

## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

July 25, 2023 – 3:30 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*)  
Jasmine Coca – Community Member, Catholic Charities of Southern Nevada (*In person*)  
Brian Knudsen – Consumer Member (*via Webex*)  
Father Rafael Pereira – Community Member, All Saints Episcopal Church (*In person*)

**ABSENT:** Lucille Scott – Consumer Member  
Luz Castro – Consumer Member  
Scott Black – Community Member, City of North Las Vegas

**ALSO PRESENT:**

**LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel

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

**STAFF:** Tawana Bellamy, Andria Cordovez Mulet, Jacques Graham, Edward Wynder, Cassius Lockett, Cortland Lohff, Randy Smith, Kim Saner, Michael Johnson, Donnie (DJ) Whitaker, Justin Tully, Jonna Arqueros, Yin Jie Quinn, Jonas Maratita, Luann Province, Kimberly Monahan, David Kahananui, Cassondra Major, Lourdes Yapjoco, Randolph Luckett, Talibah Abdul-Wahid

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

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 3:31 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call and confirmed a quorum. Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

#### 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 Chair closed the First Public Comment portion.

#### IV. **ADOPTION OF THE JULY 25, 2023 MEETING AGENDA** (*for possible action*)

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael and carried unanimously to approve the July 25, 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:** June 20, 2023 *(for possible action)*

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

**VI. REPORT / DISCUSSION / ACTION**

Recommendations from the July 5, 2023 Quality, Credentialing & Risk Management Committee Meeting

**1. Review, Discuss and Accept the Quality and Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Cassandra Major, FQHC Quality Management Coordinator, presented the Quality and Risk Management Reports. Ms. Major advised of a request from the committee to enhance the data reporting process to include year-to-date, year-over-year and external benchmarks (e.g., UDS, HEDIS & Healthy People 2023). The focus areas will include FQHC Clinical Performance Measures, Patient Satisfaction Survey Results and Risk Management Goals. Ms. Major advised that future presentation would include the requested information.

Ms. Major advised that the FQHC selected five Uniformed Data System (UDS) measures to focus on for the remainder of 2023.

- Controlling High Blood Pressure
- Poor Controlled Hemoglobin A1c (HbA1c)
- HIV Screening
- HIV Linkage to Care
- Tobacco Use Screening and Cessation Intervention

Ms. Major provided an overview of the January to June 2023 quality measures for the five (5) areas of focus. Ms. Major advised the number in parentheses is what was reported in 2022 for our UDS measures. Ms. Major further advised of a new population health platform called Azara, which allows for a deeper dive into the metrics and measures that has been implemented in the health center and staff are currently training. Ms. Major advised that for Poor Controlled Hemoglobin A1c, we want that number closer to zero than 100, as this is a reverse metric.

Ms. Major further advised of the following:

- 2023 Quarter Two Risk Summary (April to June)
  - Medical Event(s) (Dr. Bluebird) – Two (2)
  - Patient Complaint(s)/Grievance(s) – Zero (0)
  - Medication Error(s) – Zero (0)
  - Patient Issue(s) – Zero (0)
  - Employee Incident(s) – Zero (0)
  - HIPAA Violation(s) – Zero (0)
- Risk Assessments
  - Office Administration Risk Assessment completed on February 23, 2023
    - A few areas were identified as needing improvement. Most can be fixed with new or updated polices, standard operating procedures, or workflows.
      - Welcome packet (having it available for new patients)
      - Training plan
      - Translation services
  - HIPAA Risk Assessment – completed June 12, 2023
    - No findings for Decatur or Fremont

- Projects
  - Implementation of Azara DRVS
  - Develop New or Update policies and Standard Operating Procedures (SOP)
  - Develop workflows for providers, medical assistants and nurses.
- Patient Satisfaction Survey Results

	Completed Surveys	Visit Count
April	324	867
May	245	869
June	172	1041

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to accept the Quality and Risk Management Report, as presented.*

**2. Approve Credentialing and Privileging of Providers Carol Wingfield, APRN-CNP, Kikam Yun, APRN II and Stephanie Romano, APRN II;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, FQHC Operations Officer, presented to the board for approval the credentialing and privileging of providers Carol Wingfield, Kikam Yun, and Stephanie Romano.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Credentialing and Privileging of Providers Carol Wingfield, APRN-CNP, Kikam Yun, APRN II and Stephanie Romano, APRN II, as presented.*

Recommendations from the July 17, 2023 Finance & Audit Committee Meeting

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

Ms. Whitaker presented an overview of the May 2023 Year-to-Date Financial Report as of May 31, 2023. Ms. Whitaker further advised that this budget does not include the budget augmentation that was approved in June as this report is as of May 31, 2023. The June financial report will include the budget augmentation.

Highlights

- All Funds for All Divisions – as of May 31, 2023
  - Net Budget Position- negative \$4.475M
  - Net Actual Position – negative \$4.414M
  - Net Position Variance - \$60,833
- Revenue
  - Charges for Services was budgeted at \$14.30M, actual was \$16.74M, with a variance of \$2.4M increase is due to a good portion of pharmacy related activity.
- Supplies were budgeted at \$10.86M, actual was \$14.44 with a variance of \$3.58M is due to a good portion of pharmacy related activity.
- Other Grant Revenue is the WRAP reimbursement revenue.
- Total Transfers was budgeted at \$5.15M, actual was \$4.89M with a variance of negative \$256K.

Member Father Rafael inquired about the revenue for Administration (Revenue by Department). Ms. Whitaker advised that is generated by the WRAP reimbursement. Ms. Whitaker advised that this was not part of the initial budget. Ms. Whitaker further explained that the WRAP payment is Nevada Medicaid reimbursement. When the health center has a charge, the health center gets the difference between that and our Prospective Payment System (PPS) rate. It is revenue that if we are not collecting it in the charges for services, then we are reimbursed that amount. Ms. Whitaker advised that we are able to go back two years.

Ms. Whitaker further reviewed the Expenses by Department. Further, Ms. Whitaker advised on a question from the board at the June 2023 meeting regarding the budgeted and actual dollars for Administration under Employment (Salaries, Taxes & Fringe). Ms. Whitaker advised that the difference was due to payroll that was posted in a different area, and they were able to reclassify that activity to align to the correct area.

Member Father Rafael inquired if the Sexual Health Clinic is included with the FQHC now or will be in FY2024. Mr. Smith advised it will be in FY2024.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to accept the May 2023 Year-to-Date Financial Report, as presented.*

- 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 advised that COVID-19 testing ended at the Decatur office. Dr. Leguen commented that employees involved in that work will be recognized at a future meeting.

- Highlights from the June 2023 Operational Report

Randy Smith, FQHC Operations Officer presented highlights from the June 2023 Operations report.

Mr. Smith advised that Gary Costa formerly resigned, and we are grateful for his service. Mr. Smith further advised that with Mr. Costa's resignation, we are still in compliance with the bylaws and HRSA with nine (9) board members. Mr. Smith advised the board that he will need help identifying potential board members. Chair Melendrez agreed with Mr. Smith and advised the board members to search their networks and help identify potential patient board members. Mr. Smith advised of the gender, race and ethnicity the candidates would need to be to meet the population of the patients served at the health center. Ms. Anderson-Fintak further advised of the qualification needed for a patient board member.

Further to an inquiry from Member Coca on who should board members provide the information to once someone has been identified, Mr. Smith advised board members to send identified candidates to him.

Ms. Anderson-Fintak further advised of other board members' requirements in addition to being a patient board member. Chair Melendrez provided his experience in being a patient board member. Chair Melendrez further advised that the staff are doing an outstanding job.

Further to an inquiry from Member Coca regarding the State Incubator Grant, Mr. Smith advised that he is not sure why we did not receive the full amount as the state did not provide a lot of feedback.

Further to an inquiry from Member Coca on the resubmission of the State Incubator Grant, Mr. Smith advised that it has been resubmitted and we should hear back hopefully in the next few days.

Further to an inquiry from Member Coca regarding ongoing employment for staff members who were part of the COVID-19 testing, Mr. Smith advised that we have found a place for them.

Further to an inquiry from Member Coca on Azara DRVS ability to pull numbers for reports easier, Mr. Smith advised yes. The software will help provide data for mandated reporting.

Further to an inquiry from Member Coca regarding Medicaid being an impediment for patients if they need to be seen for three (3) different things, Mr. Smith advised that Medicaid is allowing us to bill for more than one (1) medical service each day.

Further to an inquiry from Member Father Rafael on hiring staff to reach goals, Mr. Smith advised that the medical director position is vacant, and several candidates are moving through the recruitment process for the Licensed Clinical Social Worker (LCSW) position. Mr. Smith further advised that we are doing well with the support staff we have. There are a number of new providers that are still ramping up and we have not realized the full benefit of having them yet.

Further to an inquiry from Member Father Rafael on when the FY24 starts and if the FY24 goals will be tracked, Mr. Smith advised that the FY24 started July 1 and he plans to provide an update on the goals at each board meeting.

Further to an inquiry from Member Coco on the strategies and if they will be shared with the board, Mr. Smith advised that he would share them as educational information in future meetings.

Further to an inquiry from Chair Melendrez on the number of refugees we are expecting. Mr. Smith advised the existing team is seeing about twenty (20) per week. Productivity in part is predicated on the needs of the program and of the refugees coming into the system. The health center's goal is to increase capacity to see more refugee patients.

Further to an inquiry from Member Coco on medical examination for immigrant applicants, Dr. Leguen advised that we are referring to the traditional refugee health assessment. Immigration services are completely different and have certain requirements and have to be credentialed by a Civil Surgeon in order to be able to deliver that service. Dr. Leguen further advised that our initial approach is to start with the refugee service and then as we develop, we can incorporate all of the tools.

**IX. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) June 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 Chair closed the Second Public Comment.

**XIII. ADJOURNMENT**

The Chair adjourned the meeting at 4:28 p.m.

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

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## AGENDA

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

July 25, 2023 – 3:30 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=m99e8bcb80bb6e7f12f94b214cfcf7275>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2550 748 4597](https://snhd.webex.com/snhd/j.php?MTID=m99e8bcb80bb6e7f12f94b214cfcf7275)

For other governmental agencies using video conferencing capability, the Video Address is:  
[25507484597@snhd.webex.com](mailto:25507484597@snhd.webex.com)

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#### NOTE:

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

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

#### II. PLEDGE OF ALLEGIANCE

- #### III. 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](mailto: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.
- **By telephone:** Call (415) 655-0001 and enter access code 2550 748 4597. To provide public comment over the telephone, please press \*3 during the comment period and wait to be called on.

**IV. ADOPTION OF THE JULY 25, 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:** June 20, 2023 *(for possible action)*

**VI. REPORT / DISCUSSION / ACTION**

Recommendations from the July 5, 2023 Quality, Credentialing and Risk Management Committee

**1. Review, Discuss and Accept the Quality and Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

**2. Approve Credentialing and Privileging of Providers Carol Wingfield, APRN-CNP, Kikam Yun, APRN II and Stephanie Romano, APRN II;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Recommendations from the July 17, 2023 Finance & Audit Committee

**3. Receive, Discuss and Accept the May 2023 Year-To-Date Financial 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
- Highlights from the June 2023 Operational Report

**IX. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) June 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 Chairman or the Board by majority vote. **See above for instructions for submitting public comment.**

**XI. 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

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

**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, Cassandra 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

# SNCHC Governing Board Meeting

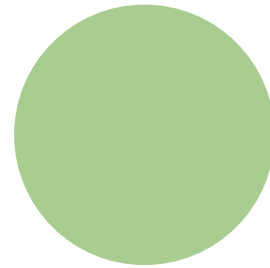
July 25, 2023



**SOUTHERN NEVADA**  
*Community*  
**HEALTH CENTER**

**AT THE SOUTHERN NEVADA HEALTH DISTRICT**

# Quality and Risk Reports



Cassandra Major, MBA, CHW I, CPC, NCMA  
FQHC Quality Management Coordinator

# Quality Management Plan

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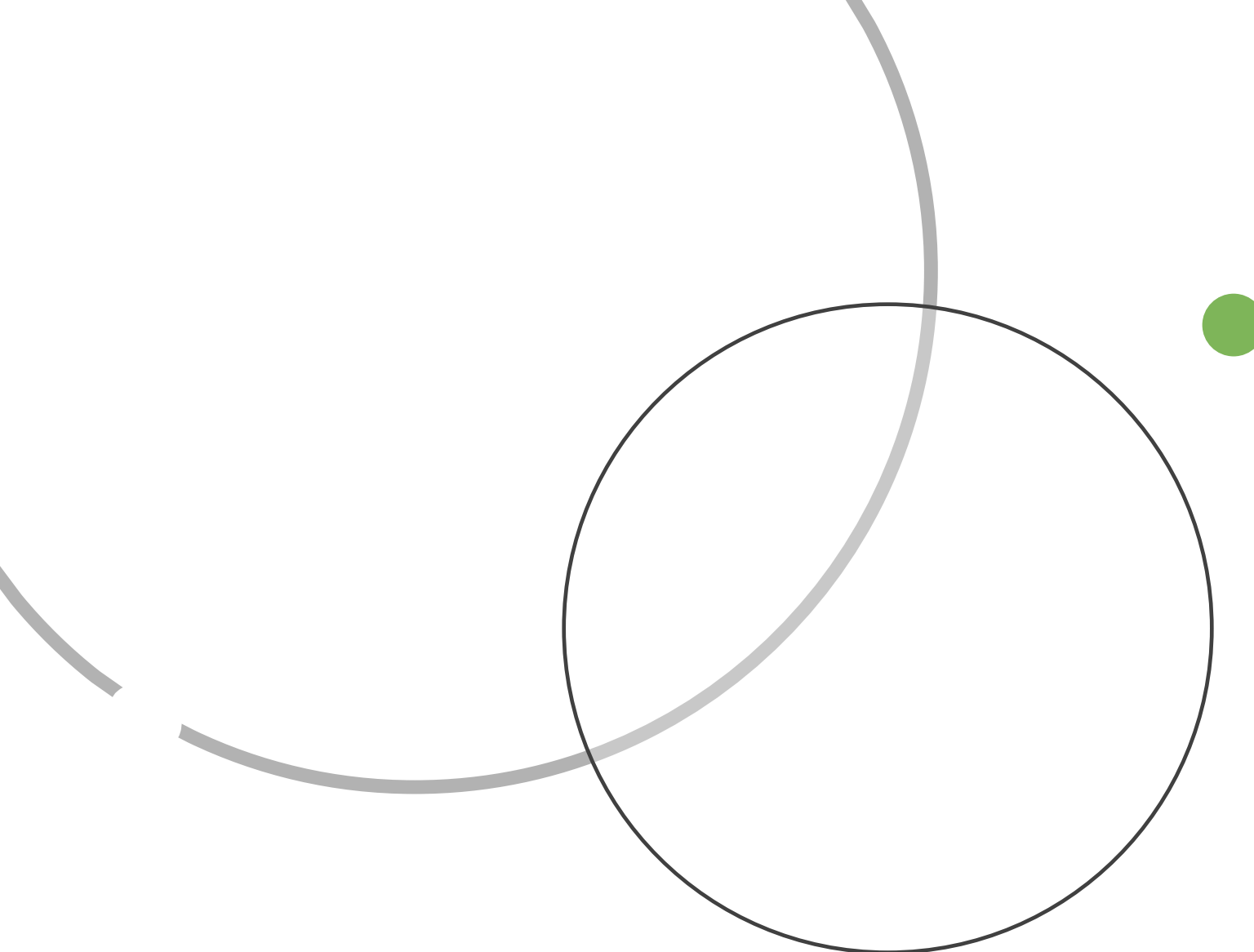
## Goal:

- To increase the value of services by enhancing quality and strengthening the ability to deliver cost effective care.

## Objectives:

- To design effective processes to meet the needs of patients which are consistent with the health center's mission, vision, goals, and plans.
- To collect data to monitor the stability of existing processes, identify opportunities for improvement, identify changes that will lead to improvement, and sustain improvement.
- To aggregate and analyze data on an ongoing basis and to identify changes that will lead to improved performance and a reduction in errors.
- To achieve improved performance and sustain the improvement throughout the organization.
- To promote collaboration at all levels of the organization enabling the creation of a culture focused on performance.
- To educate leaders and staff regarding responsibilities and effective participation in performance improvement activities.





# 2023 Quality Measure Focus



# Trend Data and Analysis

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- Recommendation from the Quality, Credentialing, and Risk Management Committee concerning data reporting. In enhance current process to include:
  - Year-to-date
  - Year-over-year
  - External Benchmarks (e.g., UDS, HEDIS & Healthy People 2023)
- Focus areas:
  - FQHC Clinical Performance Measures
  - Patient Satisfaction Survey Results
  - Risk Management Goals
- Future staff presentation will include this type of detail.

# 2023 Quality Measure Focus

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- **Controlling High Blood Pressure**: Patients 18 through 84 years of age who had a diagnosis of essential hypertension overlapping the measurement period or the year prior to the measurement period with a medical visit during the measurement period. Patient whose most recent blood pressure is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic pressure less than 90 mmHg during the measurement period).
- **Poor Controlled Hemoglobin A1c (HbA1c)**: Patients 18 through 74 years of age with diabetes with a medical visit during the measurement period. Patient whose most recent HbA1c level performed during the measurement period was greater than 9.0% or patients who had no HbA1c test conducted during the measurement period.

# 2023 Quality Measure Focus

---

- **HIV Screening**: Patient aged 15 through 65 years of age at the start of the measurement period and with at least one outpatient medical visit during the measurement period. Patient with documentation of an HIV test performed on or after their 15<sup>th</sup> birthday and before their 66<sup>th</sup> birthday.
- **HIV Linkage to Care**: Patients first diagnosed with HIV by the health center between December 1<sup>st</sup> of the prior year through November 30<sup>th</sup> of the current measurement period and who had at least one medical visit during the measurement period or prior year. Newly diagnosed HIV patients that received treatment within 30 days of diagnosis. Include patients who were newly diagnosed by the health centers providers and had a medical visit with a health center provider who initiates treatment for HIV or had a visit with a referral resource who initiates treatment for HIV.
- **Tobacco Use Screening and Cessation Intervention**: Patient aged 18 years and older seen for a least two medical visits in the measurement period or at least one preventive medical visit during the measurement period. Patients who were screened for tobacco use at least once within 12 months before the end of the measurement period and who received tobacco cessation intervention if identified as a tobacco user.

# 2023 Quality Measure Focus

---

## January - June

- Controlling High Blood Pressure: **54.00%** (50.84%)
  - Decrease **-0.3%**
- Poor Controlled Hemoglobin A1c (HbA1c): **44.20%** (41.45%)
  - Increase **+1.5%**
- HIV Screening: **73.10%** (52.55)
  - Increase **+3.4%**
- HIV Linkage to Care: **85.20%** (94.69)
  - Increase **+0.5%**
- Tobacco Use Screening and Cessation Intervention: **30.40%** (0.14%)
  - Decrease **-6.5%**

*() = 2022 UDS*

# Risk Management



# Risk Management Plan

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## Goals and Objectives:

- Engage in proactive risk management and patient safety activities.
- Enhance patient satisfaction.
- Continuously improve patient safety.
- Identify and analyze risk of loss, errors, events and system breakdowns leading to harm to patients, staff, and visitors and minimize/prevent the reoccurrence.
- Implement an effective process to manage identified risks.
- Enhance environmental safety for patients, visitors, and staff through participation in environment of care-related activities.
- Monitor the effectiveness of interventions and plans of action.

# Q2 2023 Risk Summary

---

April, May and June:

- Medical Event(s) (Dr. Bluebird) – Two (2)
- Patient Complaint(s)/Grievance(s) – Zero (0)
- Medication Error(s) – Zero (0)
- Patient Issue(s) – Zero (0)
- Employee Incident(s) – Zero (0)
- HIPAA Violation(s) – Zero (0)



# Q2 2023 Risk Reports

---

April, May and June:

## **Medical Event (Dr. Bluebird)**

- People noticed that patient was slurring words, not making sense. Patient was able to ambulate to chair without assistance. Patient was assessed by medical provider. Patient declined EMS services and was discharged to family member.
- Patient complaining of lightheaded, chest pain, shortness of breath. Patient was assessed by medical provider. Patient declined EMS services and was discharged.

# Risk Assessments

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## Office Administration Risk Assessment – 02.23.2023

- Identified areas needing improvement.
  - Welcome packet (having it available for new patients)
  - Training plan
  - Translation services
    - Many can be fixed with new or updated policies, standard operating procedures, or workflows.

## HIPAA Risk Assessment – 06.12.2023

- No findings for Decatur or Fremont

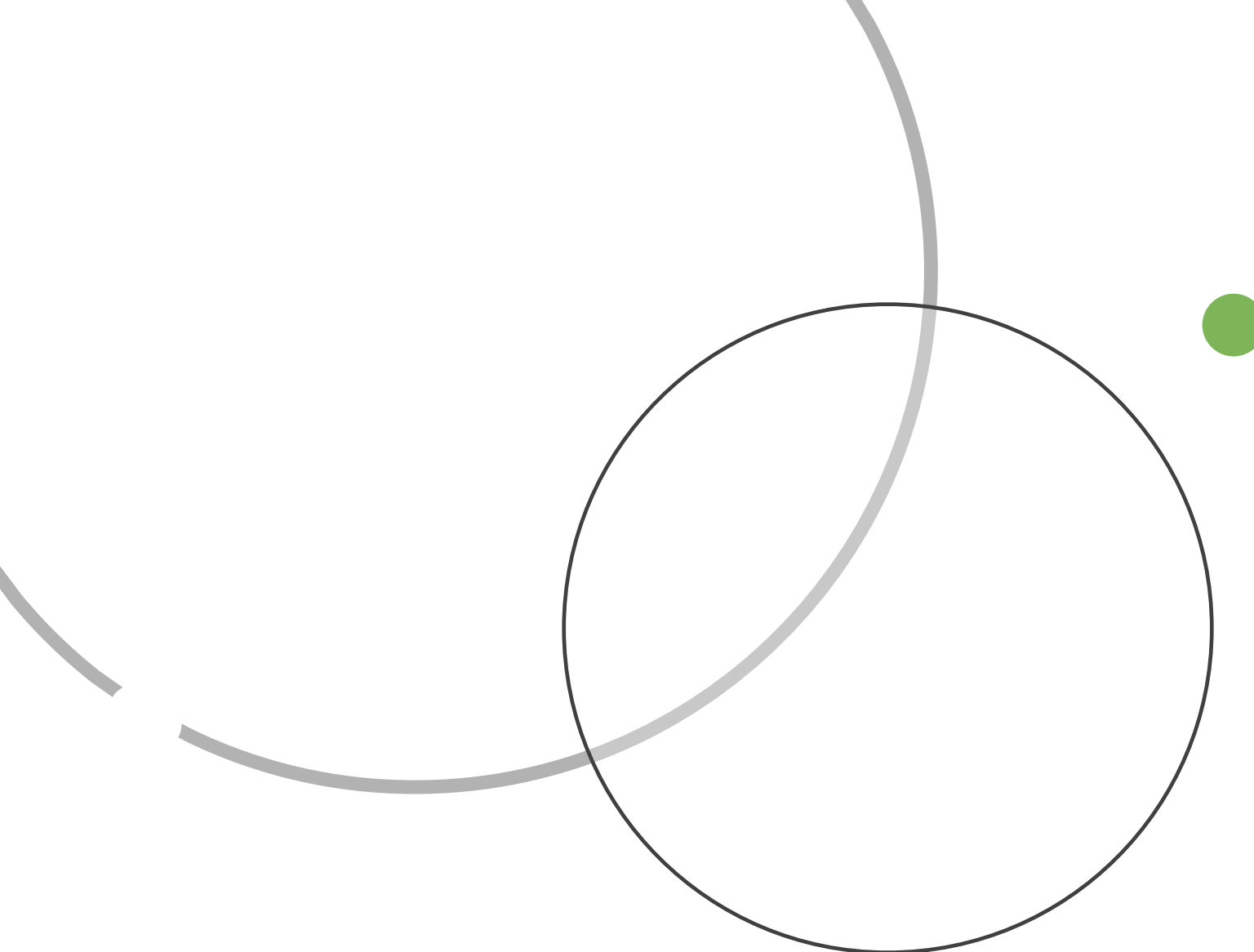
Projects



# Projects

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- Azara Implementation
- New or Update Policies and Standard Operating Procedures (SOP)
- Developing Workflows



# Patient Satisfaction Survey

# April 2023 Participation Rates

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- Completed Surveys: 324 (221/123)

- Family Health: 108 (45/63)
- Family Planning: 106 (58/48)
- Ryan White: 107 (96/11)
- Behavioral Health: 30 (22/8)
- Dietitian: 1 (0/1)

- Visit Count: 867

- Family Health: 259
- Family Planning: 273
- Ryan White: 335

2022

Completed Surveys; 245 (135/110)

- Family Health: 99 (40/59)
- Family Planning: 108 (68/40)
- Ryan White: 33 (27/6)

# May 2023 Participation Rates

---

- Completed Surveys: 245 (152/93)

- Family Health: 94 (46/48)
- Family Planning: 97 (58/39)
- Ryan White: 49 (44/5)
- Behavioral Health: 5 (4/1)
- Dietitian: 0 (0/0)

- Visit Count: 869

- Family Health: 413
- Family Planning: 114
- Ryan White: 219
- Behavioral Health: 116

## 2022

Completed Surveys: 160 (104/56)

- Family Health: 34 (15/19)
- Family Planning: 81 (49/32)
- Ryan White: 44 (39/5)
- Behavioral Health: 1 (1/0)

# June 2023 Participation Rates

---

## 2022

- Completed Surveys: 172 (85/88)
  - Family Health: 71 (30/41)
  - Family Planning: 82 (40/42)
  - Ryan White: 17 (14/3)
  - Behavioral Health: 2 (1/1)
  - Dietitian: 0 (0/0)
- Visit Count: 1041
  - Family Health: 481
  - Family Planning: 283
  - Ryan White: 168
  - Refugee: 4
  - Behavioral Health: 105

- Completed Surveys; 177 (129/48)
  - Family Health: 11 (9/2)
  - Family Planning: 142 (97/45)
  - Ryan White: 24 (23/1)





Questions?

*Recommend a Motion to Accept the Quality and Risk Management Report, as presented.*

# Credentialing & Privileging of Provider

Carol Wingfield, APRN-CNP

Kikam Yun, APRN II

Stephanie Romano, APRN II

*Recommend a Motion to accept the Credentialing and Privileging of the providers, as presented.*

# FQHC Financial Report

Results as of May 31, 2023

Donnie “DJ” Whitaker  
Chief Financial Officer

# All Funds/Divisions

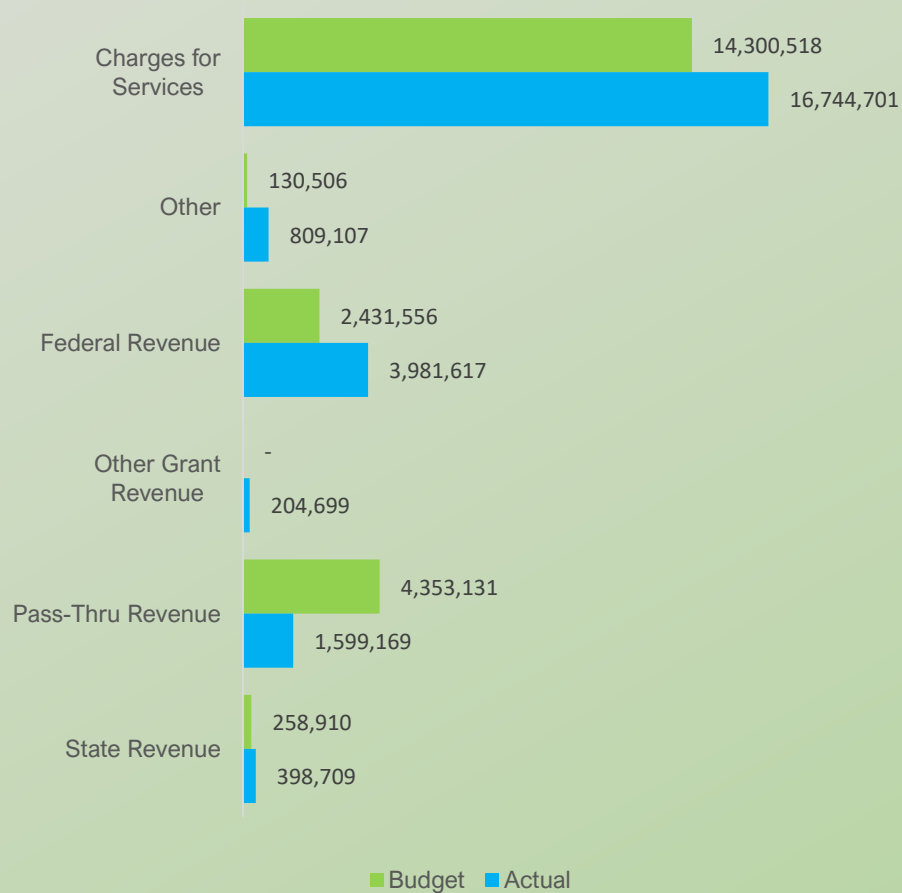
Activity	Budget as of May	Actual as of May	Variance	%
Charges for Services	14,300,518	16,744,701	2,444,183	17%
Other	130,506	964,429	833,923	639%
Federal Revenue	2,431,556	3,981,617	1,550,061	64%
Other Grant Revenue	-	204,699	204,699	0%
Pass-Thru Revenue	4,353,131	1,599,169	(2,753,962)	-63%
State Revenue	258,910	398,709	139,799	54%
<b>Total FQHC Revenue</b>	<b>21,474,621</b>	<b>23,893,324</b>	<b>2,418,704</b>	<b>11%</b>
Salaries	5,751,337	5,389,454	(361,883)	-6%
Taxes & Fringe Benefits	2,439,643	2,047,841	(391,802)	-16%
<b>Total Salaries &amp; Benefits</b>	<b>8,190,980</b>	<b>7,437,295</b>	<b>(753,685)</b>	<b>-9%</b>
Supplies	10,861,456	14,449,890	3,588,434	33%
Capital Outlay	97,584	63,626	(33,958)	-35%
Contractual	1,573,333	1,394,272	(179,061)	-11%
Travel & Training	73,492	65,772	(7,720)	-11%
<b>Total Other Operating</b>	<b>12,605,864</b>	<b>15,973,559</b>	<b>3,367,695</b>	<b>27%</b>
Indirect Costs/Cost Allocations	5,193,632	4,897,055	(296,577)	-6%
Transfers IN	(1,307,224)	(1,163,581)	143,643	-11%
Transfers OUT	1,266,787	1,163,581	(103,206)	-8%
<b>Total Transfers</b>	<b>5,153,195</b>	<b>4,897,055</b>	<b>(256,140)</b>	<b>-5%</b>
<b>Net Position</b>	<b>(4,475,418)</b>	<b>(4,414,585)</b>	<b>60,833</b>	<b>-1%</b>

NOTES:

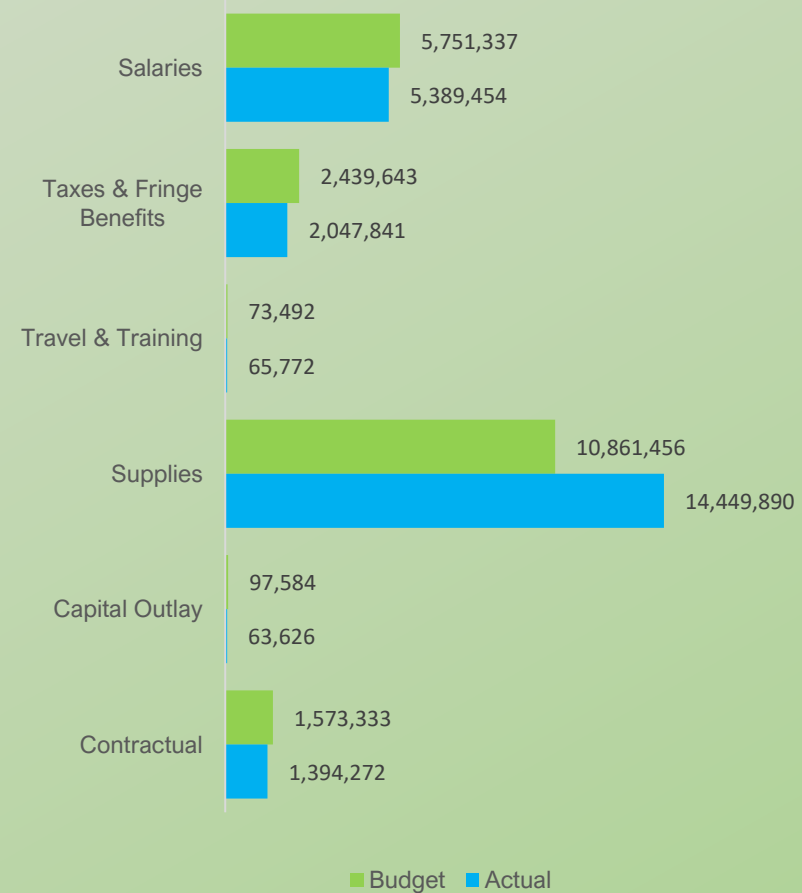
- 1) PAYER MIX INCLUDES A HIGHER PERCENTAGE OF COMMERCIALY INSURED PATIENTS COMBINED WITH AN INCREASE IN PRESCRIPTION MEDICATIONS PER ENCOUNTER.
- 2) OUTPACING BUDGET DUE TO CHANGES IN NEVADA MEDICAID REIMBURSEMENT (THE WRAP) PROGRAM UPDATES LEADING TO MULTI-PERIOD REVENUE CATCHUP.
- 3) ADDITIONAL FEDERAL 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

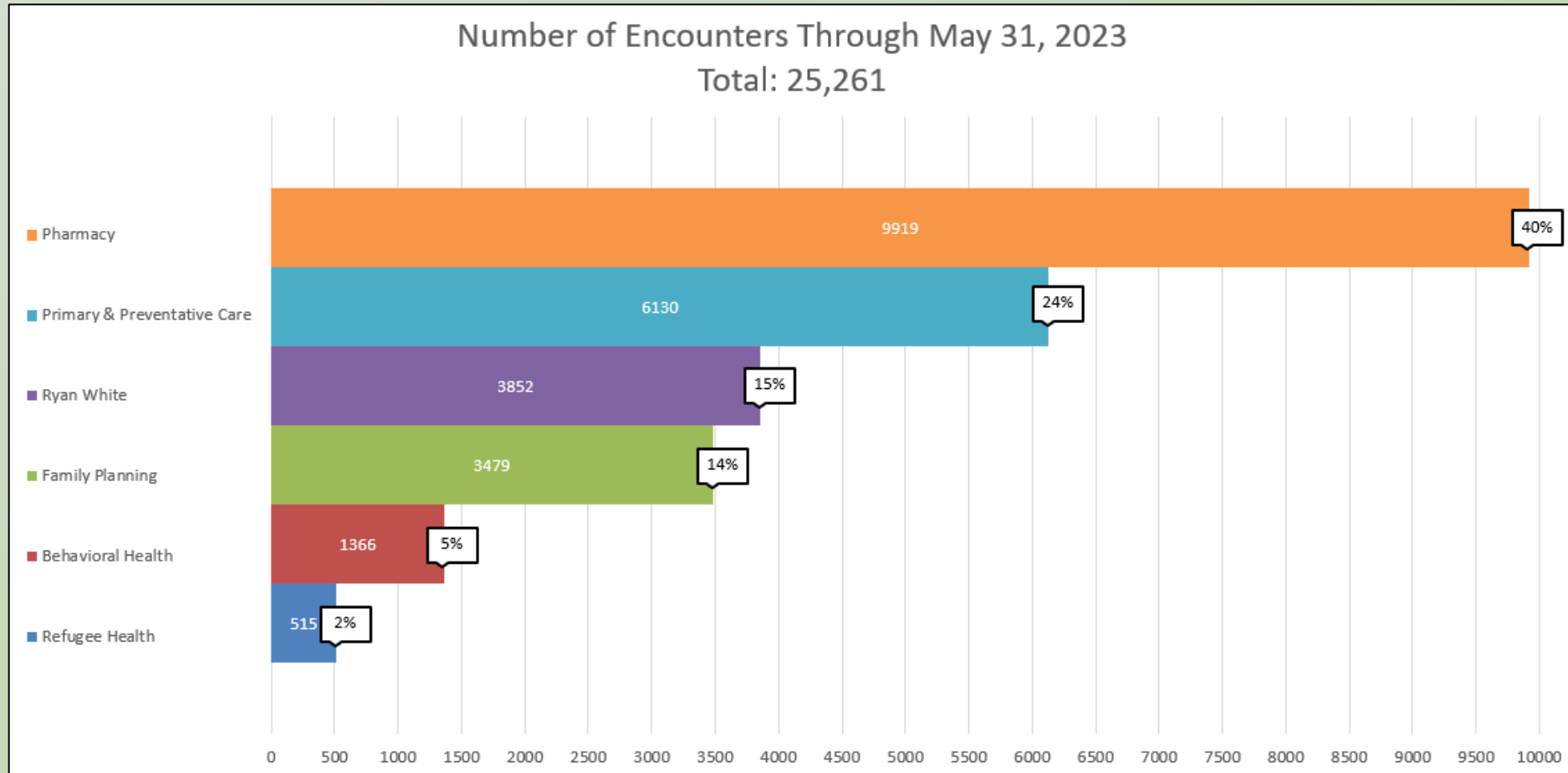
## FQHC Total Revenue by Type



## FQHC Total Expense by Type



# Patients by Department



# Revenue by Department

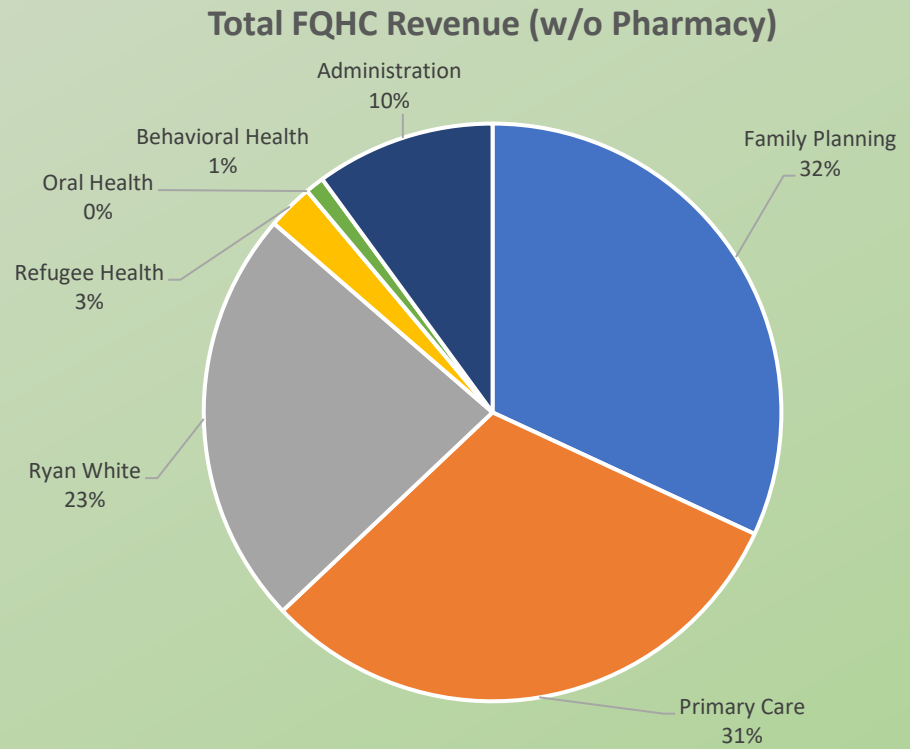
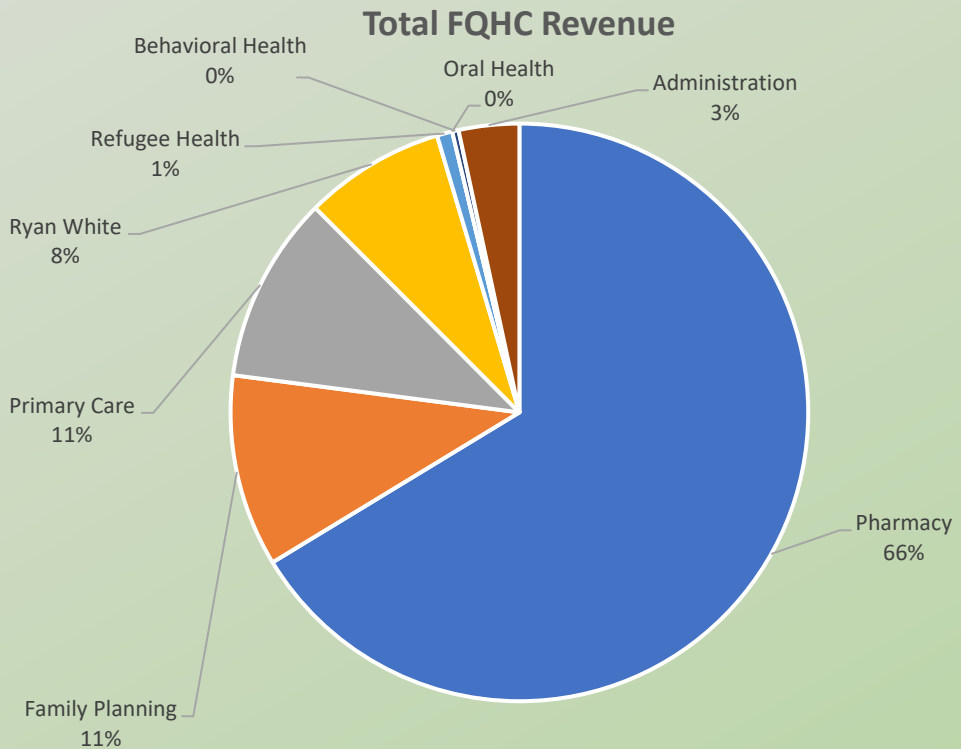
Department	Budget as of May	Actual as of May	Variance	%
<b>Charges for Services (+ Wrap)</b>				
Family Planning	312,382	425,223	112,842	36%
Pharmacy	13,216,500	15,741,020	2,524,520	19%
Oral Health (Dental)	6,710	-	(6,710)	-100%
Primary Care	606,632	195,516	(411,116)	-68%
Ryan White	(1,187)	225,684	226,871	-19112%
Refugee Health	289,988	79,136	(210,852)	-73%
Behavioral Health	-	84,470	84,470	0%
Administration	-	958,080	958,080	0%
<b>OPERATING REVENUE</b>	<b>14,431,024</b>	<b>17,709,130</b>	<b>3,278,106</b>	<b>23%</b>
<b>Grants</b>				
Family Planning	2,575,928	2,126,640	(449,287)	-17%
Pharmacy	176,925	-	(176,925)	-100%
Oral Health (Dental)	-	-	-	0%
Primary Care	2,346,810	2,286,571	(60,239)	-3%
Ryan White	1,653,114	1,645,308	(7,806)	0%
Refugee Health	290,821	125,675	(165,146)	-57%
Behavioral Health	-	-	-	0%
<b>SPECIAL REVENUE</b>	<b>7,043,597</b>	<b>6,184,194</b>	<b>(859,403)</b>	<b>-12%</b>
<b>TOTAL REVENUE</b>	<b>21,474,621</b>	<b>23,893,324</b>	<b>2,418,704</b>	<b>11%</b>

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 May	Actual as of May	Variance	%
<b>Employment (Salaries, Taxes, &amp; Fringe)</b>				
Family Planning	1,682,429	1,475,637	(206,792)	-12%
Pharmacy	274,246	270,777	(3,469)	-1%
Oral Health (Dental)	-	-	-	0%
Primary Care	3,691,659	3,461,753	(229,906)	-6%
Ryan White	2,128,592	1,960,486	(168,105)	-8%
Refugee Health	155,750	112,483	(43,266)	-28%
Behavioral Health	-	3,905	3,905	0%
Administration	258,305	152,254	(106,051)	-41%
<b>Total Personnel Costs</b>	<b>8,190,980</b>	<b>7,437,295</b>	<b>(753,685)</b>	<b>-9%</b>
<b>Other (Supplies, Contractual, Capital, Training)</b>				
Family Planning	666,373	873,042	206,669	31%
Pharmacy	9,949,288	13,690,672	3,741,384	38%
Oral Health (Dental)	50,609	-	(50,609)	-100%
Primary Care	1,350,678	1,099,141	(251,537)	-19%
Ryan White	342,975	230,569	(112,406)	-33%
Refugee Health	160,109	64,594	(95,515)	-60%
Behavioral Health	11,550	-	(11,550)	-100%
Administration	74,283	15,542	(58,741)	-79%
<b>Total Other Expenses</b>	<b>12,605,864</b>	<b>15,973,559</b>	<b>3,367,695</b>	<b>27%</b>
<b>Total Operating Expenses</b>	<b>20,796,844</b>	<b>23,410,855</b>	<b>2,614,010</b>	<b>13%</b>
Indirect Costs/Cost Allocations	5,193,632	4,897,055	(296,577)	-6%
Transfers IN	(1,307,224)	(1,163,581)	143,643	-11%
Transfers OUT	1,266,787	1,163,581	(103,206)	-8%
<b>Total Transfers &amp; Allocations</b>	<b>5,153,195</b>	<b>4,897,055</b>	<b>(256,140)</b>	<b>-5%</b>
<b>TOTAL EXPENSES</b>	<b>25,950,039</b>	<b>28,307,909</b>	<b>2,357,870</b>	<b>9%</b>

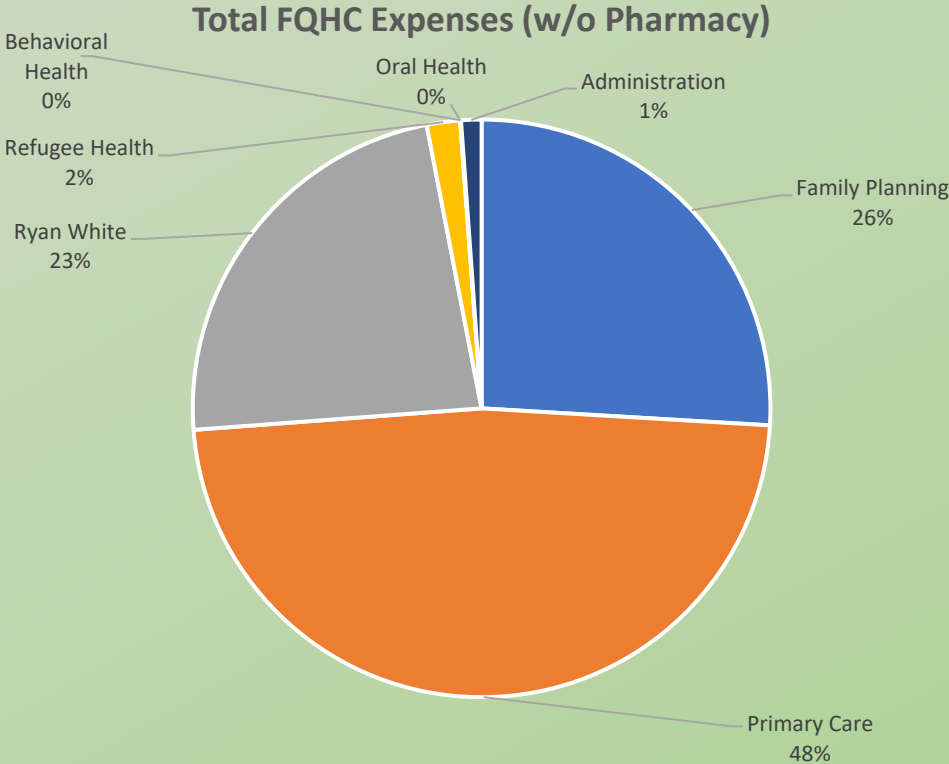
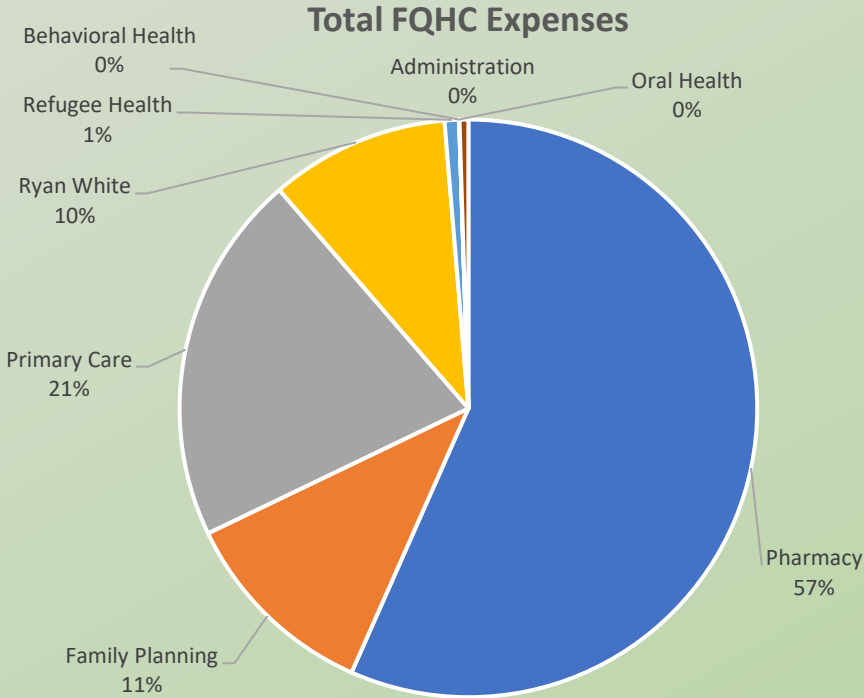
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NOTES:

1) INCREASED PHARMACY ACTIVITY COMBINED WITH RISING COST OF PRESCRIPTION DRUGS.

# Expenses by Department

*(With and Without Pharmacy)*





# Questions?

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*Recommend a Motion to Accept the May 2023 YTD  
Financial Report, as presented.*





# Executive Director Comments

Dr. Fermin Leguen

# Highlights from the June 2023 Operational Report

Randy Smith, FQHC Operations Officer



# Administrative

- Service Area Competition (SAC) application - due 8/23/23
- FTCA application - finalizing credentialing/privileging & required trainings
- Additional unbudgeted Family Planning grant funds received, approx. \$400k
- State Incubator grant - resubmission for \$300k toward behavioral health manager & program development (2 years)
- Medical Director and LCSW recruitment ongoing
- Two new providers begin on 8/7/23 (assigned to Fremont)
- New board member recruitment

# Operations

- Azara DRVS implementation and training
  - Software in place, initial staff trainings completed, SOPs being drafted
- Process Improvement Project – Front Office Workflows and Paperwork
- Sexual Health Clinic transition completed on 7/1/23
  - Staff trainings, process improvement (call center, front office operations)
  - Ongoing process
- Refugee Health Clinic transition – 9/5/23
  - Staff training, Fremont PHC preparation, budget, community partners
  - Improve integration with primary care

# FY24 Access Goals

- Daily Access (production) goals
- Primary Care = 17 per day
- Ryan White/Family Planning = 13 per day
- Behavioral Health = 7 per day
- Goals consider:
  - Programmatic/funder requirements
  - Appointment types (e.g., # of procedures, same day access)
  - Historical performance
  - UDS Benchmarks
  - Short-term business needs (FY24 revenue model)
  - Long-term financial sustainability through operations
- Performed over the course of 8.25 clinical hours
- Realistic and achievable... though our teams will need to stretch this year to achieve
- Strategies: diversify provider access, same day access, integrative care model, team huddles, population health, strategic overbooking, leadership, operations management, supervision
- Monthly Team Access Reports: performance tracking, accountability and transparency
- **Weighting Access with Clinical Quality and Patient Experience**



Thank you.



**SOUTHERN NEVADA**  
*Community*  
**HEALTH CENTER**

**AT THE SOUTHERN NEVADA HEALTH DISTRICT**

# Memorandum

**Date:** July 25, 2023

**To:** Southern Nevada Community Health Center Governing Board

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

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## RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT – JUNE 2023

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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.

### June Highlights

#### Operations

- 889 unduplicated patients seen in June.
  - 281 new patients established care.
- 3,240 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.
- Additional unbudgeted Family Planning funds awarded from the State.
- Azara DRVS validation complete.
- Two new providers (MD and APRN) scheduled to begin employment on 8/7/23.
- Medical Director recruitment ongoing.

#### 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 50 referrals between June 1<sup>st</sup> through June 30<sup>th</sup>. There were two (2) pediatric clients referred to the MCM (Medical Case management) program in June and the program received four (4) referrals for pregnant women living with HIV during this time.

- B. There were 449 total service encounters in the month of June provided by the Ryan White program (Linkage Coordinator, Eligibility Workers, Nurse Case Managers, Community Health Workers, Registered Dietitian and Health Educator). There were 214 unduplicated clients served under these programs in June.
- C. The Ryan White ambulatory clinic had a total of 353 visits in the month of June: 29 initial provider visits, 120 established provider visits, and seven (7) tele-visits for established clients. There were 25 Nurse visits and 172 Lab visits. There were 27 Ryan White clients seen under Behavioral Health by the Licensed Clinical Social Worker (LCSW) and the Psychiatric APRN during the month of June.
- D. The Ryan White clinic continues to provide Rapid stART services, 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 11 patients enrolled and seen under the Rapid stART program in June.

### Family Planning (FP)

Unduplicated Patients	June 2022	June 2023		FY 21-22	FY 22-23	
Number of Pt: Fremont PHC	178	238	↑	1,168	1,125	↓
Number of Pt: Decatur PHC	383	184	↓	2,103	1,981	↓

Duplicated Patients	June 2022	June 2023		FY 21-22	FY 22-23	
Number of Pt: Fremont PHC	189	249	↑	1,958	2,054	↑
Number of Pt: Decatur PHC	409	190	↓	3,546	3,654	↑
New Patients	181	83	↓	1,537	1,393	↓
Number of Pt: Fremont PHC	49	54	↑	468	519	↑
Number of Pt: Decatur PHC	132	29	↓	1069	874	↓
APRN Visits	454	277	↓	3,974	4,029	↑
Number of Pt: Fremont PHC	134	165	↑	1288	1397	↑
Number of Pt: Decatur PHC	320	112	↓	2,686	2,632	↓

Client Encounters by Location					
Location /Program	Jun-22	Jun-23	FY 21-22	FY 22-23	
Family Planning	598	439	5,504	5,708	

- A. FP Program services at Fremont and Decatur Public Health Centers served 439 clients: 422 of them were unduplicated.
- B. The Fremont Family Planning Clinic served 249 clients: 238 of them were unduplicated.
- C. The Decatur Family Planning Clinic serviced 190 clients: 184 of them were unduplicated.

## Pharmacy Services

	Jun-22	Jun-23		FY22	FY23		% Change YTD
<b>Client Encounters (Pharmacy)</b>	1,426	1,170	↓	13,677	13,870	↑	1.4%
<b>Prescriptions Filled</b>	1,814	1,611	↓	17,470	18,820	↑	7.7%
<b>Client Clinic Encounters (Pharmacist)</b>	78	52	↓	405	584	↑	44.2%
<b>Financial Assistance Provided</b>	12	15	↑	127	129	↑	1.6%
<b>Insurance Assistance Provided</b>	2	9	↑	46	29	↓	-37.0%

- A. Dispensed 1,611 prescriptions for 1,170 clients.
- B. Pharmacist completed 52 client clinic encounters.
- C. Assisted 15 clients to obtain medication financial assistance.
- D. Assisted 2 clients with insurance approvals.

## Eligibility Case Narrative and Monthly Report

As a team, the Eligibility Workers submitted a total of 147 Applications for the month of June 2023.

Applications	Status
54	Approved
16	Denied
77	Pending

## Tuberculosis Clinic/Refugee Health Program

Refugee Health Program for the month June 2023.

Client required medical follow- up for Communicable Diseases	19
Referrals for TB issues	6
Referrals for Chronic Hep B	7
Referrals for STD	5
Pediatric Refugee Exams	11
Clients encounter by program (adults)	44
Refugee Health screening for June 2023	48 adults
<b>Total for FY22-23</b>	<b>524</b>

## Quality & Risk Management

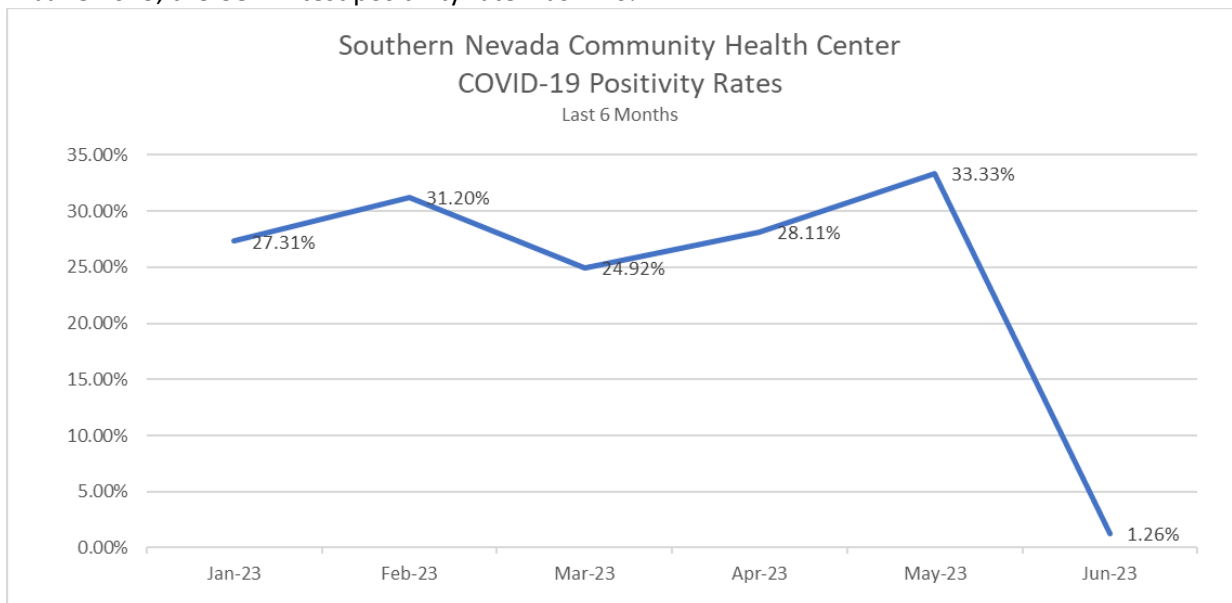
### A. Quality

#### COVID-19 Testing

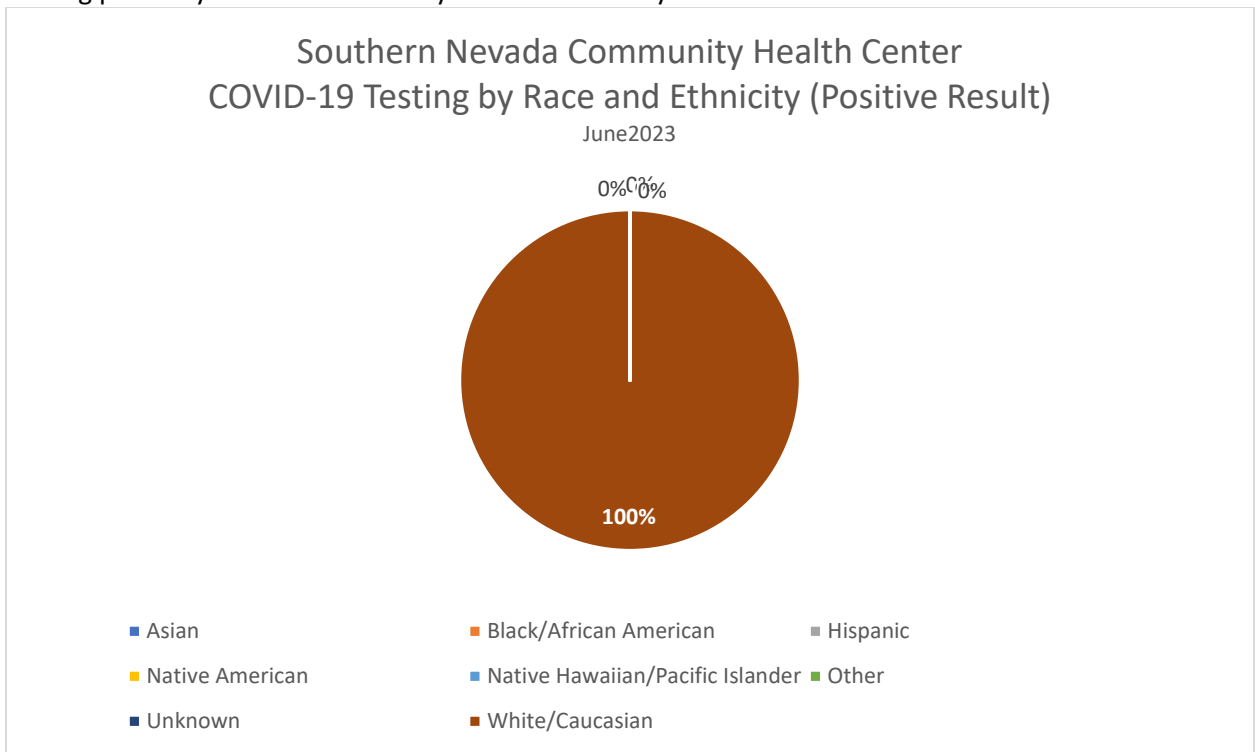
From January 2021 to June 2023 the Southern Nevada Community Health Center completed 100,414 COVID-19 tests, 161 of which were conducted in June of 2023.

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.

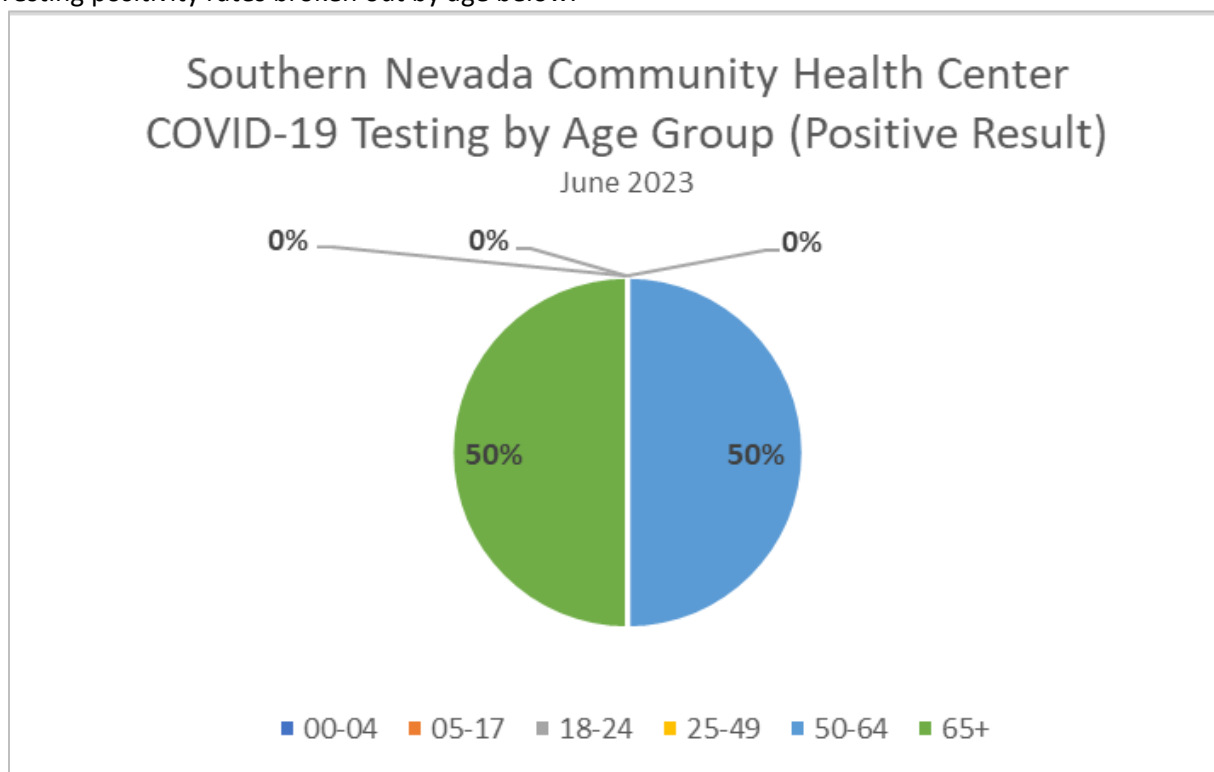
In June 2023, the COVID test positivity rate was 1.26%.



Testing positivity rates broken out by race and ethnicity below:



Testing positivity rates broken out by age below:



## COVID-19 Vaccine Program and Monkeypox

- The Southern Nevada Community Health Center administered 463 COVID/Monkeypox doses in June.

## Risk Management

- Medical Events (Dr. Bluebird) – Two (2)
- Patient Complaints/Grievances – Zero (0)
- Medication Errors – Zero (0)
- Patient Issues – Zero (0)
- Employee Incidents – Zero (0)
- HIPAA Violation(s) – Zero (0)

## Health Center Visit Report Summary – June 2023

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.

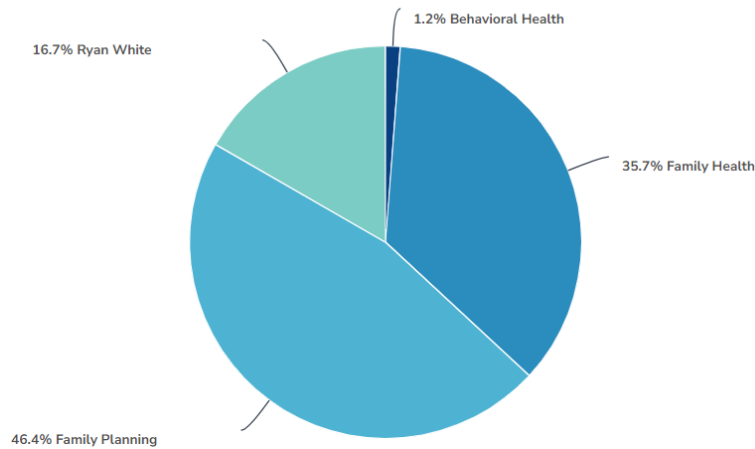
## Report for Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey (English) June 2023

### Response Counts



Totals: 87

### 1. Service received during your visit

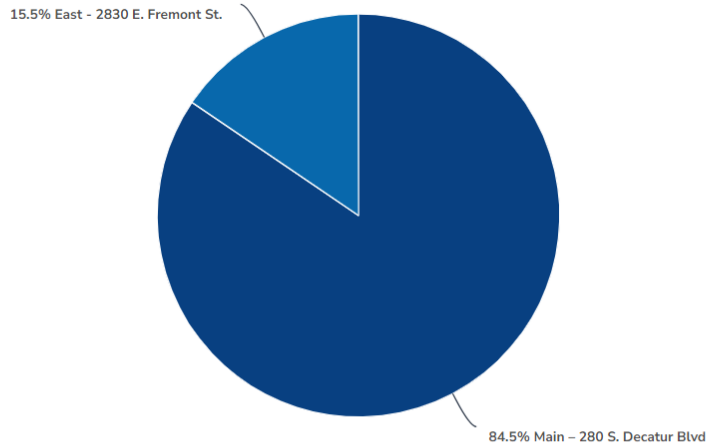


Value	Percent	Responses
Behavioral Health	1.2%	1
Family Health	35.7%	30
Family Planning	46.4%	39
Ryan White	16.7%	14

Totals: 84

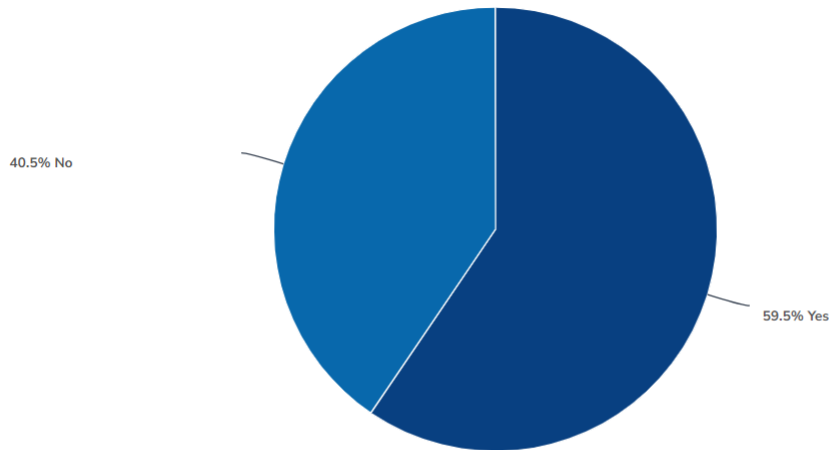


2. Southern Nevada Health District (SNHD) location



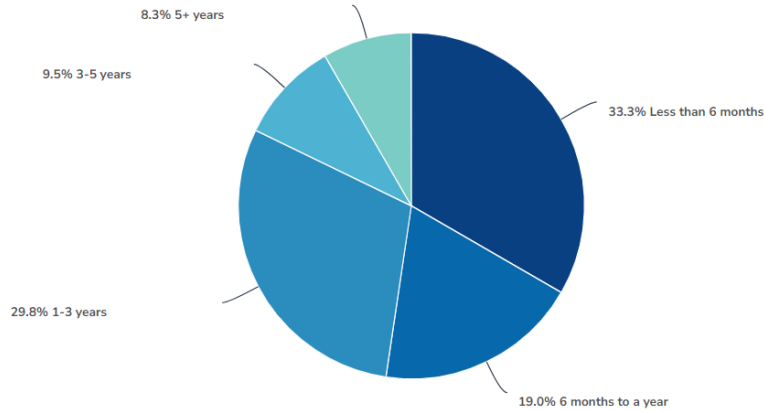
Value	Percent	Responses
Main - 280 S. Decatur Blvd	84.5%	71
East - 2830 E. Fremont St.	15.5%	13
Totals: 84		

3. Do you have health insurance?



Value	Percent	Responses
Yes	59.5%	50
No	40.5%	34
Totals: 84		

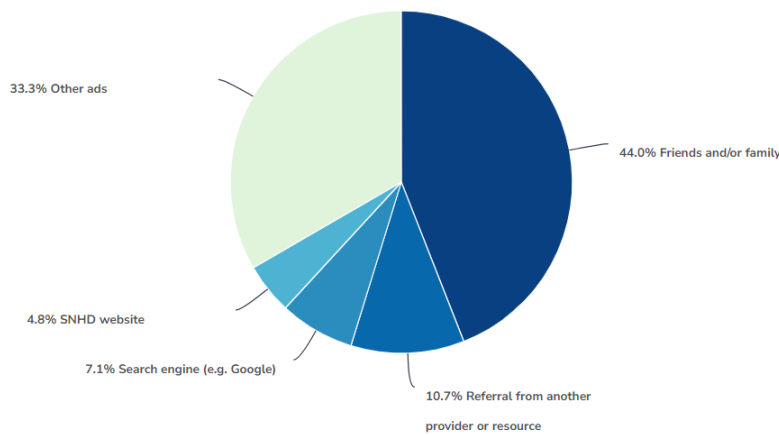
4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?



Value	Percent	Responses
Less than 6 months	33.3%	28
6 months to a year	19.0%	16
1-3 years	29.8%	25
3-5 years	9.5%	8
5+ years	8.3%	7

Totals: 84

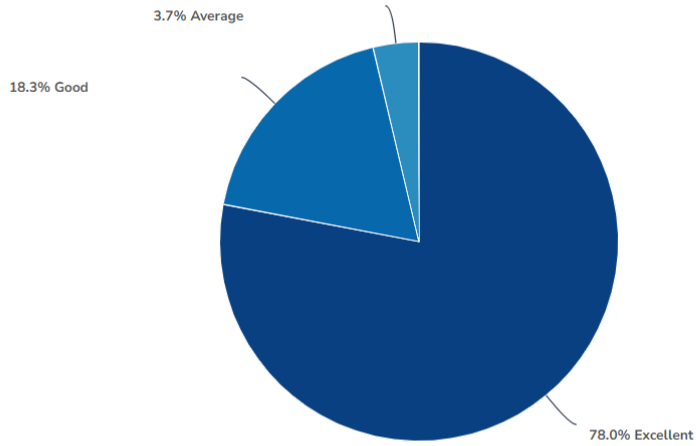
5. How did you hear about us?



Value	Percent	Responses
Friends and/or family	44.0%	37
Referral from another provider or resource	10.7%	9
Search engine (e.g. Google)	7.1%	6
SNHD website	4.8%	4
Other ads	33.3%	28

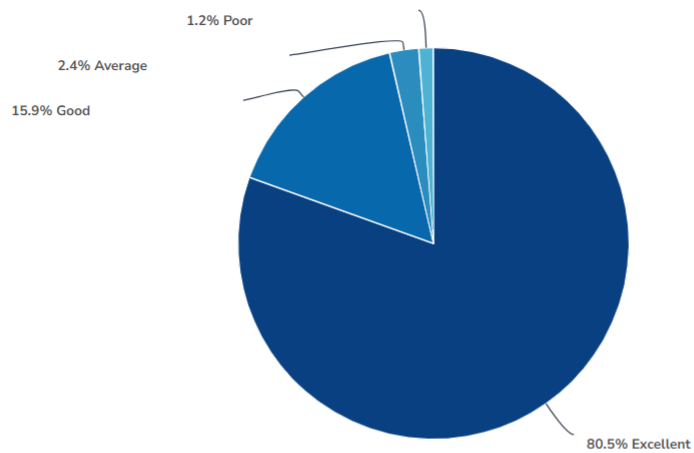
Totals: 84

### 6. Ease of scheduling an appointment



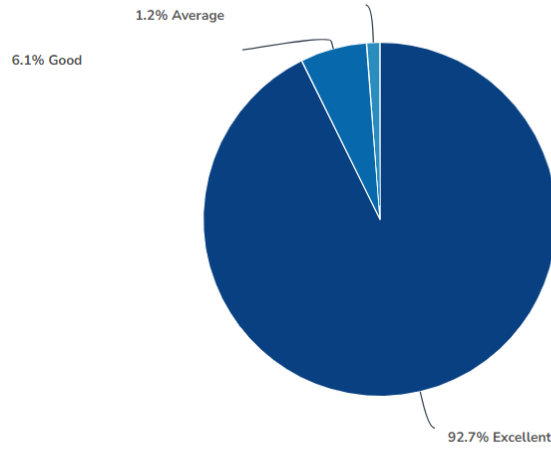
Value	Percent	Responses
Excellent	78.0%	64
Good	18.3%	15
Average	3.7%	3
<b>Totals: 82</b>		

### 7. Wait time to see provider



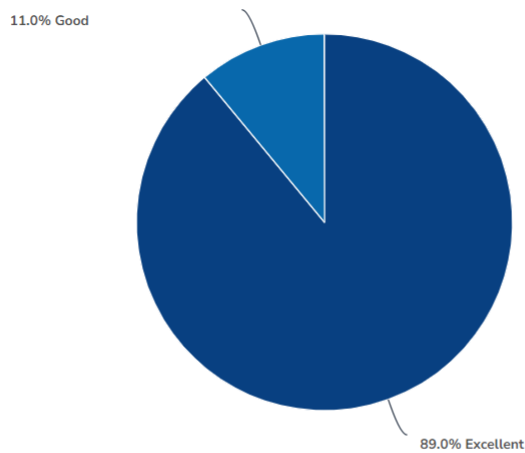
Value	Percent	Responses
Excellent	80.5%	66
Good	15.9%	13
Average	2.4%	2
Poor	1.2%	1
<b>Totals: 82</b>		

8. Care received from providers and staff



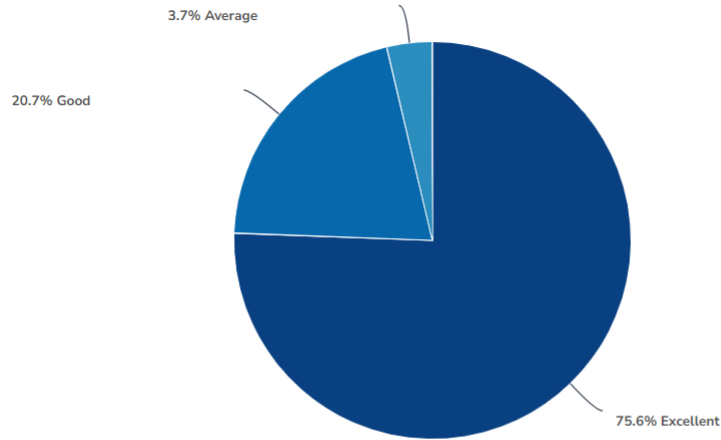
Value	Percent	Responses
Excellent	92.7%	76
Good	6.1%	5
Average	1.2%	1
Totals: 82		

9. Understanding of health care instructions following your visit



Value	Percent	Responses
Excellent	89.0%	73
Good	11.0%	9
Totals: 82		

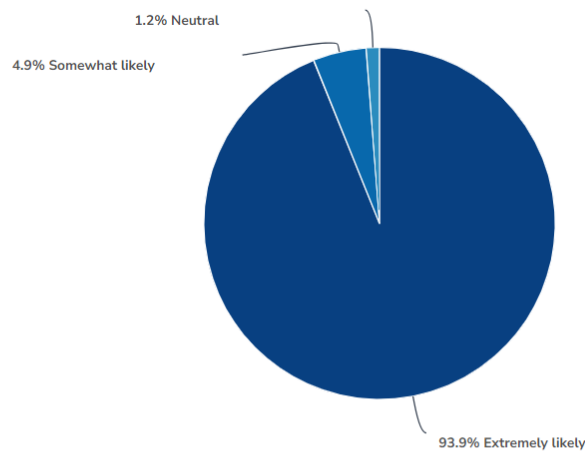
### 10. Hours of operation



Value	Percent	Responses
Excellent	75.6%	62
Good	20.7%	17
Average	3.7%	3

Totals: 82

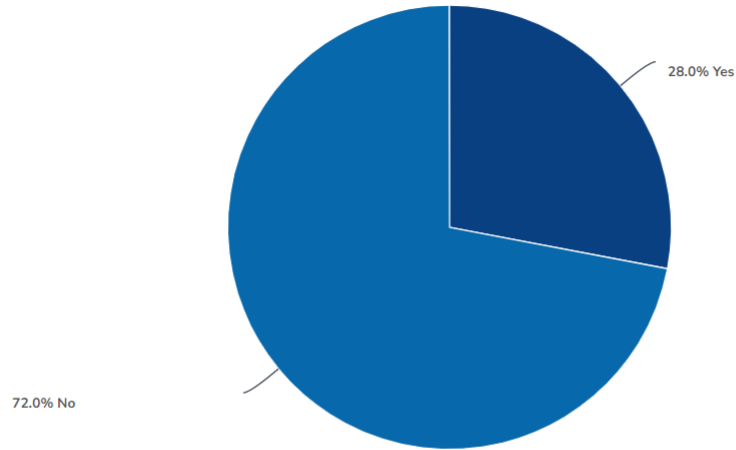
### 11. Recommendation of our health center to friends and family



Value	Percent	Responses
Extremely likely	93.9%	77
Somewhat likely	4.9%	4
Neutral	1.2%	1

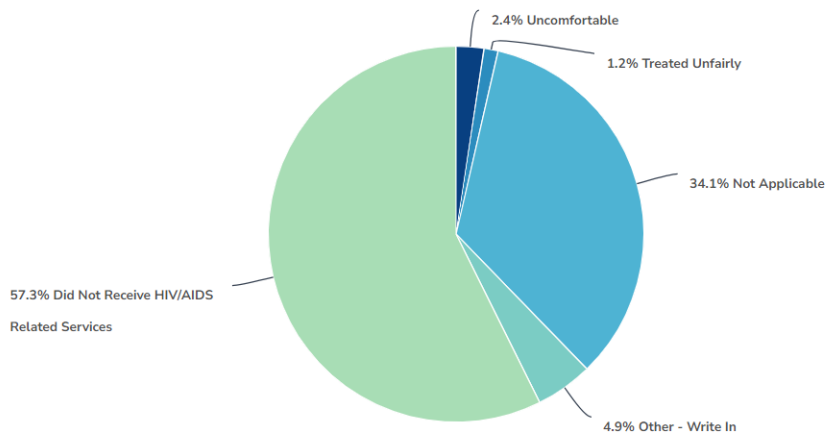
Totals: 82

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



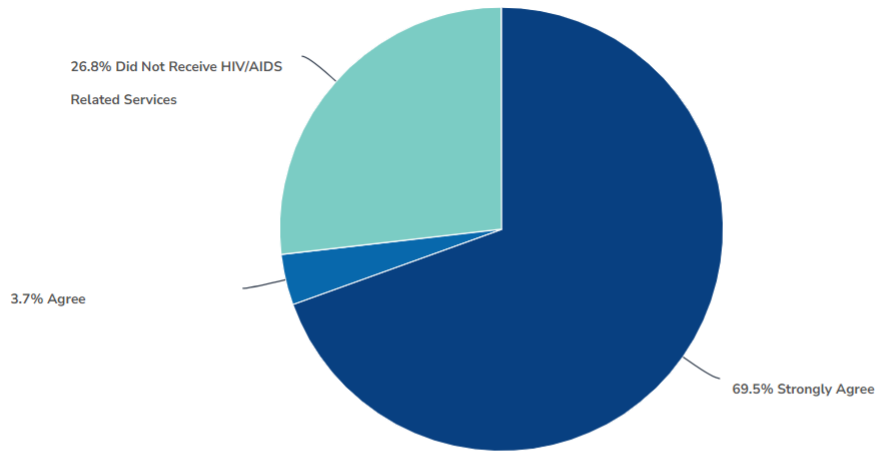
Value	Percent	Responses
Yes	28.0%	23
No	72.0%	59
Totals: 82		

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



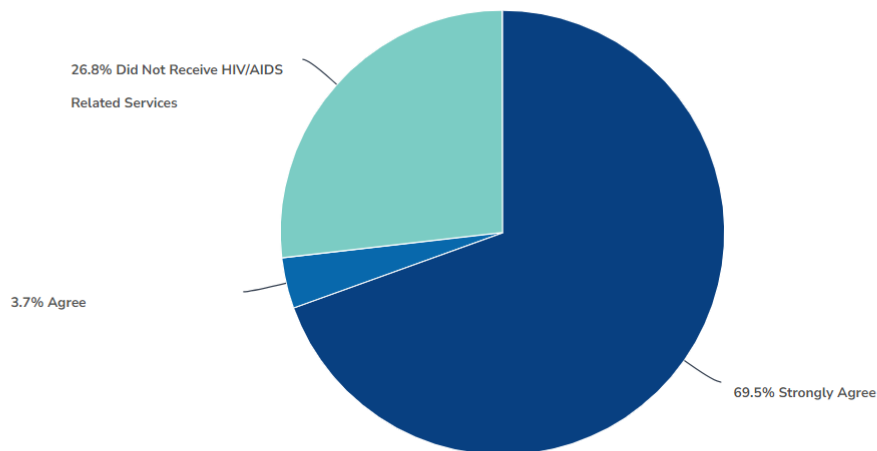
Value	Percent	Responses
Uncomfortable	2.4%	2
Treated Unfairly	1.2%	1
Not Applicable	34.1%	28
<a href="#">Other - Write In (click to view)</a>	4.9%	4
Did Not Receive HIV/AIDS Related Services	57.3%	47
Totals: 82		

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



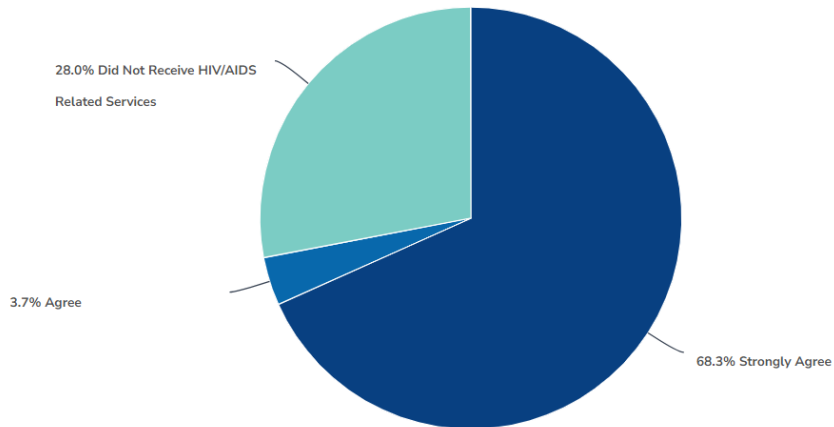
Value	Percent	Responses
Strongly Agree	69.5%	57
Agree	3.7%	3
Did Not Receive HIV/AIDS Related Services	26.8%	22
Totals: 82		

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



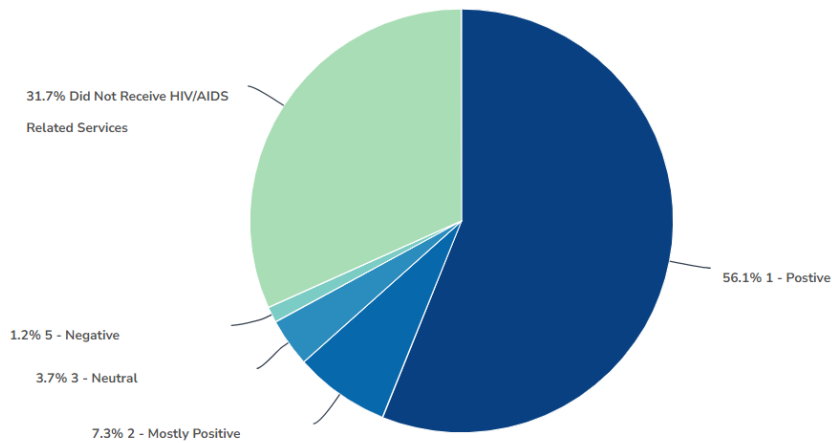
Value	Percent	Responses
Strongly Agree	69.5%	57
Agree	3.7%	3
Did Not Receive HIV/AIDS Related Services	26.8%	22
Totals: 82		

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



Value	Percent	Responses
Strongly Agree	68.3%	56
Agree	3.7%	3
Did Not Receive HIV/AIDS Related Services	28.0%	23
<b>Totals: 82</b>		

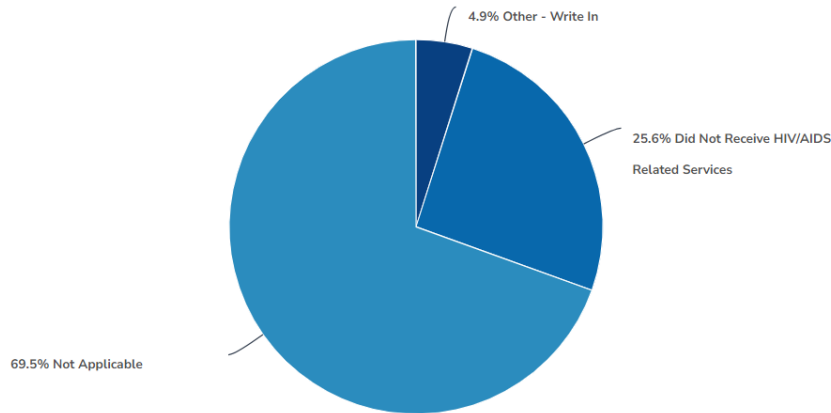
17. On a scale from 1-5, during your visit, did you feel that any staff interactions negatively or positively impacted your likelihood of remaining in care?



Value	Percent	Responses
1 - Postive	56.1%	46
2 - Mostly Positive	7.3%	6
3 - Neutral	3.7%	3
5 - Negative	1.2%	1
Did Not Receive HIV/AIDS Related Services	31.7%	26
<b>Totals: 82</b>		



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



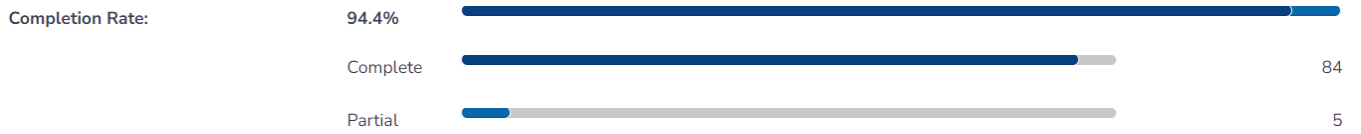
Value	Percent	Responses
<a href="#">Other - Write In (click to view)</a>	4.9%	4
Did Not Receive HIV/AIDS Related Services	25.6%	21
Not Applicable	69.5%	57
		<b>Totals: 82</b>

### 19. Comments



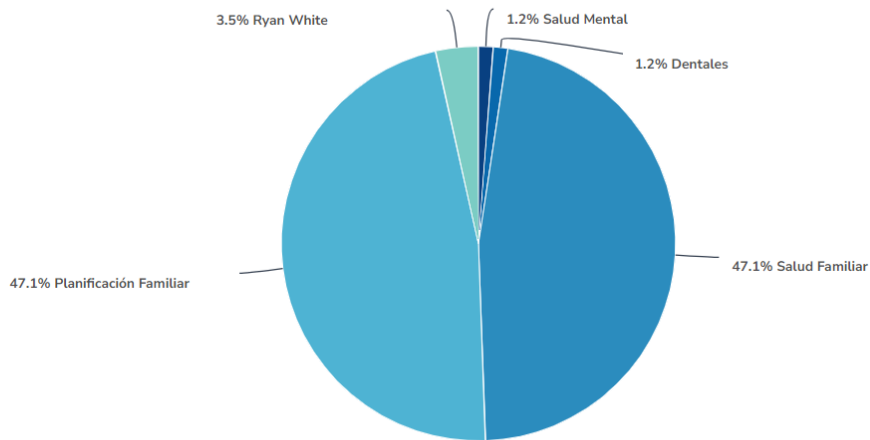
## Report for Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC) (Spanish) June 2023

### Response Counts



Totals: 89

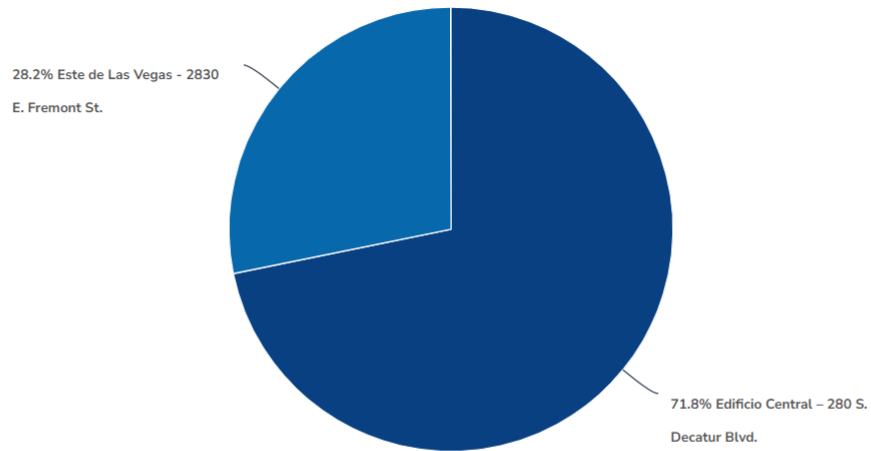
### 1. Marque los servicios recibidos durante su visita



Value	Percent	Responses
Salud Mental	1.2%	1
Dentales	1.2%	1
Salud Familiar	47.1%	40
Planificación Familiar	47.1%	40
Ryan White	3.5%	3

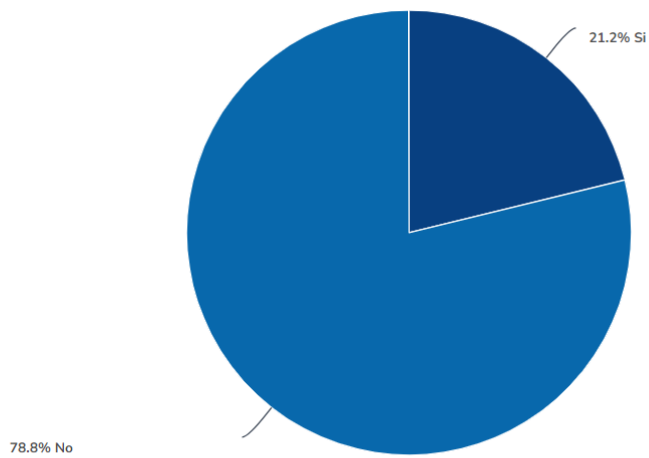
Totals: 85

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



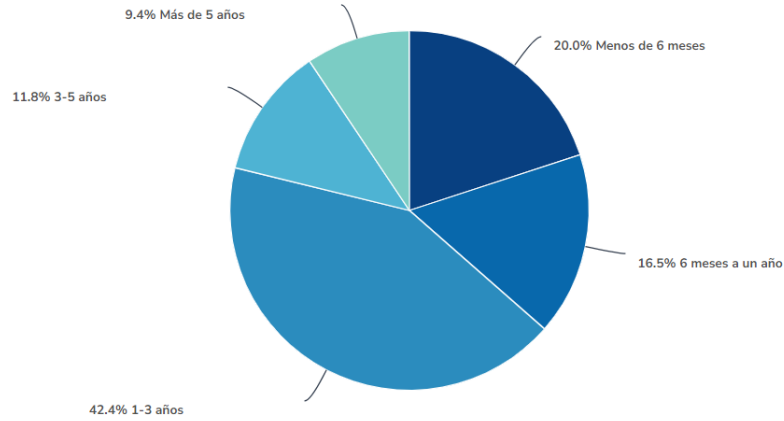
Value	Percent	Responses
Edificio Central - 280 S. Decatur Blvd.	71.8%	61
Este de Las Vegas - 2830 E. Fremont St.	28.2%	24
Totals: 85		

3. ¿Tiene seguro médico?



Value	Percent	Responses
Si	21.2%	18
No	78.8%	67
Totals: 85		

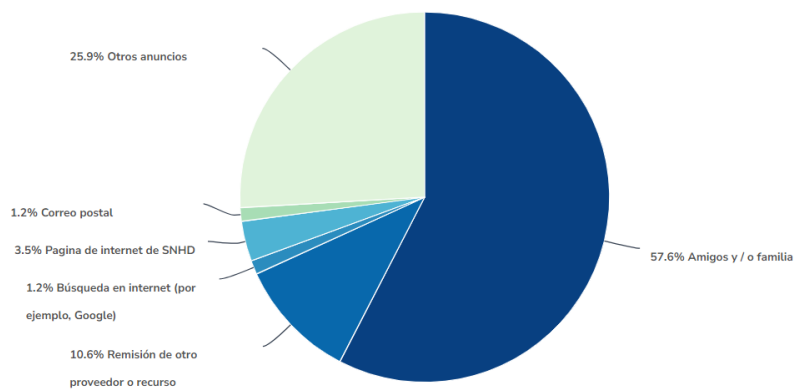
4. ¿Cuánto tiempo ha sido usted paciente en el Distrito de Salud del Sur de Nevada/Centro de Salud Comunitario del Sur de Nevada?



Value	Percent	Responses
Menos de 6 meses	20.0%	17
6 meses a un año	16.5%	14
1-3 años	42.4%	36
3-5 años	11.8%	10
Más de 5 años	9.4%	8

Totals: 85

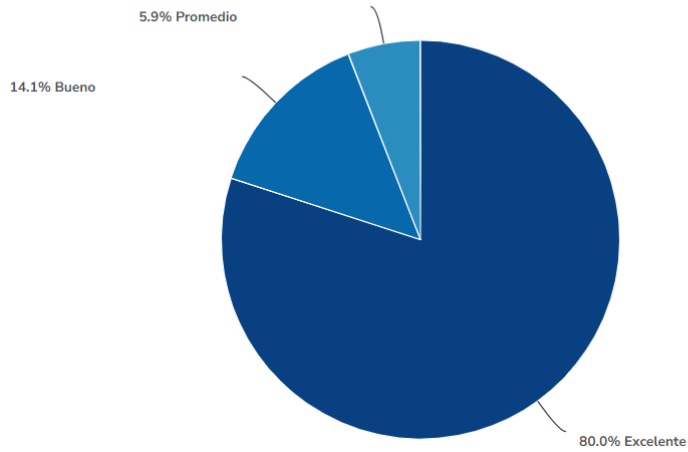
5. ¿Como usted supo de nosotros?



Value	Percent	Responses
Amigos y / o familia	57.6%	49
Remisión de otro proveedor o recurso	10.6%	9
Búsqueda en internet (por ejemplo, Google)	1.2%	1
Página de internet de SNHD	3.5%	3
Correo postal	1.2%	1
Otros anuncios	25.9%	22

Totals: 85

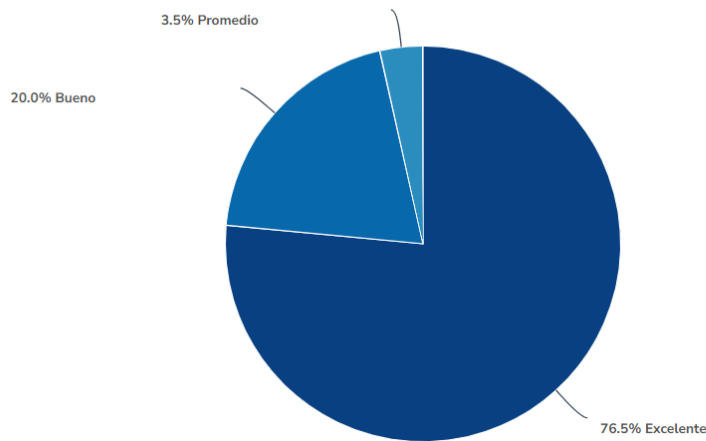
6. Facilidad para programar una cita



Value	Percent	Responses
Excelente	80.0%	68
Bueno	14.1%	12
Promedio	5.9%	5

Totals: 85

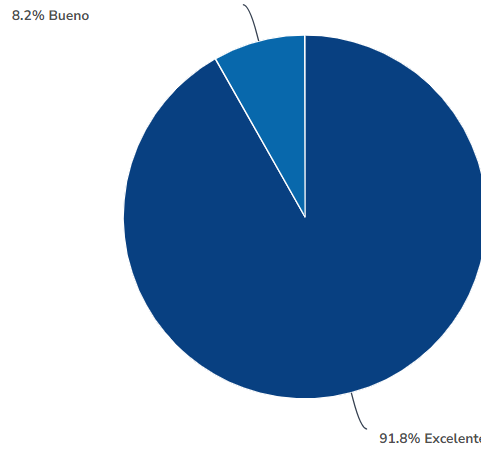
7. Tiempo de espera para ver a un proveedor de salud



Value	Percent	Responses
Excelente	76.5%	65
Bueno	20.0%	17
Promedio	3.5%	3

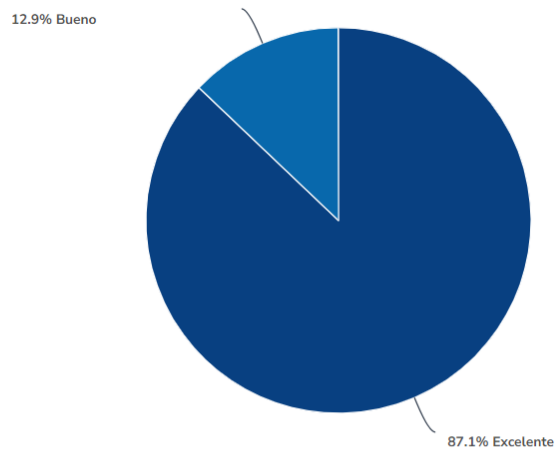
Totals: 85

8. Atención recibida de los proveedores y personal



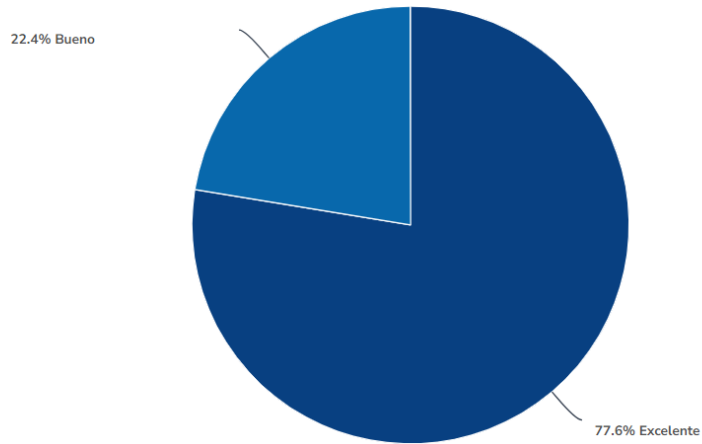
Value	Percent	Responses
Excelente	91.8%	78
Bueno	8.2%	7
Totals: 85		

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



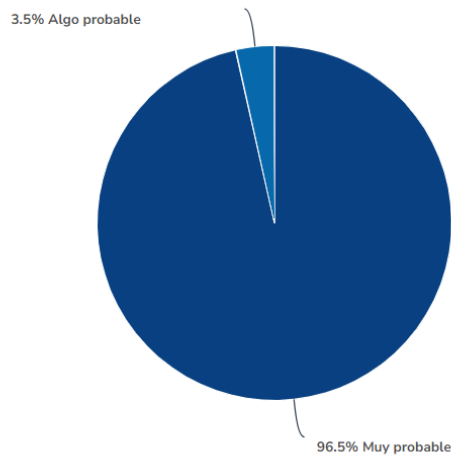
Value	Percent	Responses
Excelente	87.1%	74
Bueno	12.9%	11
Totals: 85		

### 10. Horarios de operación



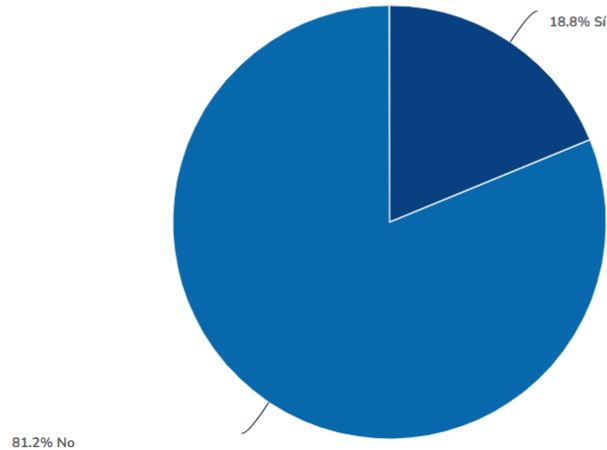
Value	Percent	Responses
Excelente	77.6%	66
Bueno	22.4%	19
Totals: 85		

### 11. Recomendaría nuestro centro de salud a amigos y familiares



Value	Percent	Responses
Muy probable	96.5%	82
Algo probable	3.5%	3
Totals: 85		

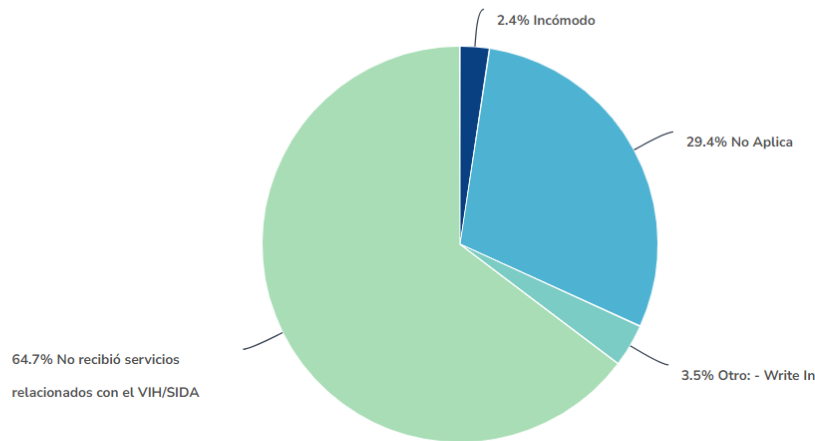
12. ¿Está de visita hoy para recibir servicios de prevención o tratamiento relacionados con el VIH/SIDA o para recibir información relacionada?



Value	Percent	Responses
Sí	18.8%	16
No	81.2%	69

Totals: 85

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

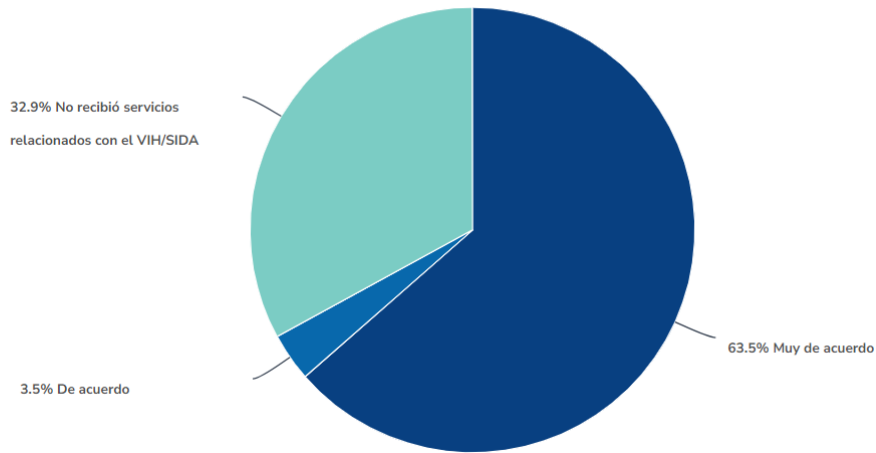


Value	Percent	Responses
Incómodo	2.4%	2
No Aplica	29.4%	25
<a href="#">Otro: - Write In (click to view)</a>	3.5%	3
No recibió servicios relacionados con el VIH/SIDA	64.7%	55

Totals: 85



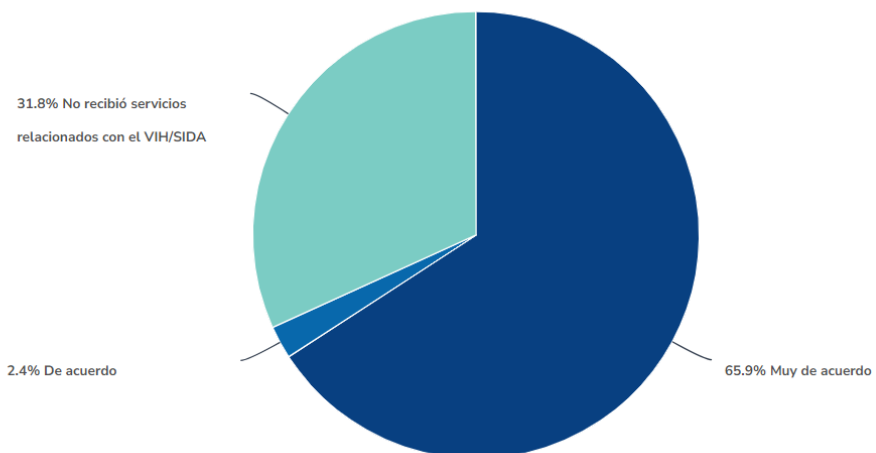
14. ¿Durante su visita, sintió que los miembros del personal lo trataron bien?



Value	Percent	Responses
Muy de acuerdo	63.5%	54
De acuerdo	3.5%	3
No recibió servicios relacionados con el VIH/SIDA	32.9%	28

**Totals: 85**

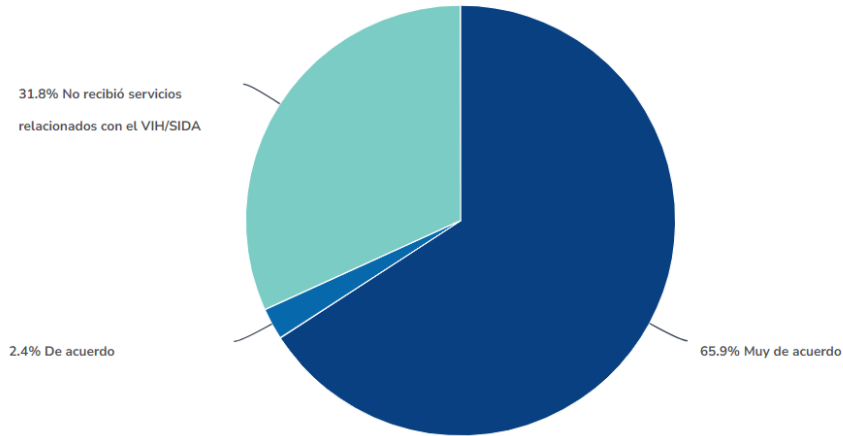
15. ¿Durante su visita, sintió que los miembros del personal lo trataron con respeto?



Value	Percent	Responses
Muy de acuerdo	65.9%	56
De acuerdo	2.4%	2
No recibió servicios relacionados con el VIH/SIDA	31.8%	27

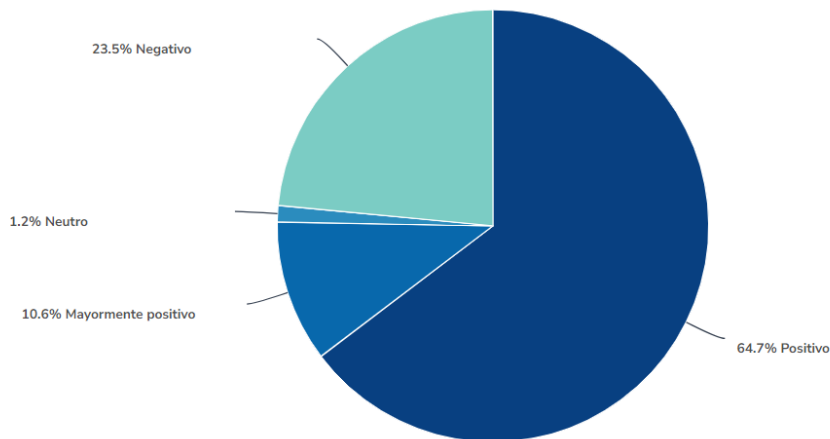
**Totals: 85**

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



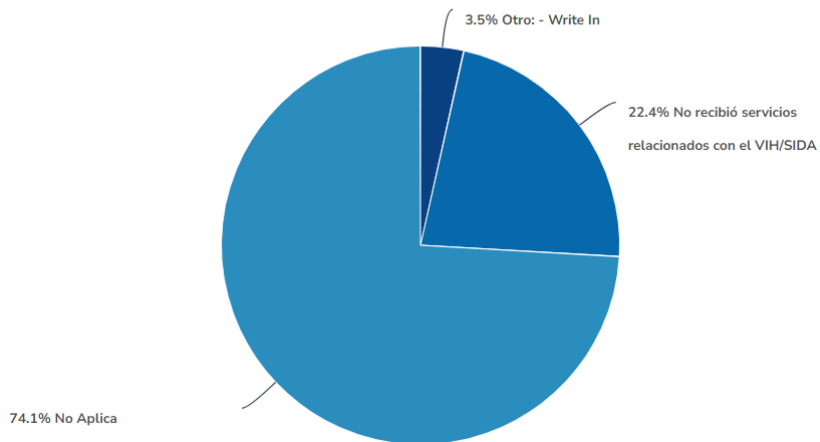
Value	Percent	Responses
Muy de acuerdo	65.9%	56
De acuerdo	2.4%	2
No recibió servicios relacionados con el VIH/SIDA	31.8%	27
Totals: 85		

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	64.7%	55
Mayormente positivo	10.6%	9
Neutro	1.2%	1
Negativo	23.5%	20
Totals: 85		

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
<a href="#">Otro: - Write In (click to view)</a>	3.5%	3
No recibió servicios relacionados con el VIH/SIDA	22.4%	19
No Aplica	74.1%	63
<b>Totals: 85</b>		

19. Comentarios

