 | 4,557,425 | (671,063) | -13% |
| Taxes & Fringe Benefits | 2,217,857 | 1,841,264 | (376,593) | -17% |
| Travel & Training | 66,811 | 62,557 | (4,254) | -6% |
| Total Salaries & Benefits | 7,513,156 | 6,461,245 | (1,051,911) | -14% |
| Supplies | 9,874,051 | 12,118,812 | 2,244,761 | 23% |
| Capital Outlay | 88,713 | 63,626 | (25,087) | -28% |
| Contractual | 1,430,303 | 1,244,513 | (185,789) | -13% |
| Total Other Operating | 11,393,066 | 13,426,951 | 2,033,885 | 18% |
| Indirect Costs/Cost Allocations | 4,721,483 | 4,642,349 | (79,135) | -2% |
| Transfers IN | (1,188,385) | (1,055,951) | 132,434 | -11% |
| Transfers OUT | 1,151,624 | 1,055,951 | (95,673) | -8% |
| Total Transfers | 4,684,723 | 4,642,349 | (42,374) | -1% |
| Net Position | (4,068,562) | (3,312,005) | 756,557 | -19% |

NOTES:

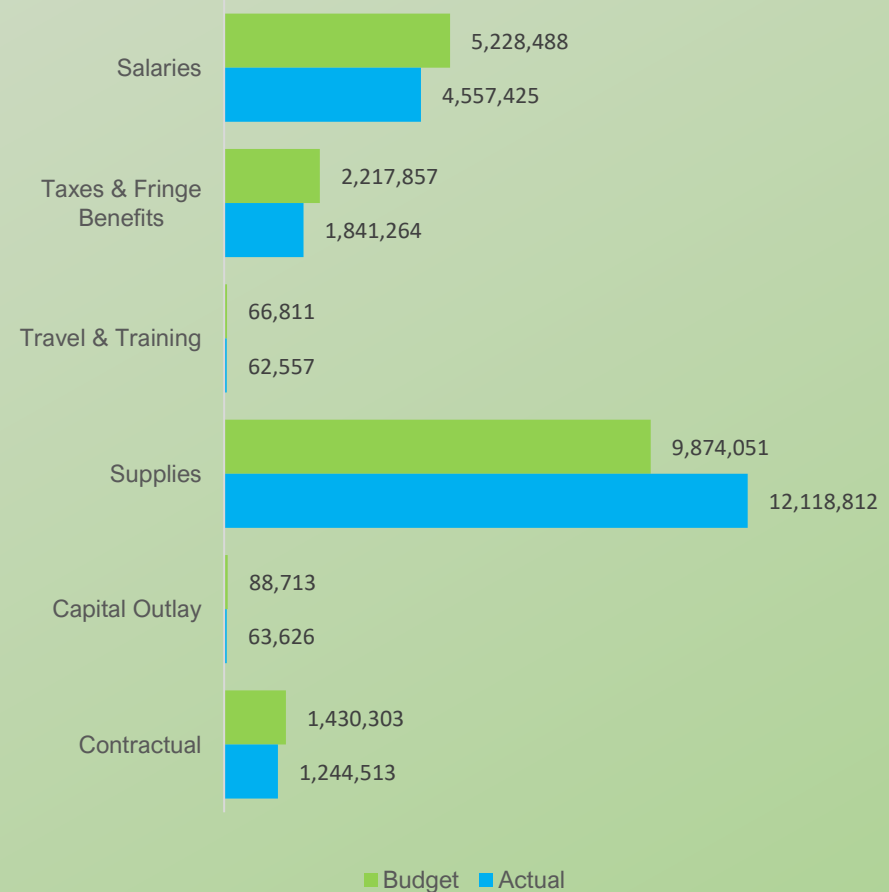
- 1) PAYER MIX INCLUDES A HIGHER PERCENTAGE OF COMMERCIALY INSURED PATIENTS COMBINED WITH AN INCREASE IN PRESCRIPTION MEDICATIONS PER ENCOUNTER.
- 2) OUTPACING BUDGET DUE TO CHANGES IN NEVADA MEDICAID REIMBURSEMENT (THE WRAP) PROGRAM UPDATES LEADING TO MULTI-PERIOD REVENUE CATCHUP.
- 3) ADDITIONAL FEDERAL GRANT REVENUES FROM INCREASE IN REIMBURSABLE PATIENT ENCOUNTERS.
- 4) TIMING DIFFERENCE FOR REVIEW AND POSTING OF REQUESTS FOR REIMBURSEMENT ACROSS ALL DEPARTMENTS (SEE ADDITIONAL NOTES ON SLIDE 5).
- 5) SEVEN OPEN POSITIONS IN ACTIVE RECRUITMENT THROUGHOUT THE FISCAL YEAR (INCLUDING FULL-TIME PRIMARY CARE APRN).
- 6) PHARMACY ACTIVITY CONTINUES TO OUTPACE EXPECTED PATIENT ENCOUNTERS AND RISING COST OF PRESCRIPTION DRUGS LED TO INCREASE EXPENSES.

Revenues & Expenses

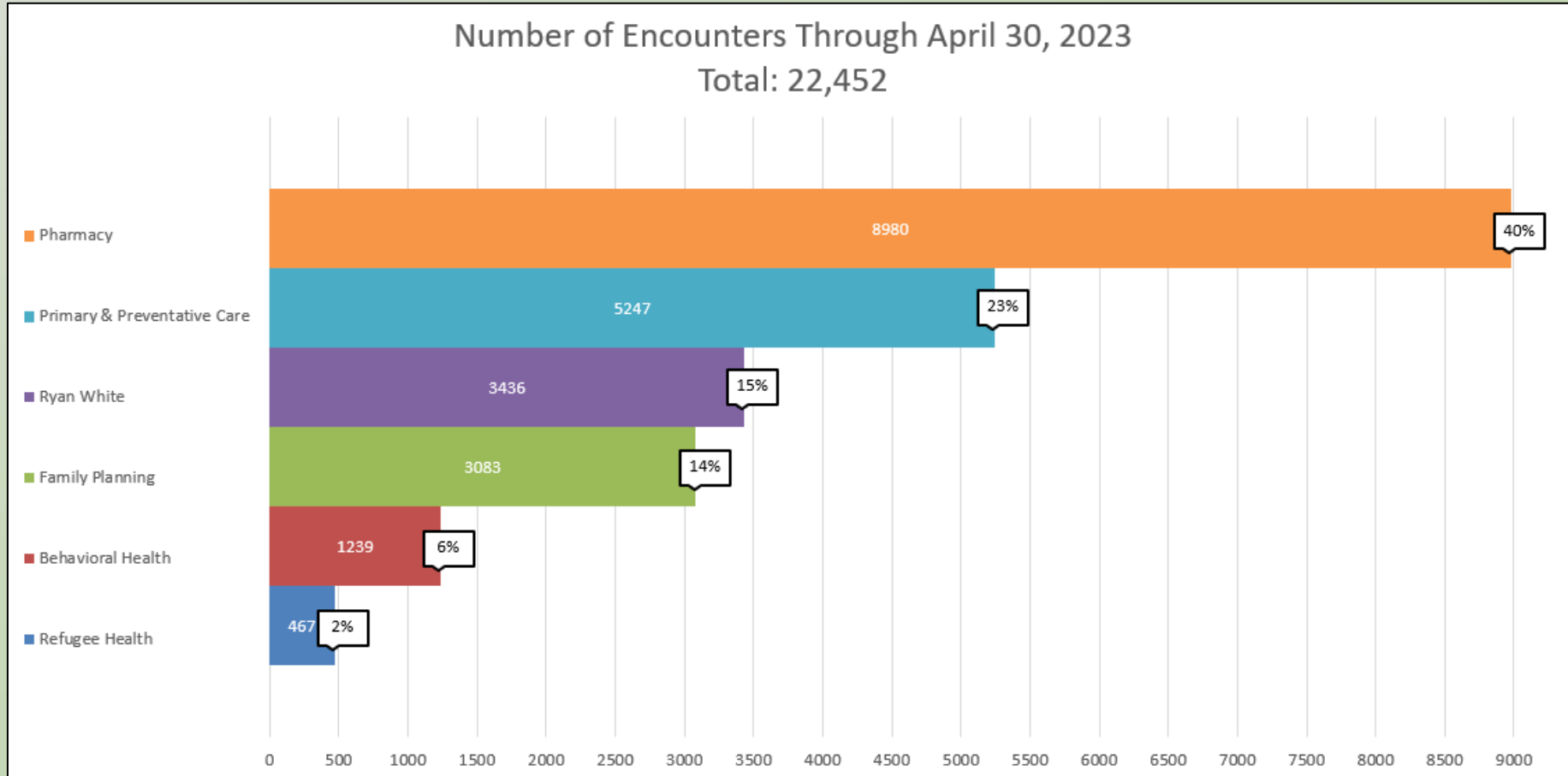
FQHC Total Revenue by Type



FQHC Total Expense by Type



Patients by Department



Revenue by Department

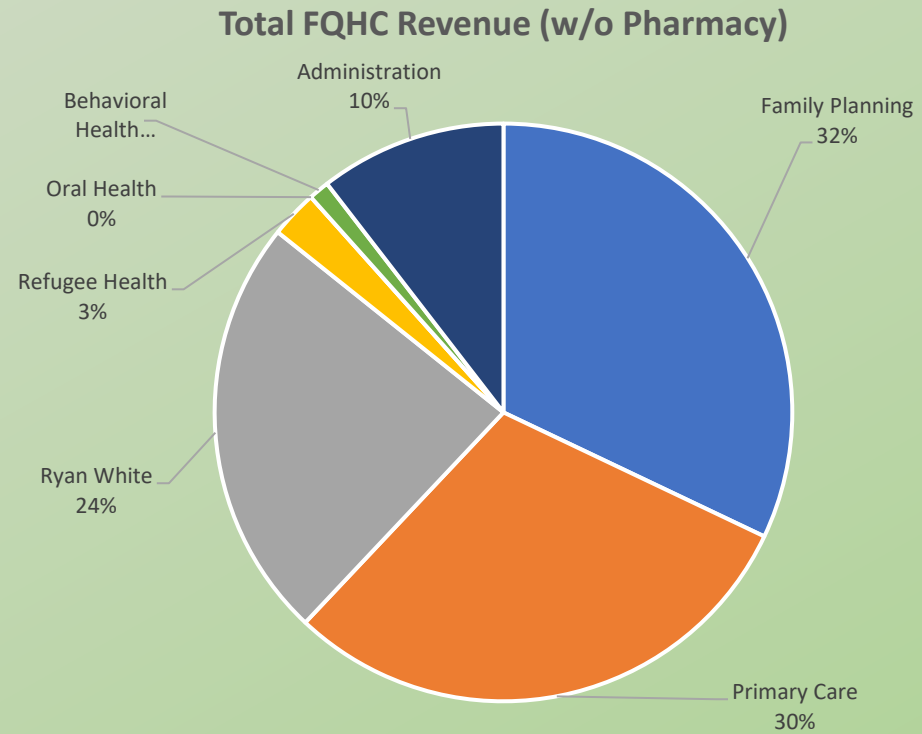
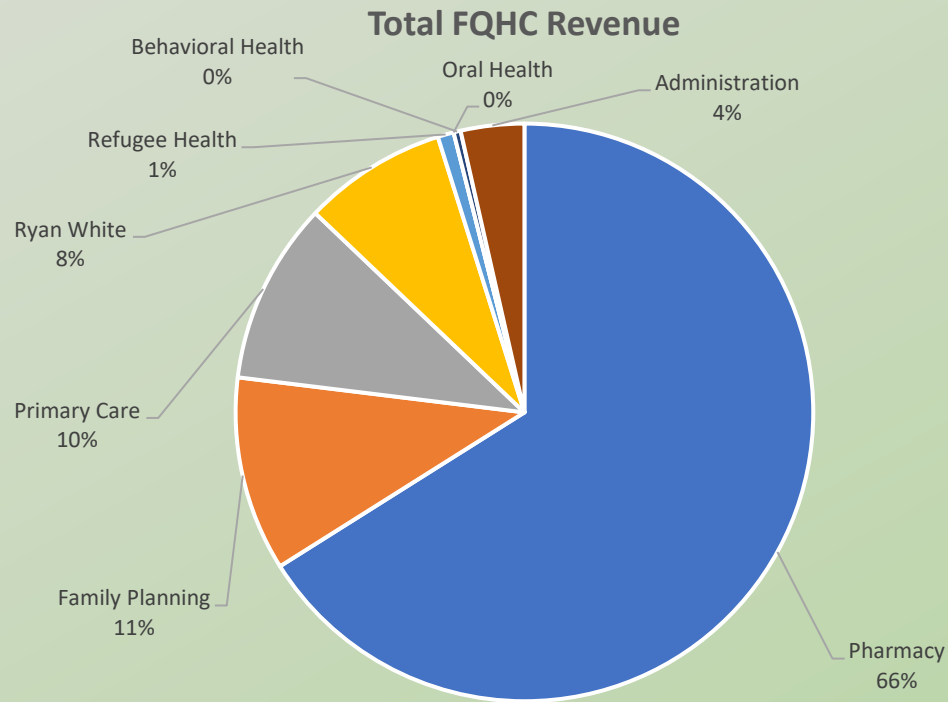
| Department | Budget as of April | Actual as of April | Variance | % |
|--------------------------------------|--------------------|--------------------|------------------|-------------|
| Charges for Services (+ Wrap) | | | | |
| Family Planning | 283,983 | 422,062 | 138,078 | 49% |
| Pharmacy | 12,015,000 | 14,016,368 | 2,001,368 | 17% |
| Oral Health (Dental) | 6,100 | - | (6,100) | -100% |
| Primary Care | 551,483 | 189,310 | (362,173) | -66% |
| Ryan White | (1,079) | 225,684 | 226,763 | -21013% |
| Refugee Health | 263,625 | 79,136 | (184,489) | -70% |
| Behavioral Health | - | 83,170 | 83,170 | 0% |
| Administration | - | 753,232 | 753,232 | 0% |
| OPERATING REVENUE | 13,119,113 | 15,768,962 | 2,649,850 | 20% |
| Grants | | | | |
| Family Planning | 2,341,753 | 1,887,194 | (454,558) | -19% |
| Pharmacy | 160,841 | - | (160,841) | -100% |
| Oral Health (Dental) | - | - | - | 0% |
| Primary Care | 2,133,463 | 1,969,239 | (164,224) | -8% |
| Ryan White | 1,502,831 | 1,480,669 | (22,162) | -1% |
| Refugee Health | 264,383 | 112,475 | (151,908) | -57% |
| Behavioral Health | - | - | - | 0% |
| SPECIAL REVENUE | 6,403,270 | 5,449,577 | (953,693) | -15% |
| TOTAL REVENUE | 19,522,383 | 21,218,540 | 1,696,157 | 9% |

NOTES:

- 1) PAYER MIX INCLUDES A HIGHER PERCENTAGE OF COMMERCIALY INSURED PATIENTS COMBINED WITH AN INCREASE IN PRESCRIPTION MEDICATIONS PER ENCOUNTER.
- 2) ANTICIPATED NET ADJUSTMENT LEFT CREDIT BALANCE IN REVENUE BUDGET.
- 3) ACTIVITY NOT SPECIFICALLY BUDGETED IN FY2023.
- 4) MISCELLANEOUS REIMBURSEMENTS FROM NEVADA MEDICAID (THE WRAP).
- 5) PROGRAM IS REQUESTING A NO-COST EXTENSION FOR COVID TELEHEALTH GRANT WITH PLANS TO HIRE ADDITIONAL PERSONNEL TO MAXIMIZE UTILIZATION IN FY2023.
- 6) PHARMACY BUDGETED FOR A GRANT WHICH WAS NOT APPROVED RESULTING IN NO GRANT REVENUE FOR FY2023.
- 7) PRIMARY CARE BUDGETED FOR CONSTRUCTION PROJECTS NOT YET SCHEDULED. PROGRAM PLANS TO COMPLETE CONSTRUCTION BY END OF SEPTEMBER 2024.
- 8) TIMING DIFFERENCE FOR REVIEW AND POSTING OF REQUESTS FOR REIMBURSEMENT.

Revenue by Department

(With and without Pharmacy)



Expenses by Department

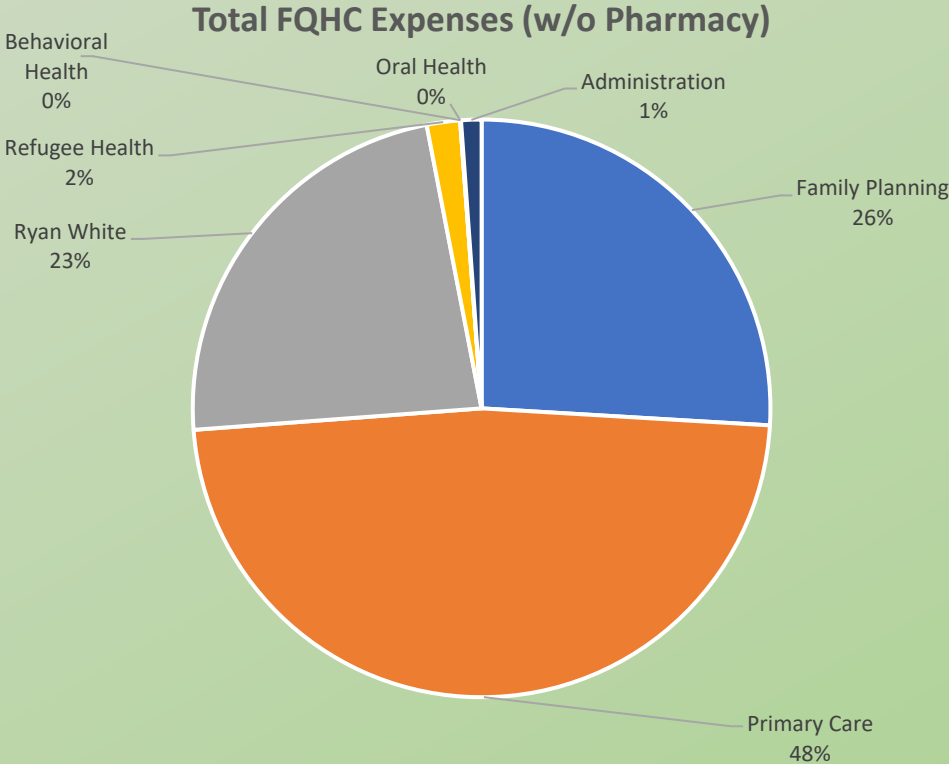
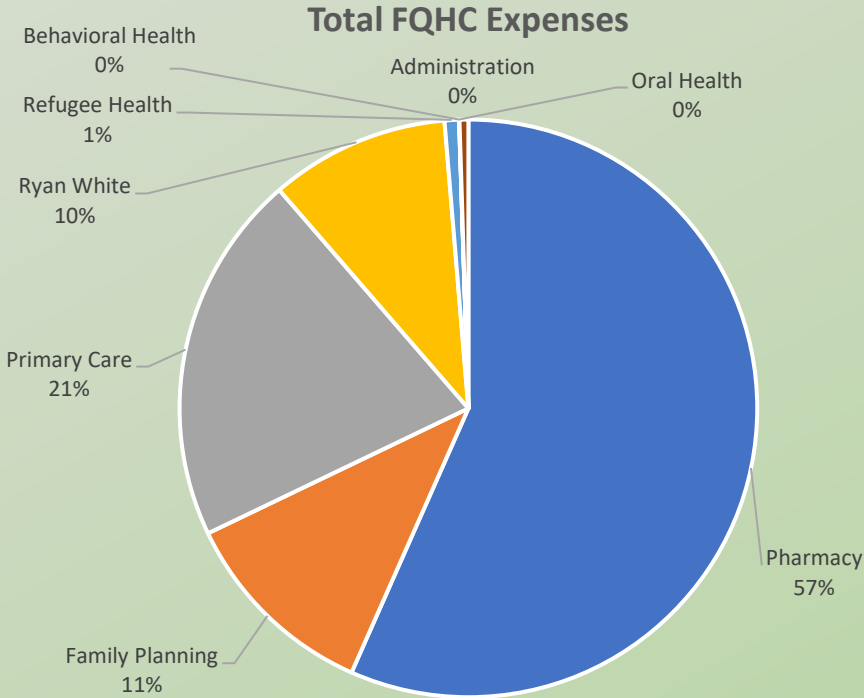
| Department | Budget as of April | Actual as of April | Variance | % |
|--|--------------------|--------------------|--------------------|-------------|
| Employment (Salaries, Fringe, Training) | | | | |
| Family Planning | 1,529,481 | 1,308,141 | (221,340) | -14% |
| Pharmacy | 249,314 | 246,773 | (2,541) | -1% |
| Oral Health (Dental) | - | - | - | 0% |
| Primary Care | 3,356,054 | 2,955,658 | (400,395) | -12% |
| Ryan White | 1,935,083 | 1,700,045 | (235,039) | -12% |
| Refugee Health | 141,591 | 98,707 | (42,884) | -30% |
| Behavioral Health | - | 3,905 | 3,905 | 0% |
| Administration | 234,823 | 85,460 | (149,362) | -64% |
| Total Personnel Costs | 7,446,345 | 6,398,689 | (1,047,657) | -14% |
| Other (Supplies, Contractual, Capital) | | | | |
| Family Planning | 605,793 | 823,627 | 217,834 | 36% |
| Pharmacy | 9,044,808 | 11,422,929 | 2,378,121 | 26% |
| Oral Health (Dental) | 46,008 | - | (46,008) | -100% |
| Primary Care | 1,227,889 | 979,050 | (248,839) | -20% |
| Ryan White | 311,795 | 201,390 | (110,405) | -35% |
| Refugee Health | 145,553 | 54,510 | (91,043) | -63% |
| Behavioral Health | 10,500 | - | (10,500) | -100% |
| Administration | 67,530 | 8,001 | (59,529) | -88% |
| Total Other Expenses | 11,459,877 | 13,489,507 | 2,029,631 | 18% |
| Total Operating Expenses | 18,906,222 | 19,888,196 | 981,974 | 5% |
| Indirect Costs/Cost Allocations | 4,721,483 | 4,642,349 | (79,135) | -2% |
| Transfers IN | (1,188,385) | (1,055,951) | 132,434 | -11% |
| Transfers OUT | 1,151,624 | 1,055,951 | (95,673) | -8% |
| Total Transfers & Allocations | 4,684,723 | 4,642,349 | (42,374) | -1% |
| TOTAL EXPENSES | 23,590,945 | 24,530,545 | 939,600 | 4% |

NOTES:

- 1) SEVEN OPEN POSITIONS IN ACTIVE RECRUITMENT THROUGHOUT THE FISCAL YEAR (INCLUDING TWO PRIMARY CARE PHYSICIANS, TWO APRN, AND TWO CHN).
- 2) INCREASED PHARMACY ACTIVITY COMBINED WITH RISING COST OF PRESCRIPTION DRUGS.

Expenses by Department

(With and Without Pharmacy)



FQHC – General Fund

| FQHC - GENERAL FUND | | Budget Through April 2023 | Actual Through April 2023 | Variance | +/- % |
|--|--|------------------------------|------------------------------|--------------------|-------------|
| Revenues | | | | | |
| Charges for Services | | 13,000,471 | 15,010,121 | 2,009,650 | 15% |
| Other | | 118,642 | 758,841 | 640,199 | 540% |
| Total Revenue | | 13,119,113 | 15,768,962 | 2,649,850 | 20% |
| Expenses | | | | | |
| Salaries | | 2,083,905 | 1,840,750 | 243,154 | 12% |
| Taxes & Fringe Benefits | | 881,410 | 747,195 | 134,215 | 15% |
| Total Personnel Costs | | 2,965,314 | 2,587,945 | 377,369 | 13% |
| Supplies | | 9,294,233 | 11,562,656 | (2,268,423) | -24% |
| Capital Outlay | | 8,333 | - | 8,333 | 100% |
| Contractual | | 448,468 | 267,743 | 180,725 | 40% |
| Travel & Training | | 35,344 | 10,872 | 24,472 | 69% |
| Total Other Expenses | | 9,786,378 | 11,841,271 | (2,054,892) | -21% |
| Indirect Costs/Cost Allocations | | 3,284,358 | 3,380,877 | (96,519) | -3% |
| Transfers IN | | - | (2,988) | 2,988 | 0% |
| Transfers OUT | | 1,151,624 | 1,052,963 | 98,661 | 9% |
| Total Transfers & Allocations | | 4,435,982 | 4,430,852 | 5,130 | 0% |
| Total Expense | | 17,187,674 | 18,860,067 | (1,672,393) | -10% |
| Net Position | | (4,068,562) | (3,091,105) | 977,457 | -24% |

Unaudited General Ledger Data - July 1, 2022 to April 30, 2023

FQHC – Special Revenue Fund

| FQHC - SPECIAL REVENUE | | Budget Through April 2023 | Actual Through April 2023 | Variance | +/- % |
|--|--|------------------------------|------------------------------|------------------|-------------|
| Revenues | | | | | |
| Grants | | 6,403,270 | 5,449,577 | (953,693) | -15% |
| Total Revenue | | 6,403,270 | 5,449,577 | (953,693) | -15% |
| Expenses | | | | | |
| Salaries | | 3,144,583 | 2,716,674 | 427,909 | 14% |
| Taxes & Fringe Benefits | | 1,336,448 | 1,094,069 | 242,378 | 18% |
| Total Personnel Costs | | 4,481,031 | 3,810,744 | 670,287 | 15% |
| Supplies | | 579,818 | 556,155 | 23,662 | 4% |
| Capital Outlay | | 80,379 | 63,626 | 16,753 | 21% |
| Contractual | | 981,835 | 976,770 | 5,065 | 1% |
| Travel & Training | | 31,467 | 51,685 | (20,218) | -64% |
| Total Other Expenses | | 1,673,498 | 1,648,237 | 25,262 | 2% |
| Indirect Costs/Cost Allocations | | 1,437,126 | 1,261,472 | 175,654 | 12% |
| Transfers IN | | (1,188,385) | (1,052,963) | (135,422) | 11% |
| Transfers OUT | | - | 2,988 | (2,988) | 0% |
| Total Transfers & Allocations | | 248,741 | 211,497 | 37,244 | 15% |
| Total Expense | | 6,403,270 | 5,670,478 | 732,793 | 11% |
| Net Position | | (0) | (220,900) | (220,900) | 0% |

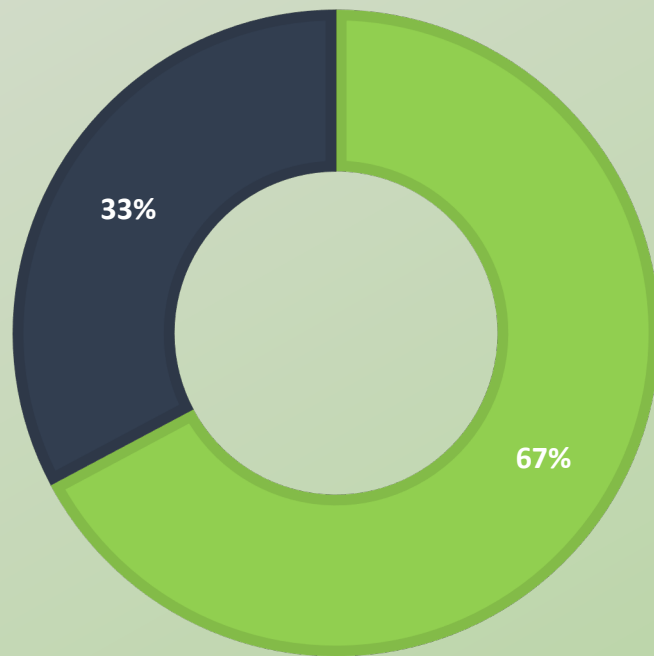
Unaudited General Ledger Data - July 1, 2022 to April 30, 2023

Percentage of Grant Revenues

(Budget v. Actual)

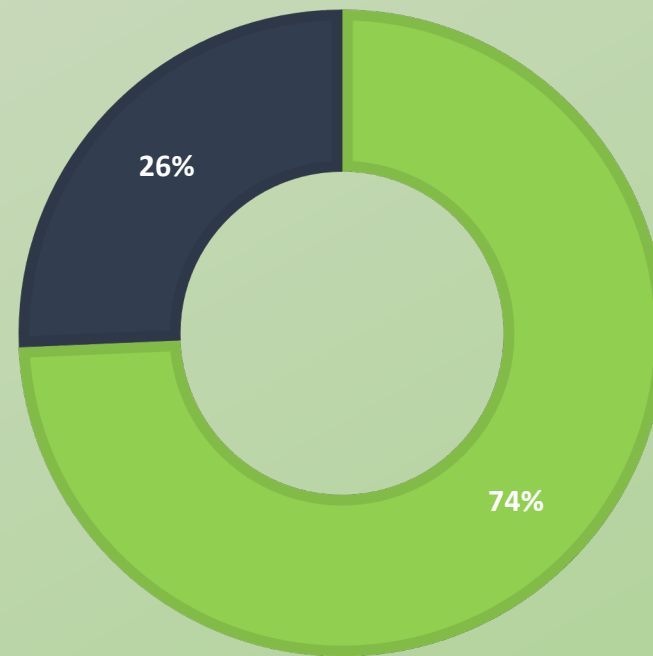
BUDGET

■ Operating ■ Grant



ACTUAL

■ Operating ■ Grant

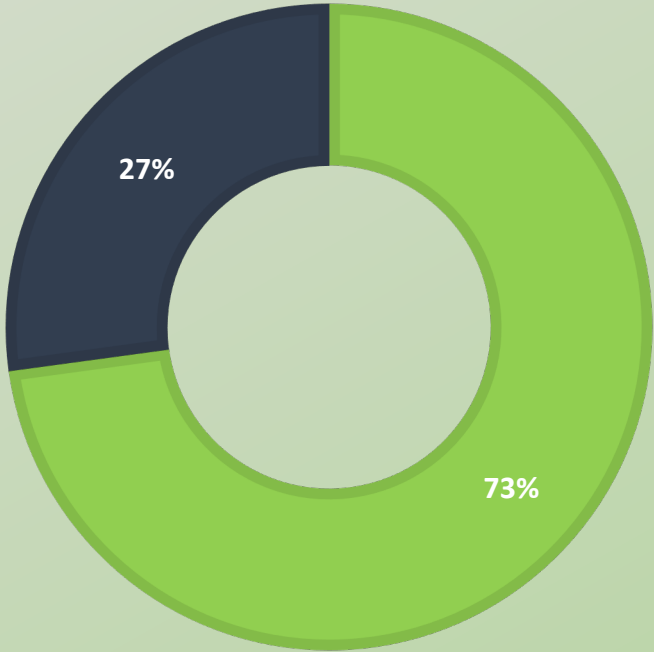


Percentage of Grant Expenses

(Budget v. Actual)

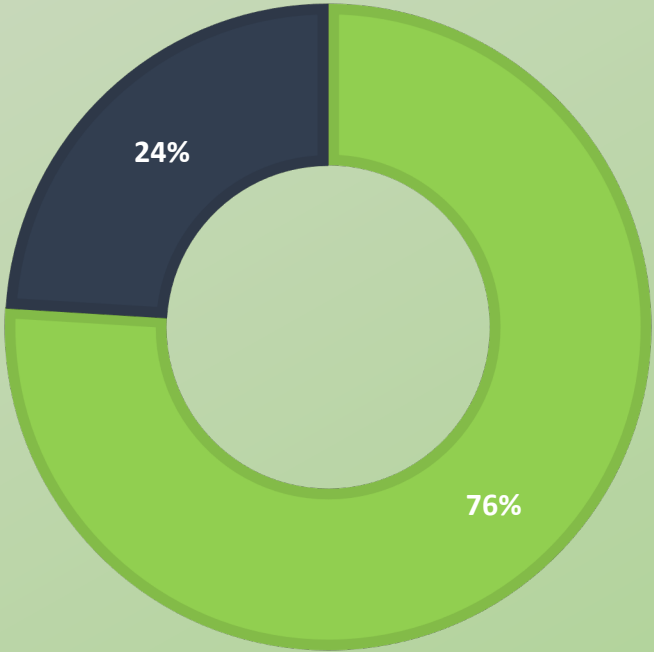
BUDGET

■ Operating ■ Grant



ACTUAL

■ Operating ■ Grant





Questions?

- *Motion to accept the recommendation from the Finance and Audit Committee to Accept the April 2023 YTD Financial Report.*

Service Area Competition (SAC) - Application Submittal

- FQHC renewal application - continued designation
- Three-year funding period: 2/1/24 - 1/31/27
- Year 1 grant funding: \$966,000
- Patient Target goal: 10,504
- Application due on 8/23/23

Motion to Approve the Submittal of the Service Area Competition (SAC) Application.



Change in Scope - All Saints Episcopal Church (ASEC)

- ASEC is a service delivery location for the Sexual Health Clinic
- Add ASEC to HRSA Project

Motion to Approve the Change in Scope to add All Saints Episcopal Church (ASEC) to our HRSA Project.



Change in Scope - Mobile Medical Unit

Brief history of Mobile Unit:

- Family Planning Mobile Unit was acquired in the fall of 2020.
- Has an exam room inside it.
- Was a temporary HRSA approved site for COVID services.
- Was removed as a HRSA approved site prior to the 2022 OSV .
- Is used to provide Family Planning and other integrated services throughout Clark and Nye Counties.
- Is accompanied by a Family Planning Van for personnel transport.
- Is being proposed as a permanent HRSA approved site in the Scope of services provided by SNCHC, since it is already engaged in providing and participating in community services.

Motion to Approve Change in Scope to add the Mobile Medical Unit.



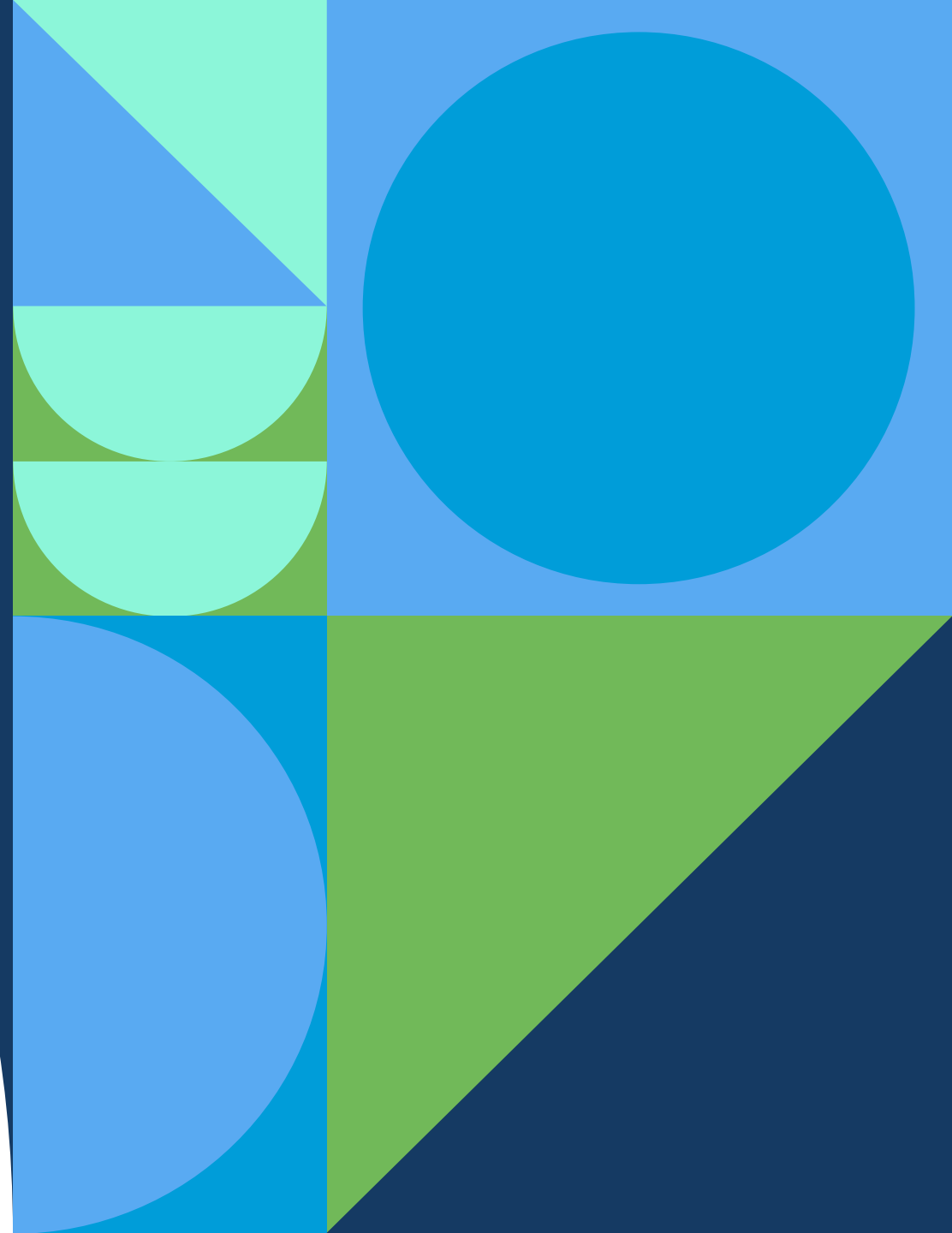
Sexual Health Clinic (SHC) Transition to FQHC

- Sexual health services currently are included in the FQHC's scope of work.
- The inclusion of the Sexual Health Clinic (SHC) will increase the volume of the services provided.
- The sexual health clinic (SHC) is staff with four (4) mid-level providers.
- Day-to-day operations of the SHC are overseen by a Community Health Nurse Supervisor.
- The clinic operates four days per week Monday - Thursday from 8am - 6pm at Decatur and ASEC.
- Services available via walk-ins and scheduled appointments.
- Services available to those with insurance and those without (sliding fee discount schedule).
- The approved SNCHC FY24 budget includes the SHC*
 - *An estimated \$306,309 in the general fund budget will be returned to the Primary and Preventative Care division for the Sexual Health Outreach and Prevent Programs (SHOPP). Existing public health grant budgets will also remain with SHOPP.
- Transition on July 1, 2023

Motion to Approve the addition of the Sexual Health Clinic to FQHC.

Highlights from the May Operational Report

Randy Smith, FQHC Operations Officer



Provider Staffing Updates

- Active recruitments with candidates for the Medical Director and Staff Physician openings.
- No viable candidates for the Licensed Clinical Social Worker (LCSW) vacancy so far.
- Bi-lingual (English/Spanish) Advanced Practice Registered Nurse (APRN) scheduled to start on 8/7/23.
- Dr. Cade, a new contract physician began in May.
Eight (8) hours of care per work in the Ryan White program at Decatur
Later this year Dr. Cade will help build Ryan White programming at Fremont

Administrative Updates

- Unduplicated patients:
 - 859 unduplicated patients seen in May.
 - 230 new patients established care.
 - 2,848 unduplicated patients seen YTD.
- Federal Tort Claims Act (FTCA):
 - Final submission pending the completion of staff training log
 - Required trainings based on position, risk reduction (e.g., clinical, physical safety, confidentiality, fraud)
 - SNHD, FQHC, Family Planning and Ryan White Requirements
 - July submission
- Azara - DRVS implementations - Population Health, Care Gaps, Reporting
Mapping and validation complete
Coordinating staff training
 - Admin
 - Superuser
 - Users
- In clinic Electronic Health Record/Clinic Information Systems CHAMPION - *identified need*

Administrative Updates Continued

- Refugee Health Clinic - effective 9/5/23
 - Transition to day-to-day FQHC operation
 - Move program to the Fremont Public Health Center
 - Goal 1: Increase access to refugee health services
 - Goal 2: Integration with health care services for those individuals wanting to establish a medical home
- Service Area Competition (SAC)
Needs Assessment, comprehensive data and narrative response
 - Focus on the health center's Service Area, Community Characteristics
 - Excellent tool for the strategic planning
 - Strategic Planning Committee
 - SNHD's strategic planning

Questions?



SOUTHERN NEVADA
Community
HEALTH CENTER

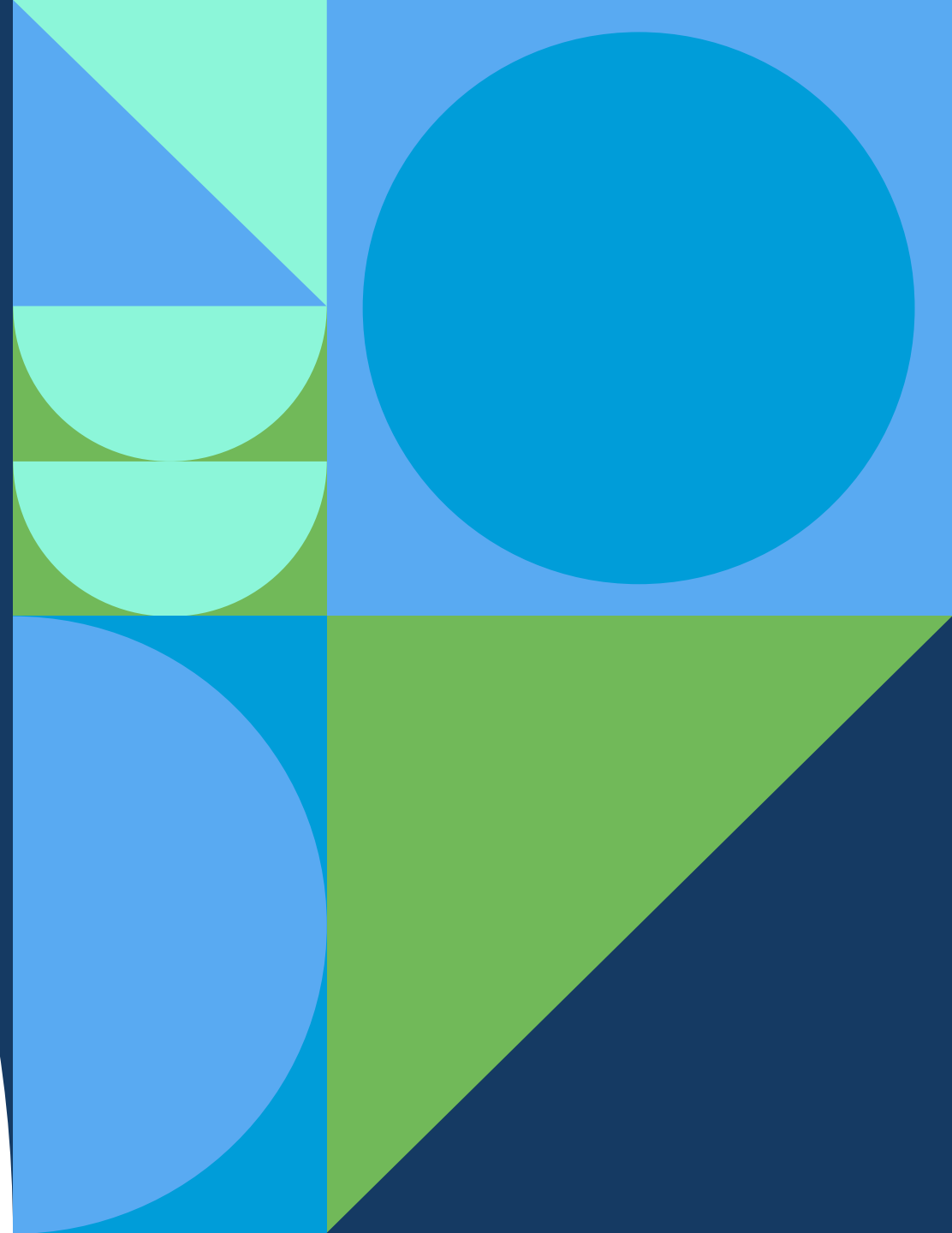
AT THE SOUTHERN NEVADA HEALTH DISTRICT



Board Reports

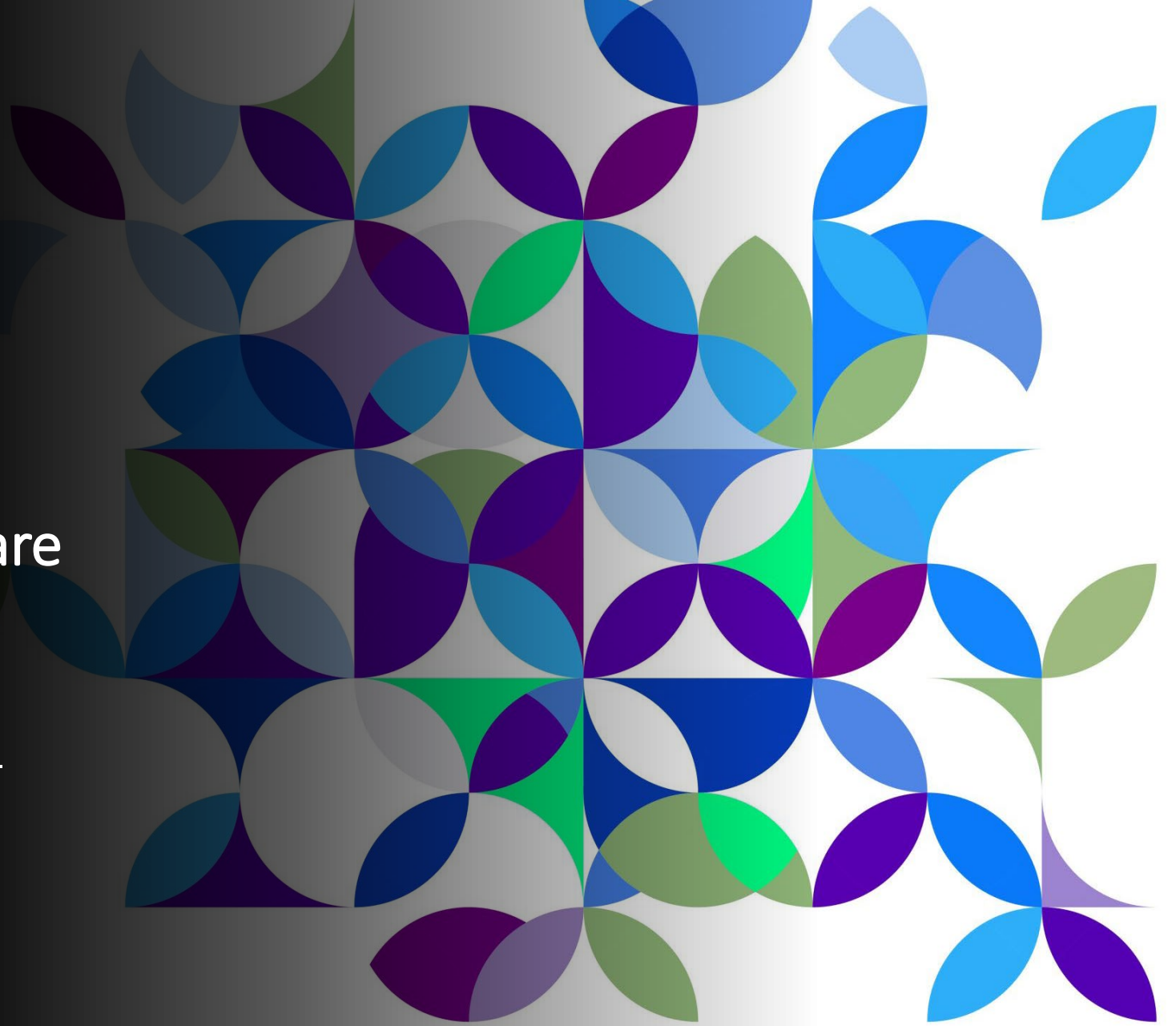
Executive Director Comments

Dr. Fermin Leguen





SNHD Sexual Health Clinic
Transition from
Primary and Preventive Care
to FQHC Division
July 1, 2023



Current SNHD Sexual Health Clinic Primary and Preventive Care

Direct Patient Care (CLINIC functions)

- Registration and insurance verification
- Triage Nurse
- Treat Nurse visits
- Provider visits for screening and treatment
- Gonococcal Isolate Surveillance Project (GISP) and University of California San Diego (UCSD) research
- PrEP and nPEP
- Telehealth visits
- Expedited Partner Therapy (EPT)
- Labs, including rapid tests

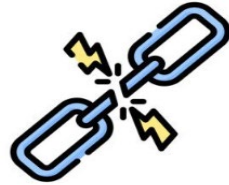
Public Health Programs

- Express STI Testing
 - CT/GC, syphilis, HIV, hepatitis panel
- Linkage to care: status-neutral approach (HIV -/+)
- Congenital Syphilis Case Management Program
- Expedited Partner Therapy (EPT)

Distribution of Duties After SHC Transition Into FQHC

Direct Patient Care - FQHC

- Registration and insurance verification
- Triage Nurse
- Treat Nurse visits
- Provider visits for screening and treatment
- Gonococcal Isolate Surveillance Project (GISP) and University of California San Diego (UCSD) research
- PrEP and nPEP
- Telehealth visits
- Expedited Partner Treatment (EPT)
- Labs, including rapid tests



Programs Moving to the Primary & Preventive Care Division

- Express STI Testing
 - CT/GC, syphilis, HIV, hepatitis panel
- Linkage to care: status-neutral approach (HIV -/+)
- Congenital Syphilis Case Management Program
- Expedited Partner Treatment

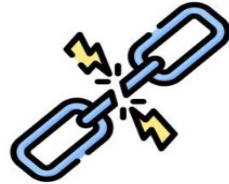
FQHC front desk will navigate and create patient profile in eClinicalWorks (eCW) as needed, Triage Nurse will route patients to appropriate service(s)

Staffing Distribution After SHC Transition Into FQHC

Direct Patient Care – FQHC 19 FTE's

Team Members:

- 1 CHN Supervisor
- 1 CHN Lead
- Providers
 - 2 APRNs
 - 2 PA's
- 4 Nurses
- 3 Front Desk Administrative Assts
- 5 Medical Assistants
- 1 CHW



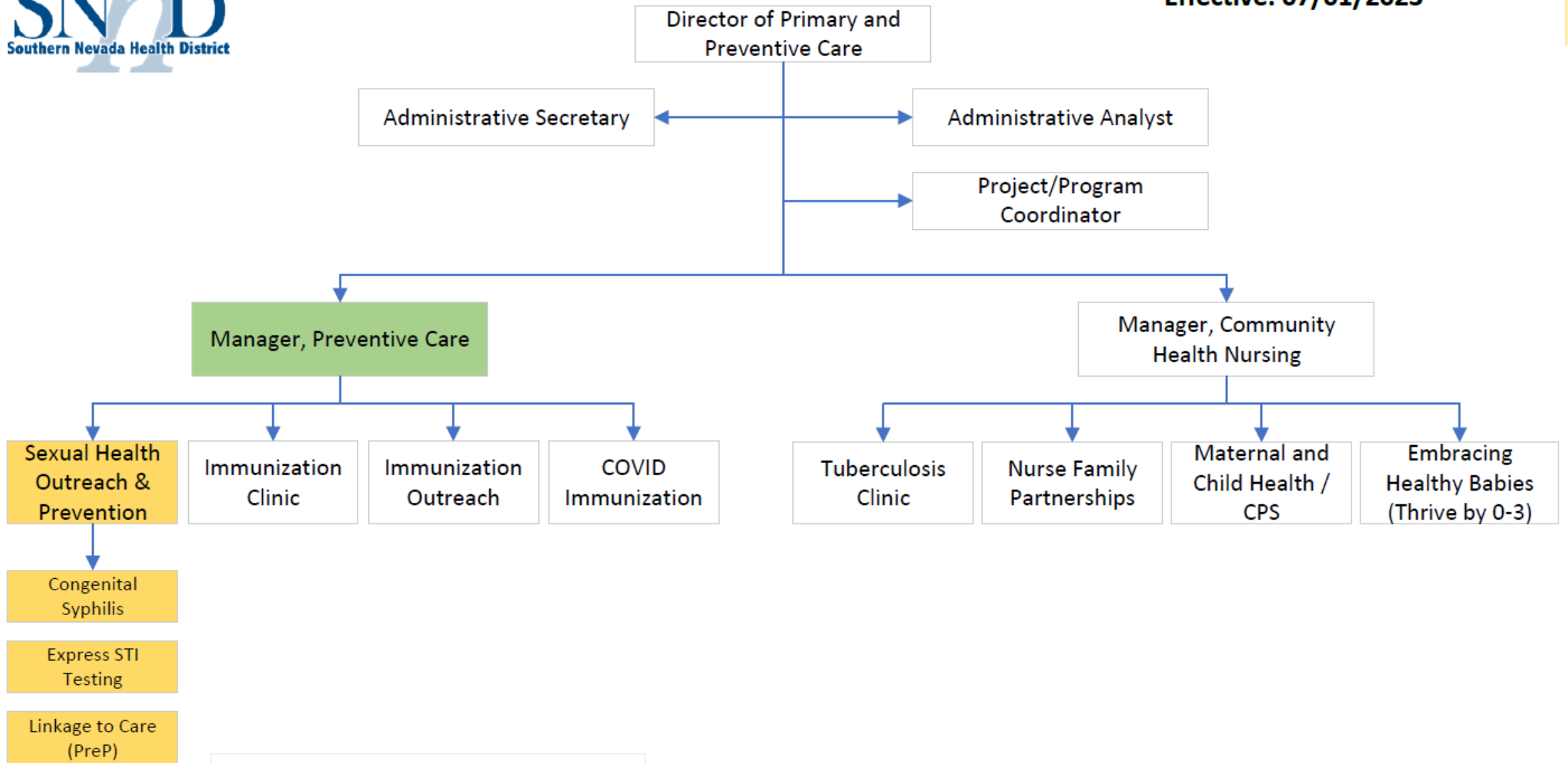
Primary & Preventive Care 7 FTE's

Team Members:

- 1 CHN Lead
- 1 Medical Assistant
- 1 LPN
- 2 CHW's
- 2 Nurse Case Managers

Transition Notes

- **New Primary & Preventive Care Unit Name:** Sexual Health Outreach and Prevention Programs (SHOPP)
- Both teams (SHC and SHOPP):
 - Will remain in the same physical location
 - Will continue to work together – no major workflow changes
 - Patient wait in the same initial line
 - Front desk creates a profile for all patients in eCW
 - FQHC Triage Nurse will navigate patients to the appropriate service within SHC
- Supervision of each team will follow its own respective Division chain-of-command
- Budget: Finance will reallocate funding codes addressing this transition



Legend:

- Position to be Created
- Programs Moved from the SHC



QUESTIONS?

Memorandum

Date: June 20, 2023

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, FQHC Operations Officer *RS*
Fermin Leguen, MD, MPH, District Health Officer *FL*

RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT – MAY 2023

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.

May Highlights

Operations

- 859 unduplicated patients seen in May.
- 230 new patients established care.
- 2,848 unduplicated patients seen YTD.

Administrative

- Service Area Competition (SAC) notice of award released. Applications due by 8/23/23.
- Title X Family Planning program postponed. New date to be determined.

COVID-19 Vaccine Clinic Facility: COVID-19 Response

- COVID-19 vaccination clinic services available at Fremont, Decatur, and outreach locations.
- COVID-19 Services – Grant funding to support testing, treatment, and vaccinations available through July 31, 2023.

HIV / Ryan White Care Program

- A. The Ryan White program received 59 referrals between May 1st and May 31st. There was one (1) pediatric client referred to the MCM (Medical Case Management) program in May and the program received three (3) referrals for pregnant women living with HIV during this time.
- B. There were 1,355 total service encounters in the month of May provided by the Ryan White program (Linkage Coordinator, Eligibility Workers, Nurse Case Managers, Community Health Workers, Registered Dietitian and Health Educator). There were 408 unduplicated clients served under these programs in May.
- C. The Ryan White ambulatory clinic had a total of 427 visits in the month of May: 31 initial provider visits, 161 established provider visits, 13 tele-visits (established clients). There were 32 nurse visits and 190 lab visits. There were 26 Ryan White clients seen under Behavioral Health by the Licensed Clinical Social Worker (LCSW) and the Psychiatric APRN during the month of May.

- D. The Ryan White clinic continues to implement the Rapid stART project, which has 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 9 patients enrolled and seen under the Rapid stART program in May.

Family Planning (FP)

| Unduplicated Patients | May 2022 | May 2023 | | FY 21-22 | FY 22-23 | |
|---------------------------|----------|----------|---|----------|----------|---|
| Number of Pt: Fremont PHC | 150 | 167 | ↑ | 1,090 | 1,029 | ↓ |
| Number of Pt: Decatur PHC | 276 | 214 | ↓ | 1,906 | 1,931 | ↑ |

| Duplicated Patients | May 2022 | May 2023 | | FY 21-22 | FY 22-23 | |
|---------------------------|----------|----------|---|----------|----------|---|
| Number of Pt: Fremont PHC | 157 | 177 | ↑ | 1,769 | 1,810 | ↑ |
| Number of Pt: Decatur PHC | 293 | 232 | ↓ | 3,137 | 3,465 | ↑ |

- A. FP Program services at Fremont and Decatur Public Health Centers served 409 clients: 381 of them were unduplicated.

Pharmacy Services

| | May 22 | May-23 | | FY22 | FY23 | | % Change YTD |
|---------------------------------------|--------|--------|---|--------|--------|---|--------------|
| Client Encounters (Pharmacy) | 1,285 | 1,204 | ↓ | 12,251 | 12,700 | ↑ | 3.7% |
| Prescriptions Filled | 1,660 | 1,690 | ↑ | 15,656 | 17,209 | ↑ | 9.9% |
| Client Clinic Encounters (Pharmacist) | 29 | 60 | ↑ | 327 | 532 | ↑ | 62.7% |
| Financial Assistance Provided | 10 | 17 | ↑ | 115 | 114 | ↓ | -0.9% |
| Insurance Assistance Provided | 2 | 9 | ↑ | 46 | 29 | ↓ | -37.0% |

- A. Dispensed 1,609 prescriptions for 1,204 clients.
 B. Pharmacist completed 60 client clinic encounters.
 C. Assisted 17 clients to obtain medication financial assistance.
 D. Assisted nine (9) clients with insurance approvals.

Eligibility Case Narrative and Monthly Report

As a team, the Eligibility Workers submitted a total of 137 Applications for the month of May 2023.

| Status | Applications |
|----------|--------------|
| Approved | 60 |
| Denied | 31 |
| Pending | 46 |

Tuberculosis Clinic/Refugee Health Program

Refugee Health Program for the month of May 2023.

| | Total Scheduled | Canceled | No Show | Total Seen |
|----------|-----------------|----------|---------|------------|
| Adults | 73 | 2 | 21 | 48 |
| Children | 13 | 0 | 0 | 13 |

| | |
|--|------------|
| Client required medical follow- up for Communicable Diseases | 8 |
| Referrals for TB issues | 4 |
| Referrals for Chronic Hep B | 4 |
| Referrals for STD | 2 |
| Pediatric Refugee Exams | 9 |
| Clients encounter by program (adults) | 48 |
| Refugee Health screening for May 2023 | 48 adults |
| Total for FY22-23 | 480 |

Quality & Risk Management

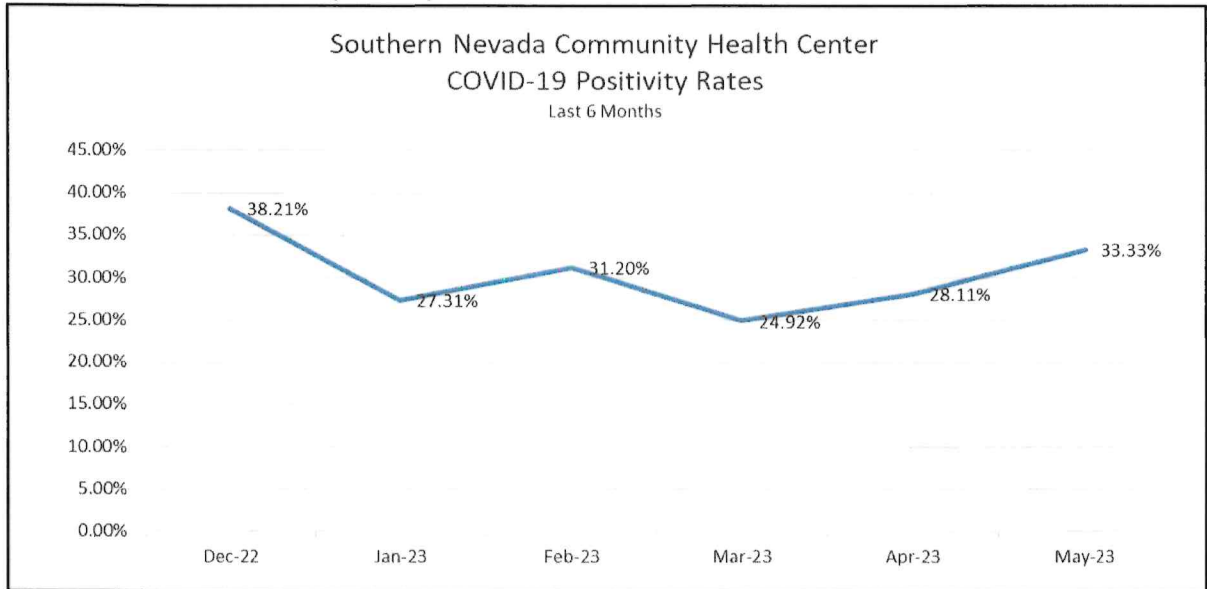
A. Quality

COVID-19 Testing

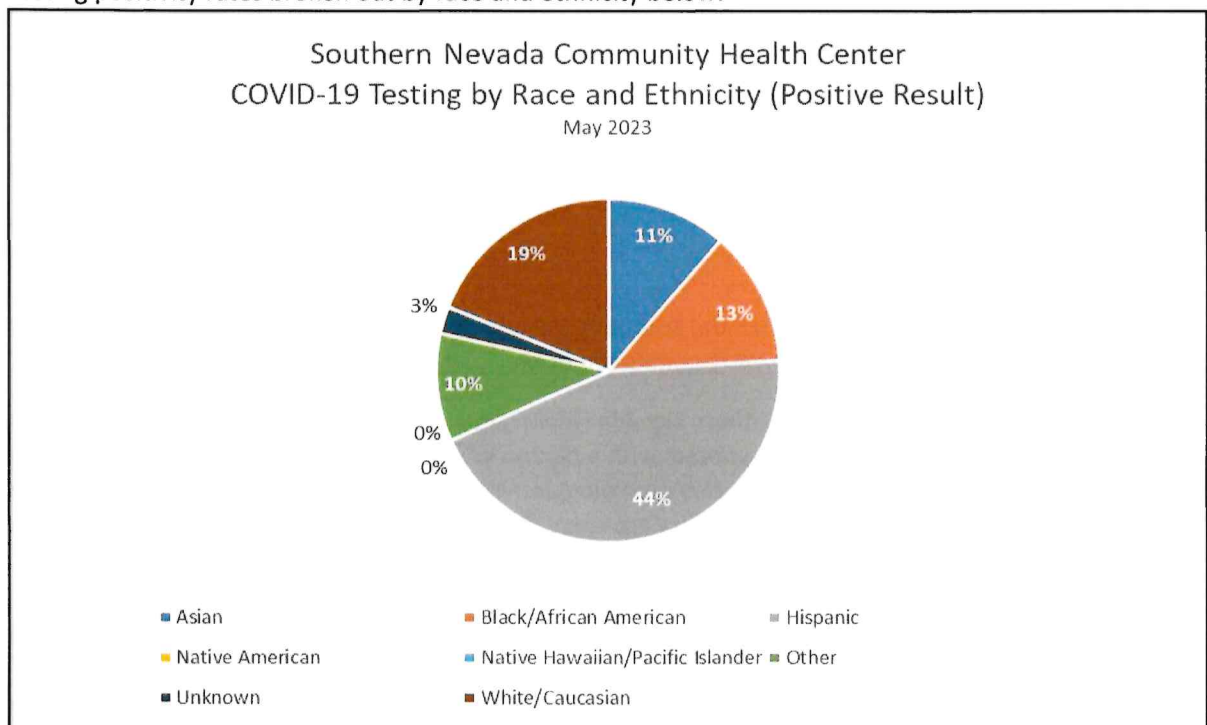
From January 2021 to May 2023 the Southern Nevada Community Health Center completed 100,253 COVID-19 tests, 237 of which were conducted in May of 2023.

The Health Center and the Southern Nevada Health District continue to remind those who are sick to stay home and if they have been in contact with a person who has COVID-19 or think they have been exposed, they should get tested. SNCHC is also providing antiviral medications for appropriate candidates. The Health Center and Health District also encourage those who are medically appropriate to get the COVID-19 vaccine.

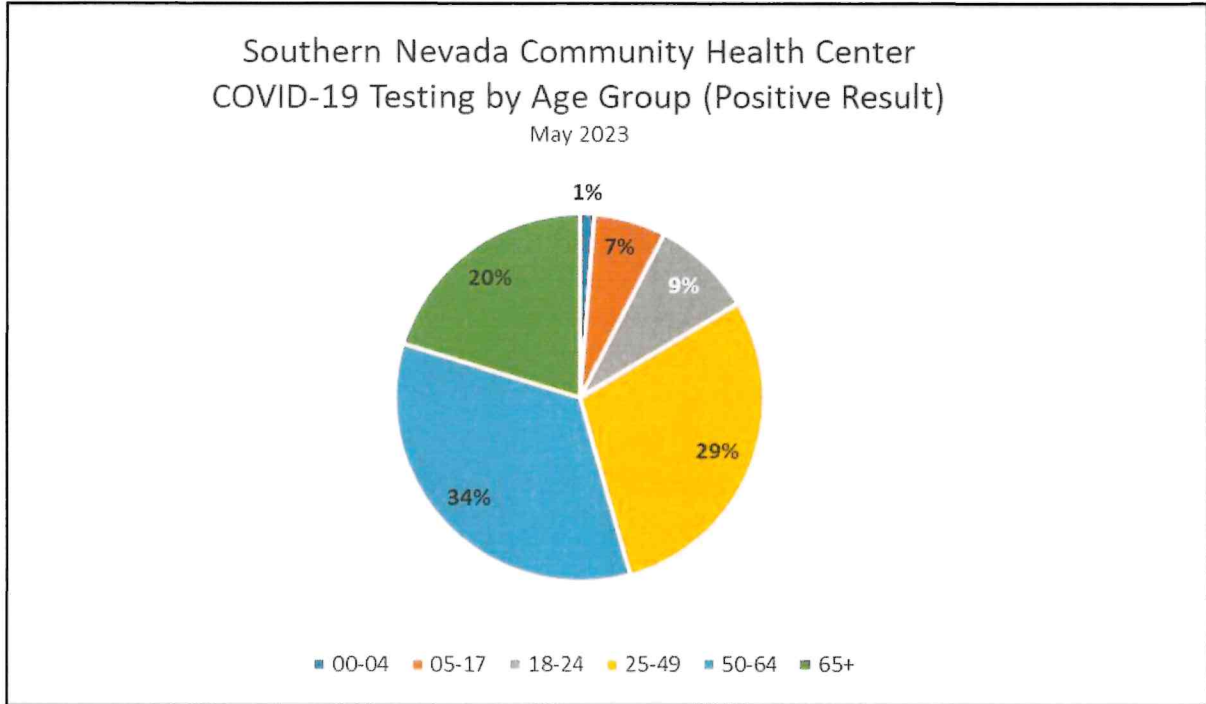
In May 2023, the COVID test positivity rate was 33.33%.



Testing positivity rates broken out by race and ethnicity below:



Testing positivity rates broken out by age below:



B. COVID-19 Vaccine Program and Monkeypox

The Southern Nevada Community Health Center administered 337 COVID/Monkeypox doses in May.

C. Telehealth

The Health Center tele-health services saw 135 patients in our clinics in May.

D. Health Center Visits

The Health Center scheduled 1,467 patient appointments in May. There was a 31.56% no-show and same day cancellation rate.


E. Behavioral Health Clinic

The Health Center scheduled 189 Behavioral Health patient appointments in May. There were 67 no-show and 4 cancelled visits.

Risk Management

- Medical Events (Dr. Bluebird) – One (1)
- Patient Complaints/Grievances – Zero (0)
- Medication Errors – Zero (0)
- Patient Issues – Zero (0)
- Employee Incidents – Zero (0)

Health Center Visit Report Summary – May 2023

|  SOUTHERN NEVADA Community HEALTH CENTER <small>AT THE SOUTHERN NEVADA HEALTH DISTRICT</small> | Completed Pt Visits | | Cancelled Visits | | No Show Visits | | Telehealth Visits | | | | Total Scheduled Patients | | | |
|--|---------------------|---------------|------------------|--------------|----------------|---------------|-------------------|---------------|------------|---------------|--------------------------|--------------|--------------|----------------|
| | Provider Visits | | | | | | Audio Visit | | Tele-Visit | | Total Telehealth Visits | | | |
| | | | | | | | | | | | | | | |
| Family Health Clinic | 413 | 28.15% | 48 | 3.27% | 217 | 14.79% | 104 | 77.04% | 14 | 10.37% | 118 | 8.04% | 796 | 54.26% |
| Behavioral Health Clinic | 116 | 7.91% | 4 | 0.27% | 67 | 4.57% | 2 | 1.48% | 0 | 0.00% | 2 | 0.14% | 189 | 12.88% |
| Family Planning Clinic | 114 | 7.77% | 4 | 0.27% | 46 | 3.14% | 1 | 0.74% | 0 | 0.00% | 1 | 0.07% | 165 | 11.25% |
| Refugee Clinic | 7 | 0.48% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 7 | 0.48% |
| Ryan White | 219 | 14.93% | 20 | 1.36% | 57 | 3.89% | 2 | 7.00% | 12 | 8.89% | 14 | 0.95% | 310 | 21.13% |
| Totals | 869 | 59.24% | 76 | 5.18% | 387 | 26.38% | 109 | 80.74% | 26 | 19.26% | 135 | 9.20% | 1,467 | 100.00% |

Patient Satisfaction:

- See attached survey results.

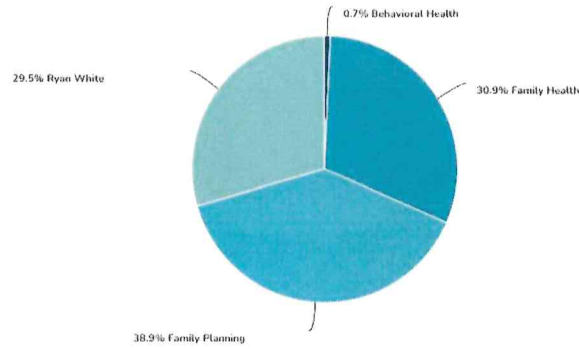
The Health Center continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation,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

Report for Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey (English) May 2023

Response Counts

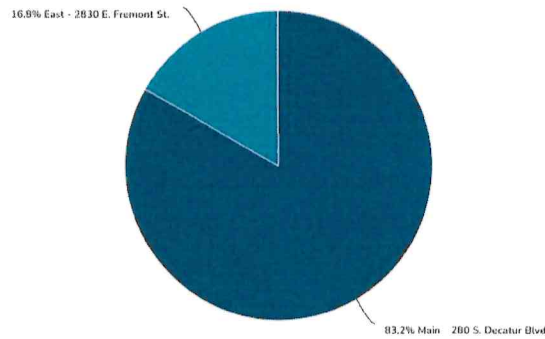


1. Service received during your visit



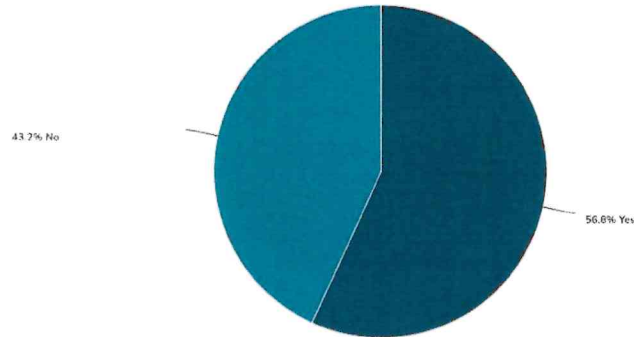
| Value | Percent | Responses |
|-------------------|---------|--------------------|
| Behavioral Health | 0.7% | 1 |
| Family Health | 30.9% | 46 |
| Family Planning | 30.9% | 58 |
| Ryan White | 29.5% | 44 |
| | | Totals: 149 |

2. Southern Nevada Health District (SNHD) location



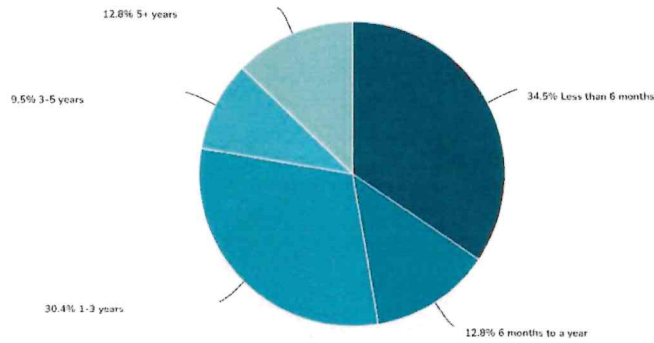
| Value | Percent | Responses |
|----------------------------|---------|--------------------|
| Main - 280 S. Decatur Blvd | 83.2% | 124 |
| East - 2830 E. Fremont St. | 16.0% | 25 |
| | | Totals: 149 |

3. Do you have health insurance?



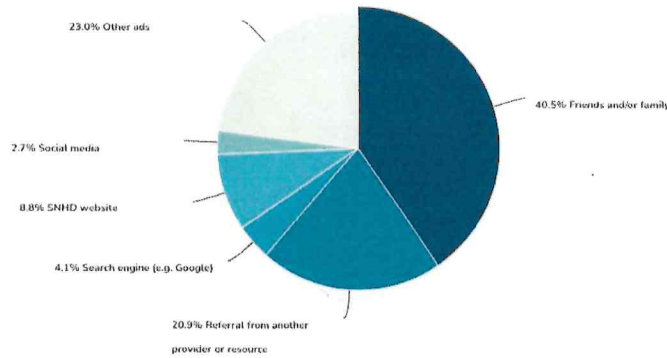
| Value | Percent | Responses |
|-------|---------|--------------------|
| Yes | 56.8% | 84 |
| No | 43.2% | 64 |
| | | Totals: 148 |

4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?



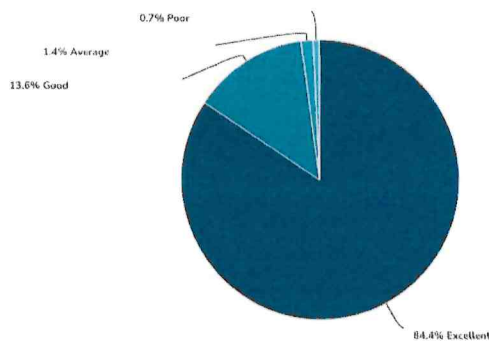
| Value | Percent | Responses |
|--------------------|---------|--------------------|
| Less than 6 months | 34.5% | 51 |
| 6 months to a year | 12.8% | 19 |
| 1-3 years | 30.4% | 45 |
| 3-5 years | 9.5% | 14 |
| 5+ years | 12.8% | 19 |
| | | Totals: 148 |

5. How did you hear about us?



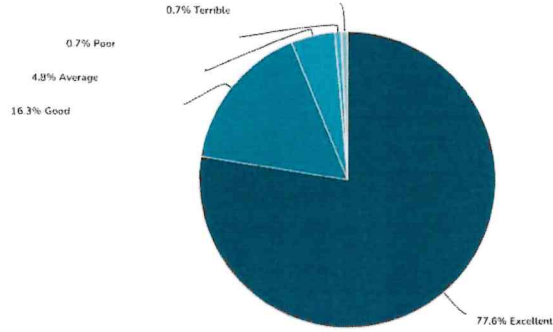
| Value | Percent | Responses |
|--|---------|--------------------|
| Friends and/or family | 40.5% | 60 |
| Referral from another provider or resource | 20.9% | 31 |
| Search engine (e.g. Google) | 4.1% | 6 |
| SNHD website | 8.8% | 13 |
| Social media | 2.7% | 4 |
| Other ads | 23.0% | 34 |
| | | Totals: 148 |

6. Ease of scheduling an appointment



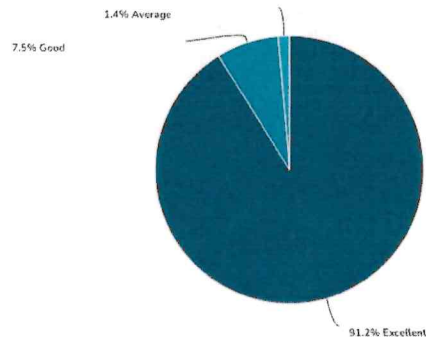
| Value | Percent | Responses |
|-----------|---------|--------------------|
| Excellent | 84.4% | 124 |
| Good | 13.6% | 20 |
| Average | 1.4% | 2 |
| Poor | 0.7% | 1 |
| | | Totals: 147 |

7. Wait time to see provider



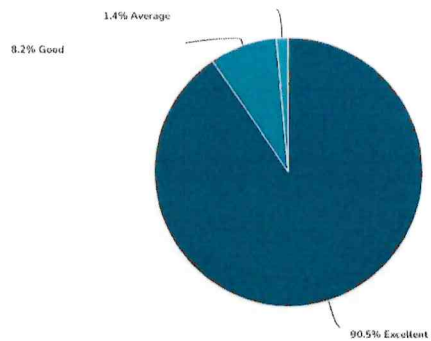
| Value | Percent | Responses |
|-----------|---------|--------------------|
| Excellent | 77.6% | 114 |
| Good | 16.3% | 24 |
| Average | 4.8% | 7 |
| Poor | 0.7% | 1 |
| Terrible | 0.7% | 1 |
| | | Totals: 147 |

8. Care received from providers and staff



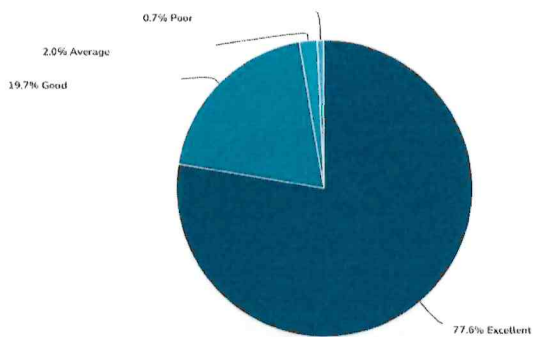
| Value | Percent | Responses |
|-----------|---------|--------------------|
| Excellent | 91.2% | 134 |
| Good | 7.5% | 11 |
| Average | 1.4% | 2 |
| | | Totals: 147 |

9. Understanding of health care instructions following your visit



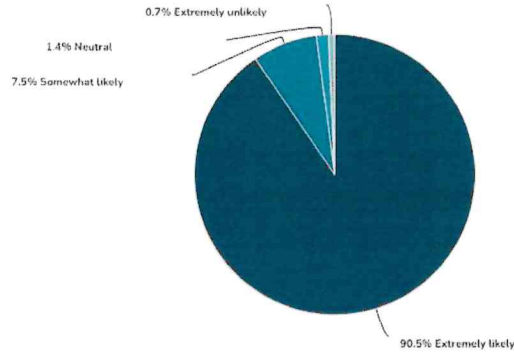
| Value | Percent | Responses |
|-----------|---------|--------------------|
| Excellent | 90.5% | 133 |
| Good | 8.2% | 12 |
| Average | 1.4% | 2 |
| | | Totals: 147 |

10. Hours of operation



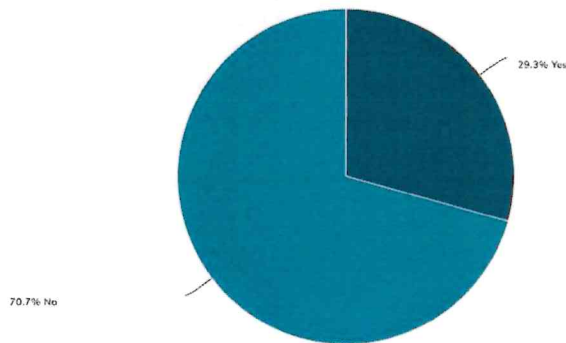
| Value | Percent | Responses |
|-----------|---------|--------------------|
| Excellent | 77.6% | 114 |
| Good | 19.7% | 29 |
| Average | 2.0% | 3 |
| Poor | 0.7% | 1 |
| | | Totals: 147 |

11. Recommendation of our health center to friends and family



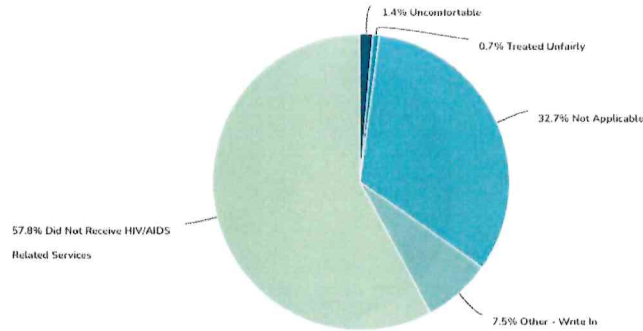
| Value | Percent | Responses |
|--------------------|---------|--------------------|
| Extremely likely | 90.5% | 133 |
| Somewhat likely | 7.5% | 11 |
| Neutral | 1.4% | 2 |
| Extremely unlikely | 0.7% | 1 |
| | | Totals: 147 |

12. Are you visiting today for HIV/AIDS related prevention or treatment services or to received relate information?



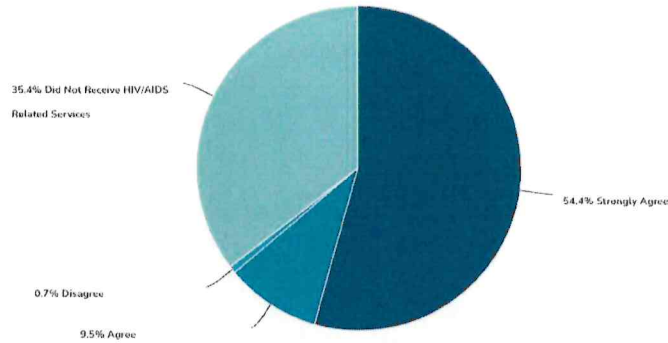
| Value | Percent | Responses |
|-------|---------|--------------------|
| Yes | 29.3% | 43 |
| No | 70.7% | 104 |
| | | Totals: 147 |

13. Based on your HIV status, at any moment during your visit, did you feel...



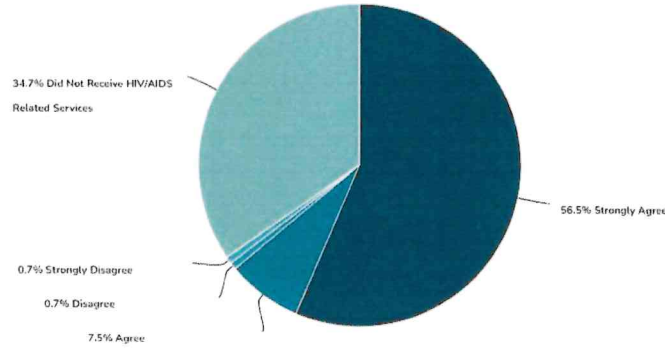
| Value | Percent | Responses |
|--|---------|--------------------|
| Uncomfortable | 1.4% | 2 |
| Treated Unfairly | 0.7% | 1 |
| Not Applicable | 32.7% | 48 |
| Other - Write In (click to view) | 7.5% | 11 |
| Did Not Receive HIV/AIDS Related Services | 57.8% | 85 |
| | | Totals: 147 |

14. During your visit, did you feel that staff members treated you with care?



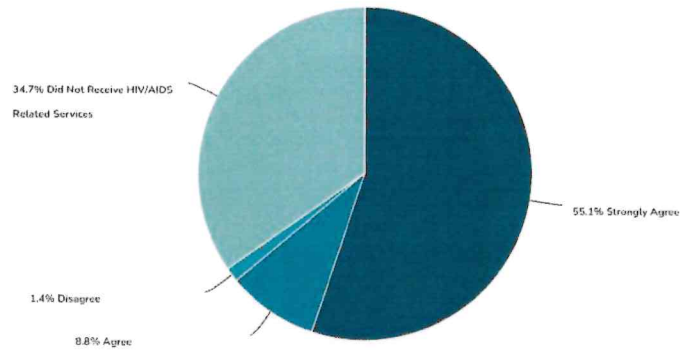
| Value | Percent | Responses |
|---|---------|--------------------|
| Strongly Agree | 54.4% | 80 |
| Agree | 9.5% | 14 |
| Disagree | 0.7% | 1 |
| Did Not Receive HIV/AIDS Related Services | 35.4% | 52 |
| | | Totals: 147 |

15. During your visit, did you feel that staff members treated you with respect



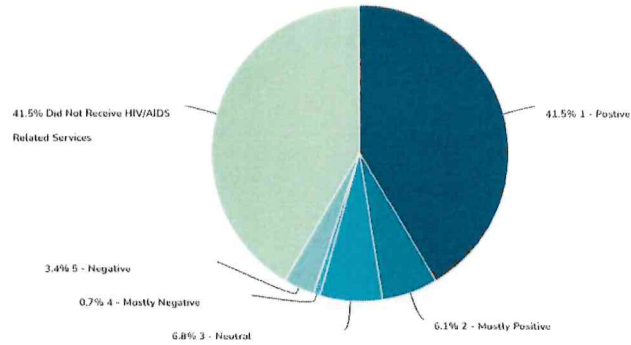
| Value | Percent | Responses |
|---|---------|--------------------|
| Strongly Agree | 56.5% | 83 |
| Agree | 7.5% | 11 |
| Disagree | 0.7% | 1 |
| Strongly Disagree | 0.7% | 1 |
| Did Not Receive HIV/AIDS Related Services | 34.7% | 51 |
| | | Totals: 147 |

16. During your visit, did you feel that staff members were supportive?



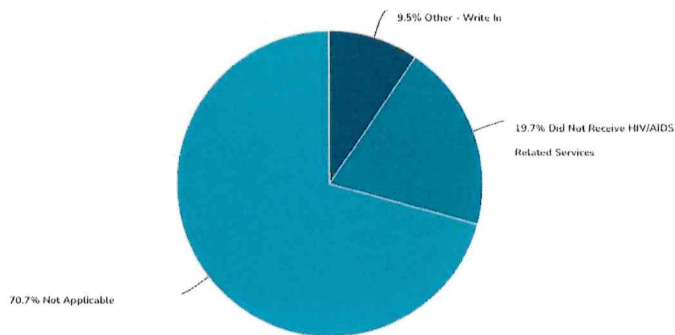
| Value | Percent | Responses |
|---|---------|--------------------|
| Strongly Agree | 55.1% | 81 |
| Agree | 8.8% | 13 |
| Disagree | 1.4% | 2 |
| Did Not Receive HIV/AIDS Related Services | 34.7% | 51 |
| | | Totals: 147 |

17. On a scale from 1-5, during your visit, did you feel that any staff interactions negatively or positively impacted your likelihood of remaining in care?



| Value | Percent | Responses |
|---|---------|--------------------|
| 1 - Positive | 41.5% | 61 |
| 2 - Mostly Positive | 6.1% | 9 |
| 3 - Neutral | 6.8% | 10 |
| 4 - Mostly Negative | 0.7% | 1 |
| 5 - Negative | 3.4% | 5 |
| Did Not Receive HIV/AIDS Related Services | 41.5% | 61 |
| | | Totals: 147 |

18. Please provide any feedback that can help SNCHC staff reduce HIV/AIDS related stigma and create a more welcoming and supportive environment.



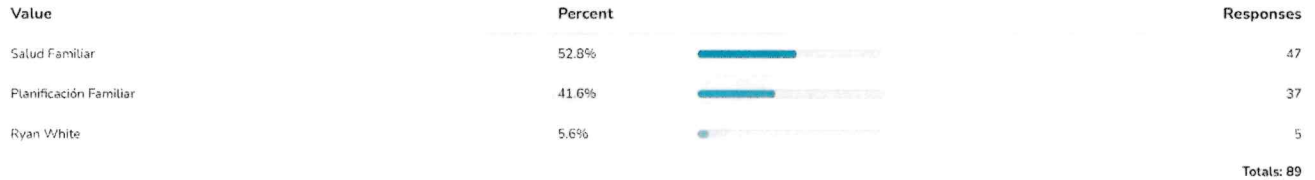
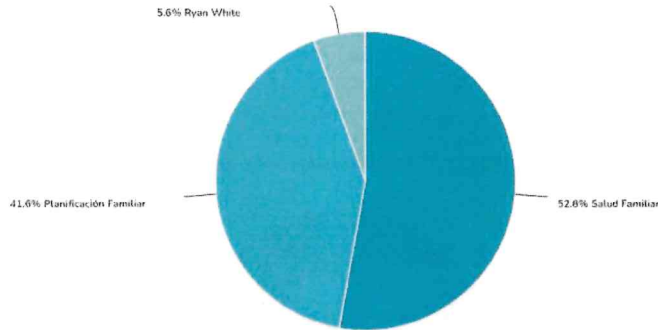
| Value | Percent | Responses |
|--|---------|--------------------|
| Other - Write In (click to view) | 9.5% | 14 |
| Did Not Receive HIV/AIDS Related Services | 19.7% | 29 |
| Not Applicable | 70.7% | 104 |
| | | Totals: 147 |

Report for Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC) (Spanish) May 2023

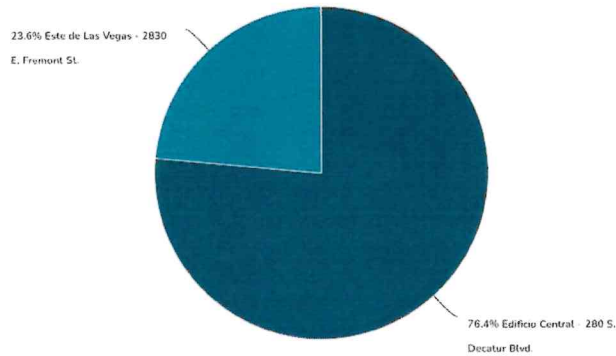
Response Counts



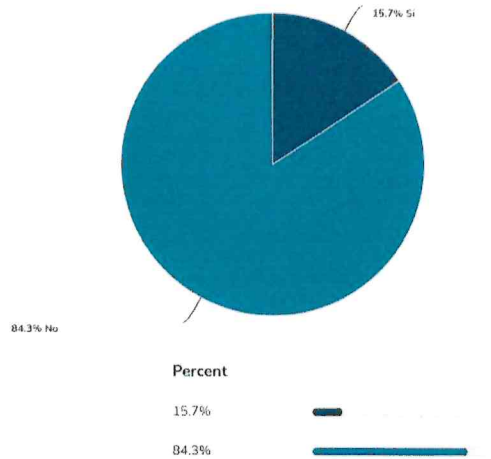
1. Marque los servicios recibidos durante su visita



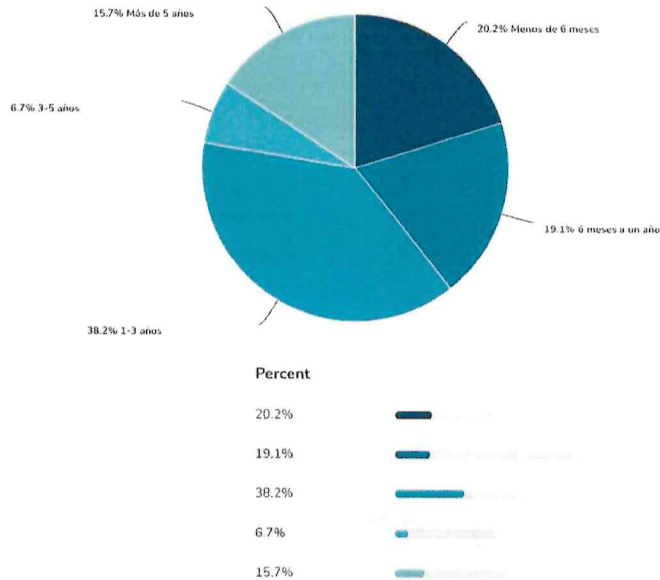
2. ¿En cuál de las localidades del Distrito de Salud recibió los servicios?



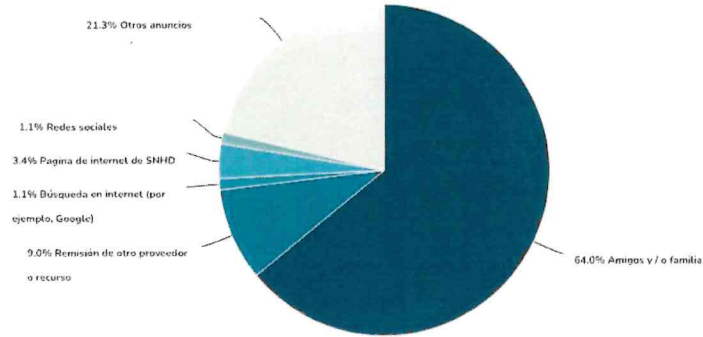
3. ¿Tiene seguro médico?



4. ¿Cuánto tiempo ha sido usted paciente en el Distrito de Salud del Sur de Nevada/Centro de Salud Comunitario del Sur de Nevada?

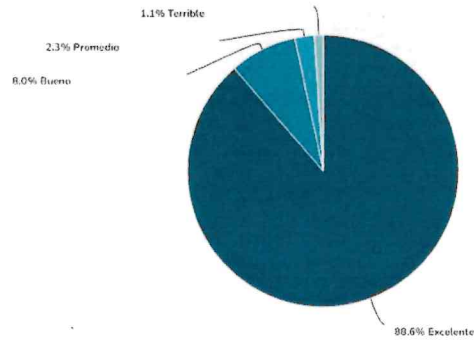


5. ¿Como usted supo de nosotros?



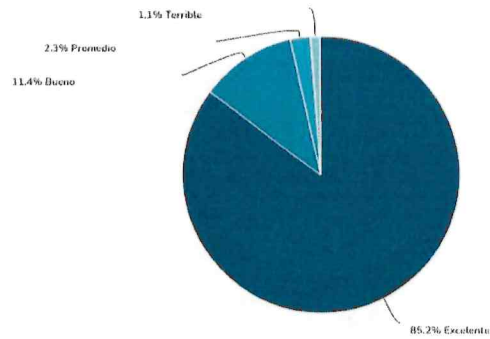
| Value | Percent | Responses |
|--|---------|-------------------|
| Amigos y / o familia | 64.0% | 57 |
| Remisión de otro proveedor o recurso | 9.0% | 8 |
| Búsqueda en internet (por ejemplo, Google) | 1.1% | 1 |
| Página de internet de SNHD | 3.4% | 3 |
| Redes sociales | 1.1% | 1 |
| Otros anuncios | 21.3% | 19 |
| | | Totals: 89 |

6. Facilidad para programar una cita



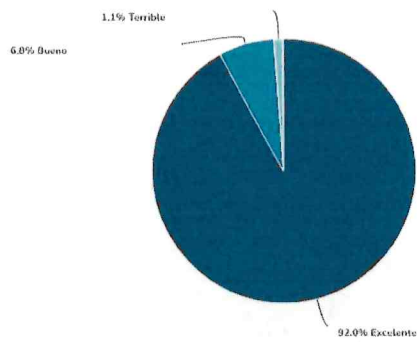
| Value | Percent | Responses |
|-----------|---------|-------------------|
| Excelente | 88.6% | 78 |
| Bueno | 8.0% | 7 |
| Promedio | 2.3% | 2 |
| Terrible | 1.1% | 1 |
| | | Totals: 88 |

7. Tiempo de espera para ver a un proveedor de salud



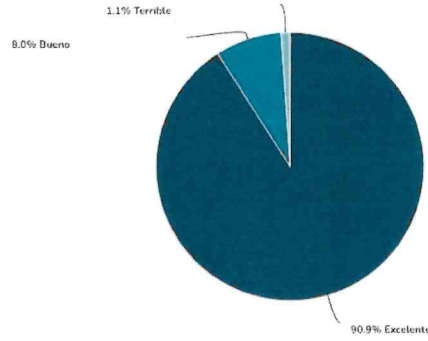
| Value | Percent | Responses |
|-------------------|---------|-----------|
| Excelente | 85.2% | 75 |
| Bueno | 11.4% | 10 |
| Promedio | 2.3% | 2 |
| Terrible | 1.1% | 1 |
| Totals: 88 | | |

8. Atención recibida de los proveedores y personal



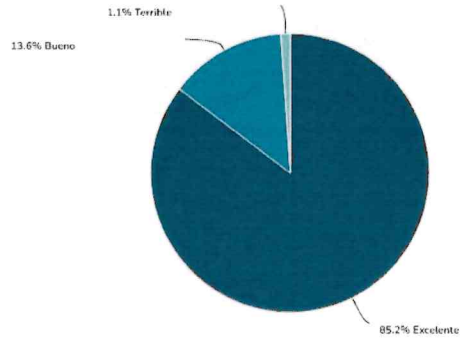
| Value | Percent | Responses |
|-------------------|---------|-----------|
| Excelente | 92.0% | 81 |
| Bueno | 6.8% | 6 |
| Terrible | 1.1% | 1 |
| Totals: 88 | | |

9. Comprensión de las instrucciones del cuidado de salud después de su visita



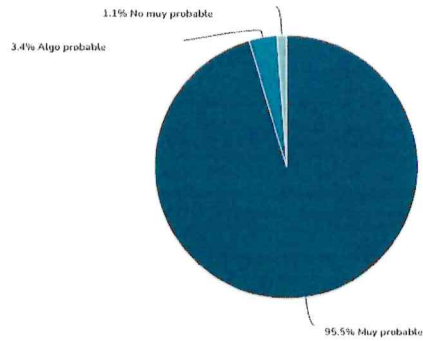
| Value | Percent | Responses |
|-------------------|---------|-----------|
| Excelente | 90.9% | 80 |
| Bueno | 8.0% | 7 |
| Terrible | 1.1% | 1 |
| Totals: 88 | | |

10. Horarios de operación



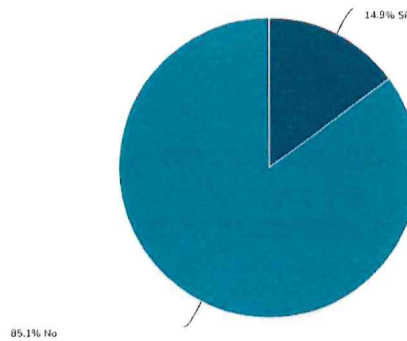
| Value | Percent | Responses |
|-------------------|---------|-----------|
| Excelente | 85.2% | 75 |
| Bueno | 13.6% | 12 |
| Terrible | 1.1% | 1 |
| Totals: 88 | | |

11. Recomendaría nuestro centro de salud a amigos y familiares



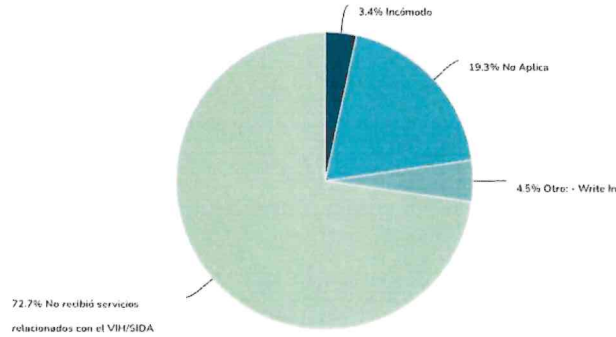
| Value | Percent | Responses |
|-------------------|---------|-----------|
| Muy probable | 95.5% | 84 |
| Algo probable | 3.4% | 3 |
| No muy probable | 1.1% | 1 |
| Totals: 88 | | |

12. ¿Está de visita hoy para recibir servicios de prevención o tratamiento relacionados con el VIH/SIDA o para recibir información relacionada?



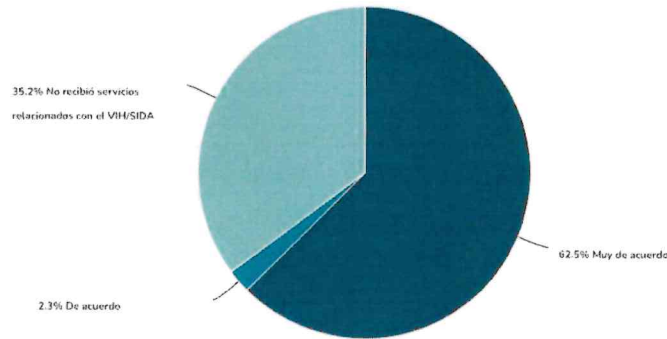
| Value | Percent | Responses |
|-------------------|---------|-----------|
| Sí | 14.9% | 13 |
| No | 85.1% | 74 |
| Totals: 87 | | |

13. Con base en su estatus de VIH, en algún momento de su visita, se sintió...



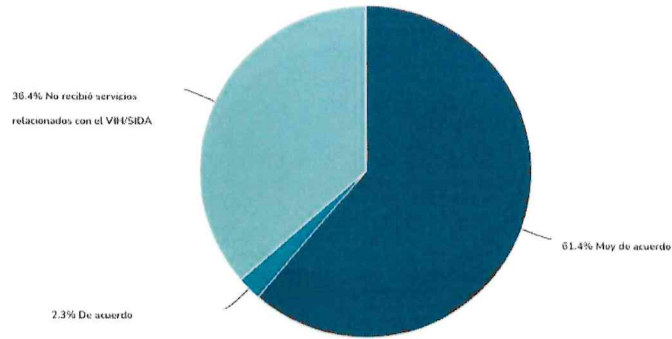
| Value | Percent | Responses |
|---|---------|-------------------|
| Incómodo | 3.4% | 3 |
| No Aplica | 19.3% | 17 |
| Otro: - Write In (click to view) | 4.5% | 4 |
| No recibió servicios relacionados con el VIH/SIDA | 72.7% | 64 |
| | | Totals: 88 |

14. ¿Durante su visita, sintió que los miembros del personal lo trataron bien?



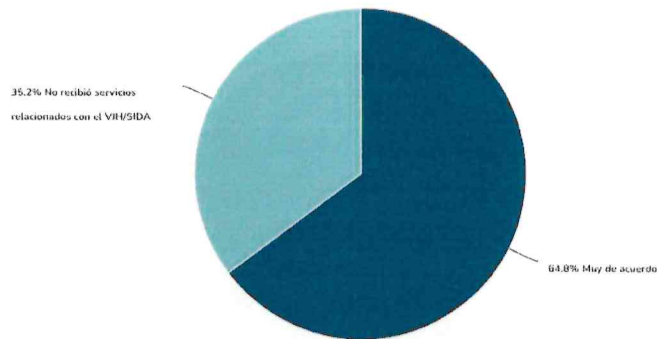
| Value | Percent | Responses |
|---|---------|-------------------|
| Muy de acuerdo | 62.5% | 55 |
| De acuerdo | 2.3% | 2 |
| No recibió servicios relacionados con el VIH/SIDA | 35.2% | 31 |
| | | Totals: 88 |

15. ¿Durante su visita, sintió que los miembros del personal lo trataron con respeto?



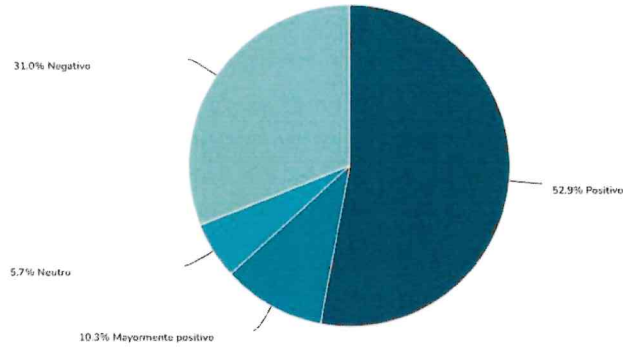
| Value | Percent | Responses |
|---|---------|-----------|
| Muy de acuerdo | 61.4% | 54 |
| De acuerdo | 2.3% | 2 |
| No recibió servicios relacionados con el VIH/SIDA | 36.4% | 32 |
| Totals: 88 | | |

16. ¿Durante su visita, sintió que los miembros del personal lo apoyaron?



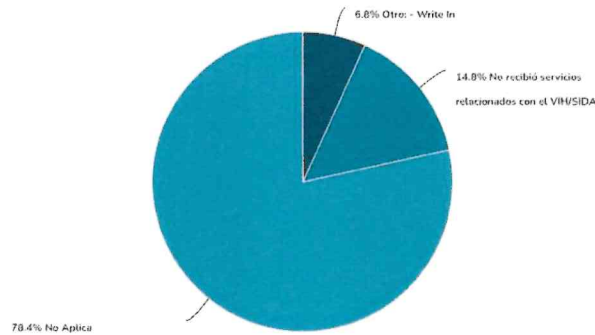
| Value | Percent | Responses |
|---|---------|-----------|
| Muy de acuerdo | 64.8% | 57 |
| No recibió servicios relacionados con el VIH/SIDA | 35.2% | 31 |
| Totals: 88 | | |

17. En una escala del 1 al 5, durante su visita, ¿sintió que alguna interacción del personal tuvo un impacto negativo o positivo en su probabilidad de permanecer bajo cuidado?



| Value | Percent | Responses |
|---------------------|---------|-----------|
| Positivo | 52.9% | 46 |
| Mayormente positivo | 10.3% | 9 |
| Neutro | 5.7% | 5 |
| Negativo | 31.0% | 27 |
| Totals: 87 | | |

18. Proporcione cualquier comentario que pueda ayudar al personal de SNHD a reducir el estigma relacionado con el VIH/SIDA y crear un ambiente mas agradable y de apoyo.



| Value | Percent | Responses |
|---|---------|-----------|
| Otro: - Write In (click to view) | 6.8% | 6 |
| No recibió servicios relacionados con el VIH/SIDA | 14.8% | 13 |
| No Aplica | 78.4% | 69 |
| Totals: 88 | | |