



## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

December 19, 2023 – 2:30 p.m.

Meeting was conducted via WebEx Event

- MEMBERS PRESENT:** Donna Feliz-Barrows, Vice-Chair – Consumer Member  
Jasmine Coca – Community Member, Catholic Charities of Southern Nevada  
Brian Knudsen – Consumer Member  
Blanca Macias-Villa – Consumer Member  
Sara Hunt – Community Member
- ABSENT:** Jose L. Melendrez, Chair – Consumer Member  
Luz Castro – Consumer Member  
Erin Breen – Community Member, UNLV Vulnerable Road Users Project  
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, Randy Smith, Donnie (DJ) Whitaker, Yin Jie Qin, Edward Wyner, Jonas Maratita, Kyle Parkson, Justin Tully

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

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:32 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call and did not confirm a quorum.

*Heard out of order.*

#### III. PLEDGE OF ALLEGIANCE

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. OATH OF OFFICE

The Oath of Office was administered to member Blanca Macias-Villa.

*Heard out of order.*

#### 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. CHIEF EXECUTIVE OFFICER & STAFF REPORTS (*Information Only*)**

- CEO Comments  
There were no CEO comments.
- Highlights from the November 2023 Operations Report  
Mr. Smith presented highlights from the November 2023 Operations report.

*Member Coca joined the meeting at 2:38 p.m.  
Ms. Bellamy confirmed a quorum.*

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

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

**V. ADOPTION OF THE DECEMBER 19, 2023 MEETING AGENDA (*for possible action*)**

*A motion was made by Member Hunt, seconded by Member Knudsen and carried unanimously to approve the December 19, 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:** November 21, 2023 (*for possible action*)
2. **Petition #01-24: Approve the amendment to extend the lease agreement between All Saints' Episcopal Church (ASEC) and Southern Nevada Community Health Center (SNCHC) for one year to December 31, 2024.** direct staff accordingly or take other action as deemed necessary (*for possible action*)
3. **Approve Credentialing and Privileging of Providers Rosanne Sugay, MD, MPH, AAHIVS and Victoria Allen, APRN I;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

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

**VII. REPORT / DISCUSSION / ACTION**

1. **Receive, Discuss and Accept the October 2023 Year-To-Date Financial Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Donnie (DJ) Whitaker, Chief Financial Officer presented the October 2023 Year to Date Financial report as of October 31, 2023 with the following highlights.

- Total Actual FQHC Revenue was \$10.2M
- Total Actual Salaries and Benefits Expenses was \$3.8M
- Total Actual Other Operating Expenses was \$5.6M
- Total Indirect Cost Allocations and Transfers In/Out Actual was \$2.3M

- Budgeted Net position was negative \$2.3M, Actual Net Position was negative \$1.6M and positive variance was \$714K
- Patient Encounters by Department – Year-Over-Year Comparison
  - FY2023 Total: 9,850
  - FY2024 Total: 9,199
- Patient Encounters by Clinic
  - Decatur (Main) – FY2023: 9,004, FY2024: 7,805 – 13% decrease
  - Fremont – FY2023: 846, FY2024: 1,394 – 65% increase (opened August 30, 2023)

Ms. Whitaker further reviewed the Revenue and Expenses by Department and the Report by Categorization, which explains what was included in each statement category.

*A motion was made by Member Knudsen, seconded by Member Hunt, and carried unanimously to accept the October 2023 Year-To-Date Financial Report, as presented.*

- 2. Review, Discuss and Approve the Update of the Executive Director Title to the Chief Executive Officer in the Governing Board Bylaws;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith advised the current bylaws identify the HRSA project director position title as the executive director. The board approved Mr. Smith as the new project director with the chief executive officer title at the November Governing Board meeting. Mr. Smith shared that staff have gone through the process of identifying where executive director title was used in the bylaws and replaced them with chief executive officer title. Mr. Smith further requested the board to consider and approve the changes to the bylaws.

*A motion was made by Member Coca, seconded by Member Knudsen, and carried unanimously to approve the changes to the Executive Director title to Chief Executive Officer in the Governing Board Bylaws, as presented.*

**X. INFORMATIONAL ITEMS**

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

**XII. ADJOURNMENT**

The Chair adjourned the meeting at 3:03 p.m.

Randy Smith  
Chief Executive Office, FQHC

/tab

## AGENDA

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER  
GOVERNING BOARD MEETING  
December 19, 2023 – 2:30 p.m.**

**Meeting will be conducted via Webex Event**

### NOTICE

**WebEx Event address for attendees:**

<https://snhd.webex.com/snhd/j.php?MTID=m66f754100e65fc40b781e44c1cd24f43>

**To call into the meeting, dial (415) 655-0001 and enter Access Code: 2552 766 9383**

**For other governmental agencies using video conferencing capability, the Video Address is:**  
[25527669383@snhd.webex.com](mailto:25527669383@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. OATH OF OFFICE**

- Blanca Macias-Villa – Board Member

**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. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By 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 2552 766 9383. To provide public comment over the telephone, please press \*3 during the comment period and wait to be called on.

**V. ADOPTION OF THE DECEMBER 19, 2023 AGENDA (for possible action)**

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

1. **APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** November 21, 2023 *(for possible action)*
2. **Petition #01-24: Approve the amendment to extend the lease agreement between All Saints’ Episcopal Church (ASEC) and Southern Nevada Community Health Center (SNCHC) for one year to December 31, 2024.** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Approve Credentialing and Privileging of Providers Rosanne Sugay, MD, MPH, AAHIVS and Victoria Allen, APRN I;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

**VII. REPORT / DISCUSSION / ACTION**

1. **Receive, Discuss and Accept the October 2023 Year-To-Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
2. **Review, Discuss and Approve the Update of the Executive Director Title to the Chief Executive Officer in the Governing Board Bylaws;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

**IX. CHIEF EXECUTIVE OFFICER & STAFF REPORTS *(Informational Only)***

- CEO Comments
- Highlights from the November 2023 Operations Report

**X. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) November Operations Report

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

**XII. ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify 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.

## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

November 21, 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*)  
Donna Feliz-Barrows, Vice-Chair – Consumer Member (*via Webex*)  
Scott Black – Community Member, City of North Las Vegas (*via Webex*)  
Jasmine Coca – Community Member, Catholic Charities of Southern Nevada (*in person*)  
Brian Knudsen – Consumer Member (*via Webex*)  
Erin Breen – Community Member, UNLV Vulnerable Road Users Project (*Webex*)  
Sara Hunt – Community Member (*in person*)
- ABSENT:** Blanca Macias-Villa – Consumer Member  
Luz Castro – Consumer Member
- ALSO PRESENT:** Rachel Ormsby, CPA, Partner, Lead Audit Engagement Executive – FORVIS LLP  
Josh Findlay, CPA, Senior Manager, Audit Engagement Executive – FORVIS LLP
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE DIRECTOR:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Tawana Bellamy, Andria Cordovez Mulet, Cassius Lockett, Kim Saner, Randy Smith, Donnie (DJ) Whitaker, David Kahananui, Yin Jie Qin, Edward Wyner, Cassondra Major, Cory Burgess, Greg Tordjman, Jonas Maratita, Julie Maldonado, Kimberly Monahan, Merylyn Yegon, Randolph Lockett

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

The 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. 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. OATH OF OFFICE

The Oath of Office was administered to member Jasmine Coca and Sara Hunt.

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

#### V. ADOPTION OF THE NOVEMBER 21, 2023 MEETING AGENDA (*for possible action*)

*A motion was made by Member Feliz-Barrows, seconded by Member Knudsen and carried unanimously to approve the November 21, 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:** October 17, 2023 *(for possible action)*

**2. Approve the Patient Dismissal from Practice Policy and Procedure** *(for possible action)*

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

**VII. REPORT / DISCUSSION / ACTION**

Recommendations from the November 20, 2023 Finance & Audit Committee

The Finance and Audit Committee did not meet on November 20, 2023.

**1. Receive, Discuss and Accept the Annual Comprehensive Financial Audit Report from FORVIS LLP 2023;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

Donnie (DJ) Whitaker, Chief Financial Officer introduced Rachel Ormsby, Partner, Lead Audit and Josh Findlay, Senior Manager, of FORVIS LLP. Ms. Ormsby and Mr. Findlay presented the Annual Comprehensive Financial Audit Report and Single Audit Report for Southern Nevada Health District, which includes the FQHC financials.

Mr. Findlay advised that they issued a clean, unmodified audit opinion, with no reportable findings.

Mr. Findlay outlined that the following six major federal programs were audited:

- 21.027 – COVID-19 – Coronavirus State and Local Fiscal Recovery Funds
- 93.069 – Public Health Emergency Preparedness
- 93.136 – Injury Prevention and Control Research and State and Community Based Programs
- 93.268 – Immunization Cooperative Agreements (includes COVID-19 funds)
- 93.323 – Epidemiology and Laboratory Capacity for Infectious Diseases (includes COVID-19 funds)
- 93.977 – Sexually Transmitted Diseases (STD) Prevention and Control Grants

Randy Smith, FQHC Operation Officer advised that the HRSA Grant was not selected as part of the FY22 and FY23 audits. Mr. Smith advised that a secondary legislative mandate review was conducted for FY22. Mr. Smith further advised that we will see if we get selected this year.

Further to an inquiry from Member Coca regarding the legislative mandate review, Ms. Whitaker commented that we will not know we are selected until after the single audit is posted on the Federal Audit Clearinghouse, which will be thirty days from today's meeting.

Mr. Findlay advised of some required communications for accounting policies and procedures, GASB 96 and alternative accounting treatments and shared no issues were reported. Mr. Findlay

further advised that there were no issues to report in the management judgments and accounting estimates and financial statement disclosures and there were no audit adjustments. Further, there were no disagreements with management to report.

Ms. Ormsby outlined the 2022-year findings and noted they were resolved.

- 2022-001 – Material Weakness in Financial Close and Reporting Controls
- 2022-002 – Material Weakness in Financial Close and Reporting Controls – IT Accounting System
- 2022-003 – Material Noncompliance - Material Weakness in Internal Control Over Compliance - Noncompliance with Nevada Revised Statutes Budget Requirements

Ms. Ormsby advised of updates to GASB Statement 101 for Accounting Changes and Error Corrections and Compensation Absences. Ms. Ormsby further advised of the increased challenges of cybersecurity and noted there were no issues or concerns to report. Ms. Ormsby advised that governmental entities are deemed the most susceptible to cybersecurity risk and fraud. It is important to be aware of this and stay up to date on required training.

Chair Melendrez, Member Coca and Member Breen thanked the staff and congratulated everyone on a good job.

Heather Anderson-Fintak, General Counsel advised Chair Melendrez that items 1 and 2 were presented together and that they can vote on both items.

*A motion was made by Member Breen, seconded by Member Black, and carried unanimously to accept the Annual Comprehensive Financial Audit Report and the Single Audit Report from FORVIS LLP 2023, as presented.*

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

Ms. Whitaker presented the September 2023 Year to Date Financial report with the following highlights.

- Net Position Budget as of September – negative \$1.76M
- Net Position Actual as of September – negative \$1.70M
- Net Position Variance as of September – positive \$58K
- Salaries – behind in expenditures due to vacant positions.
- Supplies – ahead of budget by \$1.07M because pharmacy medication continues to drive increased supplies expense due to increased patient encounters and medication inflation.

Chair Melendrez commented that he supports Mr. Smith to as CEO of SNCHC.

*Chair Melendrez left the meeting at 3:01 p.m.  
First Vice Chair Feliz-Barrows chaired the remainder of the meeting.*

Ms. Whitaker reviewed the Patients Encounter by Department – Year Over Year Comparison.

- FY2023 Total: 7,441
- FY2024 Total: 6,970
- Negative 6% Year Over Year Growth

Ms. Whitaker further reviewed the following:

- Revenue by Department
- Expense by Department
- Financial Report Categorization legend that shows what is included in each category.



*A motion was made by Member Black, seconded by Member Knudsen, and carried unanimously to accept the September 2023 Year to Date Financial Report, as presented.*

SNCHC Governing Board

- 4. Discuss and Approve the Governing Board 2024 Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith advised the Governing Board the proposed 2024 meeting schedule would continue on the third Tuesday of each month at 2:30 p.m., with the exception of the December meeting.

*A motion was made by Member Knudsen, seconded by Member Black, and carried unanimously to approve the Governing Board 2024 Meeting Schedule, as presented.*

- 5. Discuss and Approve Randy Smith as CEO of SNCHC;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dr. Leguen advised that the leadership success planning was shared with the Chair and First Vice Chair in September 2023 and then to the Governing Board in October 2023. Dr. Leguen further advised of plans to request board approval for Randy Smith to take the position of Chief Executive Officer (CEO/COO) for SNCHC. Dr. Leguen commented that Mr. Smith's CV was shared with the Governing Board in October to consider his experience for the position. Dr. Leguen advised if the board approves Mr. Smith for the CEO position, HRSA will be notified for final approval.

Ms. Anderson-Fintak further advised the bylaws would also need to be updated to reflect the title change to chief executive officer, as it currently states executive director.

*A motion was made by Member Knudsen, seconded by Member Black, and carried unanimously to approve Randy Smith as CEO of SNCHC, as presented.*

**Review and Discuss the Conflict of Interest Disclosure;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented an overview of the Conflict of Interest Disclosure. Mr. Smith reminded board members this is an annual process to ensure we follow HRSA conflict of interest requirements. Mr. Smith asked each board member to review it and submit signed forms to Ms. Bellamy.

First Vice Chair Feliz-Barrows commented that Mr. Smith will be a wonderful CEO. Mr. Smith appreciated the comment.

- 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)***

- Executive Director Comments

There were no Executive Director comments.

- Highlights from the October 2023 Operations Report

Mr. Smith presented highlights from the October 2023 Operations report.

**X. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) October 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 First Vice Chair closed the Second Public Comment.

**XIII. ADJOURNMENT**

The Chair adjourned the meeting at 3:30 p.m.

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

/tab

DRAFT



AT THE SOUTHERN NEVADA HEALTH DISTRICT

**TO: SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD**

**DATE: December 19, 2023**

**RE: *Approval of Amendment A03 to Lease Agreement between All Saints' Episcopal Church and Southern Nevada Community Health Center.***

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**PETITION #01-24**

**That the Southern Nevada Community Health Center Governing Board approve Amendment A03 to extend the Lease Agreement between All Saints' Episcopal Church and Southern Nevada Community Health Center for one year to December 31, 2024.**

**PETITIONERS:**

**Fermin Leguen, MD, MPH, Executive Director** *FL*

**Randy Smith, FQHC Operations Officer** *RS*

**DISCUSSION:**

Amendment A03 extends the lease agreement (C2200058) between All Saints' Episcopal Church (ASEC) and Southern Nevada Community Health Center (SNCHC) for one year to December 31, 2024. The agreement between ASEC and SNCHC allows for the use of a portion of the premises as a clinic location for the purpose of providing health services to the community in the form of in-person medical visits and/or telemedicine services.

**FUNDING:**

Funding will be through SNCHC general funds.



**AMENDMENT A03 TO  
LEASE AGREEMENT  
BETWEEN  
ALL SAINTS' EPISCOPAL CHURCH  
AND  
SOUTHERN NEVADA HEALTH DISTRICT  
C2200058**

THIS AMENDMENT A03 IS MADE WITH REFERENCE TO LEASE AGREEMENT for the lease of real property ("Lease"), Effective Date November 1, 2021, and as amended on May 2, 2022 and January 1, 2023, by and between All Saints' Episcopal Church, a not-for-profit faith-based community organization ("Lessor") and the Southern Nevada Health District ("Lessee") (individually "Party," collectively "Parties").

WHEREAS, the Parties mutually desire to extend the term of the Lease, and to further clarify Lessor details.

NOW, THEREFORE, pursuant to Subsection 2.01 of the Agreement, the Parties agree to amend the Agreement as follows:

- 1) The title block of the Agreement is hereby deleted in its entirety and replaced with the following:

**LEASE AGREEMENT  
BETWEEN  
ALL SAINTS' EPISCOPAL CHURCH  
AND  
SOUTHERN NEVADA HEALTH DISTRICT  
DOING BUSINESS AS  
SOUTHERN NEVADA COMMUNITY HEALTH CENTER  
C2200058**

- 2) The first paragraph of the Agreement is hereby deleted in its entirety and replaced with the following:

THIS LEASE AGREEMENT for the lease of real property ("Lease") is made by and between All Saints' Episcopal Church, a not-for-profit faith-based community organization ("Lessor") and the Southern Nevada Health District doing business as Southern Nevada Community Health Center ("Lessee") (individually "Party", collectively "Parties").

- 3) Subsection 2.01 is hereby deleted in its entirety and replaced with the following:

2.01 Term. This Lease is effective on November 1, 2021 (“Effective Date”) through December 31, 2024 (the “Term”). This Lease may be extended upon mutual written agreement by the Parties.

4) Subsection 3.01 is hereby deleted in its entirety and replaced with the following:

3.01 Lessee shall pay rent to Lessor pursuant to this Subsection 3.01 by the 5th of each month, for the Term of this Agreement.

- a) Monthly Rent from November 1, 2021 through May 1, 2022: \$2,000
- b) Monthly Rent from May 2, 2022 through December 31, 2022 : \$2,300
- c) Monthly Rent from January 1, 2023 through December 31, 2023: \$3,000
- d) Monthly Rent from January 1, 2024 through December 31, 2024: \$3,000

This Amendment A03 is effective as of January 1, 2024.

Except as expressly provided in this Amendment A03, all the terms and provisions of the Agreement are and will remain in full force and effect and are hereby ratified and confirmed by the Parties.

BY SIGNING BELOW, the Parties hereto have approved and executed this Amendment A03 to Agreement C2200058.

**LESSOR:**  
ALL SAINTS EPISCOPAL CHURCH

**LESSEE:**  
SOUTHERN NEVADA HEALTH DISTRICT  
DOING BUSINESS AS  
SOUTHERN NEVADA COMMUNITY HEALTH CENTER

By: \_\_\_\_\_  
Fr. Rafael Pereira  
Priest-in-charge

By: \_\_\_\_\_  
Fermin Leguen, MD, MPH  
District Health Officer

Date: \_\_\_\_\_

Date: \_\_\_\_\_

APPROVED AS TO FORM:

**This document is approved as to form.  
Signatures to be affixed after approval  
by Governing Board.**

By: \_\_\_\_\_  
Heather Anderson-Fintak, Esq.  
General Counsel  
Southern Nevada Health District  
doing business as  
Southern Nevada Community Health Center



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

**AT THE SOUTHERN NEVADA HEALTH DISTRICT**

SNCHC Governing Board Meeting

December 19, 2023



# Financial Report

Results as of October 31, 2023

# All Funds/Divisions

Activity	Budget as of October	Actual as of October	Variance	%
Charges for Services	6,606,826	7,819,624	1,212,798	18%
Other	171,112	234,792	63,680	37%
Federal Revenue	1,668,159	1,377,416	(290,743)	-17%
Other Grant Revenue	60,344	4,978	(55,366)	-92%
Pass-Thru Revenue	770,330	767,280	(3,050)	0%
State Revenue	174,356	51,420	(122,935)	-71%
<b>Total FQHC Revenue</b>	<b>9,451,127</b>	<b>10,255,511</b>	<b>804,384</b>	<b>9%</b>
Salaries	3,062,317	2,660,222	(402,095)	-13%
Taxes & Fringe Benefits	1,356,948	1,199,099	(157,849)	-12%
Travel & Training	31,522	11,924	(19,598)	-62%
<b>Total Salaries &amp; Benefits</b>	<b>4,450,787</b>	<b>3,871,245</b>	<b>(579,542)</b>	<b>-13%</b>
Supplies	4,367,565	5,268,514	900,948	21%
Capital Outlay	3,333	34,399	31,066	932%
Contractual	740,682	335,787	(404,895)	-55%
<b>Total Other Operating</b>	<b>5,111,580</b>	<b>5,638,700</b>	<b>527,120</b>	<b>10%</b>
Indirect Costs/Cost Allocations	2,251,658	2,378,102	126,444	6%
Transfers IN	(473,251)	(338,812)	134,439	-28%
Transfers OUT	457,867	338,812	(119,055)	-26%
<b>Total Transfers</b>	<b>2,236,274</b>	<b>2,378,102</b>	<b>141,828</b>	<b>6%</b>
<b>Net Position</b>	<b>(2,347,514)</b>	<b>(1,632,536)</b>	<b>714,979</b>	<b>-30%</b>

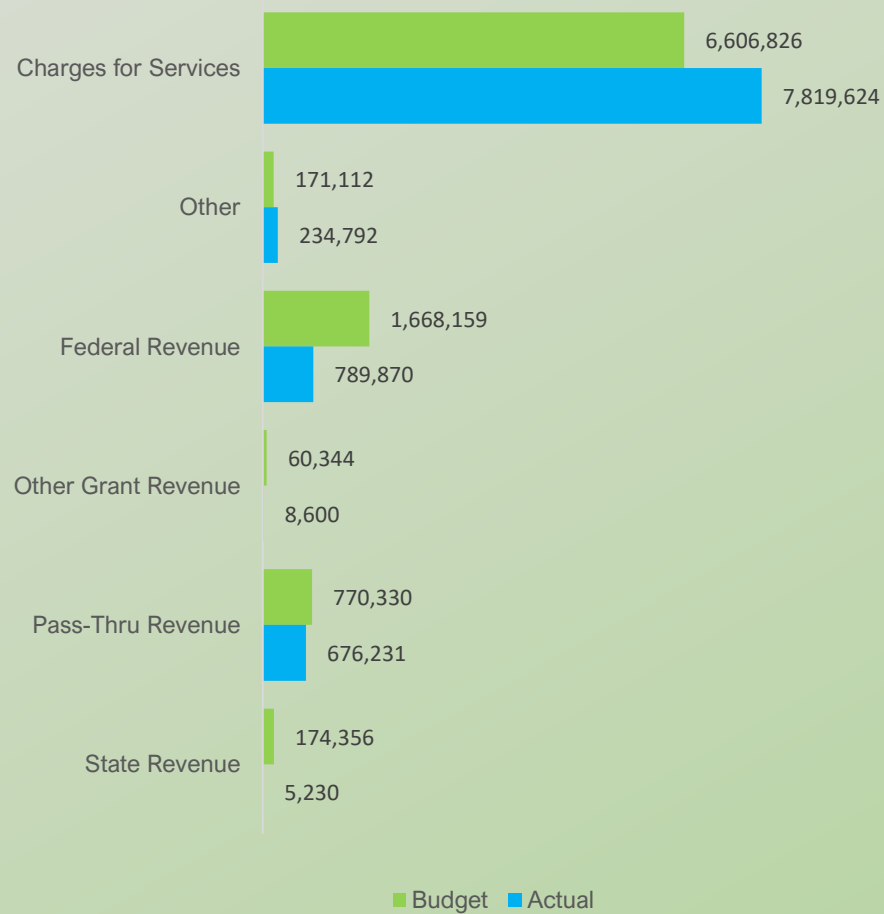
NOTES:

- 1) GRANT REVENUE IS LAGGING BUDGET EXPECTATIONS DUE TO DELAYED NOTICES OF AWARDS PREVENTING SUBMISSION OF REQUESTS FOR REIMBURSEMENT.
- 2) EMPLOYMENT BUDGET INCLUDES ANTICIPATED FY24 HIRING OF MULTIPLE POSITIONS (MEDICAL DIRECTOR, PHARMACIST, PHARMACY TECHNICIAN) WHICH WERE NOT FILLED AS OF OCTOBER 2023.
- 3) PHARMACY MEDICATIONS CONTINUE TO DRIVE INCREASED SUPPLIES EXPENSE DUE TO INCREASED PATIENT ENCOUNTERS AND MEDICATION INFLATION.
- 4) SIGNIFICANT BUDGETED CONTRACTS FOR THE YEAR HAVE NOT BEGUN AS OF OCTOBER 2023.

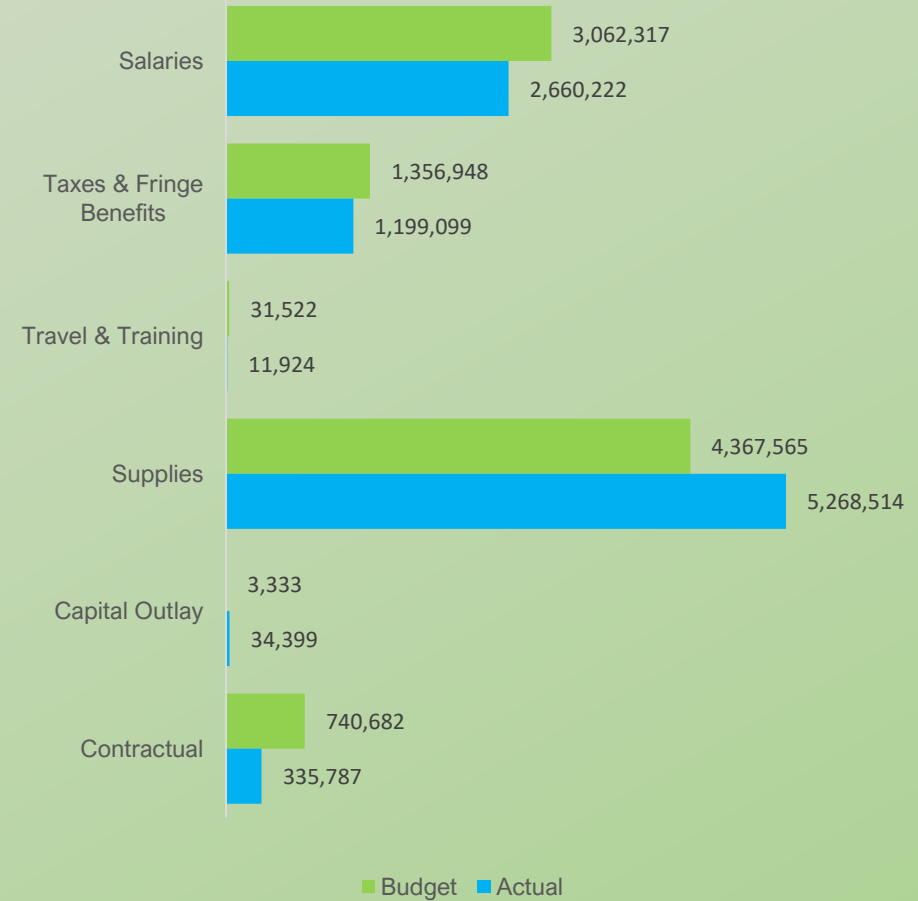


# Revenues & Expenses

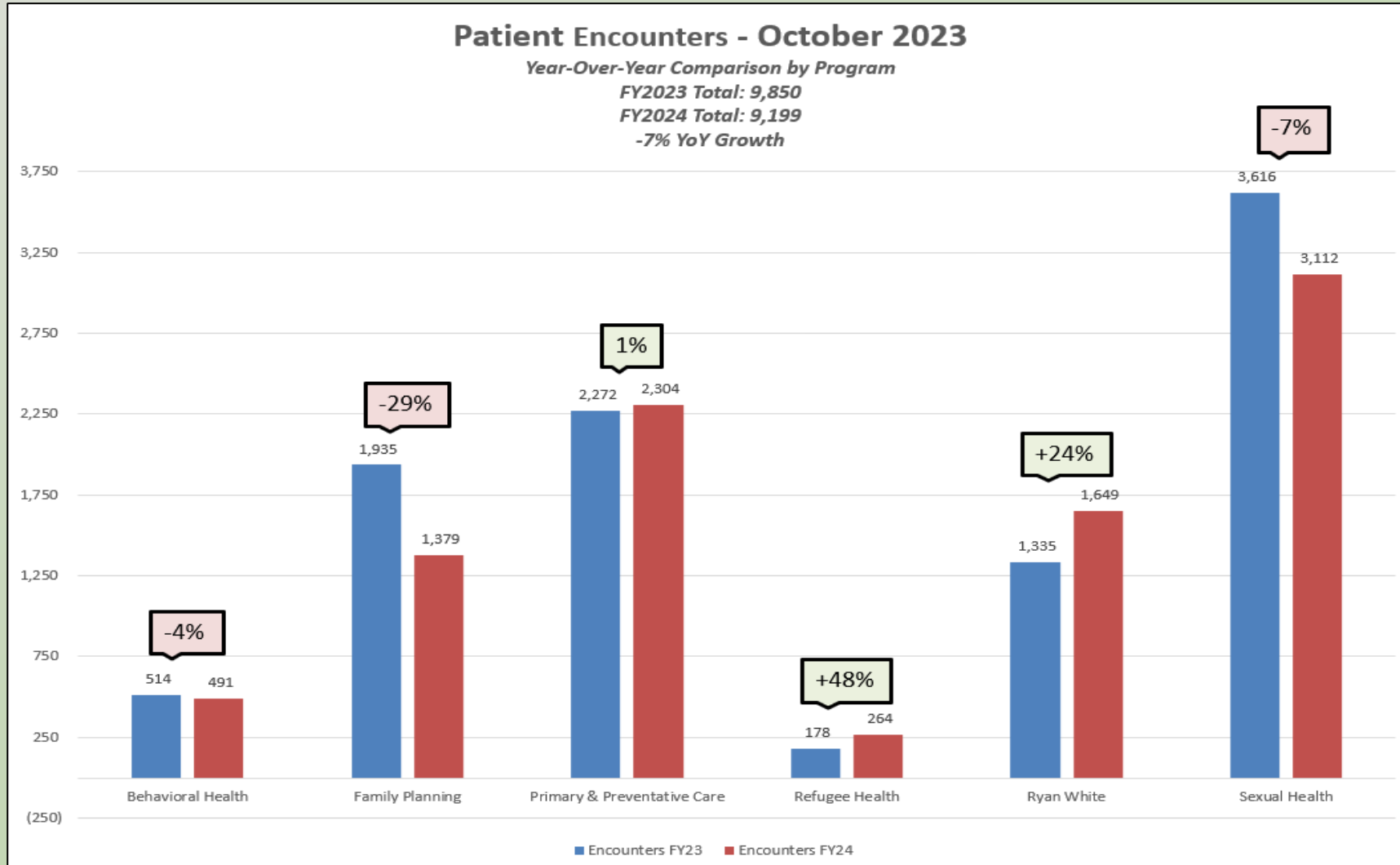
## FQHC Total Revenue by Type



## FQHC Total Expense by Type

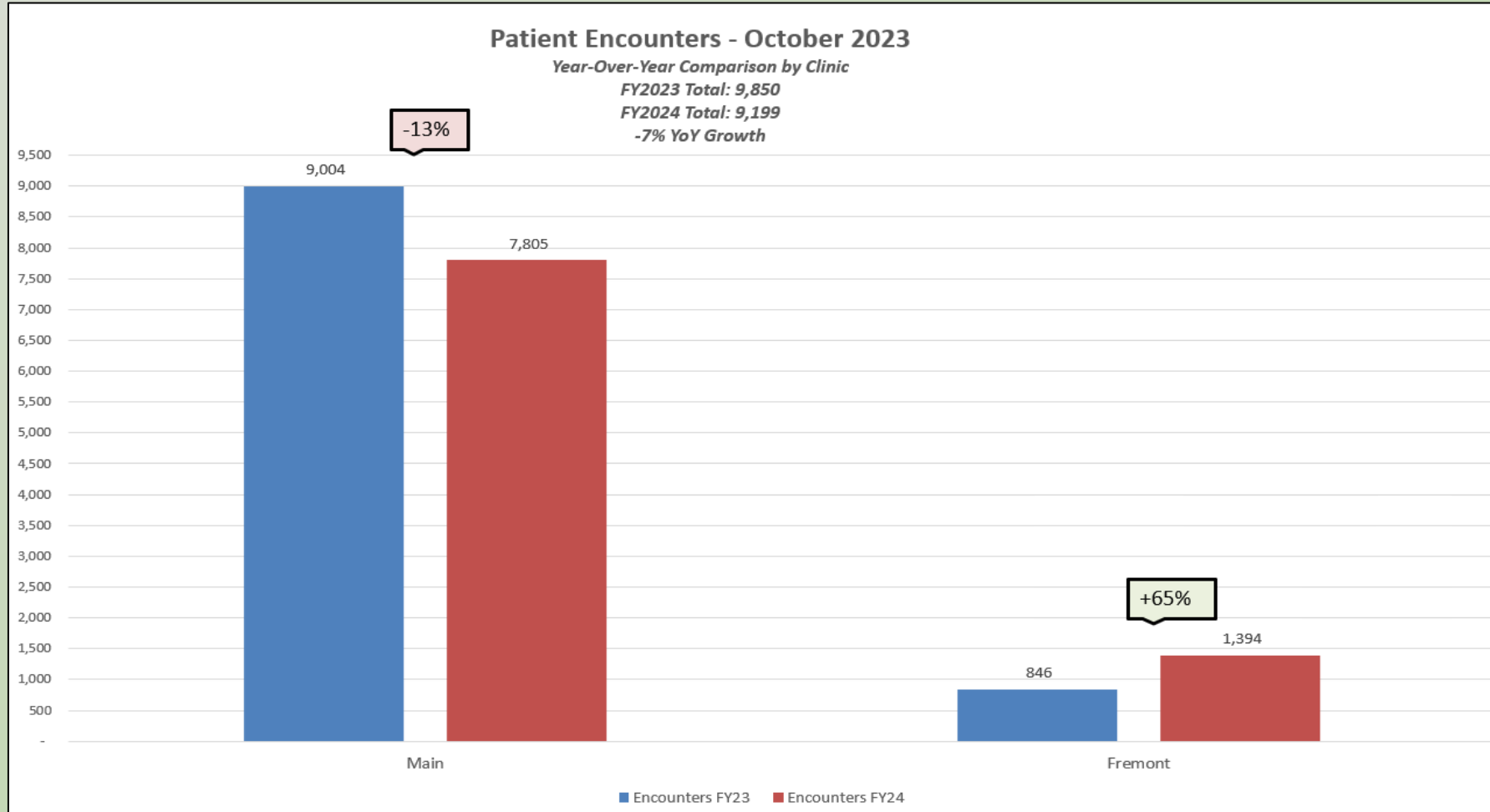


# Patients Encounters by Department



NOTE: SEXUAL HEALTH WAS MOVED TO FQHC IN JULY 2023 (FISCAL YEAR 2024). PRIOR YEAR DATA IS ACTIVITY FROM DEPARTMENT WHILE UNDER SNHD PRIMARY AND PREVENTATIVE CARE.

# Patients Encounters by Clinic



NOTE: FREMONT CLINIC OPENED ON AUGUST 30<sup>TH</sup>, 2022.

# Revenue by Department

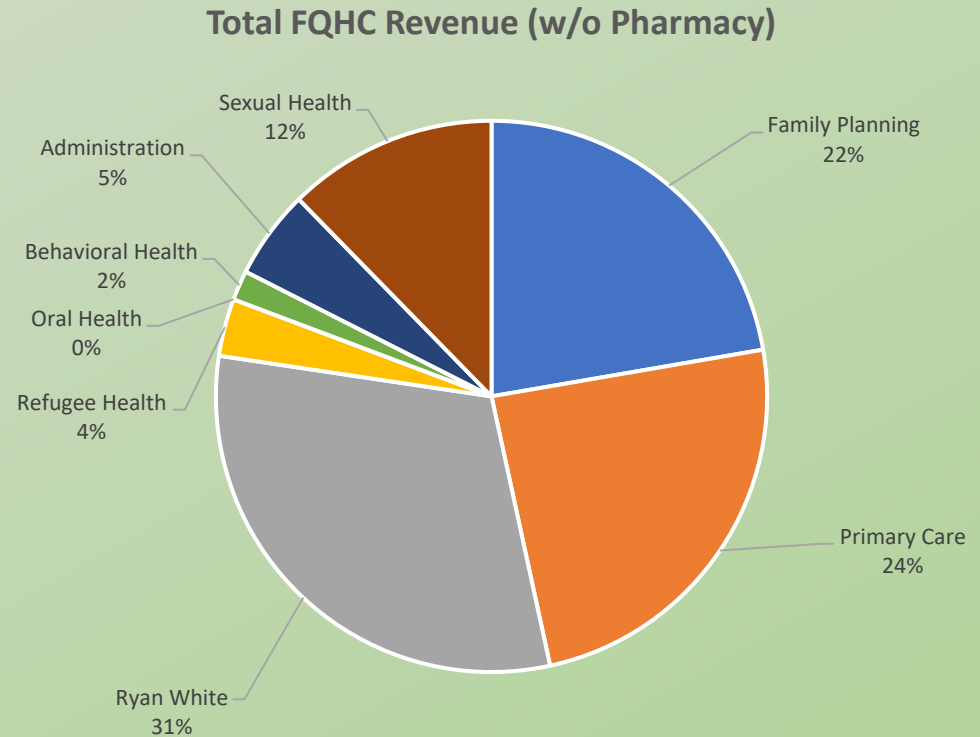
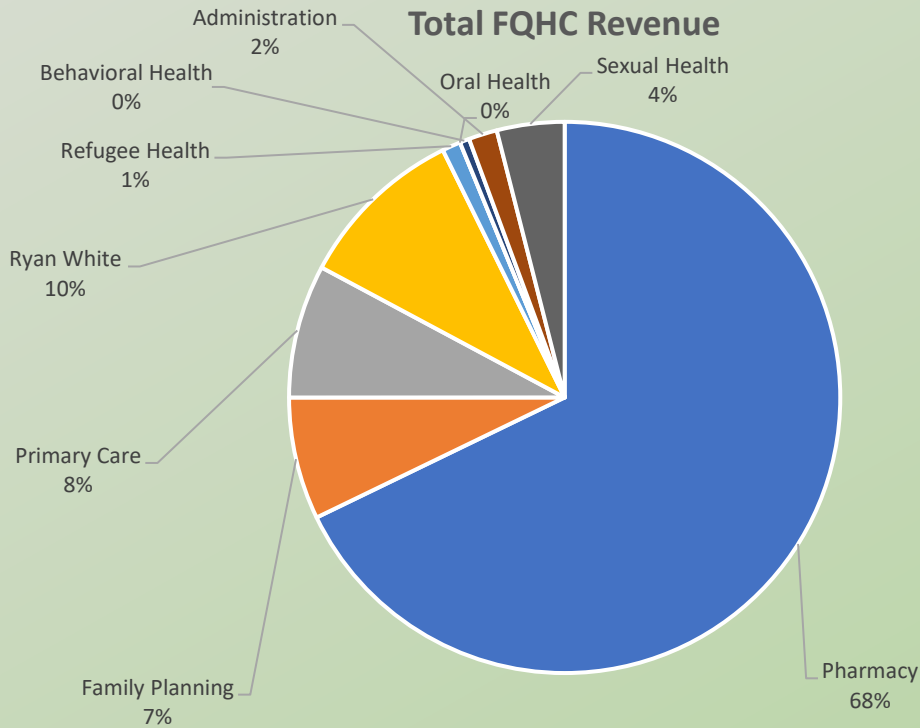
Department	Budget as of October	Actual as of October	Variance	%
<b>Charges for Services (+ Wrap)</b>				
Family Planning	151,598	150,857	(740)	0%
Pharmacy	4,962,551	6,912,332	1,949,782	39%
Oral Health (Dental)	49,637	-	(49,637)	-100%
Primary Care	656,087	140,515	(515,572)	-79%
Ryan White	136,510	135,051	(1,459)	-1%
Refugee Health	42,378	36,449	(5,930)	-14%
Behavioral Health	173,173	57,264	(115,908)	-67%
Administration	167,106	234,792	67,687	41%
Sexual Health	438,899	387,155	(51,744)	-12%
<b>OPERATING REVENUE</b>	<b>6,777,938</b>	<b>8,054,416</b>	<b>1,276,478</b>	<b>19%</b>
<b>Grants</b>				
Family Planning	746,609	579,962	(166,647)	-22%
Pharmacy	-	-	-	0%
Oral Health (Dental)	-	-	-	0%
Primary Care	1,115,948	656,252	(459,695)	-41%
Ryan White	716,591	873,954	157,363	22%
Refugee Health	84,556	74,049	(10,506)	-12%
Behavioral Health	-	-	-	0%
Sexual Health	9,486	16,877	7,391	78%
<b>SPECIAL REVENUE</b>	<b>2,673,189</b>	<b>2,201,095</b>	<b>(472,094)</b>	<b>-18%</b>
<b>TOTAL REVENUE</b>	<b>9,451,127</b>	<b>10,255,511</b>	<b>804,384</b>	<b>9%</b>

**NOTES:**

- 1) ADDITIONAL PATIENT ENCOUNTERS ARE DRIVING MORE REVENUE AND REIMBURSABLE EXPENSES VIA THE PHARMACY.
- 2) SERVICES NOT YET OPERATIONAL IN OCTOBER 2023.
- 3) PATIENT VOLUME LAGGING EXPECTATIONS DUE TO OPEN POSITIONS LIMITING CAPACITY.
- 4) PATIENT VOLUME LAGGING EXPECTATIONS DUE TO LESS-THAN-EXPECTED DEMAND.
- 5) WRAP REVENUE FROM STATE POSTED TO ADMINISTRATION "OTHER REVENUE" CATEGORY SINCE IT IS NOT BROKEN DOWN BY PROGRAM/CLAIM WHEN PAID BY STATE.
- 6) GRANT REVENUES ARE TRAILING BUDGET DUE TO PENDING ONBOARDING OF GRANT-FUNDED POSITIONS AND ASSOCIATED REVENUE AND REIMBURSABLE EXPENSES.
- 7) NO BUDGETED GRANT ACTIVITY FOR FY 2024.

# Revenue by Department

*(With and without Pharmacy)*



# Expenses by Department

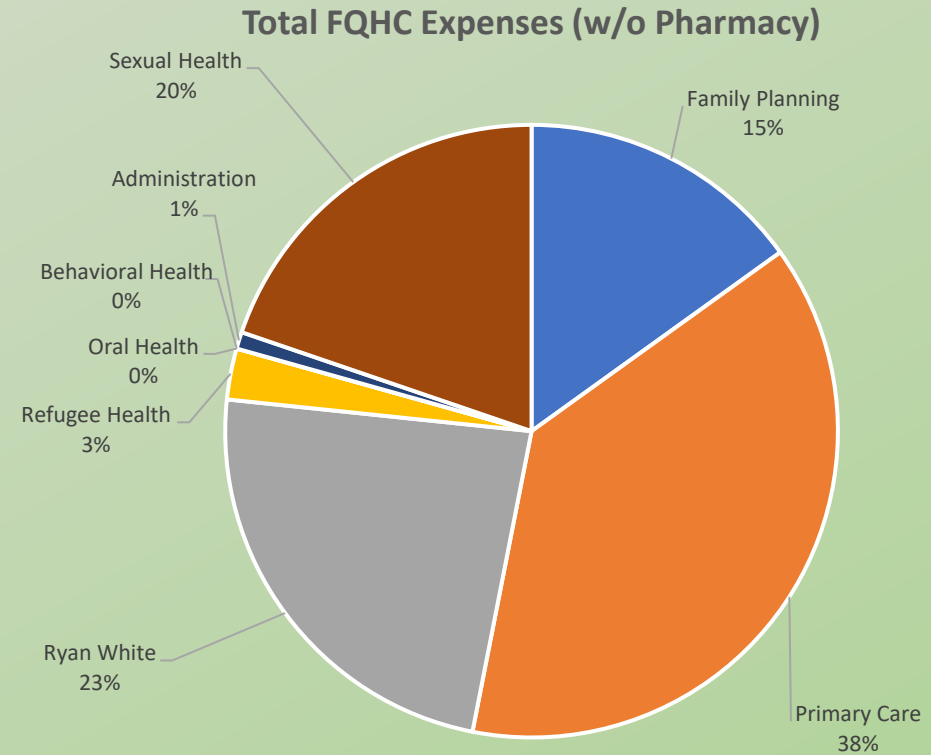
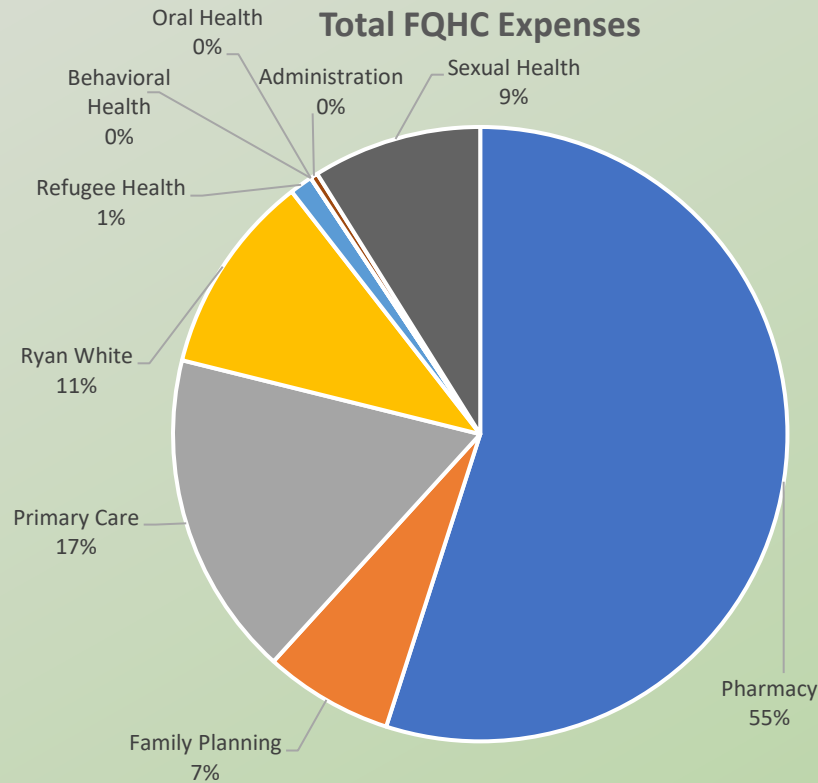
Department	Budget as of October	Actual as of October	Variance	%
<b>Employment (Salaries, Taxes, Fringe)</b>				
Family Planning	629,106	532,693	(96,412)	-15%
Pharmacy	179,630	99,337	(80,293)	-45%
Oral Health (Dental)	-	-	-	0%
Primary Care	1,759,802	1,414,552	(345,250)	-20%
Ryan White	823,013	907,196	84,184	10%
Refugee Health	59,634	101,046	41,412	69%
Behavioral Health	111,725	-	(111,725)	-100%
Administration	75,707	33,690	(42,017)	-55%
Sexual Health	780,648	770,805	(9,843)	-1%
<b>Total Personnel Costs</b>	<b>4,419,265</b>	<b>3,859,321</b>	<b>(559,944)</b>	<b>-13%</b>
<b>Other (Supplies, Contractual, Capital, etc.)</b>				
Family Planning	204,338	113,196	(91,142)	-45%
Pharmacy	3,964,585	5,126,681	1,162,096	29%
Oral Health (Dental)	18,403	-	(18,403)	-100%
Primary Care	702,939	213,941	(488,998)	-70%
Ryan White	95,441	102,254	6,813	7%
Refugee Health	58,221	14,291	(43,930)	-75%
Behavioral Health	4,200	-	(4,200)	-100%
Administration	27,012	4,420	(22,592)	-84%
Sexual Health	67,964	75,842	7,878	12%
<b>Total Other Expenses</b>	<b>5,143,102</b>	<b>5,650,624</b>	<b>507,522</b>	<b>10%</b>
<b>Total Operating Expenses</b>	<b>9,562,367</b>	<b>9,509,945</b>	<b>(52,422)</b>	<b>-1%</b>
Indirect Costs/Cost Allocations	2,251,658	2,378,102	126,444	6%
Transfers IN	(473,251)	(338,812)	134,439	-28%
Transfers OUT	457,867	338,812	(119,055)	-26%
<b>Total Transfers &amp; Allocations</b>	<b>2,236,274</b>	<b>2,378,102</b>	<b>141,828</b>	<b>6%</b>
<b>TOTAL EXPENSES</b>	<b>11,798,641</b>	<b>11,888,046</b>	<b>89,405</b>	<b>1%</b>

**NOTES:**

- 1) EXPENSES ARE TRAILING BUDGETED EXPECTATIONS DUE TO ANTICIPATED GRANT-FUNDED, REIMBURSABLE EXPENSES NOT YET SPENT/OPERATIONALIZED.
- 2) SERVICES NOT YET OPERATIONAL IN OCTOBER 2023.
- 3) PHARMACY MEDICATIONS CONTINUE TO DRIVE INCREASED SUPPLIES EXPENSE DUE TO INCREASED PATIENT ENCOUNTERS AND MEDICATION INFLATION.
- 4) GRANT-FUNDED EXPENSES NOT YET RECORDED DUE TO PENDING BUDGET REALLOCATION BETWEEN SHND PRIMARY CARE AND FQHC.

# Expenses by Department

*(With and Without Pharmacy)*



# Financial Report Categorization

Statement Category – Revenue	Elements
Charges for Services	Fees received for medical services provided from patients, insurance companies, Medicare, and Medicaid.
Other	Medicaid MCO reimbursements (the wrap), administrative fees, and miscellaneous income (sale of fixed assets, payments on uncollectible charges, etc.).
Grants	Reimbursements for grant-funded operations via Local, State, Federal, and Pass-Through grants.

Statement Category – Expenses	Elements
Salaries, Taxes, and Benefits	Salaries, overtime, stand-by pay, retirement, health insurance, long-term disability, life insurance, etc.
Travel and Training	Mileage reimbursement, training registrations, hotel, flights, rental cars, and meeting expenses pre-approved, job-specific training and professional development.
Supplies	Medical supplies, medications, vaccines, laboratory supplies, office supplies, building supplies, books and reference materials, etc.
Contractual	Temporary staffing for medical/patient/laboratory services, subrecipient expenses, dues/memberships, insurance premiums, advertising, and other professional services.
Property	Fixed assets (i.e. buildings, improvements, equipment, vehicles, computers, etc.)
Indirect/Cost Allocation	Indirect/administrative expenses for grant management and allocated costs for shared services (i.e. Executive leadership, finance, IT, facilities, security, etc.)





Thank you.

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# Update Governing Board Bylaws

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- Update SNCHC bylaws to reflect title change from Executive Director to Chief Executive Officer.

*Recommendation to Approve an Update to the SNCHC bylaws to reflect title change from Executive Director to Chief Executive Officer.*



SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

AMENDED BYLAWS OF THE  
SOUTHERN NEVADA  
COMMUNITY HEALTH CENTER  
GOVERNING BOARD  
(COAPPLICANT BOARD)

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD  
280 S. Decatur Blvd, Las Vegas, NV 89107

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*Adopted: October 30, 2019*

*Amended: January 23, 2020*

*Amended: June 24, 2021*

*Amended: October 27, 2022*

*Amended: December 19, 2023*

# Bylaws of the Southern Nevada Community Health Center Governing Board

## ARTICLE I: NAME

This body shall be known as the Southern Nevada Health Community Center Governing Board (CHC Board or Board). The Board shall serve as the independent local co-applicant governing board pursuant to the Public Health Services Act and its implementing regulations. The Board is organized as designated by the Health Resources and Services Administration's (HRSA) Federally Qualified Health Center (FQHC) guidelines. The Southern Nevada District Board of Health (District Board) a public entity and political subdivision of the State of Nevada, is the Southern Nevada Health District's (Health District) governing board and shall act as co-applicant with the Board.

## ARTICLE II: MISSION

The Board's mission is to serve Clark County residents in underserved areas with appropriate and comprehensive outpatient health and wellness, emphasizing prevention and education in a culturally respectful environment.

## ARTICLE III: PURPOSE

The Board is a patient/community-based governing board mandated by HRSA to set health center policy and provide oversight of the FQHC Southern Nevada Community Health Center (CHC). The CHC designated sites will:

- a) Provide outpatient primary care, behavioral health, and dental services in underserved areas for medically underserved populations.
- b) Deliver high quality primary care, behavioral health, and dental services under conditions meeting the proper standards for the delivery of such care, rendered by competent, credentialed professionals subject to established quality controls.
- c) Provide health care and related services and operate its facilities without regard to age, race, creed, color, national origin, sexual orientation or identity, military status, sex, disability, genetics, or marital status.
- d) Educate the public in the principles of health prevention and promote other projects in the interest of the public's health.
- e) Cooperate with other organizations or governmental agencies engaged in similar or like activities provided that such collaboration neither restricts nor infringes upon the Board's authority or function.
- f) Engage in such other activities as directed by the Board.

## ARTICLE IV: BOARD COMPOSITION AND TERMS

### Section 1: Composition

The Board shall be comprised of not less than nine (9) and not more than twenty-five (25) voting members who shall stand for regular elections (Members). The ~~Executive Director~~Chief Executive Officer shall be an ex-officio non-voting member. The Members shall serve staggered terms.

## **Section 2: Member Categories**

- a) Consumer Members: Consumer members are Members who, as a group, represent the individuals being served in terms of demographic factors, such as race, ethnic background, and sex. A majority of the Board (at least 51%) shall be Consumer Members.
- b) Community Members: Community Members are representatives of the community and shall be selected for their expertise in relevant subject areas, such as community affairs, local government, legal affairs, trade unions, finance and banking, and other commercial and industrial concerns or social services within the community. No more than one-half of the Community Members may derive more than 10% of their income from the healthcare industry.

## **Section 3: Member Qualifications**

All Board members shall meet the following additional minimal qualifications:

- a) Members shall be residents of Clark County, Nevada and at least eighteen (18) years old.
- b) No Member shall be a CHC or Heath District employee, or an immediate family member (i.e., spouse, child, parent, brother, or sister by blood, adoption, or marriage) of such employee.
- c) Members shall participate in appropriate training and educational programs necessary to properly fulfill their responsibilities as Board Members.
- d) Consumer Members must be a current registered CHC patient and must have accessed the health center in the past 24 months to receive at least one or more in-scope service(s) that generate a health center visit.

A legal guardian of a patient who is a dependent child or adult, or a legal sponsor of an immigrant consumer may also be considered a patient for purposes of Board representation.

## **Section 4: Term of Office**

The Governing Board Members will be elected to terms as follows:

- a) Members shall each serve three (3) year terms;
- b) Unless otherwise provided in these Bylaws, a Member shall be limited to three (3) consecutive terms of membership.

## **Section 5: Term Extensions**

A current or former Member may serve additional terms if the Board determines after careful deliberation and as reflected in the minutes, it is in the best interest of the organization and in furtherance of best practices.

## **Section 6: Selection**

A nominating committee comprised of CHC officers, the ~~Executive Director~~Chief Executive Officer, and such other members as the selected by the Board shall meet and present nominees for membership at the annual meeting or as needed to fill Board vacancies. Where appropriate and practical, the committee may interview prospects to ensure compliance with membership requirements. Nominations may be made from the floor. New Board members shall be elected by the full CHC Board.

## **ARTICLE V: REMOVAL OF MEMBERS**

### **Section 1: Removal**

Any Member may be removed whenever it's in the best interests of the CHC or the Board. The Member whose removal is placed in issue shall be given prior notice of his/her proposed removal. At any meeting where a vote is to be taken to remove a Member, the Member in question may attend and shall be given a reasonable opportunity to be heard. A Member may be removed by a vote of two-thirds (2/3) of the Board at any official meeting provided there is a quorum for the meeting at which the action is taken.

### **Section 2: Attendance Requirements**

A Member who has been absent from three (3) consecutive meetings or more than fifty percent (50%) of regularly scheduled meetings in a twelve (12) month period, without reasonable excuse, duly noted in the minutes of the meeting, shall be subject to removal from the Board.

### **Section 3: Resignations**

Any Member may resign at any time by giving written notice to the Chair or Board. Such resignation shall take effect at the time specified therein, and if no time is specified in the written resignation, it shall take effect upon receipt by the Chair. Acceptance is not a prerequisite to the effectiveness of any resignation and such resignation shall be irrevocable upon delivery of such notice.

## **ARTICLE VI: BOARD AUTHORITY AND RESPONSIBILITIES**

The CHC Board's responsibilities include providing advice, leadership, and guidance in support of the CHC's mission. No individual Board Member or group of Members has the authority to bind the Board or speak on its behalf without express authorization from it setting forth the limited purpose and duration.

### **Section 1: Responsibilities**

The Board shall be responsible for:

- a) Evaluate, at least annually, the CHC's achievements, the performance of its principal officers, and its compliance with FQHC requirements.
- b) Identify and ensure that it meets its educational and training needs including orientation and training new Board members.
- c) Approve the annual CHC budget, quality of care protocols, and audits.
- d) Adopt, and as needed amend, Bylaws.
- e) Provide financial oversight requiring control of major resource decisions and monitoring financial viability.
- f) Prohibit conflict of interest or appearance of the same by Members, employees, consultants, and those who provide services or goods to the CHC.
- g) Ensure the CHC is operated in compliance with applicable Federal, State, and local laws and regulations; and
- h) Adopt policies necessary for the efficient and effective operation of the CHC, including but not limited to, scope and availability of services, location and hours of services, and quality-of-care audit procedures.
- i) Approve the selection and dismissal of the ~~Executive Director~~Chief Executive Officer of the CHC who has direct administrative responsibility for the CHC designated sites.



- j) Approve policies identifying the services to be delivered at CHC designated sites and the hours during which services are to be provided.
- k) Approve CHC budget for designated site operations. Such approval shall be completed no later than the June Board meeting. The budget shall be within appropriations available for such purposes and shall be initially prepared by the person or persons having direct administrative responsibility for the operation of the CHC designated sites or their delegates.
- l) Develop CHC designated site's financial priorities and strategies for major resource utilization.
- m) Conduct an annual evaluation of the effectiveness of CHC designated sites. Such evaluation shall include but not be limited to utilization patterns, provider resources, productivity, patient satisfaction, and achievement of program objectives including performance to budget.
- n) Approve and implement a procedure for hearing and resolving patient grievances consistent with applicable federal, state, and local laws and regulations.
- o) Approve CHC designated site quality of care assessment procedures and metrics.
- p) Ensure CHC designated site is in compliance with federal, state and local laws and regulations.
- q) Approve such other policies as are necessary for the efficient and effective operation of CHC designated sites.
- r) Provide, at least bi-annually, an informational report to the District Board regarding the CHC designated site utilization, productivity, patient satisfaction, achievement of project objectives and financial performance.
- s) Renew and approve the CHC renewal of designation application.

## **Section 2: Limitations of Authority**

The District Board shall maintain the authority to set general policy of fiscal and personnel matters pertaining to the CHC, including financial management practices, charges and rate setting, and labor relations and conditions of employment. The CHC Board may not adopt any policy or practice or take any action which is inconsistent with these Bylaws or CoApplicant Agreement, or which alters the scope of any Health District policy regarding fiscal or personnel issues.

## **ARTICLE VII: MEMBER RESPONSIBILITIES**

All Members must:

- a) Attend a minimum of nine (9) out of the twelve (12) monthly Board meetings within any twelve-month period calculated on a rolling basis, subject to extenuating circumstances.
- b) Sit on a minimum of one Committee.
- c) Attend three-fourths (3/4) of the committee meetings in a twelve-month (12) period.
- d) Serve without compensation. However, travel and mileage expenses shall be allowable in accordance with any CHC approved reimbursement policies.
- e) Be subject to applicable state and federal Conflict of Interest laws and CHC policies.

## **ARTICLE VIII: VACANCIES**

Member vacancies on the Board or any Committee shall be filled for the unexpired portion of the term in the same manner as provided in the case of the original appointment.

## **ARTICLE IX: MEETINGS**

### **Section 1: Location**

Meetings of the Members may be held at the main office of the CHC or at such other place as may be designated for that purpose in the notice of the meeting.

### **Section 2: Open and Public**

All meetings will be conducted consistent with Nevada's Open Meeting Law and generally follow Parliamentary Procedures for the timely and orderly progression of the meeting.

### **Section 3: Regular and Annual Meetings**

Regular meetings shall take place monthly and may occur more frequently. The first meeting of the new year shall constitute the Annual Meeting at which time elections shall be held for Officers and Directors.

### **Section 4: Special Meetings**

Special meetings may be held whenever called by the Chair, or any four (4) Members. Notice of the meeting shall state the date, time, place, and purpose of the meeting.

### **Section 5: Quorum**

Unless otherwise required by law or these Bylaws, a quorum is necessary to conduct business and make recommendations. A quorum constitutes a majority of Board Members. Each Member shall be entitled to one (1) vote. Voting must be in person or telephonically; no proxy votes will be accepted.

### **Section 6: Meetings by Telephone or Teleconference**

Members may participate in a meeting by electronic and teleconference means so long as all persons participating in the meeting can hear each other at the same time and have an opportunity speak. Such participation shall constitute presence in person at the meeting.

## **ARTICLE X: OFFICERS, DUTIES, ELECTION, AND TERM OF OFFICE**

### **Section 1: Officers**

A Chair, a First Vice Chair, and Second Vice Chair and such other officers the Board deems necessary shall be chosen from among the Board membership.

### **Section 2: Chair**

The Chair shall preside over, plan, and carry out the agenda for each Board and Executive Committee meeting, and:

- a) May delegate a reasonable portion of his/her duties to the First Vice Chair, in the event of the Chair's absence, resignation, or inability to perform.
- b) Shall appoint, with the approval of the Board, all standing and special committees of the Board, serve as an ex-officio member of all standing committees, and report annually to the Board on the current state of the CHC and plans for the future.
- c) Shall discharge all other duties as may be required by these Bylaws and from time to time may be assigned by the Board.

### **Section 3: Vice-Chairs**

- a) First Vice Chair:
  - 1) Shall assist the Chair in his or her duties as needed.
  - 2) Shall perform the duties of Chair in the latter's absence and shall discharge additional duties that may from time to time be prescribed by the Chair or the Board.
  
- b) Second Vice-Chair
  - 1) Shall assist the Chair and the First Vice Chair in their respective duties as needed.
  - 2) Shall perform the duties of the Chair in the absence of the Chair and First Vice Chair and shall discharge additional duties that may from time to time be prescribed by the Chair, the First Vice Chair, or the Board.

### **Section 4: Nomination, Election, and Term of Office.**

Officers shall be elected annually by the Board.

- a) At each Annual Meeting, and at other times when vacancies occur, the Nominations Committee shall present nominations for the offices of Chair, First Vice Chair, and Second Vice Chair. Additional nominations may be made from the floor. The term of each office shall be two (2) year, or any portion of an unexpired term thereof. Members may serve in any officer role for a maximum of 4 (four) consecutive terms. Vacancies may be filled, or new offices created and filled, at any Board meeting. A term of office for an officer shall start October 1, and shall terminate September 30, or until a successor is elected.

### **Section 5: Board Member Elections**

- a) The Nominations Committee shall determine the number of vacancies for the following year, review all nominations received, and nominate the number of nominees equal to the number of vacancies. In so doing, the Nominations Committee shall take into account the requirements concerning the composition of the Board as set forth in Article IV herein.
- b) At the Annual Meeting, each vacancy shall be filled by majority vote of the directors voting, except that no nominee may be elected if the effect of such election would be to cause the composition of the Board to be in violation of the requirements contained in Article IV.

## **ARTICLE XI: COMMITTEES**

### **Section 1: Committees Generally**

All Board Committees shall exercise such power and carry out such functions as are designated by these Bylaws or as delegated by the Board. Such committees shall be advisory only and subject to the control of the Board. At each Annual Meeting and as otherwise needed, the Board may appoint other committees as circumstances warrant. There shall be no limitation on the length of time individuals may serve as members of a committee. All actions taken by any Committee shall be reported at the next meeting of the Board and shall be binding upon the Board only when approved by formal Board vote.

### **Section 2: Standing Committees**

Standing committees shall consist of the Executive Committee, Finance and Audit Committee, Quality, Credentialing & Risk Management Committee, and Nominations Committee.

### **Section 3: Special Committees**

Special committees may be appointed by the Chair with the approval of the Board for such special tasks as circumstances warrant. A special committee shall limit its activities to the accomplishment of the task for which it is appointed and shall have no power to act except such as is specifically conferred by action of the Board Members. Upon completion of the task for which appointed, such special committee shall stand discharged.

### **Section 4: Executive Committee**

Committee membership consists of the CHC's Chair, the ~~Executive Director~~Chief Executive Officer, the Health District's District Health Officer, at least one (1) Member who is also a consumer member, and such other persons appointed by the Board. The designation of such Executive Committee and the delegation of authority to it shall not operate to relieve the Board or any individual Member of any responsibility imposed on it or him/her by law, by the CHC, or these Bylaws. The Executive Committee shall coordinate the activities of all Board committees, may take action on behalf of the Board in emergencies on which the full Board will subsequently vote, and perform such other duties as prescribed by the Board.

### **Section 5: Finance and Audit Committee**

The Finance Committee shall be composed of the Chief Financial Officer and at least three (3) Board Members appointed by the Board. All members shall have the right to vote. The duties and responsibilities of the Finance Committee shall be:

- a) To develop and recommend financial policy to the Board;
- b) To review the CHC's annual budgets and to make recommendations thereon to the Board;
- c) To review the CHC's monthly financial statements appraise the CHC's operating performance, and make recommendations to the Board on both current and long-term fiscal affairs;
- d) To advise the Board on methods and procedures which will ensure the financial policies and budgets adopted by the Board Members are carried out;
- e) To review and advise the Board on financial feasibility of projects, acts and undertakings referred to it by the Board;
- f) To review and report to the Board on all internal and external audits; and
- g) To perform other functions as requested by the Board.
- h) To approve selection of and compensation paid to the CHC 's independent auditors.
- i) To review the results of the CHC 's independent audit, including significant reporting issues and findings, and, if necessary, recommend corrective action to the Board.
- j) To oversee the CHC 's compliance program.
- k) To review the results of internal audits and compliance monitoring activities and to recommend corrective action to the Board when necessary.

### **Section 6: Nominations Committee**

The Nominations Committee shall present nominations for Board vacancies and for the offices of Chair, First Vice-Chair, and Second Vice-Chair at each Annual Meeting and at other times when vacancies occur in the offices. The Nominations Committee shall also provide a recommendation to the Board regarding the number of Board members.

### **Section 7: Quality, Credentialing & Risk Management Committee**

## Section 8: ~~Executive Director~~Chief Executive Officer Annual Review Committee

### ARTICLE XII: INDEMNIFICATION

- a) The CHC, to the extent legally permissible, indemnify each person who may serve or who has served as a CHC Director against all costs and expenses reasonably incurred by or imposed upon him or her in connection with or resulting from any action, suit, or proceeding to which he or she may be a party by reason of his or her being or having been a Director, except: 1) in connection with an action, suit or proceeding by or in the right of the CHC in which the Director or Officer was adjudged liable to the CHC, 2) in any action, suit or proceeding charging improper personal benefit to the Director or Officer, whether or not involving an action in his or her official capacity, in which the Director or Officer was adjudged liable on the basis that personal benefit was improperly received, or 3) in relation to any other such matters as to which he or she shall finally be adjudicated in such action, suit, or proceeding to have acted in bad faith and to have been liable by reason of willful misconduct in the performance of his or her duty as Director or Officer.
- b) Costs and expenses of actions for which this Article provides indemnification shall include, among other things, attorney's fees, damages, and reasonable amounts paid in settlement. The duty to indemnify is conditioned upon full cooperation by the Director or Officer in the defense of the action and any action against the CHC based upon the same act or omission and in the prosecution of any appeal.

### ARTICLE XIII: CONFLICT OF INTEREST AND ETHICS

A conflict of interest is a transaction with the CHC in which a Member has a direct or indirect economic or financial interest. Conflict of interest or the appearance of conflict of interest by Members, employees, consultants, and those who furnish goods or services to the CHC must be declared. Members, including all Committee Members shall:

- a) Declare any potential conflicts of interest by completing a conflict of interest declaration form (see Appendix "A").
- b) Comply with all federal and state conflict of interest laws.
- c) Decline to participate in a discussion of or vote on a matter where a conflict of interest exists for that Member.
- d) In addition to the requirements imposed by these Bylaws, be subject to all applicable state and federal conflict of interest laws and the rule and reporting requirements.

### ARTICLE XIV: GENERAL PROVISIONS

#### Section 1: Patient Rights

The Board shall respect patient confidentiality, patient rights, and will comply with CHC policies.

#### Section 2: Fiscal Year

The fiscal year of this CHC shall end on June 30 of each year.

#### Section 3: Medical Care and Its Evaluation

The Board, in conjunction with the CHC's ~~Executive Director~~Chief Executive Officer, shall provide for a continuing review and appraisal of the quality of professional care rendered in the CHC whether by contracting for evaluation or otherwise.

**Section 4: Adoption and Amendments**

These Bylaws may be amended by a majority vote of a quorum of the Board at any regular or special meeting; provided that, in the case of any amendment, written notice of the amendment shall have been submitted to each Member at least seven (7) days prior to the meeting.

**Section 5: Preservation of Confidential Information.**

The Board has adopted policies and will comply with all federal and state laws and regulations regarding the protection of confidential, privileged or proprietary information and all such provisions shall apply to all Members both during committee service and thereafter.

**ARTICLE XV: WINDING UP AND DISSOLUTION**

These Bylaws are conditional upon the granting of the application for classification of this CHC as a Federal Qualified Health Center and the maintenance of such classification. In the event such classification does not occur within a reasonable time or is revoked, these Bylaws shall become ineffective and the CHC shall wind up and dissolve.

\_\_\_\_\_  
Jose Melendrez, Chair  
Southern Nevada Health Community Health Center

\_\_\_\_\_  
Date

## APPENDIX “A” CONFLICT OF INTEREST

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*Conflict of Interest.* Defined as an actual or perceived interest by the Southern Nevada Community Health Center Member which results or has the appearance of resulting in person, organizational, or professional gain.

*Duty of Loyalty.* The Southern Nevada Community Health Center Board Members must be faithful to the organization and can never use information obtained in his/her position as a Board Member for personal gain.

Responsibility of Board Members:

1. A Board member must declare and explain any potential conflicts of interest related to:
  - a. Using his/her Board appointment in any way to obtain financial gain for the Member’s household or family; or, for any business with which either the Member or the Member’s household or family is associated; and
  - b. Taking any action on behalf of the Board, the effect of which would be to the Member’s household or family’s private financial gain or loss.
2. No Member shall vote in a situation where a personal conflict of interest exists for that Member.
3. No Member shall be a CHC or Heath District employee, or an immediate family member (i.e., spouse, child, parent, brother, or sister by blood, adoption, or marriage) of such employee.
4. Any Member may challenge any other Member(s) as having a conflict of interest by the procedures outlined in the Board’s Bylaws, Article XIII, Conflict of Interest.

As a Member of the Southern Nevada Community Health Center’s Governing Board, my signature below acknowledges that I have received, read, and had an opportunity to ask clarifying questions regarding these conflict of interest requirements. I understand that any violation of these requirements may be grounds for my removal from the Board. I further understand that I may be subject to all other applicable state and federal conflict of interest requirements in addition to the provisions set forth in these Bylaws.

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Print Name

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Board Member’s Signature


---

Date



# 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.*





# Chief Executive Officer Comments

Randy Smith, CEO - FQHC

# Highlights from the November 2023 Operations Report

Randy Smith, CEO - FQHC

# Administrative Updates

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- HRSA approved the change of Project Director with an effective date of 11.21.23.
- Preparing for annual UDS report for calendar year 2023. (Azara/SHC)
- Awaiting response from HRSA on SAC grant application. Current project period ends on 1.31.24.
- The build out of the behavioral health clinic space at Decatur is expected to commence in Q1 of 2024.
- SNHD Strategic Planning Process – January meeting share draft, next steps.
- Board goals for the CEO: HRSA Compliance & Financial Sustainability

# Recruitment and Staffing

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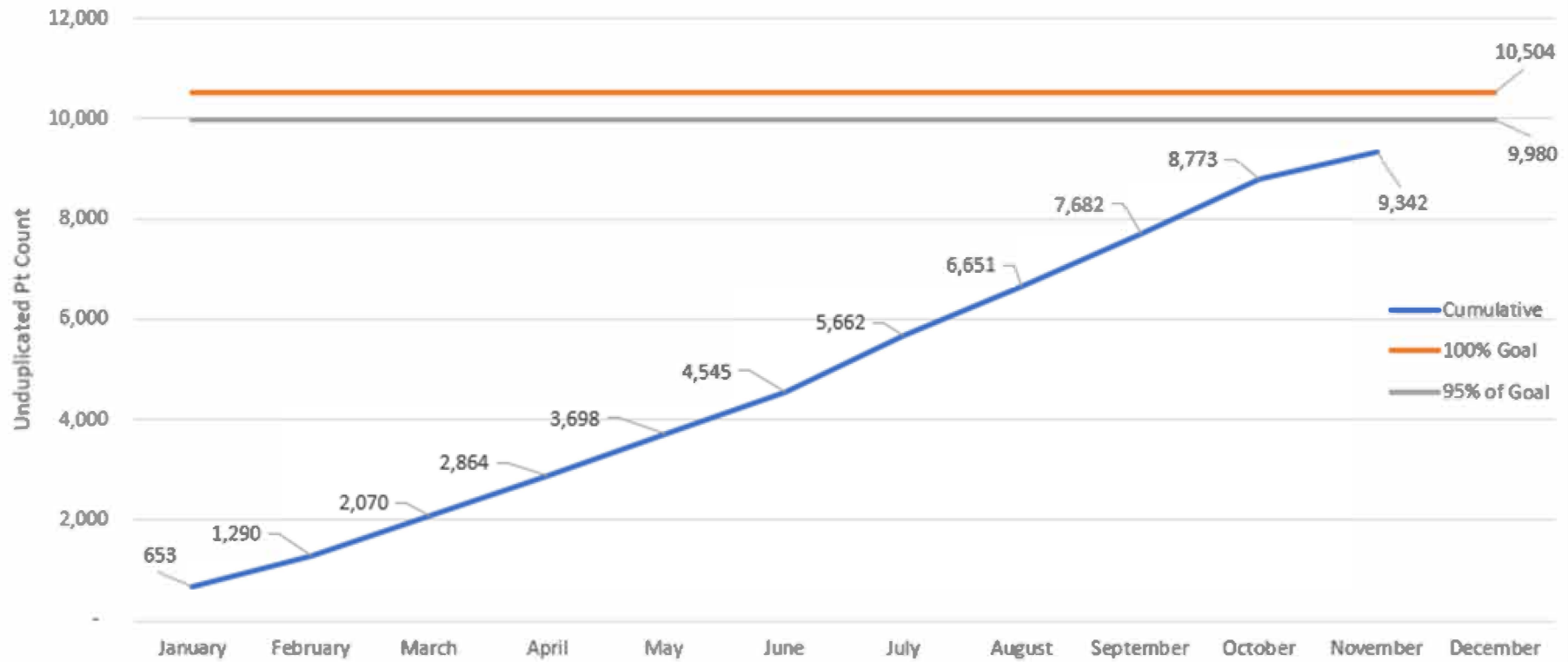
- Dr. Rubin Saavedra, MD joined SNCHC as the Medical Director effective 12.4.23.
- New APRN joined the Decatur team on 12.11.23
- The Behavioral Health Manager role has been filled. Start date 1.8.24.
- The Clinical Pharmacist position for Fremont has been filled. Start date 1.22.24.
- Recruitment for the vacant behavioral health professional position is ongoing.
- Cassandra Major promoted to the Clinical Services Supervisor
  - Administrative Assistant/PSRs functions
  - Quality Management Coordinator position

# Operations Updates

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- Ryan White services to commence at Fremont on 1.5.24 – ½ day per week
- Sexual Health services commence at Fremont on 1.16.24 – 2 days per week
- Refugee Health access enhance project underway at Fremont.
  - High level goal of increasing access to care by 20% for adults and pediatric patients
  - Establishing medical homes
- Pharmacy Services at Fremont
  - Dr. Bleak's presentation – 1/24
- Hours of Operation – early morning access (i.e., 7:30am – 8am)

2023 Unduplicated Pt Count - Actual vs. Goal





SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Thank you!

## MEMORANDUM

**Date:** December 19, 2023

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

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

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**Subject:** Community Health Center FQHC Operations Officer Report – November 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.

### November 2023 Highlights

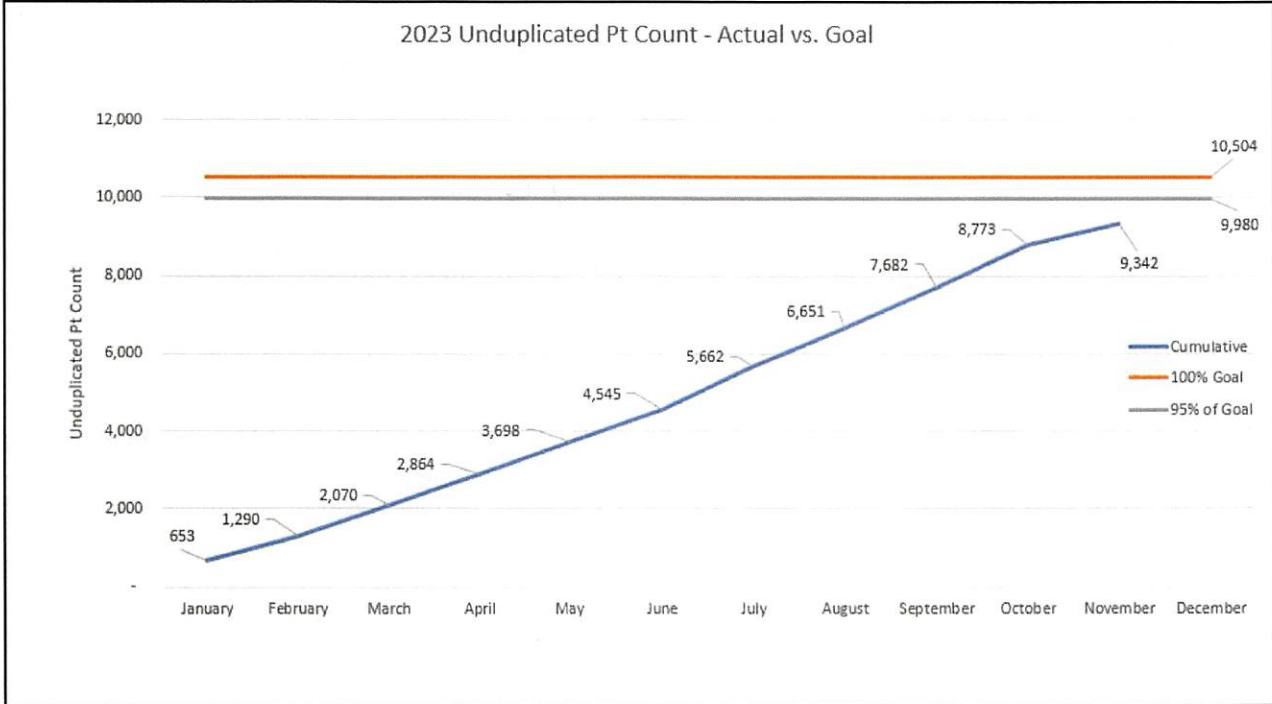
#### Administrative

- Request to change Health Center Project Director has been submitted to HRSA.
- Dr. Rubin Saavedra joined SNCHC as the Medical Director on 12.4.23.
- A new APRN joined the Decatur team on 12.11.23.
- The Behavioral Health Manager role has been filled. Start date 1.8.24.
- The build out of the behavioral health clinic space at Decatur is expected to commence mid-January 2024.
- Recruitment for the vacant behavioral health professional position is ongoing.
- Recruitment for a new clinical pharmacist for Fremont is nearing completion.
- Ryan White services to commence at Fremont on 1.5.24.
- Sexual Health services commence at Fremont on 1.16.24.
- Refugee Health access enhance project underway.
- Business Office and IT teams preparing for annual UDS report for calendar year 2023.



### Access

Unduplicated patient through November.



Facility	Program	NOV '23	NOV '22	NOV YoY %	FY24 YTD	FY23 YTD	FY YTD YoY%
Decatur	Behavioral Health	128	131	-2%	632	661	-4%
Decatur	Ryan White	197	153	29%	1105	822	34%
Decatur	Family Health	421	183	130%	1909	1353	41%
Fremont	Family Health	91	157	-42%	665	448	48%
<b>Total</b>	<b>Family Health</b>	<b>512</b>	<b>340</b>	<b>51%</b>	<b>2574</b>	<b>1801</b>	<b>43%</b>
Decatur	Family Planning	150	270	-44%	687	1308	-47%
Fremont	Family Planning	46	78	-41%	389	444	-12%
<b>Total</b>	<b>Family Planning</b>	<b>196</b>	<b>348</b>	<b>-44%</b>	<b>1076</b>	<b>1752</b>	<b>-39%</b>
ASEC	Sexual Health	133	123	8%	644	498	29%
Decatur	Sexual Health	592	637	-7%	2839	3032	-6%
<b>Total</b>	<b>Sexual Health</b>	<b>725</b>	<b>760</b>	<b>-5%</b>	<b>3483</b>	<b>3530</b>	<b>-1.3%</b>
<b>Grand Total</b>		<b>1758</b>	<b>1732</b>	<b>2%</b>	<b>8870</b>	<b>8566</b>	<b>4%</b>

## Pharmacy Services

	Nov-22	Nov-23		FY23	FY24		% Change YTD
<b>Client Encounters (Pharmacy)</b>	1,144	1,396	↑	5,837	6,751	↑	15.7%
<b>Prescriptions Filled</b>	1,537	1,934	↑	7,748	9,412	↑	21.5%
<b>Client Clinic Encounters (Pharmacist)</b>	30	31	↑	240	167	↓	-30.4%
<b>Financial Assistance Provided</b>	8	16	↑	36	86	↑	138.9%
<b>Insurance Assistance Provided</b>	2	8	↑	7	26	↑	271.4%

- A. Dispensed 1,934 prescriptions for 1,396 clients.
- B. Pharmacist completed 31 client clinic encounters.
- C. Assisted 16 clients to obtain medication financial assistance.
- D. Assisted 8 clients with insurance approvals.

## HIV / Ryan White Care Program Services

- A. The Ryan White program received 47 referrals between November 1st and November 30th. There was one (1) pediatric client referred to the Medical Case Management (MCM) program in November and the program received two (2) referrals for pregnant women living with HIV during this time.
- B. There were 774 total service encounters in the month of November provided by the Ryan White program (Linkage Coordinator, Eligibility Workers, Nurse Case Managers, Community Health Workers, Registered Dietitian, and Health Educator). There were 368 unduplicated clients served under these programs in November.
- C. The Ryan White ambulatory clinic had a total of 397 visits in the month of November: 33 initial provider visits, 162 established provider visits including 29 tele-visits (established clients). There were 12 nurse visits and 190 lab visits. There were 28 Ryan White clients seen under Behavioral Health by the Licensed Clinical Social Worker (LCSW) and the Psychiatric APRN during the month of November.
- 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 10 patients enrolled and seen under the Rapid stART program in November.

## FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 1,120 unique services to 824 unduplicated patients for the month of November. There were 136 unduplicated patients seen at the All-Saints Episcopal Church (ASEC) Outreach Clinic. There are currently 1116 patients receiving injectable treatment for HIV prevention (PrEP).
- B. The FQHC- SHC is participating in a research project in collaboration with the University of San Diego, California (UCSD) looking at STI's as a tool for HIV prevention. The FQHC-SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the PPC- Sexual Health and Outreach Prevention Programs (SHOPP) with the Gilead FOCUS grant to expand

express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services.

- C. The SHC staff continues to see patients for Mpox evaluation and referral for vaccine.
- D. One CHN nurse is continuing orientation in FQHC-SHC. Interviews were completed for one vacant Patient Services Representative (PSR) position.

### Refugee Health Program (RHP)

Services provided in the Refugee Health Program for the month of November 2023.

Client required medical follow- up for Communicable Diseases	
Referrals for TB issues	6
Referrals for Chronic Hep B	1
Referrals for STD	6
Pediatric Refugee Exams	17
Clients encounter by program (adults)	40
Refugee Health screening for November 2023	40
<b>Total for FY23-24</b>	<b>258</b>

### Eligibility and Insurance Enrollment Assistance

As a team, the Eligibility Workers submitted a total of 50 applications for the month of November.

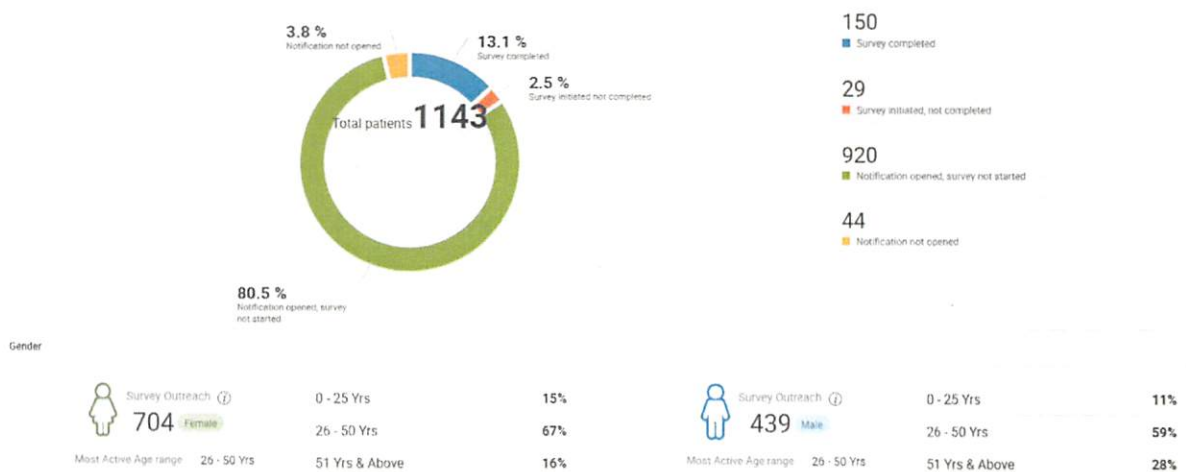
Applications	Status
22	Approved
1	Denied
16	Pending

### Patient Satisfaction: See attached survey results.

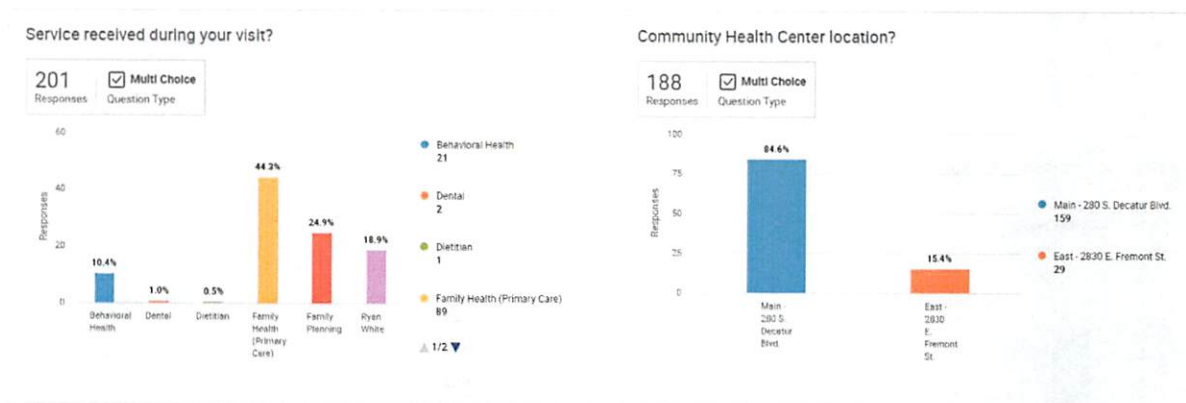
The Health Center continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation,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

# Patient Satisfaction Survey

## Overview



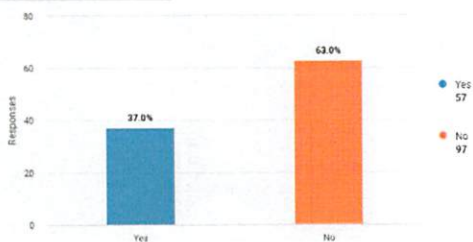
## Service and Location



## Provider, Staff and Facility

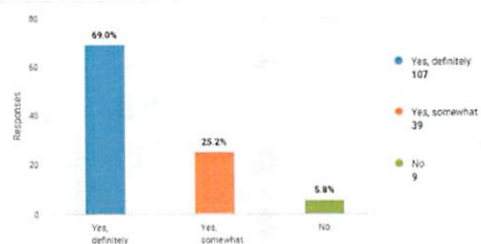
Was your most recent visit for an illness, injury or condition that needed care right away?

154 Responses  Multi Choice Question Type



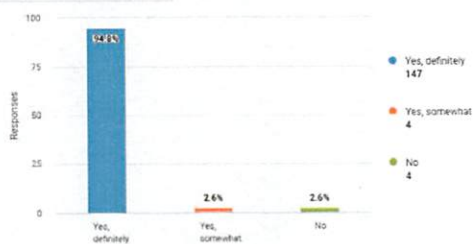
Was the recent visit as soon as you needed?

155 Responses  Multi Choice Question Type



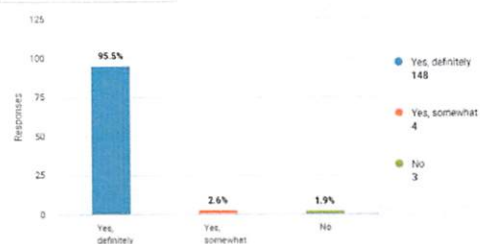
During your most recent visit, did this provider explain things in a way that was easy to understand?

155 Responses  Multi Choice Question Type



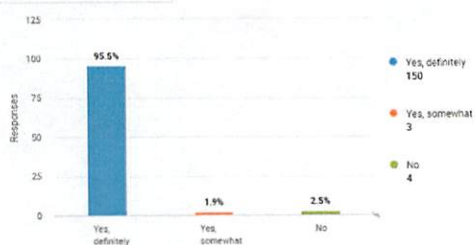
During your most recent visit, did this provider listen carefully to you?

155 Responses  Multi Choice Question Type



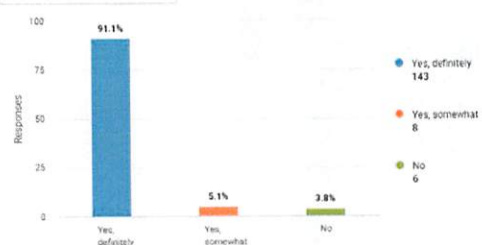
During your most recent visit, did this provider show respect for what you had to say?

157 Responses  Multi Choice Question Type

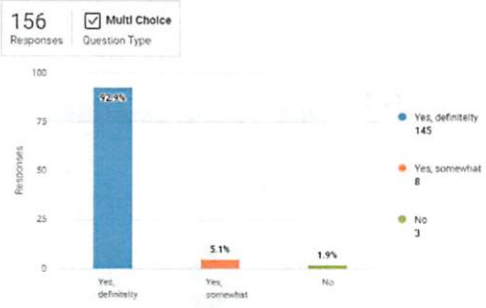


During your most recent visit, did this provider spend enough time with you?

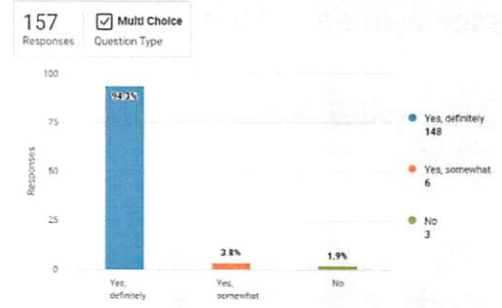
157 Responses  Multi Choice Question Type



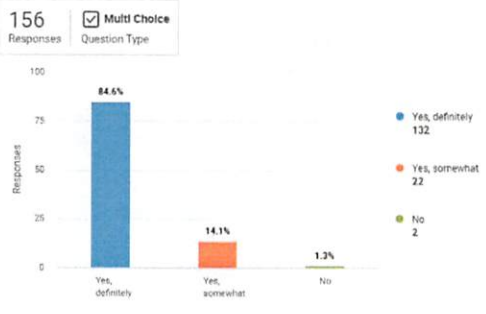
Thinking about your most recent visit, were the staff as helpful as you thought they should be?



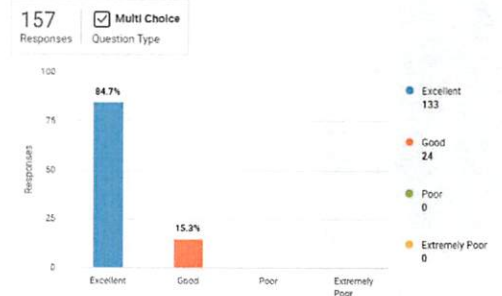
Thinking about your most recent visit, did the staff treat you with courtesy and respect?



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



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

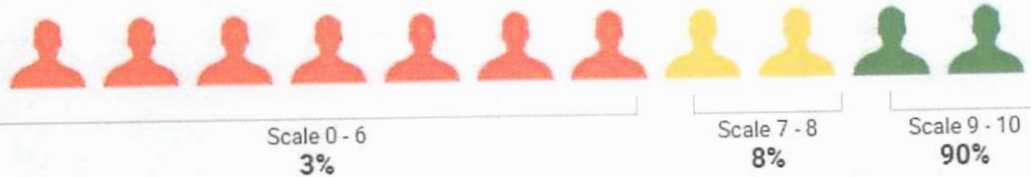


How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?

156  
Responses

123 Numbers  
Question Type

87 | Net Promoter Score (NPS)



4  
Scale 0 - 6

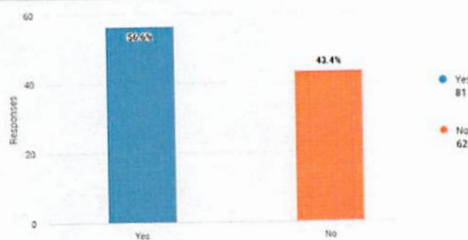
12  
Scale 7 - 8

140  
Scale 9 - 10

## General Information

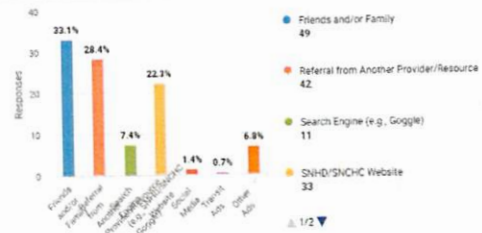
Do you have health insurance?

143 Responses  
Multi Choice Question Type



How did you hear about us?

148 Responses  
Multi Choice Question Type



Survey Comments

Separate attachment