



## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

May 21, 2024 – 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 (*via Webex*)  
Donna Feliz-Barrows, Vice-Chair – Consumer Member (*in person*)  
Scott Black – Community Member, City of North Las Vegas (*via Webex*)  
Sara Hunt – Community Member (*in person*)  
Luz Castro – Consumer Member (*via Webex*)  
Blanca Macias-Villa – Consumer Member (*via Webex*)  
Erin Breen – Community Member (*via Webex*)  
Brian Knudsen – Consumer Member (*via Webex*)  
Jasmine Coca – Community Member (*in person*)

**ABSENT:**

**ALSO PRESENT:**

**LEGAL COUNSEL:** Edward Wyner, Associate General Counsel

**CHIEF EXECUTIVE OFFICER:** Randy Smith

**STAFF:** Andria Cordovez Mulet, Bernadette Meily, Cassondra Major, Emily Anelli, Fermin Leguen, Julie Maldonado, Justin Tully, Kim Saner, Kyle Parkson, Luann Province, Merylyn Yegon, Natalie Yanish, Ronique Tatum-Penegar, Ryan Kelsch, Tawana Bellamy, Theresa Ladd, Yin Jie Qin

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

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:31 p.m. Tawana Bellamy, Senior Administrative Specialist, 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.

Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

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

**IV. ADOPTION OF THE MAY 21, 2024 MEETING AGENDA** *(for possible action)*

*A motion was made by Member Feliz-Barrows, seconded by Member Black and carried unanimously to approve the May 21, 2024 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:** April 16, 2024 *(for possible action)*

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

*Member Coca joined the meeting at 2:35 p.m.*

*Heard out of order.*

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

• CEO Comments

Randy Smith, Chief Executive Officer shared the Service Area Competition – Additional Area grant application that was put together for an opportunity to serve the Pahrump area, was administratively disqualified due to a clerical mistake in the application. Mr. Smith further shared that the mistake concerned required zip codes that were not indicated on some of our service sites. Mr. Smith advised that there is a plan to ensure this type of mistake does not happen again. Mr. Smith shared the grant would have been a big endeavor and a great opportunity for the health center.

Member Coca commented that mistakes happen and maybe if this possibility comes up again, it would be a possibility.

Chair Melendrez thanked Mr. Smith for being transparent and commented that things happen, and it would have been great to get these resources but also challenging trying to serve a bigger, wider area. Chair Melendrez further commented that we should take what we can learn from this and move forward.

Mr. Smith further provided updates on the following:

- Behavioral Health Clinic at Decatur.
- Dental Clinic at Fremont.
- Medical Director recruitment.
- HRSA Region 9 Administrator Site Visit at Fremont – May 15, 2024.
- Prospective Payment Systems (PPS) Rate Setting.

- New Board Members.
- Family Planning Services
- Employee Engagement

*Member Knudsen joined the meeting at 2:43 p.m.*

## **VI. REPORT / DISCUSSION / ACTION**

- 1. Receive, Discuss and Accept the March 2024 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Yin Jie Qin, Controller in Finance presented the March 2024 Year to Date Financial Report as for March 31, 2024.

Further to an inquiry from Member Coca regarding the funding for the buildout of the dental and Behavioral Health clinics, Ms. Qin advised that there is a separate budget for the buildouts. Mr. Smith further advised that the funding for the dental project will be included in the next fiscal year's budget.

Further to an inquiry from Member Hunt, Ms. Qin commented that Behavioral Health did not receive a grant and further explained how the information was shown on the bar chart. Member Hunt inquired about \$49K in Behavioral Health in actuals, Mr. Smith shared that we have a behavioral health grant, it is an incubator grant through the state that was received in July of this fiscal year, after the fiscal year 24 budget was put together.

*A motion was made by Member Feliz-Barrows, seconded by Member Coca, and carried unanimously to accept the March 2024 Year to Date Financial Report, as presented.*

- 2. Receive, Discuss and Approve the Submittal of the FTCA Redeeming Application for CY25;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Submittal of the FTCA Redeeming Application for CY25 with the following highlights.

- Covers services included in the health center's HRSA approved scope of work.
- Redeeming application is for continued coverage for medical malpractice under the Federal Torts Claim Act (FTCA) for calendar year 2025.
- Application includes:
  - Quality Improvement and Assurance
    - Process Improvement
    - Annual Trainings – HIPPA, Infection Control, OB Care, other identified high-risk areas
    - Continuity of Care processes
  - Risk Management
    - Goals, Activities, and Reports
  - Credentialing and Privileging
  - Claims Management

*A motion was made by Member Black, seconded by Member Feliz-Barrows, and carried unanimously to approve the Submittal of the FTCA Redeeming Application for CY25, as presented.*

**3. Receive, Discuss and Approve the Submittal of the Grant Application for the Behavioral Health Services Expansion (HRSA-24-078 BHSE);** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the Submittal of the Grant Application for the Behavioral Health Services Expansion (HRSA-24-078 BHSE) with the following highlights.

- Estimated Award Amount: \$1.1 Million.
- Period of Performance: September 1<sup>st</sup>, 2024, through August 31<sup>st</sup>, 2026 (2 years).
- Potential for ongoing funding at the year two funding amount (\$500k).
- This grant will allow SNCHC to increase the number of patients receiving mental health and substance use disorder services (SUD). It will also allow for an increase in the number of patients receiving medications for opioid use disorder (MOUD).
- Funding will enable the Behavioral Health (BH) department to add new behavioral health providers and support staff. Space for this team is being constructed at Decatur and is anticipated to be available at the end of the year.

Member Hunt appreciated that Mr. Smith was applying for the grant and thanked him for using the word integration and weaving that in the application.

*A motion was made by Member Hunt, seconded by Member Feliz-Barrows, and carried unanimously to approve the Submittal of the Grant Application for the Behavioral Health Services Expansion (HRSA-24-078 BHSE), as presented.*

**4. Receive and Discuss the UDS Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith provided an overview of the UDS Report and shared the 2023 UDS Demographic breakdown. Mr. Smith further shared there were a high number of patients not reporting or choosing not to disclose their race and ethnicity, sexual orientation, gender identity and income. Mr. Smith believes that it could be a workflow issue that can be resolved, or the questions are sensitive to answer, and patients do not want to respond. Mr. Smith shared there is an opportunity to use technology inside the electronic health record to hard code some of the fields that will not allow someone to advance until an option is selected and to continue supporting and training staff to help capture the information.

Mr. Smith commented that there are changes in the 2024 UDS report. Mr. Smith shared that we will be going from the entire health center's demographics to patient level data, and it will still follow HIPAA compliance, as no medical or sensitive information will be shared. Mr. Smith mentioned that HRSA will be releasing some quality dollars to each health center and the money will be allocated to help health centers collect this type of data. Mr. Smith advised that the race and ethnicity will now include nationality.

Further to an inquiry from Member Feliz-Barrows regarding the sexual orientation question, Mr. Smith commented there is always an option for patients to choose not to disclose, it is the unknown/unreported categories we want to look at, even if all of the unknowns chose not to disclose, we can capture that data.

Further to an inquiry from Member Hunt regarding race and ethnicity and if patients select both, does the data overlap, Mr. Smith commented that for each race, there is always the ethnicity piece that goes with it. Each patient should only select one race and one ethnicity.

Member Feliz-Barrows commented that we must find a way to ensure people feel comfortable answering the questions.

*No action required.*

**5. Receive, Discuss and Approve the Patient Origin Report and the Change in Scope request to HRSA to add zip codes 89139 and 89148 to existing catchment area; direct staff accordingly or take other action as deemed necessary (for possible action)**

Mr. Smith presented the Patient Origin Report and the Change in Scope request to HRSA to add zip codes 89139 and 89148 to the existing catchment area. Mr. Smith shared the patient demographics from the UDS report is used each year, specifically the zip code for which patients are residing in, to help define the catchment area. Mr. Smith further shared that the catchment area must be comprised of the zip codes for which the first 75% of the health center's patients come from.

Mr. Smith advised that based on the UDS data for 2023 and to comply with HRSA's regulation of including zip codes that comprise 75% of where current health center patients reside, it is proposed that the health center add zip codes 89139, and 89148 to its existing catchment area. Mr. Smith further advised that by adding the two zip codes, it would bring the health center to 75.65% of where its patients come from.

*A motion was made by Member Feliz-Barrows, seconded by Member Black, and carried unanimously to approve the Patient Origin Report and the Change in Scope request to HRSA to add zip codes 89139 and 89148 to existing catchment area, as presented.*

**6. Receive, Discuss and Approve the Final Risk Management Report for CY23; direct staff accordingly or take other action as deemed necessary (for possible action)**

Mr. Smith presented the Final Risk Management Report for CY23 with the following highlights.

- Three out of the four goals had improvements:
  - Goal 1: Reduce medication errors to zero (0).
  - Goal 2: Reduce delayed response time for Dr. Bluebird events by 50% year over year.
  - Goal 4: Improve the reporting of actual or potential incidents.

Mr. Smith further shared that goal three (3), reduce the number of physical safety findings by 5%, was not met. Mr. Smith further shared some key takeaways for CY23 to include a new format for capturing the milestones and completion dates, reporting consistency to the Governing Board, aligning goals with FTCA program, modifying goal three (3), and implementing some risk management programs.

*A motion was made by Member Feliz-Barrows, seconded by Member Breen, and carried unanimously to approve the Final Risk Management Report for CY23, as presented.*

*Member Black left the meeting at 3:28 p.m.*

**7. Receive, Discuss and Approve the CY24 Risk Management Goals;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the CY24 Risk Management Goals. Mr. Smith advised that goal three (3) from the CY23 plan was revised and now focuses on employee injuries. Mr. Smith further advised that the activities were updated to reflect the current progress and the baseline information was updated to include two years of baseline information.

Mr. Smith advised of FTCA's new and modified requirements for 2024.

- Review of Risk Management Systems
  - Question 3(A): Health centers attest that they have developed and implemented an annual health care risk management training plan based on identified areas/activities of highest clinical risk. The training plan, at minimum, incorporates obstetrics procedures if the health center provides clinical services to any of the following individuals (even if they do not provide labor and delivery services):
    - Prenatal patients.
    - Postpartum patients.
    - Patients who are of reproductive age.
- UDS 2023 – Table 6B error
  - Zero prenatal care patients by age on Table 6B. Health centers are required to report any patients that they provide prenatal care to, even if that care is only by referral.

Mr. Smith proposed to add a fifth goal for CY24. Mr. Smith shared the fifth goal would be to improve the capture of UDS required prenatal clinical data that would capture entry into Prenatal care (closes the loop on referrals) and weight at birth (assesses medical home status), both are FQHC clinical performance measures.

Further to an inquiry from Member Coca, regarding patients who come onboard late or never had prenatal care; some providers are hesitant to take those cases because of the risk the patient has not had treatment before, Mr. Smith commented that the staff are skilled at engaging with other providers in the community to make sure the patient will go somewhere that can take care of their needs.

*A motion was made by Member Feliz-Barrows, seconded by Member Castro, and carried unanimously to approve the CY24 Risk Management Goals, as presented.*

*Member Feliz-Barrows left the meeting at 3:38 p.m.*

**8. Receive and Discuss the Q1 Risk Management Report for CY24;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the Quarter 1 Risk Management Report for CY24 and shared the following results.

- Goal #1: Reduce medication errors to zero (0).
  - Result: Zero (0) Med errors in CY24 compared to three (3) Med errors in CY23
- Goal #2: Reduce delayed response time for Dr. Bluebird events by 50% year over year.
  - Result: 100% < two (2) minute response in CY24 compared to 96% < two (2) minute response in CY23

- Goal #3: Reduce the number of employee injuries to zero (0).
  - Result: Zero (0) Employee injuries in CY24 compared to two (2) Employee injuries in CY23
- Goal #4: Improve the reporting of actual or potential incidents.
  - Result: 15 incident reports submitted in CY24 compared to 65 incident reports submitted in CY23.

*A motion was made by Member Breen, seconded by Member Knudsen, and carried unanimously to accept the Q1 Risk Management Report for CY24, as presented.*

**9. Receive and Discuss the Health Insurance Portability and Accountability Act (HIPPA) Risk Assessment;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the Health Insurance Portability and Accountability Act (HIPPA) Risk Assessment findings for CY24.

**Findings/areas of highest risk identified:**

1. Oral Communications – It was observed that no PHI was being discussed in areas where the public have access, however, the areas where MAs, CHNs, and Providers often coordinate care, is in an area where conversations could be overheard by a passing patient. Although the behavior of staff is effectively mitigating this potential risk, this was still identified as a finding because the open areas in bullpens surrounding patient rooms does present a risk of PHI being overheard.
  - a. Ongoing observation is needed to ensure conversations continue to only occur confidentially either in patient rooms, or other designated areas where the public does not have access, whenever possible.
2. Protecting Confidentiality of Electronic PHI – There was one monitor observed at the Fremont location to be in a position such that passers-by could easily see the screen, although not clearly. The team member assigned to that workstation was asked if a privacy protector was available for their monitor. One was located and installed immediately. All other monitors in public areas were either positioned well or had privacy screens over the monitors. Although this finding was a high risk, it was mitigated immediately.
  - a. Ongoing observation is needed to ensure the computer screens remain protected.
3. Fax Machine Confidentiality of PHI/ Paper Confidentiality of PHI – There are some network printer/fax machines in clinic areas where patients may see documents being printed as they pass by. No documents were observed in the machines. Space is limited in some of these areas, which is why they have been placed where they are. Although there is no logistical space available to mitigate the logistics of this finding, the diligent practices of the team to not leave documents unattended, nor print materials unless being present to retrieve them immediately are mitigating the risk.
  - a. Ongoing observation is necessary to ensure the team’s behaviors continue to mitigate this risk.

*A motion was made by Member Coca, seconded by Member Macias-Villa, and carried unanimously to accept the Health Insurance Portability and Accountability Act (HIPPA) Risk Assessment, 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)*

Chair Melendrez shared that Nevada Minority Health and Equity Coalition will have an impact summit in November this year. Chair Melendrez will follow up with more information later and would love to see the health center represented there.

Chair Melendrez commented that the board should consider having a half day retreat in the summer to talk about future direction, best practices, learnings, challenges and anything else that would move the board towards professional development.

The board discussed a potential timeframe for an in person retreat for some time in August 2024. Ms. Bellamy will contact board members to determine the date.

**IX. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) April 2024 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.

**XI. ADJOURNMENT**

The Chair adjourned the meeting at 3:52 p.m.

Randy Smith  
Chief Executive Officer - FQHC

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## AGENDA

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER  
GOVERNING BOARD MEETING  
May 21, 2024 – 2:30 p.m.**  
**Meeting will be conducted In-person and via Webex Event**  
**Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107**  
**Red Rock Trail Rooms A and B**

## NOTICE

**WebEx Event address for attendees:**

<https://snhd.webex.com/snhd/j.php?MTID=m543b31b2e4e607574b5edc4966852412>

To call into the meeting, dial (415) 655-0001 and enter Access Code: **2567 236 2231**

For other governmental agencies using video conferencing capability, the Video Address is:  
[25672362231@snhd.webex.com](mailto:25672362231@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. Please clearly state your name 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. **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 2567 236 2231. To provide public comment over the telephone, please press \*3 during the comment period and wait to be called on.

**IV. ADOPTION OF THE MAY 21, 2024 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:** April 16, 2024 *(for possible action)*

**VI. REPORT / DISCUSSION / ACTION**

- 1. Receive, Discuss and Accept the March 2024 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Receive, Discuss and Approve the Submittal of the FTCA Redeeming Application for CY25;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Receive, Discuss and Approve the Submittal of the Grant Application for the Behavioral Health Services Expansion (HRSA-24-078 BHSE);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. Receive and Discuss the UDS Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 5. Receive, Discuss and Approve the Patient Origin Report and the Change in Scope request to HRSA to add zip codes 89139 and 89148 to existing catchment area;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 6. Receive, Discuss and Approve the Final Risk Management Report for CY23;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 7. Receive, Discuss and Approve the CY24 Risk Management Goals;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 8. Receive and Discuss the Q1 Risk Management Report for CY24;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 9. Receive and Discuss the Health Insurance Portability and Accountability Act (HIPPA) Risk Assessment;** 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. CEO & STAFF REPORTS (Informational Only)**

- CEO Comments

**IX. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) April 2024 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. **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 the Administration Office at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact the Administration Office at 280 S. Decatur Blvd, Las Vegas, NV, 89107 or (702) 759-1201.

## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

April 16, 2024 – 2:30 p.m.

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

- MEMBERS PRESENT:** Donna Feliz-Barrows, Vice-Chair – Consumer Member (*in person*)  
Scott Black – Community Member, City of North Las Vegas (*via Webex*)  
Sara Hunt – Community Member (*in person*)  
Luz Castro – Consumer Member (*via Webex*)  
Blanca Macias-Villa – Consumer Member (*via Webex*)  
Erin Breen – Community Member (*via Webex*)  
Brian Knudsen – Consumer Member (*via Webex*)  
Jasmine Coca – Community Member (*in person*)
- ABSENT:** Jose L. Melendrez, Chair – Consumer Member
- ALSO PRESENT:**
- LEGAL COUNSEL:** Edward Wyner, Associate General Counsel
- CHIEF EXECUTIVE OFFICER:** Randy Smith
- STAFF:** Bernadette Meily, Cassius Lockett, Cassondra Major, David Kahananui,  
Donna Buss, Donnie Whitaker, Emily Anelli, Jonas Maratita, Jonna  
Arqueros, Justin Tully, Kim Saner, Luann Province, Luz Castro, Merylyn  
Yegon, Ronique Tatum-Penegar, Tawana Bellamy, Todd Bleak, Yin Jie Qin

#### 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, Senior Administrative Specialist, 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.

Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

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

**IV. ADOPTION OF THE APRIL 16, 2024 MEETING AGENDA** *(for possible action)*

*A motion was made by Member Coca, seconded by Member Hunt and carried unanimously to approve the April 16, 2024 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:** March 19, 2024 *(for possible action)*
- 2. Approve Responding to Medical Emergencies Policy (Dr. Bluebird);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approve Sliding Fee Discount Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. Approve Patient Collections Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 5. Approve Credentialing and Privileging of Providers Kikam (Kevin) Yun, APRN II;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

**VI. REPORT / DISCUSSION / ACTION**

Recommendations from the April 15, 2024 Finance and Audit Committee Meeting

The Finance and Audit Committee did not meet on April 15, 2024.

- 1. Receive, Discuss and Approve the Clinical Master Fee Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Donnie (DJ) Whitaker, Chief Financial Officer presented an overview of the Clinical Master Fee Schedule. Ms. Whitaker advised the billing fee schedule is reviewed annually to add new fees or adjust existing fees and allows for changes on a consistent basis to stay aligned with the local medical community. Ms. Whitaker further advised that regular fee changes position the health center for the potential benefit of increased reimbursement from contracted insurances. Ms. Whitaker advised that uninsured patients see minimal, or no impact based on the availability of the sliding fee discount. Ms. Whitaker shared that we identify fees that

are lower than the 50th percentile and add new fees anticipated to be used in 2024. Ms. Whitaker commented that the proposed changes to individual fees are included in Exhibit A.

Further to an inquiry from Member Feliz-Barrows, Ms. Whitaker advised that we were below what everyone else was charging and taking the rates to the 50<sup>th</sup> percentile means we are in the middle.

Further to an inquiry from Member Coca regarding uninsured patients and the new fees, Mr. Smith commented that there are no changes for the uninsured and uninsured patients are assessed a sliding fee.

Further to an inquiry from Member Coca regarding how to assess a person's ability to pay, Mr. Smith commented that he would provide more detail later in the presentation.

*A motion was made by Member Coca, seconded by Member Hunt, and carried unanimously to approve the Clinical Master Fee Schedule, as presented.*

**2. Receive, Discuss and Approve the CY24 Federal Poverty Level (FPL);** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, Chief Executive Officer outlined the updates to the CY24 Federal Poverty Level (FPL) guidelines, which are published annually by Department of Health and Human Services (HHS). Mr. Smith advised that the 2024 rates reflect a 4.1% increase to the Consumer Price Index (CPI) from 2022 and 2023.

Further to an inquiry from Member Coca, Mr. Smith advised that posting the FPL is not required, but some health centers do post it. Mr. Smith commented that the information is shared with patients to make it easy for them to comply. Mr. Smith further commented that the health center is required to post a notice to patients that discounts are available based on family size and income.

*A motion was made by Member Coca, seconded by Member Castro, and carried unanimously to approve the CY24 Federal Poverty Level (FPL) guidelines, as presented.*

**3. Receive, Discuss and Approve the Clinical Sliding Fee Schedules;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith provided an overview of the Clinical Sliding Fee Schedules. Mr. Smith outlined the HRSA sliding fee program requirements along with the billing and collection requirements.

Further to an inquiry from Member Feliz-Barrows, Mr. Smith advised that patients should be asked to pay their copay and if they had a high copay or deductible, a sliding fee can be applied to further reduce the amount, if they are eligible.

Mr. Smith further outlined how the sliding fee program works, a new recommended point of care discount to support patients who do not qualify for the sliding fee discount schedule, and a market study of fees for FQHCs in Nevada. Mr. Smith proceeded to outline the proposed sliding fees for Primary Care, Sexual Health Clinic, Family Planning, Family Planning Contraception, Ryan White and Pharmacy.

Further to an inquiry from Member Coca, Mr. Smith advised that the Sliding Fee Policy explains how documentation is collected from patients. Mr. Smith further advised that a Certificate of Income form was also implemented so that patients could attest to their income and family size.

*A motion was made by Member Black, seconded by Member Breen, and carried unanimously to approve the Clinical Sliding Fee Schedules Report, as presented.*

*Heard out of order.*

- 5. Receive, Discuss and Accept the February 2024 Year-To-Date Financial Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. Whitaker presented the February 2024 Year to Date Financial Report as of February 29, 2024.

*A motion was made by Member Coca, seconded by Member Breen, and carried unanimously to accept the February 2024 Year to Date Financial Report, as presented.*

- 4. Receive, Discuss and Accept the Southern Nevada Community Health Center FY25 Budget;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. Whitaker, Chief Financial Officer presented the FY25 Budget with the following highlights:

Highlights

- Staffing for FY25 is projected to be 121 FTEs, compared to FY24 augmented budget of 118 FTEs.
- General Fund revenue is projected at \$28.1M in FY25, an increase of \$3M from the FY24 augmented budget.
- Special Revenue Fund (Grants) projected at \$7.9M in FY25, a decrease of \$10.5M from FY24 augmented budget.
  - SB118 funding is expected to start in FY25. The FQHC's FY25 portion is estimated at \$1.2M.
- FQHC combined expenditure for FY25 budget is \$46.3M, compared to \$39.5M from FY24 augmented budget.

Revenues – General and Special Revenue Fund

- Total Charges for Services revenue is proposed at \$27M, an increase of \$2.3M compared to \$24.7M from FY24 augmented budget.
  - The major component of Charges for Services revenue is Pharmacy, which continues to increase at \$24.7M compared to \$21.4M from FY24 augmented budget.
- Special Revenue Funds decreased from \$10.5M augmented to \$7.9M proposed due to the conclusion of HCNAP grant.

Expenditures – General and Special Revenue

- Primary Care's combined expenses decreased from \$7.9M augmented to \$5.9M proposed due to the conclusion of HCNAP grant.

- General Fund Pharmacy total expenses is projected at \$25.1M. Pharmacy medication expenses increased from \$17.6M to \$20.2M, a \$2.6M increase from FY24 to FY25.
- Total salaries and benefits for General & Grants funds are \$13.7M, 29.6% of total FQHC expenditures. More than 37% of personnel expenses are supported by grants.

*A motion was made by Member Knudsen, seconded by Member Macias-Villa, and carried unanimously to accept the Southern Nevada Community Health Center FY25 Budget 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. CEO & STAFF REPORTS** *(Information Only)*

- CEO Comments

Mr. Smith provided highlights from the March 2024 Operations Report.

Further to an inquiry from Member Feliz-Barrows, Mr. Smith confirmed the process for PPS rate reimbursement with the state, noting that certain types of encounters are not eligible for reimbursement.

**IX. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) March 2024 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 3:42 p.m.

Randy Smith  
Chief Executive Officer - FQHC

/tab





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

**AT THE SOUTHERN NEVADA HEALTH DISTRICT**

**SNCHC Governing Board Meeting**

May 21, 2024

# CEO COMMENTS



Randy Smith, Chief Executive Officer - FQHC

# Administrative Updates

- ▶ Grants – Service Area Competition – Additional Area
- ▶ Work on the new behavioral health (Decatur) and dental (Fremont) clinics anticipated to commence this summer
- ▶ Medical Director recruitment
  - ▶ Conducted 1<sup>st</sup> interviews with two candidates
  - ▶ Additional candidates being sought
- ▶ HRSA Region 9 Administrator Site Visit @ Fremont – May 15, 2024
- ▶ PPS rate setting
- ▶ New Board Members
- ▶ Family Planning services







# Employee Engagement Committee



- ▶ **Townhall Meeting held on April 23, 2024**
    - ▶ Theme: Get to know your Co-worker
  - ▶ **SNCHC's Employee Engagement Committee Members:**
    - ▶ Daysi Andrade
    - ▶ Tonia Atencio
    - ▶ Vreneli Custodio
    - ▶ Leticia Rivera
    - ▶ Chris Cooper
    - ▶ Jennifer Loysaga
    - ▶ Mayra Avalos
    - ▶ Michelle Diaz
  - ▶ **First Meeting will be held on May 23, 2024**
    - ▶ Initial work will focus on reviewing the existing OVS Response Plan and establishing a committee charter that will describe what the group will do.
    - ▶ Once additional information is available for the most recently completed OVS, the committee will participate incorporating what was learned into a Revised OVS Response Plan.
- 



# Financial Report

Results as of March 31, 2024

# All Funds/Divisions

Activity	Budget as of March	Actual as of March	Variance	%
Charges for Services	18,497,740	18,300,980	(196,760)	-1%
Other	375,000	458,551	83,551	22%
Federal Revenue	5,416,082	2,699,122	(2,716,960)	-50%
Other Grant Revenue	86,350	7,506	(78,844)	-91%
Pass-Thru Revenue	2,262,194	2,114,566	(147,628)	-7%
State Revenue	121,033	200,052	79,019	65%
<b>Total FQHC Revenue</b>	<b>26,758,400</b>	<b>23,780,778</b>	<b>(2,977,622)</b>	<b>-11%</b>
Salaries	6,499,109	6,080,981	(418,129)	-6%
Taxes & Fringe Benefits	2,946,275	2,720,802	(225,473)	-8%
Travel & Training	64,192	58,228	(5,964)	-9%
<b>Total Salaries &amp; Benefits</b>	<b>9,509,576</b>	<b>8,860,010</b>	<b>(649,566)</b>	<b>-7%</b>
Supplies	14,048,795	14,247,655	198,859	1%
Capital Outlay	14,625	43,798	29,173	199%
Contractual	1,747,406	866,224	(881,183)	-50%
<b>Total Other Operating</b>	<b>15,810,827</b>	<b>15,157,677</b>	<b>(653,150)</b>	<b>-4%</b>
Indirect Costs/Cost Allocations	3,937,767	3,228,794	(708,973)	-18%
Transfers IN	(401,131)	(569,354)	(168,222)	42%
Transfers OUT	401,837	569,354	167,517	42%
<b>Total Transfers</b>	<b>3,938,473</b>	<b>3,228,794</b>	<b>(709,679)</b>	<b>-18%</b>
<b>Total FQHC Expenses</b>	<b>29,258,876</b>	<b>27,246,481</b>	<b>(2,012,395)</b>	<b>-7%</b>
<b>Net Position</b>	<b>(2,500,476)</b>	<b>(3,465,703)</b>	<b>(965,227)</b>	<b>39%</b>

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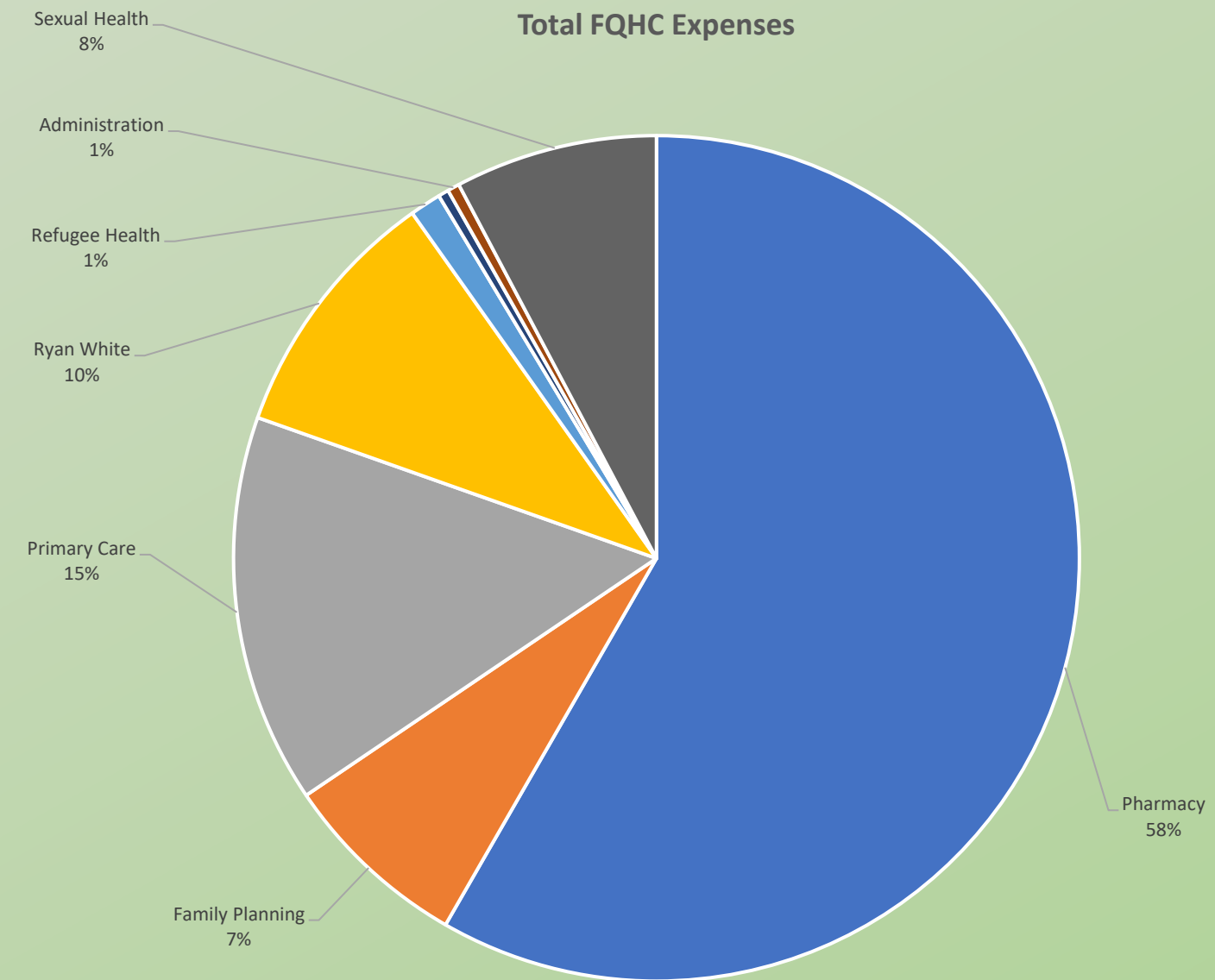
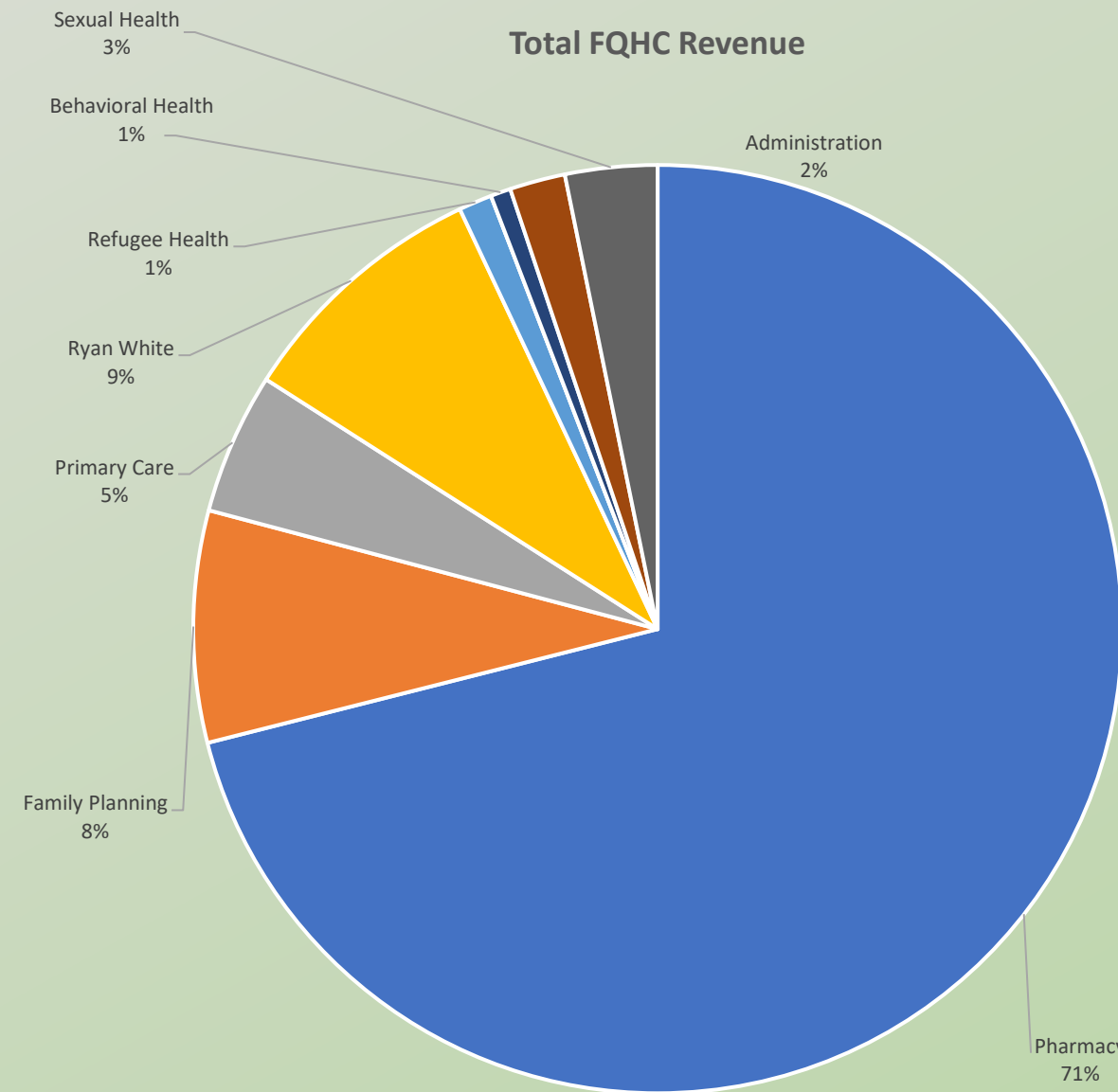
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NOTES:

- 1) GRANT REVENUE AND PERSONNEL BUDGETS WILL BE ALIGNED TO EXPECTATIONS DURING AUGMENTATION.
- 2) CAPITAL EXPENSES FOR PURCHASE OF SURGICAL EQUIPMENT, SOFTWARE LICENSES, AND NEW PERMANENT SIGN.
- 3) SIGNIFICANT BUDGETED CONTRACTS EXPENSES NOT REQUIRED AS OF MARCH 2024.

# Revenues and Expenses by Department





# Revenue by Department

Department	Budget as of March	Actual as of March	Variance	%
<b>Charges for Services, Other, Wrap</b>				
Family Planning	349,494	206,262	(143,232)	-41%
Pharmacy	16,038,252	16,915,817	877,565	5%
Oral Health (Dental)	114,509	-	(114,509)	-100%
Primary Care	266,446	103,994	(162,452)	-61%
Ryan White	314,916	156,189	(158,727)	-50%
Refugee Health	97,763	97,600	(163)	0%
Behavioral Health	106,007	92,006	(14,001)	-13%
Administration	375,000	460,843	85,843	23%
Sexual Health	1,210,354	725,852	(484,502)	-40%
<b>OPERATING REVENUE</b>	<b>18,872,740</b>	<b>18,758,563</b>	<b>(114,177)</b>	<b>-1%</b>
<b>Grants</b>				
Family Planning	1,496,357	1,633,290	136,933	9%
Pharmacy	-	968	968	0%
Oral Health (Dental)	-	-	-	0%
Primary Care	3,986,389	1,242,293	(2,744,096)	-69%
Ryan White	2,071,103	1,901,145	(169,958)	-8%
Refugee Health	303,280	151,043	(152,237)	-50%
Behavioral Health	-	49,044	49,044	0%
Sexual Health	28,531	44,432	15,901	56%
<b>SPECIAL REVENUE</b>	<b>7,885,660</b>	<b>5,022,215</b>	<b>(2,863,445)</b>	<b>-36%</b>
<b>TOTAL REVENUE</b>	<b>26,758,400</b>	<b>23,780,778</b>	<b>(2,977,622)</b>	<b>-11%</b>

NOTES:

- 1) ADDITIONAL 459K IN REVENUE RECEIVED FROM PRIOR YEAR'S ACTIVITY DUE TO VENDOR TRUE-UP FROM EFFECTIVE RATE CONTRACT.
- 2) SERVICES NOT YET OPERATIONAL IN MARCH 2024 (ANTICIPATING GO-LIVE IN Q4 FY25).
- 3) APPROVED SHC BUDGET ESTABLISHED PRIOR TO CONSOLIDATION IN JULY 2023. UPDATING EXPECTATIONS FOR FY24 AND FY25.
- 4) NO BUDGETED GRANT ACTIVITY FOR FY 2024.
- 5) GRANT REVENUE AND PERSONNEL BUDGETS WILL BE ALIGNED TO EXPECTATIONS DURING AUGMENTATION.
- 6) CAPACITY RESERVED BUT ENCOUNTERS LIMITED BY COMMUNITY PARTNERSHIP ELIGIBLE REFERRALS.



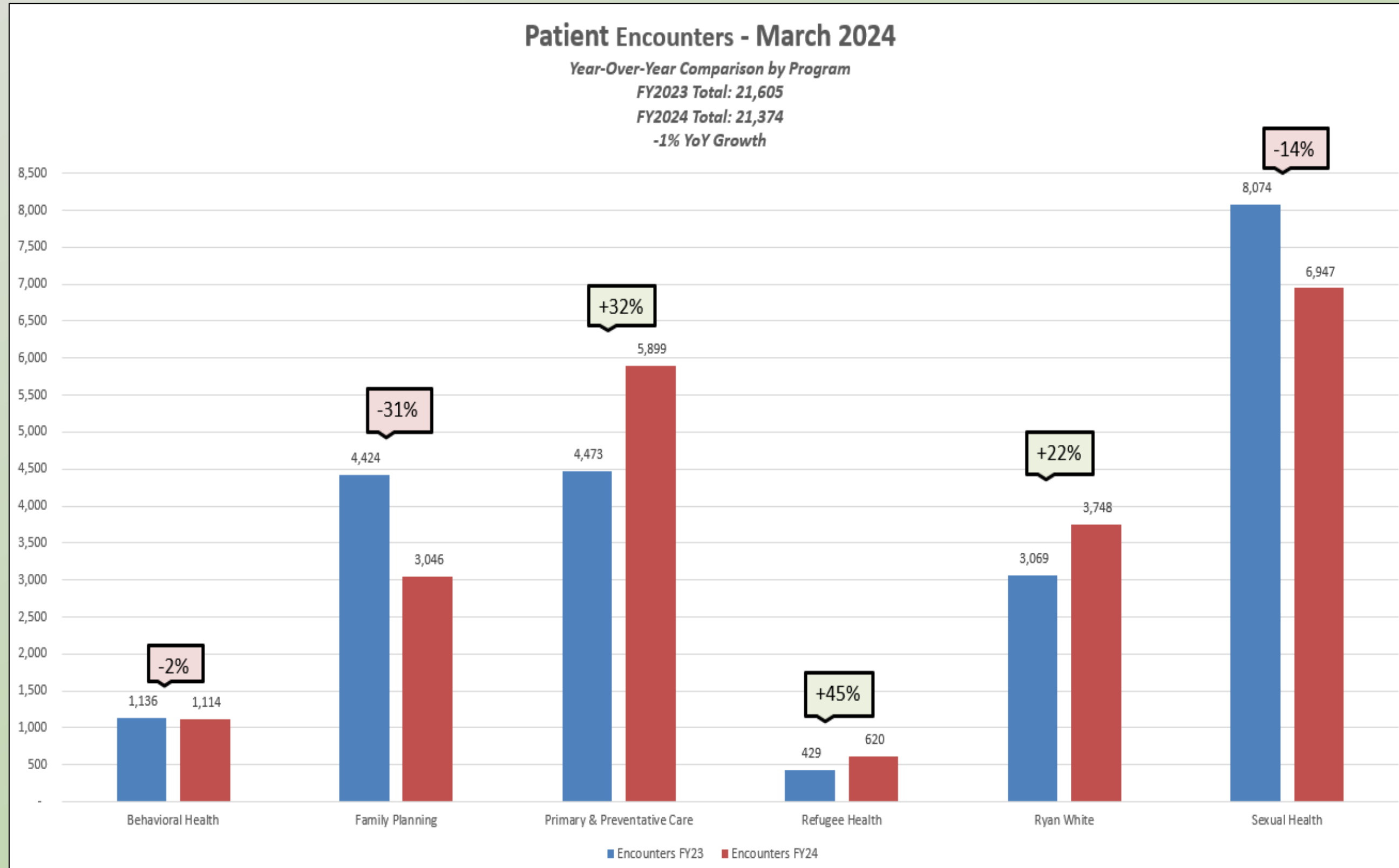
# Expenses by Department

Department	Budget as of March	Actual as of March	Variance	%
<b>Employment (Salaries, Taxes, Fringe)</b>				
Family Planning	1,309,276	1,256,788	(52,487)	-4%
Pharmacy	281,123	260,731	(20,391)	-7%
Oral Health (Dental)	-	-	-	0%
Primary Care	3,547,732	3,180,491	(367,241)	-10%
Ryan White	2,147,439	2,061,160	(86,279)	-4%
Refugee Health	219,635	211,538	(8,098)	-4%
Behavioral Health	40,593	95,150	54,558	134%
Administration	70,711	75,353	4,642	7%
Sexual Health	1,828,875	1,660,570	(168,305)	-9%
<b>Total Personnel Costs</b>	<b>9,445,384</b>	<b>8,801,782</b>	<b>(643,602)</b>	<b>-7%</b>
<b>Other (Supplies, Contractual, Capital, etc.)</b>				
Family Planning	363,610	477,369	113,759	31%
Pharmacy	13,266,552	13,744,316	477,764	4%
Oral Health (Dental)	41,408	-	(41,408)	-100%
Primary Care	1,584,264	391,295	(1,192,969)	-75%
Ryan White	214,742	292,692	77,950	36%
Refugee Health	130,998	75,704	(55,294)	-42%
Behavioral Health	9,450	814	(8,636)	-91%
Administration	60,777	35,056	(25,721)	-42%
Sexual Health	203,218	198,660	(4,558)	-2%
<b>Total Other Expenses</b>	<b>15,875,019</b>	<b>15,215,905</b>	<b>(659,114)</b>	<b>-4%</b>
<b>Total Operating Expenses</b>	<b>25,320,403</b>	<b>24,017,687</b>	<b>(1,302,716)</b>	<b>-5%</b>
Indirect Costs/Cost Allocations	3,937,767	3,228,794	(708,973)	-18%
Transfers IN	(401,131)	(569,354)	(168,222)	42%
Transfers OUT	401,837	569,354	167,517	42%
<b>Total Transfers &amp; Allocations</b>	<b>3,938,473</b>	<b>3,228,794</b>	<b>(709,679)</b>	<b>-18%</b>
<b>TOTAL EXPENSES</b>	<b>29,258,876</b>	<b>27,246,481</b>	<b>(2,012,395)</b>	<b>-7%</b>

NOTES:

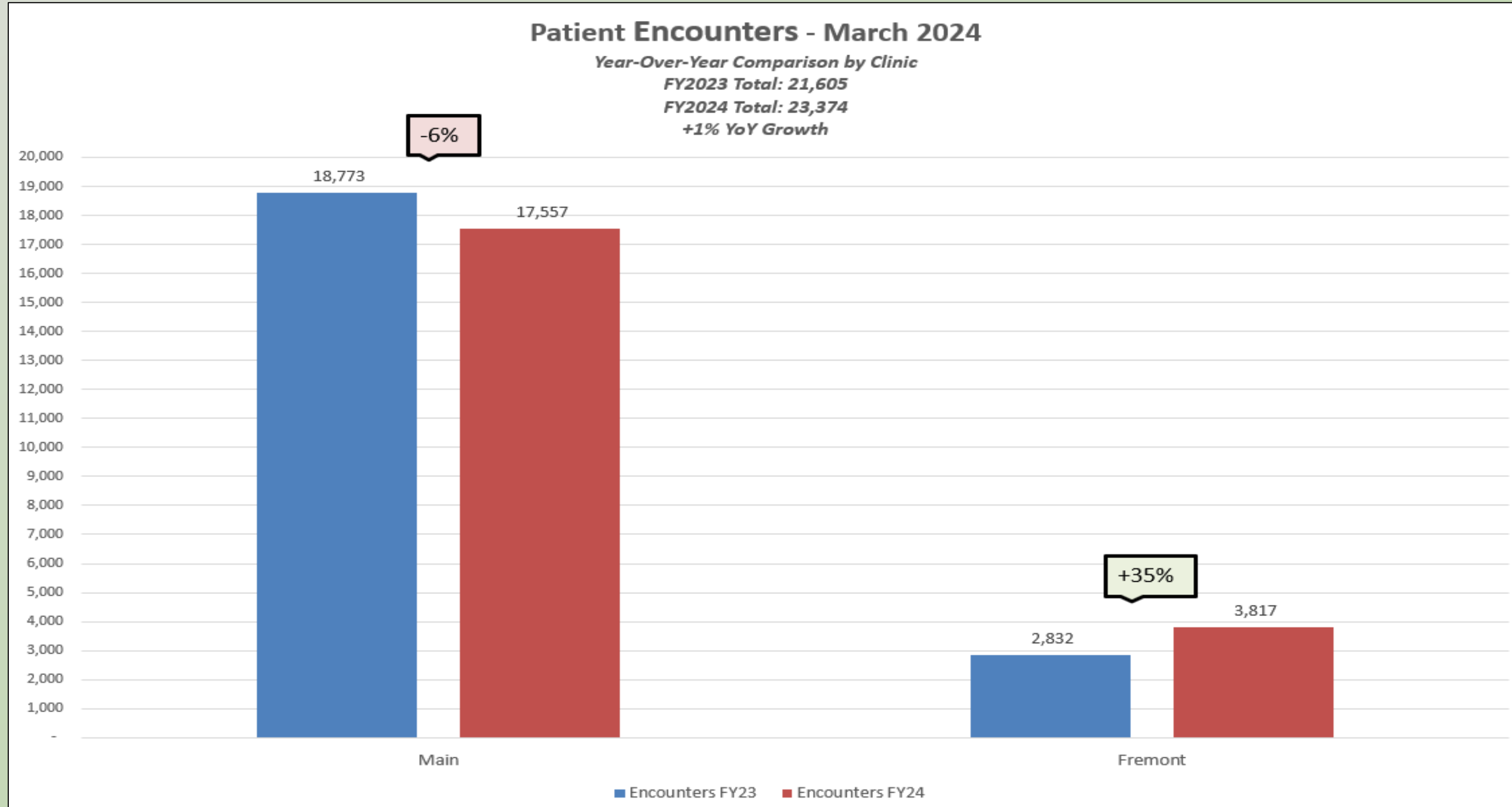
- 1) SERVICES NOT YET OPERATIONAL IN MARCH 2024.
- 2) BUDGET FOR GRANT-FUNDED EXPENSES WILL BE INCREASED IN AUGMENTATION.
- 3) SIGNIFICANT BUDGETED CONTRACTS EXPENSES NOT REQUIRED AS OF MARCH 2024.

# Patients Encounters by Department



NOTE: PATIENT ENCOUNTERS INCLUDE VISITS PROVIDED BY LICENSED INDEPENDENT PRACTITIONERS (LIPS) AND NURSES. FY24 SEXUAL HEALTH CLINIC ENCOUNTERS DO NOT INCLUDE SELECT NURSE VISITS THAT ARE NOW PROVIDED IN THE PRIMARY AND PREVENTATIVE CARE DIVISION.

# Patients Encounters by Clinic



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

# Financial Report Categorization

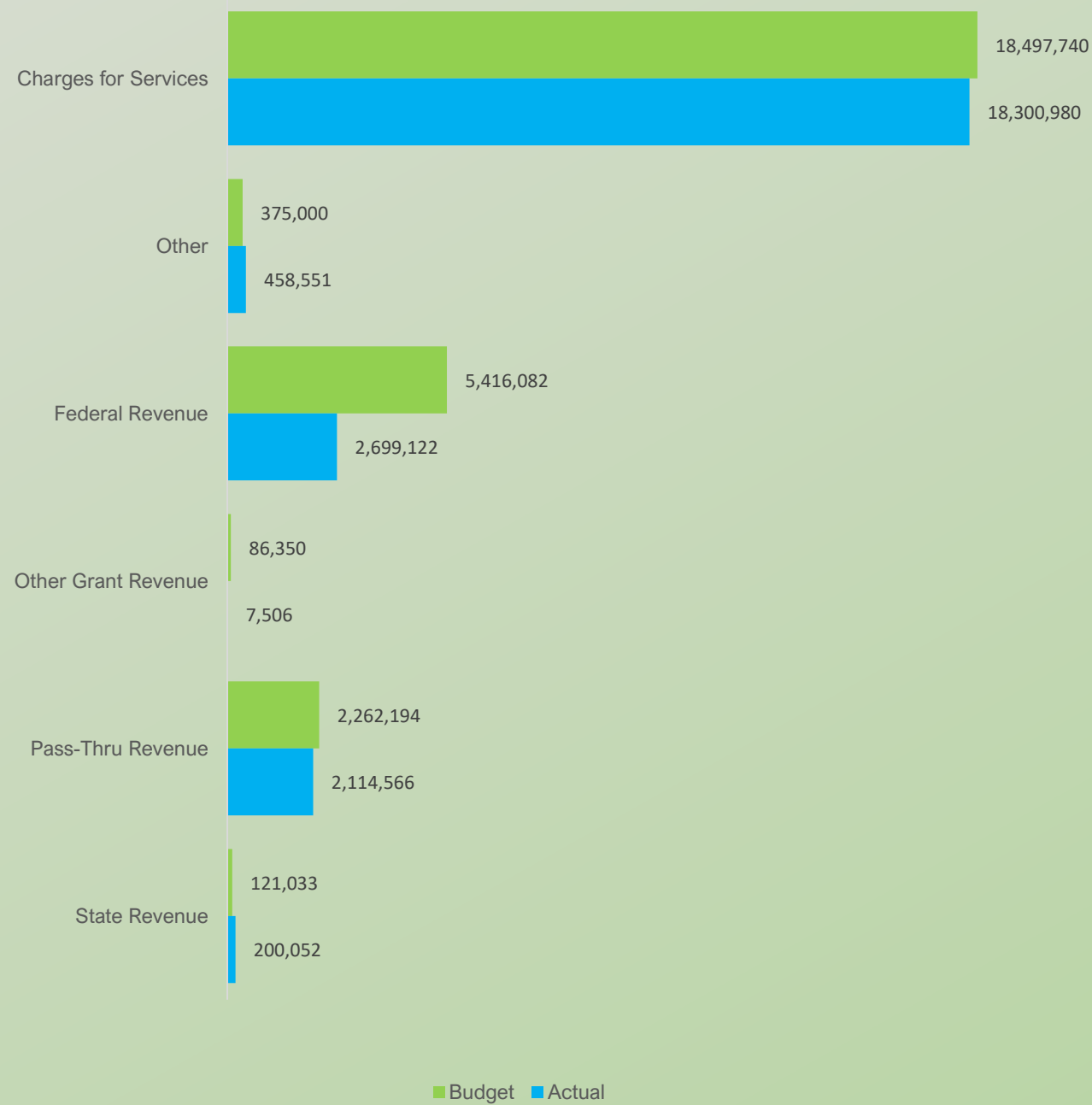
Statement Category – Revenue	Elements
Charges for Services	Fees received for medical services provided from patients, insurance companies, Medicare, and Medicaid.
Other	Medicaid MCO reimbursements (the wrap), administrative fees, and miscellaneous income (sale of fixed assets, payments on uncollectible 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.)

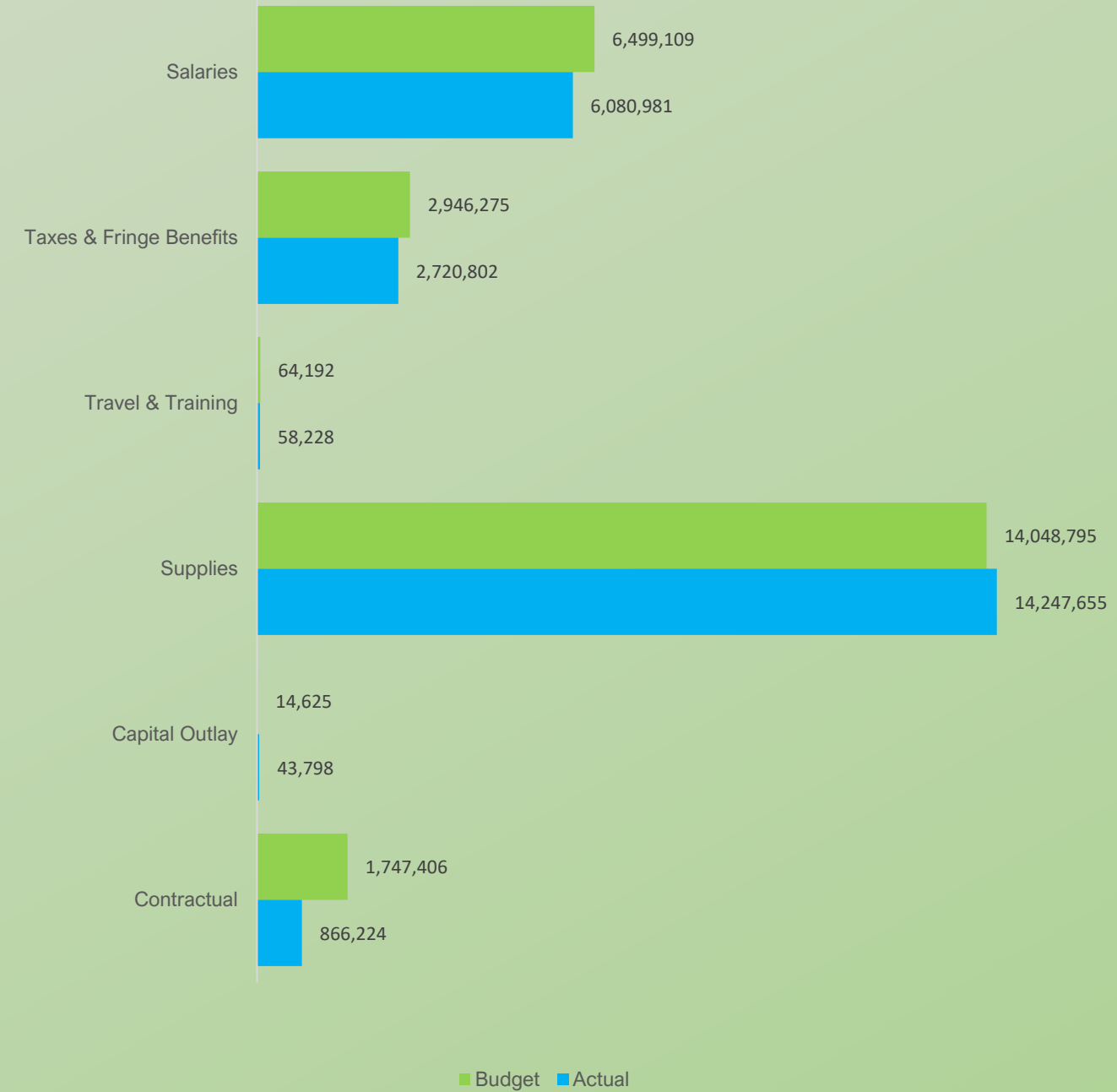
# Additional Information

# Revenues & Expenses

## FQHC Total Revenue by Type



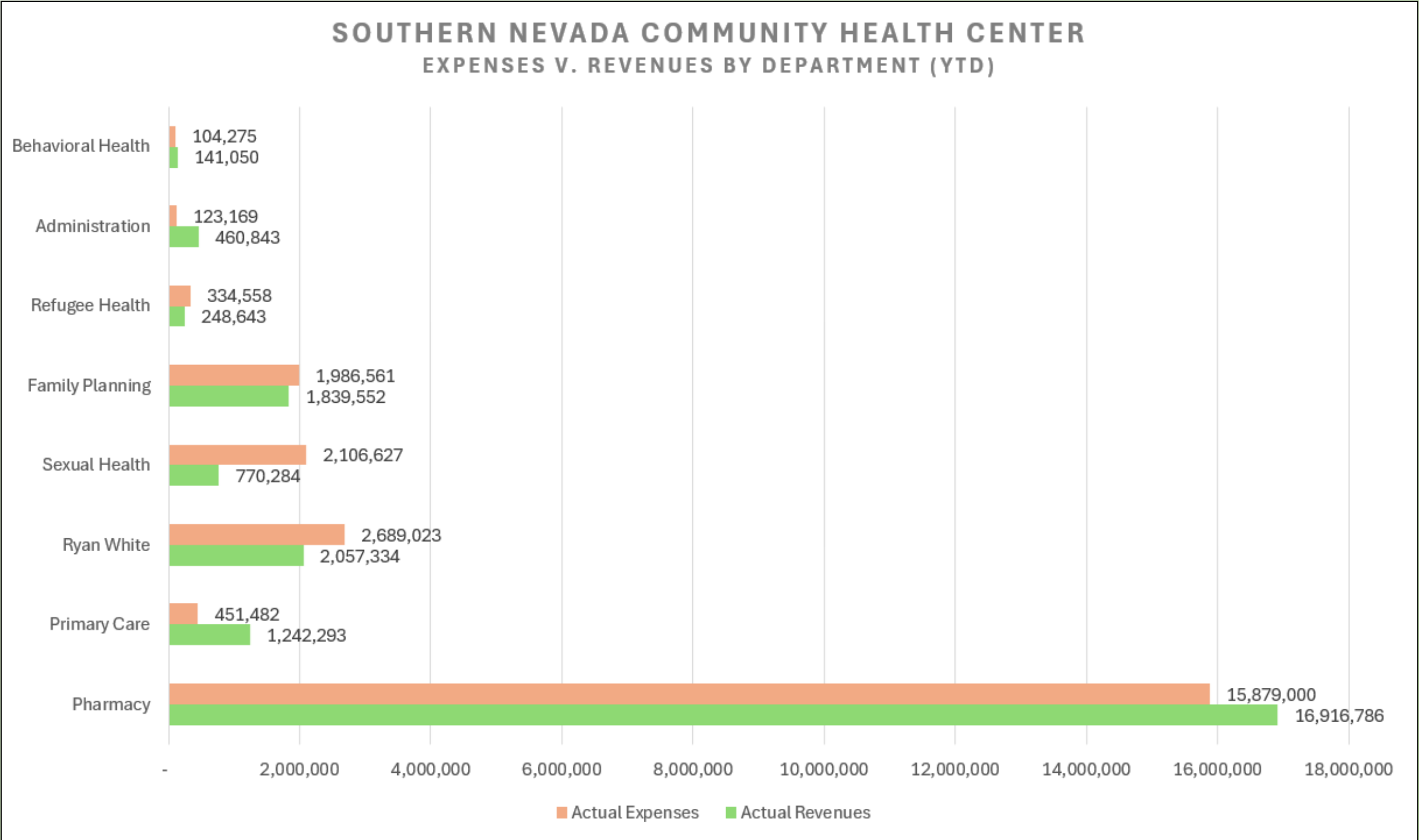
## FQHC Total Expense by Type



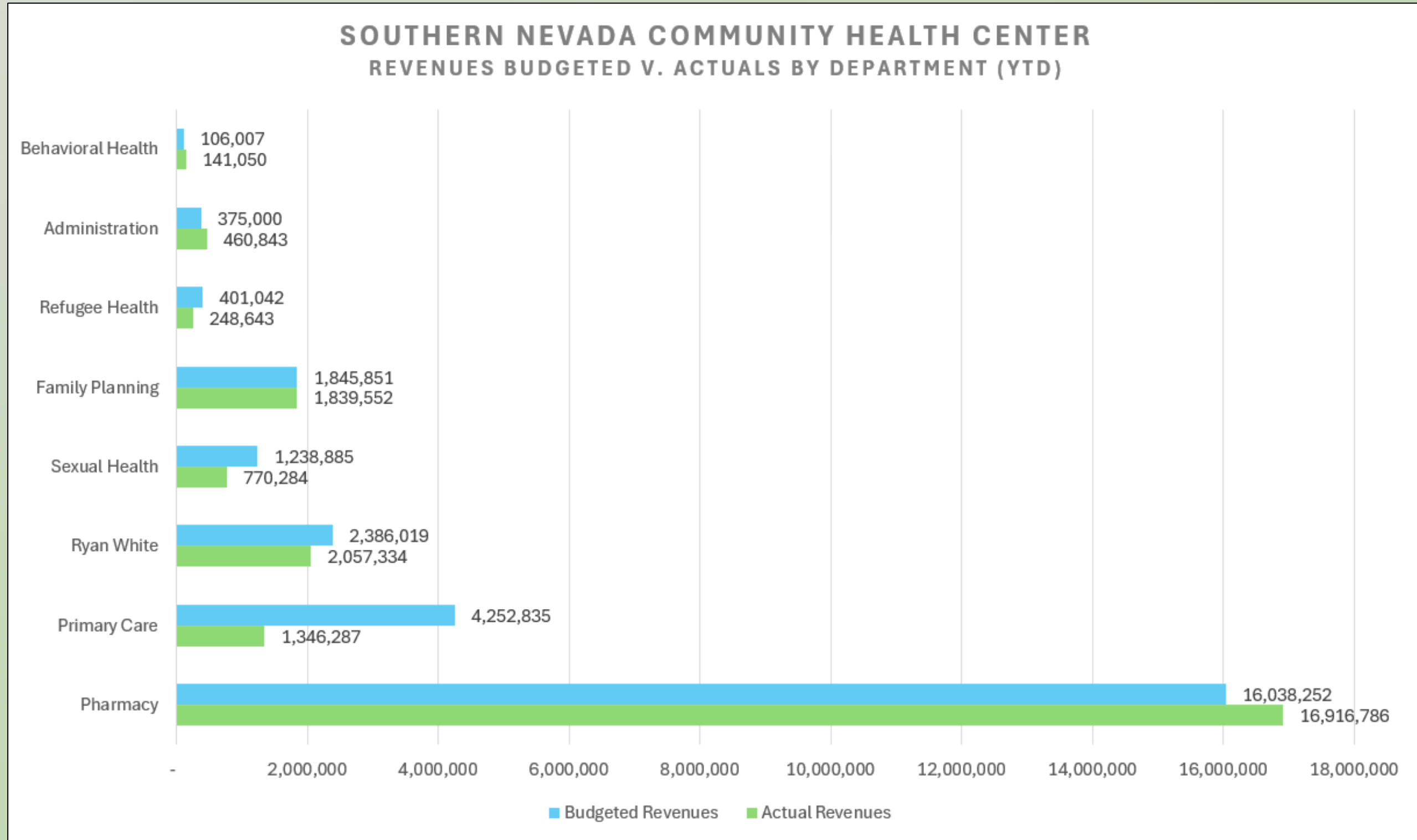


# Expenses v. Revenues by Department

## Year-to-Date

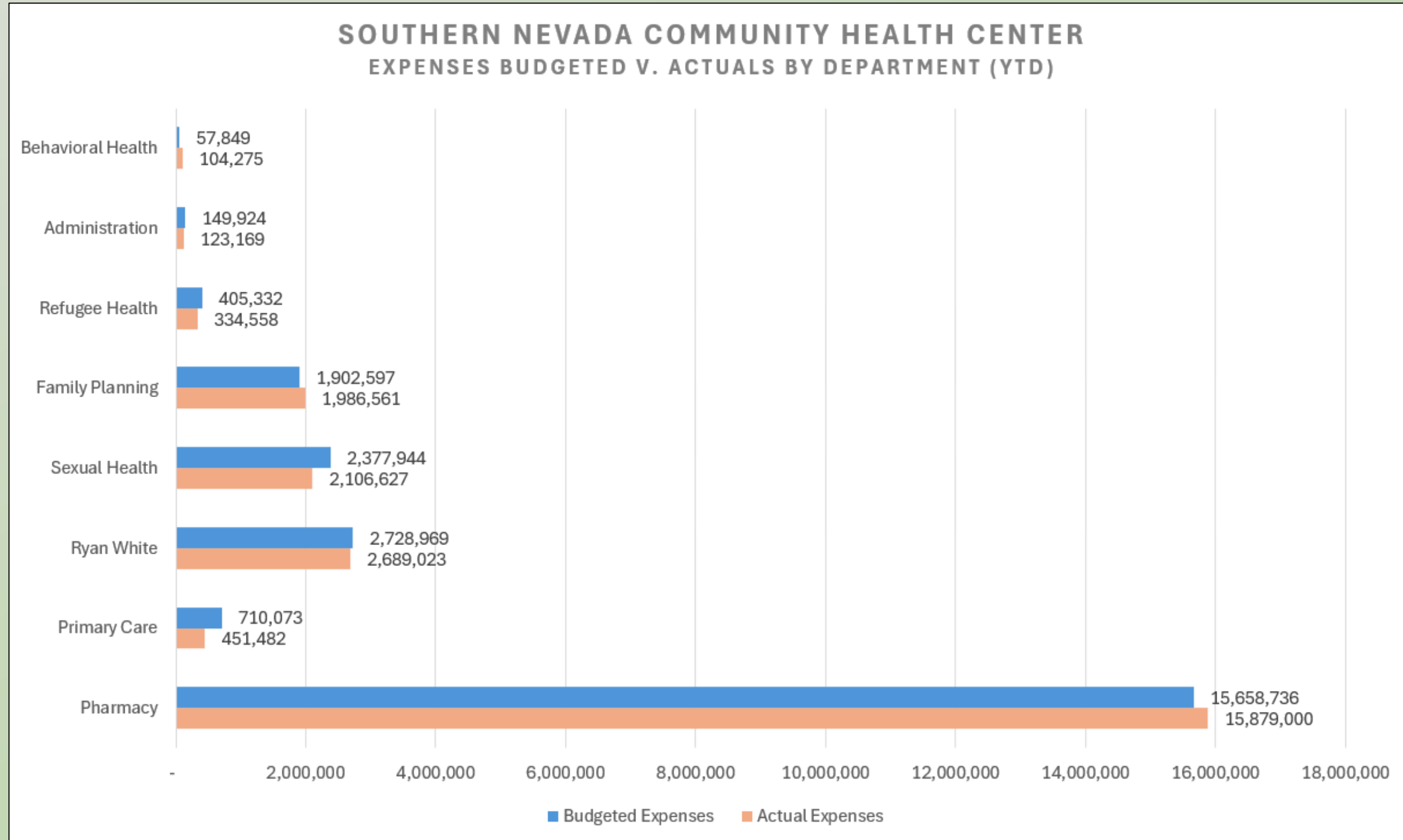


# Revenues Budgeted v. Actuals by Department Year-to-Date





# Expenses Budgeted v. Actuals by Department Year-to-Date





# Questions?

*Motion to accept the March  
2024 Year to Date Financial  
Report, as presented.*

# CY25 FTCA Redeeming Application

- Covers services included in the health center's HRSA approved scope of work (Form 5a) provided at the health center's approved locations (Form 5b).
- Redeeming application for continue covered for medical malpractice under the Federal Torts Claim Act (FTCA) for calendar year 2025.
- Application includes:
  - Quality Improvement and Assurance
    - Process Improvement
    - Annual Trainings – HIPPA, Infection Control, OB Care, other identified high-risk areas
    - Continuity of Care processes
  - Risk Management
    - Goals, Activities, and Reports
  - Credentialing and Privileging
  - Claims Management





# Motion

- ▶ *Motion to approve the Submittal of the FTCA Redeeming Application for CY25, as presented.*

# Grant Application for the Behavioral Health Services Expansion (HRSA-24-078 BHSE)

- Estimated Award Amount: \$1.1 Million
- Period of Performance: September 1<sup>st</sup>, 2024, through August 31<sup>st</sup>, 2026 (2 years)
- Potential for ongoing funding at the year two funding amount (\$500k)
- This grant will allow SNCHC to increase the number of patients receiving mental health and substance use disorder services (SUD). It will also allow for an increase in the number of patients receiving medications for opioid use disorder (MOUD).
- Funding will enable the Behavioral Health (BH) department to add new behavioral health providers and support staff. Space for this team is being constructed at Decatur and is anticipated to be available year end



# Motion

- ▶ *Motion to Approve the Submittal of the Grant Application for the Behavioral Health Services Expansion (HRSA-24-078 BHSE), as presented.*

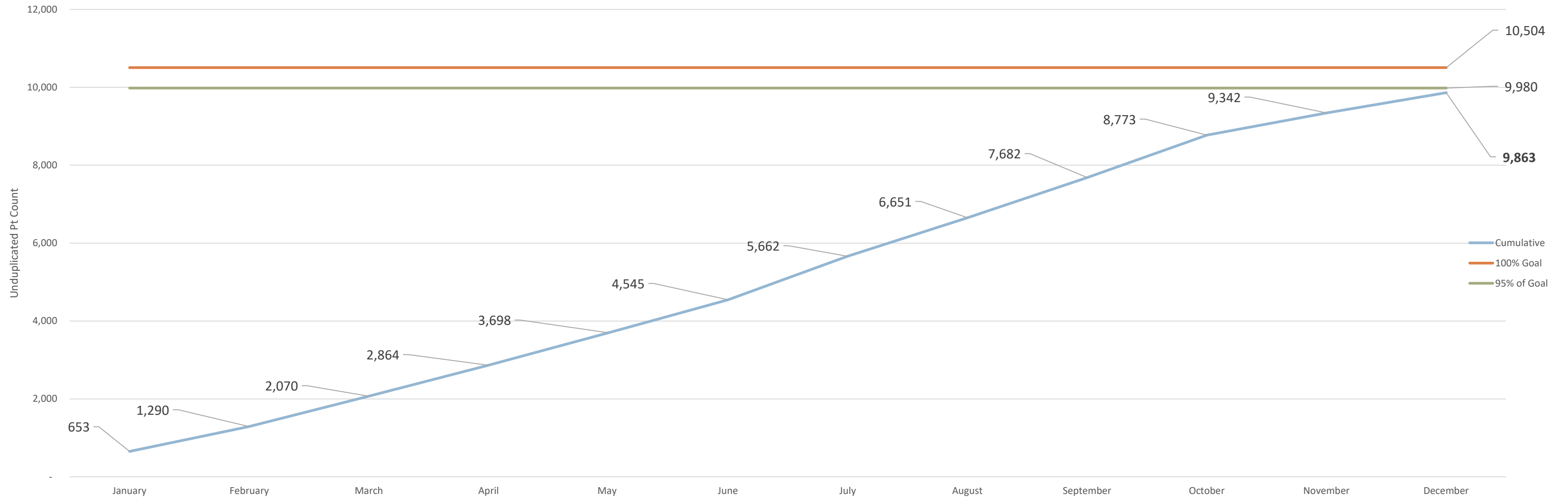
# 2023 UDS PATIENT DEMOGRAPHICS AND UPDATES FOR 2024



# 2023 UDS DATA

2023 Unduplicated Pt Count - Actual vs. Goal

**98.83% to threshold and 93.9% to goal**

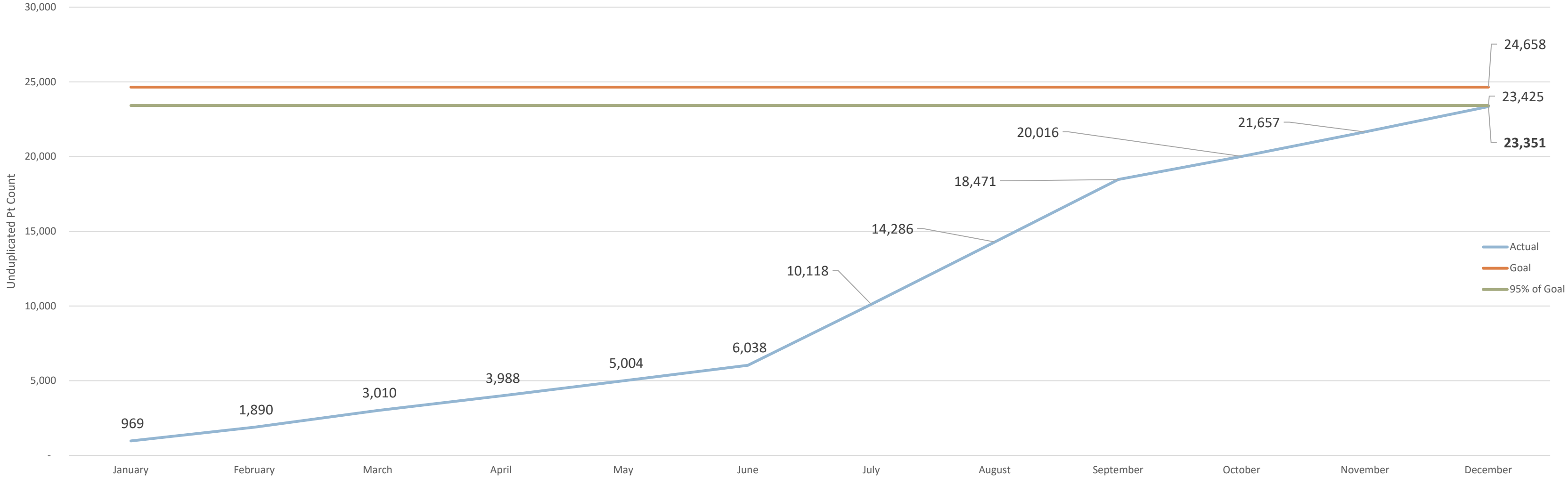




# 2023 UDS DATA

2023 Pt Visit Count - Actual vs. Goal

**99.68% to threshold and 94.7% to goal**



# 2023 UDS DEMOGRAPHIC BREAKDOWN

## Age and Sex at Birth

Age	Male	Female	Totals	% of Total Pt Population
Under Age 18	282	324	606	6.14%
Age 18-29	1,170	1,573	2,743	27.81%
Age 30-39	1,425	1,499	2,924	29.65%
Age 40-49	800	1,135	1,935	19.62%
Age 50-59	498	468	966	9.79%
Age 60-69	281	209	490	4.97%
Age 70-79	83	65	148	1.50%
Age 80+	19	32	51	0.52%
Totals	4,558	5,305	9,863	100%
% of Total Pt Population	46.21%	53.79%	100%	

# 2023 UDS DEMOGRAPHIC BREAKDOWN

## Race and Ethnicity

Race	Ethnicity - Hispanic	Ethnicity - Not Hispanic	Totals	% of Total Pt Population
Asian	24	435	459	4.65%
Native Hawaiian or Other Pacific Islander	106	60	166	1.68%
Black/African American	153	1,696	1,849	18.75%
American Indian/Alaska Native	20	50	70	0.71%
White	3,752	531	4,283	43.42%
More than one Race	43	89	132	1.34%
Unreported/Chose not to disclose	2,159	745	2,904	29.44%
<b>Totals</b>	<b>6,257</b>	<b>3,606</b>	<b>9,863</b>	<b>100%</b>
<b>% Total of Pt Population</b>	<b>63.44%</b>	<b>36.56%</b>		

# 2023 UDS DEMOGRAPHIC BREAKDOWN

## Sexual Orientation

Documented Sexual Orientation	Totals	% of Total Pt Population
Lesbian or Gay	1,168	11.84%
Heterosexual (or straight)	5,348	54.22%
Bisexual	542	5.5%
Other	43	0.44%
Don't know	123	1.25%
Chose not to disclose	593	6.01%
Unknown	2,046	20.74%
Totals	9,863	100%
% of Total Pt Population	100%	

# 2023 UDS DEMOGRAPHIC BREAKDOWN

## Gender Identity

Documented Gender Identity	Totals	% of Total Pt Population
Male	3,460	35.08%
Female	4,326	43.86%
Transgender Man/Transgender Male/Transmasculine	5	0.05%
Transgender Woman/Transgender Female/Transfeminine	43	0.44%
Other	15	0.15%
Chose not to disclose	0	0%
Unknown	2,014	20.42%
Totals	9,863	100%
% of Total Pt Population	100%	

# 2023 UDS DEMOGRAPHIC BREAKDOWN

## Income as % of Poverty Guideline

Documented Gender Identity	Totals	% of Total Pt Population
100% and below	5,639	57.17%
101-150%	1,292	13.10%
151-200%	462	4.68%
Over 200%	858	8.7%
Unknown	1,612	16.34%
<b>Totals</b>	<b>9,863</b>	<b>100%</b>
<b>% of Total Pt Population</b>	<b>100%</b>	

# 2024 UDS DEMOGRAPHIC UPDATE

Race and Ethnicity includes Nationality beginning 2024

## ❖ Ethnicity

- Hispanic, Latino/a, or Spanish Origin
  - Mexican/Mexican American/Chicano/a, Puerto Rican, Cuban, Another Hispanic, Latino/a, or Spanish Origin
- Not Hispanic, Latino/a, or Spanish Origin

## ❖ Race

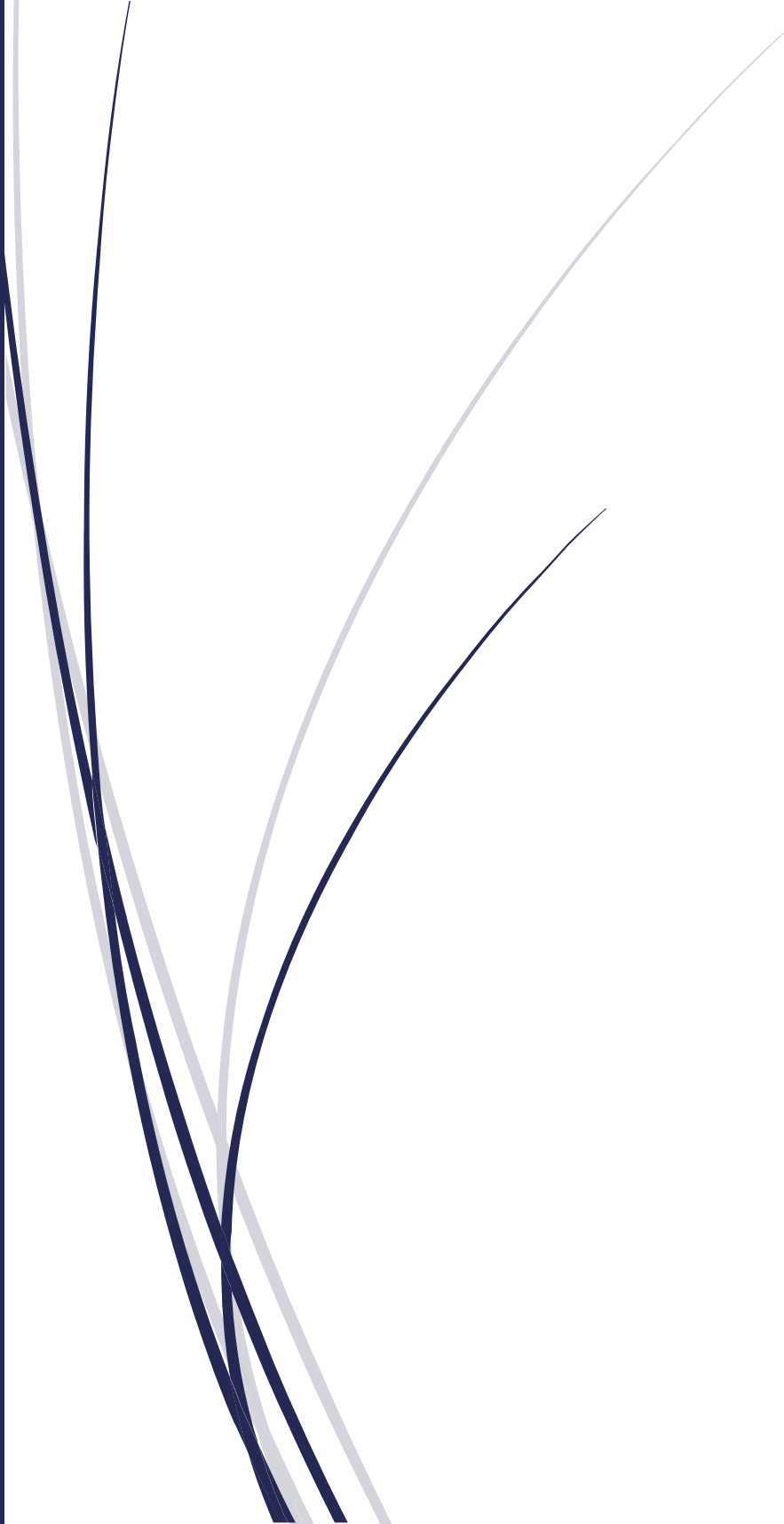
- Asian
  - Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian
- Native Hawaiian/Other Pacific Islander
  - Native Hawaiian, Other Pacific Islander, Guamanian or Chamorro, Samoan
- Black/African American
- American Indian/Alaska Native
- White
- More than one race







Question?





# 2023 UDS PATIENT ORIGIN REPORT



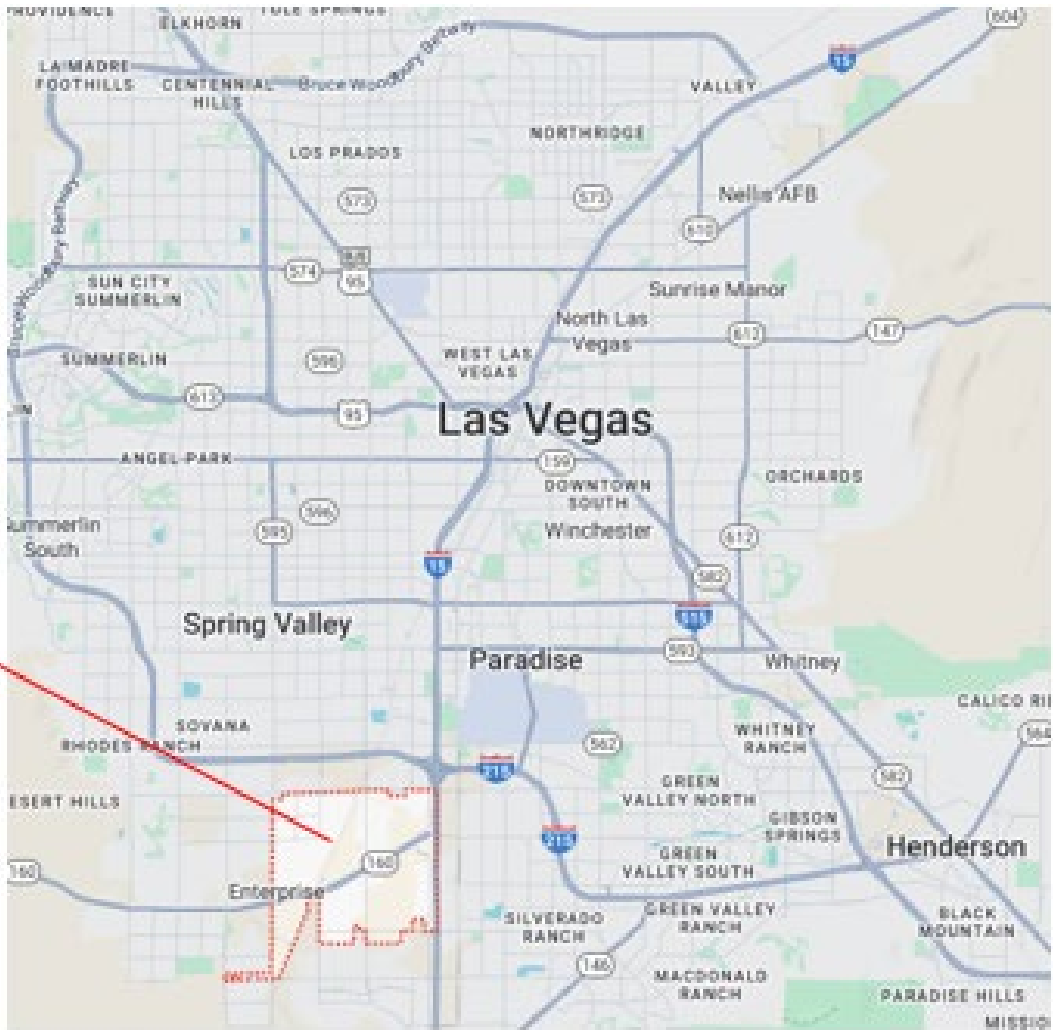
# CURRENT ZIP CODES IN SCOPE



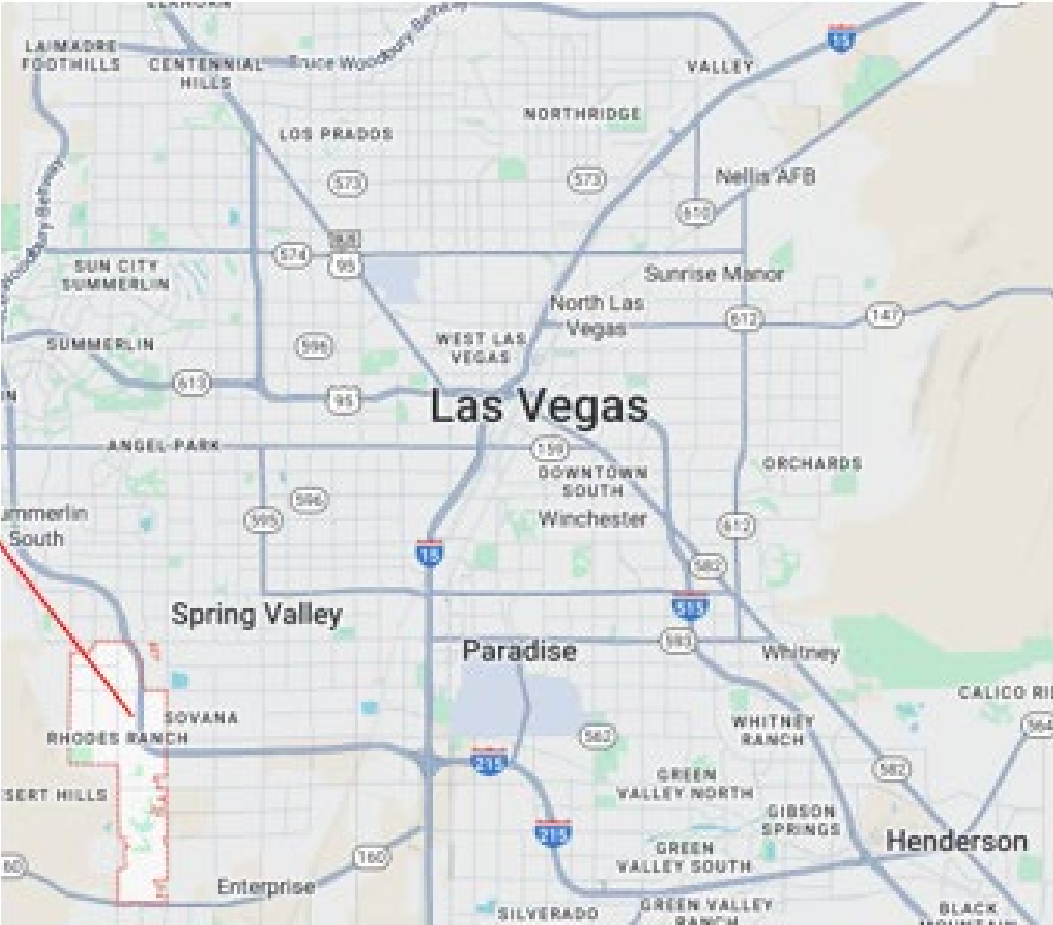
According to the Health Center Program Compliance Manual, Chapter 3: Needs Assessment, Demonstrating Compliance, a., **“The health center identifies and annually reviews its service area based on where current or proposed patient populations reside as documented by the ZIP codes reported on the health center’s Form 5B: Service Sites.** Also referred to as “catchment area” in the Health Center Program implementing regulation in 42 CFR 51c.102.

In addition, these service area ZIP codes are consistent with patient origin data reported by ZIP code in its annual Uniform Data System (UDS) report (for example, **the ZIP codes reported on the health center’s Form 5B: Service Sites would include the ZIP codes in which at least 75 percent of current health center patients reside, as identified in the most recent UDS report).**”

# ZIP CODE RECOMMENDATION BASED ON THE 2023 UDS REPORT



89139



89148

- To comply with HRSA’s regulation of including zip codes that comprise 75% of where current health center patients reside, (as identified in the most recent UDS report), **it is proposed that the Health Center add zip codes 89139, and 89148 to its scope. No zip codes are proposed to be removed.** According the 2023 UDS data report, the following zip codes are the zip codes that *now* make up the origin of **75.65%** of SNCHC’s patients, and shows how they should be added to SNCHC’s approved service sites:
- **Decatur** – 89031, 89032, 89102, 89103, 89106, 89107, 89108, 89117, 89119, 89128, **89139**, 89146, 89147, **89148**, & 89169
- **Fremont** – 89030, 89101, 89104, 89110, 89115, 89121, 89122, 89142, & 89156
- **ASEC** – 89030, 89031, 89032, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89115, 89117, 89119, 89121, 89122, 89128, **89139**, 89142, 89146, 89147, **89148**, 89156, & 89169
- **Mobile Unit** – 89030, 89031, 89032, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89115, 89117, 89119, 89121, 89122, 89128, **89139**, 89142, 89146, 89147, **89148**, 89156, & 89169





# Motion

- ▶ *Motion to Approve the Patient Origin Report and the Change in Scope request to HRSA to add zip codes 89139 and 89148 to existing catchment area, as presented.*

# RISK MANAGEMENT REPORTS





# CY2023 FINAL RISK MANAGEMENT REPORT

CY23 Goals	CY22 Baseline	CY23 Activities (What, Who, When)	CY23 Performance
# of Medication Errors			
<b>Goal #1:</b> Reduce medication errors to 0.	Seven (7) errors	<ul style="list-style-type: none"> <li>Implementation of the vaccine administration training and competency checklist, which is reviewed one by one during employee evaluation, and updated by the supervisor annually.</li> <li>Annual vaccine administration training every September organized and facilitated by the Vaccine Coordinator.</li> </ul>	Q1: 0 Q2: 1 Q3: 1 Q4: 1 CY23: 3 Result: <b>4 fewer in CY23 than in CY22</b>
# of Bluebird responses under 2 Minutes			
<b>Goal #2:</b> Reduce delayed response time for Dr. Bluebird events by 50% year over year.	5 bluebird incidents – 25% of which had a delayed response time at or longer than 2 minutes	<ul style="list-style-type: none"> <li>Clinical staff and Chief Nurse are working to revise the current policy for medical events, that will include training for staff responding to medical events. This is currently in process and should be ready for presentation in Q3.</li> <li>Inspect and verify the crash carts are labeled and stocked with supplies.</li> <li>Mapping of AEDs and provide biannual training for use of AEDs when BLS licenses are renewed.</li> </ul>	Q1: 7/7 < 2-minute response Q2: 6/6 < 2-minute response Q3: 6/6 < 2-minute response Q4: 5/6 < 2-minute response CY23: 24/25 < 2-minute response Result: <b>4% late responses in 2023 vs. 25% late responses in 2022</b>
# of Employee Injuries			
<b>Goal #3:</b> Reduce the number of physical safety findings by 5%.	12 findings and 17 recommendations made from a legal and liability institute, who performed a safety and security assessment in Sept of 2022 1 employee injury in 2022	<ul style="list-style-type: none"> <li>Director of Facilities and Security organized the train the trainer program for safety and security, and de-escalation, which will occur in Q3 of 2023.</li> <li>Working with a vendor to update internal and external camera coverage. This is currently in progress and should be complete by Q3.</li> <li>Director of Facilities and Security and the Safety Officer will organize a way to monitor safety and security on a regular basis by Q3.</li> </ul>	Q1: 1 Q2: 0 Q3: 1 Q4: 0 CY23: 2 Result: <b>2 employee injuries in CY23 vs. 1 in CY22</b>
# of Incident Reports Completed			
<b>Goal #4:</b> Improve the reporting of actual or potential incidents.	15 total incidents reported in CY22	<ul style="list-style-type: none"> <li>FQHC Operations Officer to review and revised as needed the current Incident Reporting policy and procedure. – June 2023</li> <li>FQHC Quality Improvement Coordinator to review and revise as needed the current Incident Reporting form. – June 2023</li> <li>FQHC Operations Officer to facilitate the completion of division-wide training on the current/revised Incident Reporting policy, procedure, and form. – July 2023</li> </ul>	Q1: 16 Q2: 9 Q3: 18 Q4: 22 CY23: 65 Result: <b>65 incident reports submitted in CY23 vs 15 incident reports in CY22 333% increase in reporting</b>

# KEY TAKE AWAYS FOR CY23

- Reporting
  - Format – Need for improved capturing of milestones & completion dates
  - Communication – Need for improved reporting consistency (cadence) Board and Staff
  
- Goal Setting
  - Aligning with FTCA program (e.g., Annual Training Plan)
  - Goal #3 modification (focus too narrow)
  
- Risk Management Program Implementation
  - Continued development of key features, including:
    - Risk Manager role – FQHC Administrative Manager
    - Risk Management and Quality Improvement Plans
    - Annual Risk Management Goal Setting and Reporting
    - Annual Training Plan
    - Risk Event Reporting



# Motion

- ▶ *Motion to Approve the Final Risk Management Report for CY23, as presented.*



# CY24 RISK MANAGEMENT GOALS AND ACTIVITIES

CY24 Goals	Baseline	CY24 Activities (What, Who, When)	CY24 Performance
# of Medication Errors			
<b>Goal #1:</b> Reduce medication errors to 0.	CY22 – 7 errors CY23 – 3 errors	<ul style="list-style-type: none"> <li>Utilization of the vaccine administration training and competency checklist, which is reviewed one by one during employee evaluation, and updated by the supervisor annually.</li> <li>Completion of the annual vaccine administration training every September organized and facilitated by the Vaccine Coordinator.</li> </ul>	Q1: Q2: Q3: Q4: CY24:
# of Bluebird responses under 2 Minutes			
<b>Goal #2:</b> Reduce delayed response time for Dr. Bluebird events by 50% year over year.	CY22 – 25% of bluebird incidents w/response time at or longer than 2 min CY23 – 4% bluebird incidents w/response time at or longer than 2 min	<ul style="list-style-type: none"> <li>Continued engagement between clinical staff and the Chief Nurse to optimize the current policy for medical events, that will include regular training for staff responding to medical events</li> <li>Continue routine inspections of the inventory of the crash carts and maintain appropriate supplies.</li> <li>Continue the mapping of AEDs and provide biannual training for use of AEDs when BLS licenses are renewed.</li> </ul>	Q1: Q2: Q3: Q4: CY24:
# of Employee Injuries			
<b>Goal #3:</b> Reduce the number of employee injuries to 0.	1 employee injury in 2022 2 employee injuries in 2023	<ul style="list-style-type: none"> <li>Design an overview of the employee safety programs and policies for inclusion in the new employee onboarding process.</li> <li>Completion of the annual Safe Injections Practices and Bloodborne Pathogens trainings for clinical staff</li> <li>Continued engagement with the SNHD’s Safety Officer as well as the Facilities and Security teams to jointly monitor areas of safety and security.</li> </ul>	Q1: Q2: Q3: Q4: CY24:
# of Incident Reports Completed			
<b>Goal #4:</b> Improve the reporting of actual or potential incidents.	15 total incidents reported in CY22 65 total incidents reported in CY23	<ul style="list-style-type: none"> <li>The FQHC Administrative Manager will provide regular trainings to staff on the Incident Reporting process and related forms.</li> <li>The FQHC Administrative Manager will work with the health center’s management team and internal partners to ensure Incident Reports are being routinely completed and sent to the Risk Manager.</li> <li>FQHC Administrative Manager will keep statistics of types of incidents being reported, severity of incidents, and the number of incidents.</li> <li>The FQHC Administrative Manager will review incident reporting data quarterly with the Board via Quality, Risk Management, and Credentialing Committee and Governing Board reports.</li> </ul>	Q1: Q2: Q3: Q4: CY24:

# PROPOSED ADDITIONAL GOAL

## FTCA New and Modified Requirements: 2024

### Review of Risk Management Systems

**Question 3(A):** Health centers attest that they have developed and implemented an annual health care risk management training plan based on identified areas/activities of highest clinical risk. The training plan, at minimum, incorporates **obstetrics procedures if the health center provides clinical services to any of the following individuals (even if they do not provide labor and delivery services):**

- Prenatal patients
- Postpartum patients
- Patients who are of reproductive age

### UDS 2023 – Table 6B error

Zero prenatal care patients by age on Table 6B. Health centers are required to report any patients that they provide prenatal care to, even if that care is only by referral.

### ADDITIONAL GOAL #5 for CY24: **Improve the capture of UDS required Prenatal clinical data.**

- Entry into Prenatal care (closes the loop on referrals)
- Weight at birth (assesses medical home status)

Both above are FQHC Clinical Performance measures



# Motion

- ▶ *Motion to Approve the CY24 Risk Management Goals and Activities, as presented.*

# CY24 Q1 RISK MANAGEMENT REPORT

CY24 Goals	Baseline	CY24 Activities (What, Who, When)	CY24 Performance
# of Medication Errors			
<b>Goal #1:</b> Reduce medication errors to 0.	CY22 – 7 errors CY23 – 3 errors	<ul style="list-style-type: none"> <li>Utilization of the vaccine administration training and competency checklist, which is reviewed one by one during employee evaluation, and updated by the supervisor annually.</li> <li>Completion of the annual vaccine administration training every September organized and facilitated by the Vaccine Coordinator.</li> </ul>	Q1: 0 Q2: Q3: Q4: CY24: Result: <b>0 Med errors</b> in CY24 compared to 3 Med errors in CY23
# of Bluebird responses under 2 Minutes			
<b>Goal #2:</b> Reduce delayed response time for Dr. Bluebird events by 50% year over year.	CY22 – 25% of bluebird incidents w/response time at or longer than 2 min CY23 – 4% bluebird incidents w/response time at or longer than 2 min	<ul style="list-style-type: none"> <li>Continued engagement between clinical staff and the Chief Nurse to optimize the current policy for medical events, that will include regular training for staff responding to medical events</li> <li>Continue routine inspections of the inventory of the crash carts and maintain appropriate supplies.</li> <li>Continue the mapping of AEDs and provide biannual training for use of AEDs when BLS licenses are renewed.</li> </ul>	Q1: 3/3 response time under 2 min Q2: Q3: Q4: CY24: Result: <b>100% &lt; 2 minute response</b> in CY24 compared to 96% < 2 minute response in CY23
# of Employee Injuries			
<b>Goal #3:</b> Reduce the number of employee injuries to 0.	1 employee injury in 2022 2 employee injuries in 2023	<ul style="list-style-type: none"> <li>Design an overview of the employee safety programs and policies for inclusion in the new employee onboarding process.</li> <li>Completion of the annual Safe Injections Practices and Bloodborne Pathogens trainings for clinical staff</li> <li>Continued engagement with the SNHD's Safety Officer as well as the Facilities and Security teams to jointly monitor areas of safety and security.</li> </ul>	Q1: 0 Q2: Q3: Q4: CY24: Result: <b>0 Employee injuries</b> in CY24 compared to 2 Employee injuries in CY23
# of Incident Reports Completed			
<b>Goal #4:</b> Improve the reporting of actual or potential incidents.	15 total incidents reported in CY22 65 total incidents reported in CY23	<ul style="list-style-type: none"> <li>The FQHC Administrative Manager will provide regular trainings to staff on the Incident Reporting process and related forms.</li> <li>The FQHC Administrative Manager will work with the health center's management team and internal partners to ensure Incident Reports are being routinely completed and sent to the Risk Manager.</li> <li>FQHC Administrative Manager will keep statistics of types of incidents being reported, severity of incidents, and the number of incidents.</li> <li>The FQHC Administrative Manager will review incident reporting data quarterly with the Board via Quality, Risk Management, and Credentialing Committee and Governing Board reports.</li> </ul>	Q1:15 Q2: Q3: Q4: CY24: Result: <b>15 incident reports submitted in CY24</b> compared to 65 incident reports submitted in CY23.

# ACTION STEPS FOR CY24

- Reporting
  - Format – Improve the capturing of milestones, completion dates, and trend data
  - Communication – Improve reporting consistency (cadence) Board and Staff
  
- Goal Setting
  - Obstetrics Goal: Obtain baseline and establish goal
  - Obstetrics Activities: Identify activities and assign
  
- Risk Management Program Implementation
  - Continued development of key features, including:
    - Risk Manager role – FQHC Administrative Manager
    - Risk Management and Quality Improvement Plans
    - Annual Risk Management Goal Setting and Reporting
    - Annual Training Plan
    - Risk Event Reporting



Questions?



AT THE SOUTHERN NEVADA HEALTH DISTRICT





# Health Insurance Portability and Accountability Act (HIPPA) Risk Assessment

# CY24 HIPAA Assessment Findings

## Findings/areas of highest risk identified:

1. Oral Communications – It was observed that no PHI was being discussed in areas where the public have access, however, the areas where MAs, CHNs, and Providers often coordinate care, is in an area where conversations COULD be overheard by a passing patient. Although behavior of staff is effectively mitigating this potential risk, this was still identified as a finding because the open areas in bullpens surrounding patient rooms does present a risk of PHI being overheard.
  - a. Ongoing observation is needed to ensure conversations continue to only occur confidentially either in patient rooms, or other designated areas where the public does not have access, whenever possible.

# CY24 HIPAA Assessment Findings

## Findings/areas of highest risk identified:

2. Protecting Confidentiality of Electronic PHI – There was one monitor observed at the Fremont location to be in a position such that passers-by could easily see the screen, although not clearly. The team member assigned to that workstation was asked if a privacy protector was available for their monitor. One was located and installed immediately. All other monitors in public areas were either positioned well or had privacy screens over the monitors. Although this finding was a high risk, it was mitigated immediately.
  - a. Ongoing observation is needed to ensure the computer screens remain protected.

# CY24 HIPAA Assessment Findings

## Findings/areas of highest risk identified:

3. Fax Machine Confidentiality of PHI/ Paper Confidentiality of PHI – There are some network printer/fax machines in clinic areas where patients may see documents being printed as they pass by. No documents were observed in the machines. Space is limited in some of these areas, which is why they have been placed where they are. Although there is not logistical space available to mitigate the logistics of this finding, the diligent practices of the team to not leave documents unattended, nor print materials unless being present to retrieve them immediately are mitigating the risk.
  - a. Ongoing observation is necessary to ensure the team's behaviors continue to mitigate this risk.

# CY24 HIPAA Assessment Action Plan

CY24 Goals	CY24 Activities (What, Who, When)	CY24 Performance
3 & 6 Month Follow Up		
<p><b>Goal #1:</b> Ongoing observation is needed to ensure conversations continue to only occur confidentially either in patient rooms, or other designated areas where the public does not have access, whenever possible.</p>	<ul style="list-style-type: none"> <li>• Operations Managers regularly walk through potential risk areas throughout the day with the intention of observing continued confidentiality in oral communication regarding PHI.</li> <li>• Operations Managers cover expectations and risks at huddles regularly.</li> <li>• Operations Managers identify and define areas for verbally discussing PHI, so communication only occurs away from other patients.</li> </ul>	<p>August 2024 – November 2024 -</p>
3 & 6 Month Follow Up		
<p><b>Goal #2:</b> Ongoing observation is needed to ensure the computer screens remain protected.</p>	<ul style="list-style-type: none"> <li>• Operations Managers regularly walk through potential risk areas throughout the day with the intention of observing continued confidentiality in use of electronic PHI.</li> <li>• Operations Managers cover expectations and risks at huddles regularly.</li> <li>• Operations Managers identify any computer screens that need a privacy cover and get it on order and installed through IT.</li> </ul>	<p>August 2024 – November 2024 -</p>
3 & 6 Month Follow Up		
<p><b>Goal #3:</b> Ongoing observation is necessary to ensure the team's behaviors continue to mitigate paper/fax risk.</p>	<ul style="list-style-type: none"> <li>• Operations Managers regularly walk through potential risk areas throughout the day with the intention of observing continued confidentiality in use of printers and fax machines regarding PHI.</li> <li>• Operations Managers cover expectations and risks at huddles regularly.</li> </ul>	<p>August 2024 – November 2024 -</p>



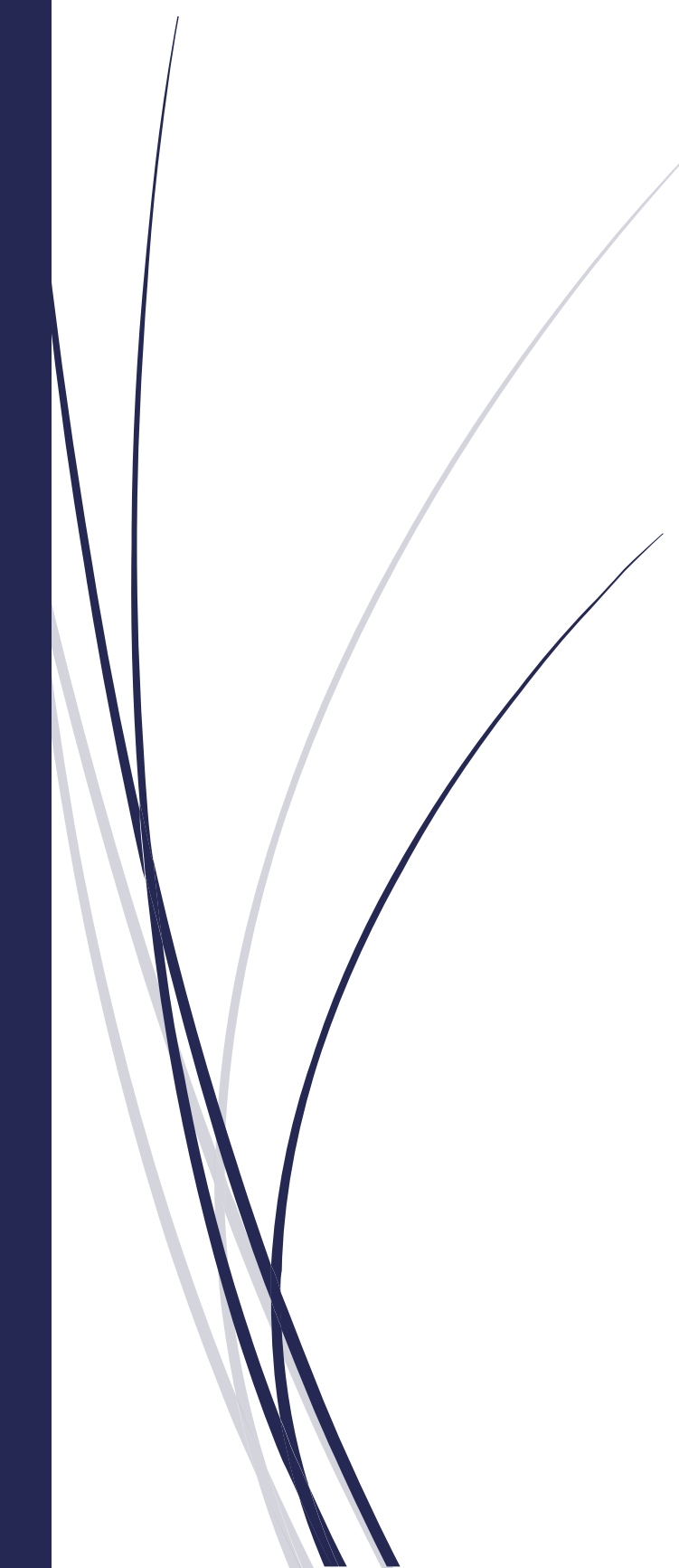
Questions?







# 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.

Thank You.



## MEMORANDUM

**Date:** May 21, 2024

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

**From:** Randy Smith, Chief Executive Officer, FQHC <sup>RS</sup>  
Fermin Leguen, MD, MPH, District Health Officer <sup>FL</sup>

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**Subject: Community Health Center FQHC Operations Officer Report – April 2024**

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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.

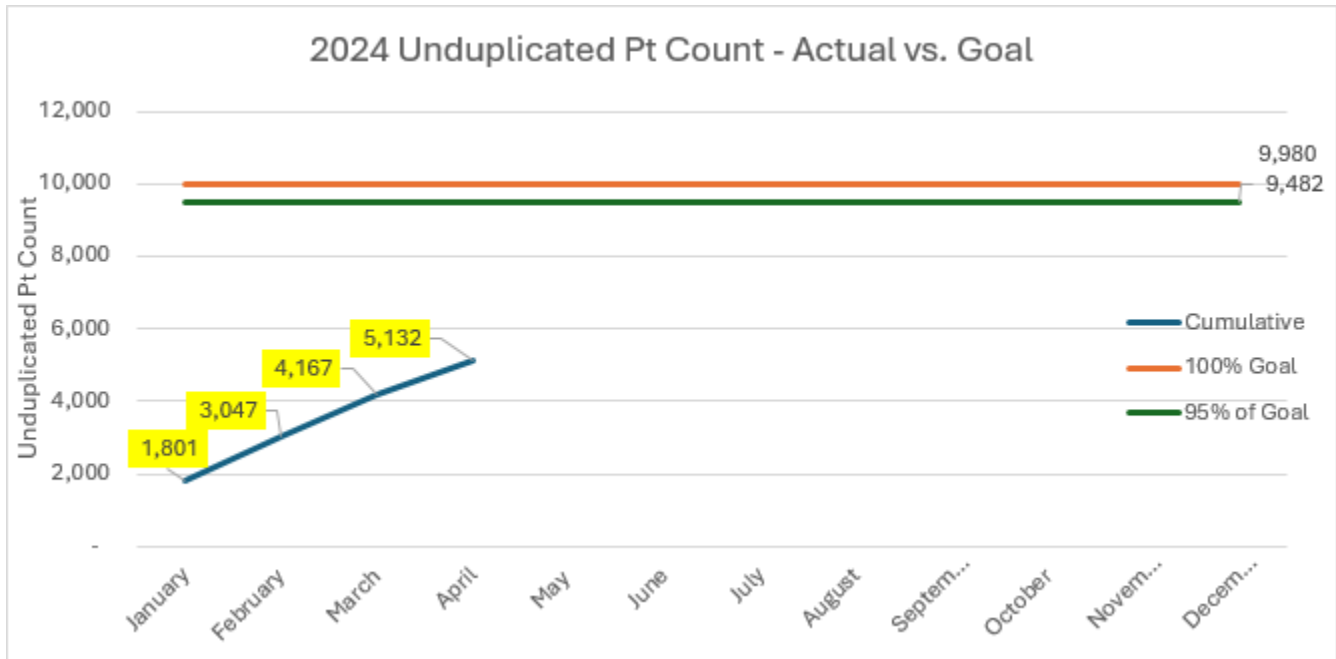
### April Highlights

#### Administrative

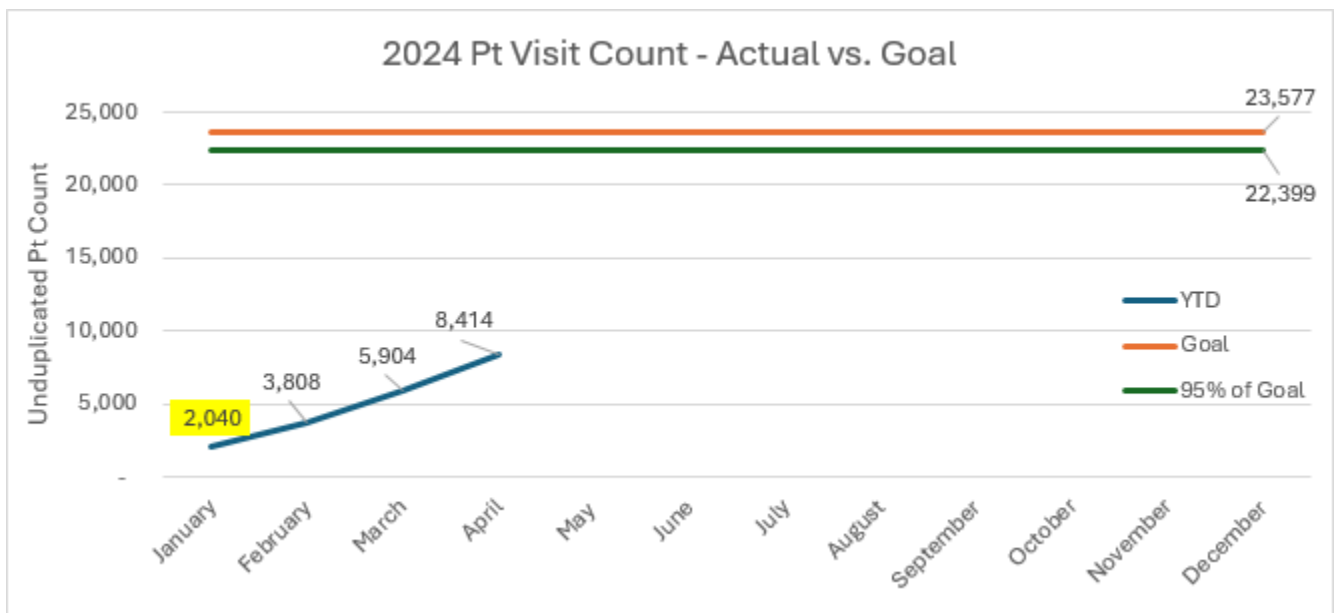
- Ryan White Part A program site visit completed, preliminary outcome: no findings.
- Federal Tort Claims Act (FTCA) redeeming application due June 24, 2024.
- HRSA Behavioral Health Expansion grant due June 26, 2024.
- Medical Director recruitment active. Two candidates completed 1<sup>st</sup> interviews.
- Additional access to Sexual Health and Behavioral Health services now available at the Fremont Public Health Center.
- SNCHC inaugural Employee Engagement Committee established in May 2024.
- Employee Recognitions:
  - Milestone Celebrations:
    - Eight employees celebrating 1 year.
    - Two employees celebrating 5 years.
  - On the Stop Awards
    - Four employees acknowledged.
  - Exemplary Service
    - Two employees acknowledged.
  - National Nursing Week celebrated at Decatur and Fremont the week of May 6<sup>th</sup>.

## Access

**Unduplicated Patients through April of 2024 - 51.42% to goal of 9980 unduplicated patients:**



**Patient Visits through April of 2024 – 35.69% to goal of 23,577 patient visits:**



**Provider Visits by Program and Site – April 2024**

Visits: 2,524

Unduplicated Patients: 1,760

New Patients: 690

		Visits					
Facility	Program	APR '24	APR '23	APR YoY %	FY24 YTD	FY23 YTD	FY YTD YoY%
DEC & FRE	Behavioral Health	234	105	55%	1,387	1,258	9%
DEC & FRE	Ryan White	259	181	30%	2,245	1,746	22%
Decatur	Family Health	628	221	65%	4,279	2,104	51%
Fremont	Family Health	329	189	43%	2,031	1,358	33%
<b>Total</b>	<b>Family Health</b>	<b>957</b>	<b>410</b>	<b>57%</b>	<b>6,310</b>	<b>3,462</b>	<b>45%</b>
Decatur	Family Planning	201	116	42%	1,481	2,248	-52%
Fremont	Family Planning	143	166	-16%	840	1,120	-33%
<b>Total</b>	<b>Family Planning</b>	<b>344</b>	<b>282</b>	<b>18%</b>	<b>2,321</b>	<b>3,368</b>	<b>-45%</b>
ASEC	Sexual Health	115	118	-3%	1,210	1,047	13%
DEC & FRE	Sexual Health	615	512	17%	5,802	5,744	1%
<b>Total</b>	<b>Sexual Health</b>	<b>730</b>	<b>630</b>	<b>14%</b>	<b>7,012</b>	<b>6,791</b>	<b>3%</b>
<b>Grand Total</b>		<b>2,524</b>	<b>1,608</b>	<b>36%</b>	<b>19,275</b>	<b>16,625</b>	<b>14%</b>

**Pharmacy Services**

	Apr-24	Apr-23		FY24	FY23		% Change YTD
<b>Client Encounters (Pharmacy)</b>	1,388	1,059	↑	13,450	11,496	↑	17.0%
<b>Prescriptions Filled</b>	2,249	1,496	↑	19,408	15,519	↑	25.1%
<b>Client Clinic Encounters (Pharmacist)</b>	56	48	↑	337	472	↓	-28.6%
<b>Financial Assistance Provided</b>	25	19	↑	180	97	↑	85.6%
<b>Insurance Assistance Provided</b>	10	3	↑	62	20	↑	210.0%

- A. Dispensed 2,249 prescriptions for 1,388 clients.
- B. Pharmacist completed 56 client clinic encounters.
- C. Assisted 25 clients to obtain medication financial assistance.
- D. Assisted 10 clients with insurance approvals.

### **Title X-Family Planning**

- A. Program utilization had its first year-over-year increase (April24 = 344 vs April23 = 282) after experiencing a yearlong decline in access to services resulting from the retirement and resignation of two full-time family planning providers in March and August of 2023 respectively. The program's provider team is now back at full strength with one of the new providers fully trained and the second activity completing theirs. The new providers are being cross trained in primary care and a portion of their patient panels will be comprised of patients receiving routine primary medical care. In the near term, the number of patients receiving services each month is projected to increase. In the long term, the program is forecasted to continue to grow and to become more fully integrated with other health center services at both the Decatur and Fremont locations.

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

- A. The Ryan White program received 62 referrals between April 1<sup>st</sup> and April 30<sup>th</sup>. There were five (5) pediatric clients referred to the Medical Case Management program in April and the program received two (2) referrals for pregnant women living with HIV during this time.
- B. There were 830 total service encounters in the month of April provided by the Ryan White program (Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers and Health Educator). There were 346 unduplicated clients served under these programs in April.
- C. The Ryan White ambulatory clinic had a total of 462 visits in the month of April: 27 initial provider visits, 186 established provider visits including 15 tele-visits (established clients). There were 16 nurse visits and 218 lab visits. There were 63 Ryan White services provided under Behavioral Health by the Licensed Clinical Social Workers and the Psychiatric APRN during the month of April and 45 unduplicated clients served. There were 25 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in April.
- 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 six (6) patients enrolled and seen under the Rapid stART program in April.

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

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 780 unique services to 646 unduplicated patients for the month of April. There were 110 unduplicated patients seen at the All-Saints Episcopal Church (ASEC) Outreach Clinic. There are currently more than 100 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 FQHC-SHC clinical team completed annual trainings, including trainings on human trafficking and safe injection practices.
- D. The SHC staff continues to see patients for Mpox evaluation and referral for vaccine.
- E. Three (3) CHN nurses and one Medical Assistant, and one (1) administrative assistant are continuing orientation in FQHC-SHC. FQHC-SHC began the process for filling one vacant CHN position.

**Refugee Health Program (RHP)**

Services provided in the Refugee Health Program for the month of April 2024

Client required medical follow- up for Communicable Diseases	-
Referrals for TB issues	11
Referrals for Chronic Hep B	3
Referrals for STD	5
Pediatric Refugee Exams	28
Clients encounter by program (adults)	65
Refugee Health screening for April 2024	65
<b>Total for FY23-24</b>	<b>583</b>

**Eligibility and Insurance Enrollment Assistance**

As a team, Eligibility Workers submitted a total of 45 applications for the month.

<b>Applications</b>	<b>Status</b>
36	Approved
19	Denied
13	Pending

Training for CHWs to support Eligibility work has begun.

**Patient Satisfaction: See attached survey results.**

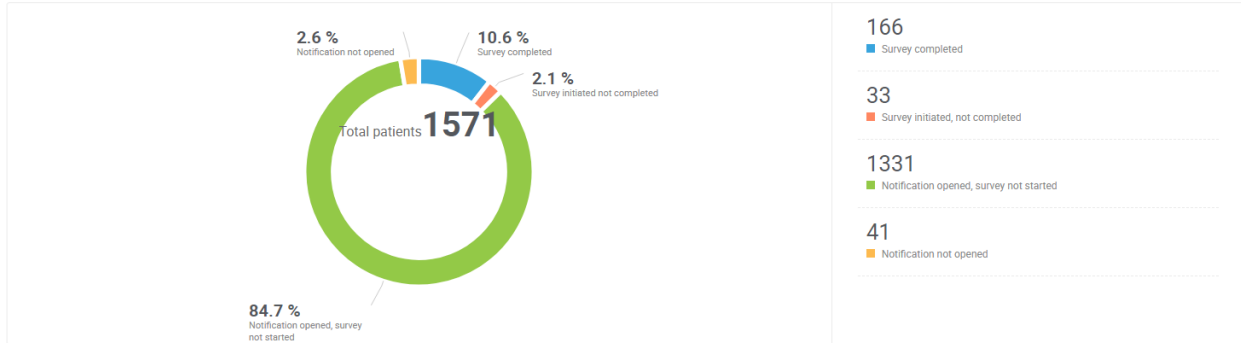
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

# SOUTHERN NEVADA COMMUNITY HEALTH CENTR

## Patient Satisfaction Survey

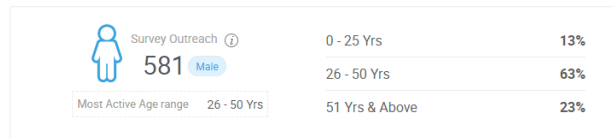
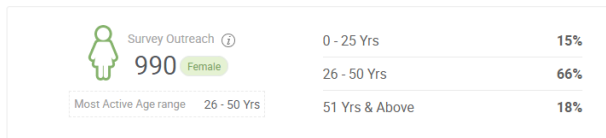
### April 2024

#### Overview

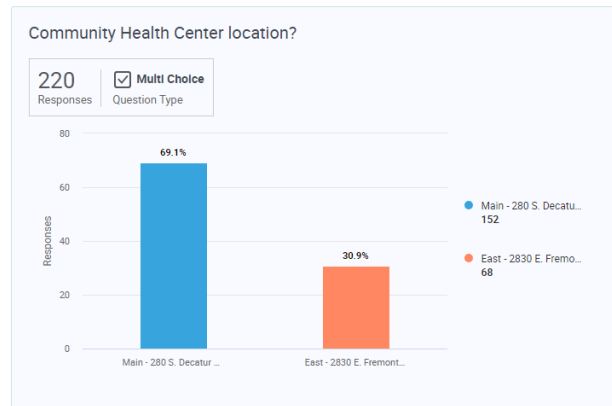
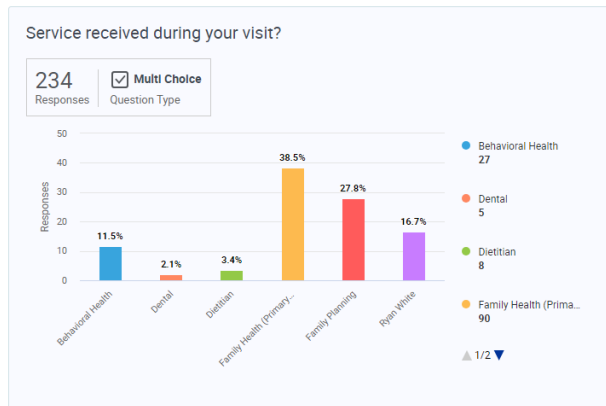


166	Survey completed
33	Survey initiated, not completed
1331	Notification opened, survey not started
41	Notification not opened

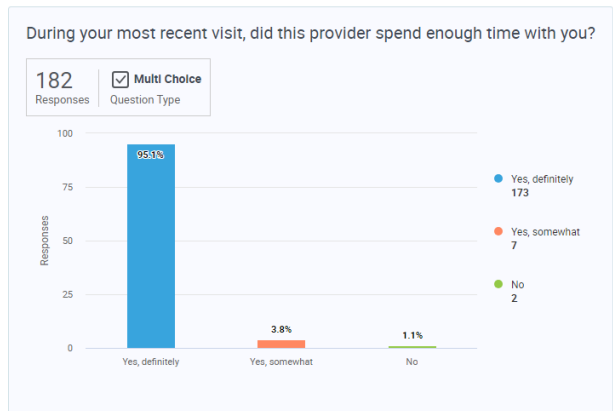
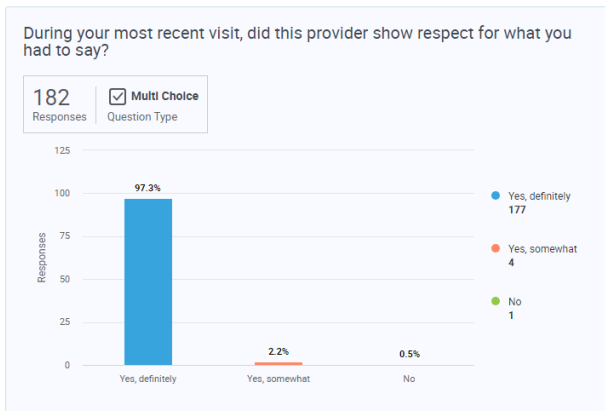
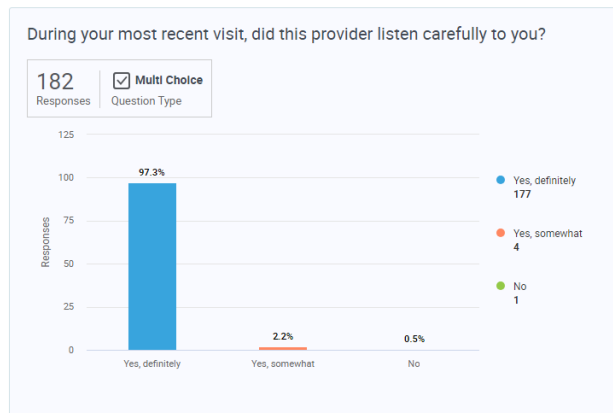
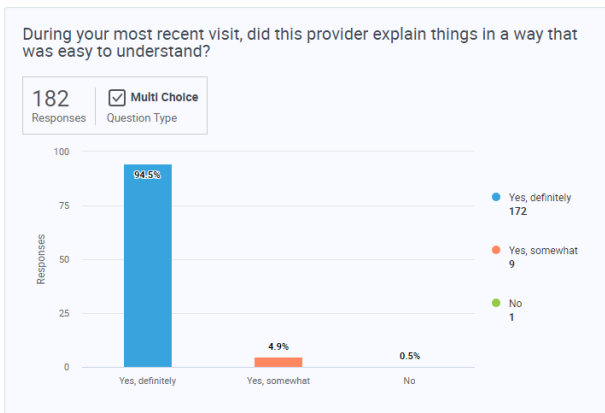
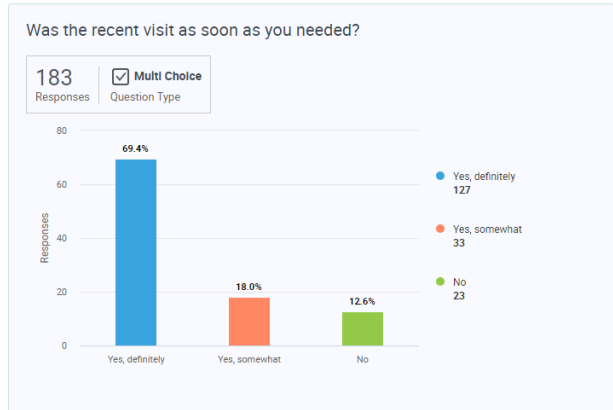
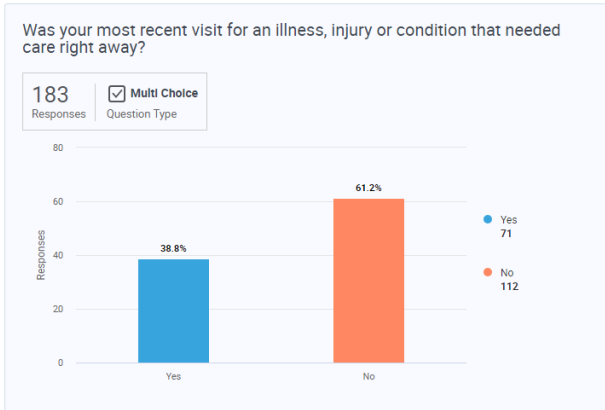
#### Gender



#### Service and Location



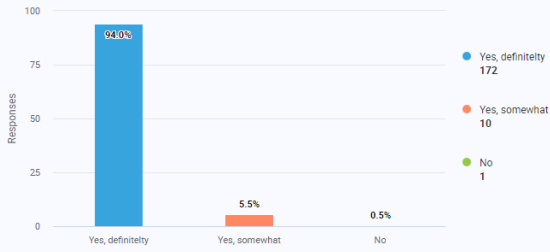
# Provider, Staff and Facility



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

183  
Responses

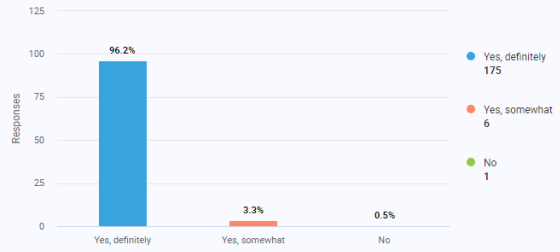
Multi Choice  
Question Type



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

182  
Responses

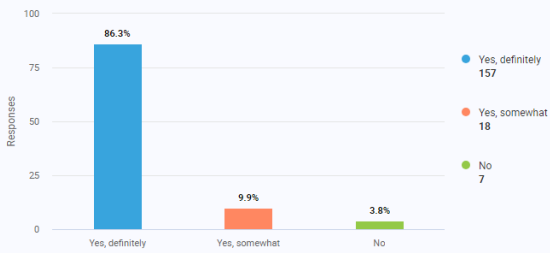
Multi Choice  
Question Type



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

182  
Responses

Multi Choice  
Question Type



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

182  
Responses

Multi Choice  
Question Type



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

182

Responses

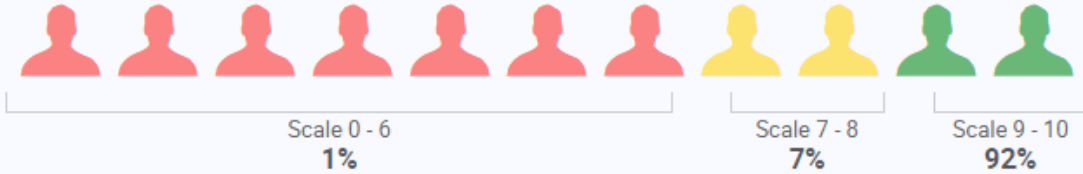
123

Numbers

Question Type

91

Net Promoter Score (NPS)



2

Scale 0 - 6

12

Scale 7 - 8

168

Scale 9 - 10

## General Information

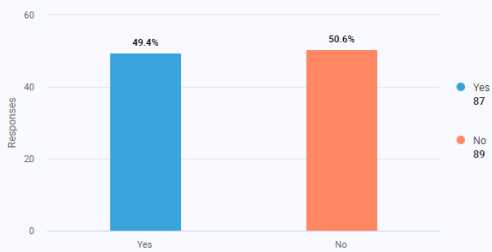
Do you have health insurance?

176

Responses

Multi Choice

Question Type



How did you hear about us?

184

Responses

Multi Choice

Question Type

