



MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

June 18, 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 Room A

- 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*)
Erin Breen – Community Member (*via Webex*)
Brian Knudsen – Consumer Member (*via Webex*)
Jasmine Coca – Community Member (*in person*)
- ABSENT:** Luz Castro – Consumer Member
Blanca Macias-Villa – Consumer Member
- ALSO PRESENT:**
- LEGAL COUNSEL:** Edward Wyner, Associate General Counsel
- CHIEF EXECUTIVE OFFICER:** Randy Smith
- STAFF:** Andria Cordovez Mulet, Anilkumar Mangla, Cassius Lockett, Cassondra Major, David Kahananui, Emily Anelli, Jacqueline Ayala, Jacques Graham, Jonas Maratita, Julie Maldonado, Kim Saner, Kimberly Monahan, Kyle Parkson, Merylyn Yegon, Ronique Tatum-Penegar, Tawana Bellamy

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

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:30 p.m. Tawana Bellamy, Senior Administrative Specialist, administered the roll call 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 JUNE 18, 2024 MEETING AGENDA *(for possible action)*

A motion was made by Member Feliz-Barrows, seconded by Member Breen and carried unanimously to approve the June 18, 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: May 21, 2024 *(for possible action)*

~~**2. Approve the Behavioral Health Crisis Event and Security Communication Policy and Procedure;** direct staff accordingly or take other action as deemed necessary *(for possible action)*~~

The Behavioral Health Crisis Event and Security Communication Policy and Procedure was removed from the Consent Agenda for further discussion.

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

VI. REPORT / DISCUSSION / ACTION

Item 2 from the Consent Agenda:

2. Approve the Behavioral Health Crisis Event and Security Communication Policy and Procedure; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Further from an inquiry from Member Hunt regarding de-escalation training for security personnel and staff, Randy Smith, Chief Executive Officer, FQHC advised that he did not recall the specific name of the training that security goes through. Member Hunt also inquired about the frequency of training. Mr. Smith commented that he would follow up with Member Hunt on her request regarding the name and frequency of the de-escalation training.

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

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

Donnie Whitaker, Chief Financial Officer presented the April 2024 Year to Date Financial Report as for April 30, 2024.

Member Feliz-Barrows shared that the Finance and Audit Committee meet on June 17, 2024 and decided to remove slides containing additional information and will not be shown in future meetings, as it was the same information displayed differently.

A motion was made by Member Feliz-Barrows, seconded by Member Black, and carried unanimously to accept April 2024 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)*

Chair Melendrez shared that the Nevada Minority Health and Equity Coalition's impact summit is on November 15, 2024.

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

- CEO Comments

Mr. Smith advised the board that he has received one of two applications for new members and will look to bring the Nominations Committee together in July to review the potential applicants to make a recommendation to the Governing Board.

Mr. Smith further commented about the Governing Board Retreat to occur in the next few months, ideally in September. Mr. Smith commented that hopefully the new board members would also be able to attend. Mr. Smith shared that Ms. Bellamy has started to look at potential venues. Mr. Smith further shared that since this is a public organization and this is not a public meeting, the content would be educational in nature. Mr. Smith shared the following as potential topics:

- Community Needs overview
- Program Specific education (e.g., Ryan White & Family Planning)
- Team Building

Mr. Smith asked board members what other topics they may be interested in or learning more about so that staff can prepare and make it a meaningful day. Further to a discussion with the board members, there was interest in discussing:

- Health equity – staff and health district perspective.
- Impacts from upcoming election.
- Healthcare/Legislative Policy updates (HRSA, Bureau of Primary Healthcare, NACHC).
- Types of partnership engaged in through the health center (directly or ancillary).
- Board member round table - share more about themselves and programs that each might be engaged in that connect back to the health center.

Further to an inquiry from Member Coca, Mr. Smith shared that health center department managers would be invited to attend the meeting and can speak to the day-to-day life of a patient coming into the health center.

Further to an inquiry Member Feliz-Barrows, Mr. Smith shared that details regarding how long the retreat would be have not been discussed but felt a half a day would be enough time to get through meaningful material. Chair Melendrez commented that four to five hours should be enough time and suggested 9 a.m. – 2 p.m. to include lunch.

Mr. Smith further provided an update on the following:

- Federal Tort Claims Act (FTCA) redeeming application - due June 24, 2024
- PPS Rate Setting – State acknowledged receipt of application on May 24, 2024
- Medical Director recruitment
 - An offer has been extended.
 - Recruitment efforts continue for additional candidates.
- Billing and Coding Specialist
 - Reviewed a sampling of medical and behavioral health charts.
 - Provided high-level overview to the health center leadership team and revenue cycle manager.
 - Onsite in July to shadow and give technical assistance to the providers on documentation practices.
- Grant and Activity (Renewals and New Grants)
- Employee Engagement Committee & Staff Recognition
- Unduplicated Patients and Patient Visits
- Patient Satisfaction Survey overview of questions and survey tool

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) May 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 3:21 p.m.

Randy Smith
Chief Executive Officer - FQHC

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AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

June 18, 2024 – 2:30 p.m.

Meeting will be conducted In-person and via Webex
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=m2548365b8d81b03ee2fb302b3fc1fd06>

To call into the meeting, dial (415) 655-0001 and enter Access Code: **2557 678 8072**

For other governmental agencies using video conferencing capability, the Video Address is:
25576788072@snhd.webex.com

NOTE:

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

I. CALL TO ORDER & ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. 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 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 2557 678 8072. To provide public comment over the telephone, please press *3 during the comment period and wait to be called on.

IV. ADOPTION OF THE JUNE 18, 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: May 21, 2024 *(for possible action)*

2. Approve the Behavioral Health Crisis Event and Security Communication Policy and Procedure: direct staff accordingly or take other action as deemed necessary *(for possible action)*

VI. REPORT / DISCUSSION / ACTION

Recommendations from the June 17, 2024 Finance and Audit Committee Meeting

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

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

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

- CEO Comments

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) May 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

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 1st, 2024, through August 31st, 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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AT THE SOUTHERN NEVADA HEALTH DISTRICT

SOUTHERN NEVADA COMMUNITY HEALTH CENTER
POLICY AND PROCEDURE

DIVISION:	<u>Administration</u>	NUMBER(s):	CHCA-005
PROGRAM:	<u>Clinical Services - FQHC</u>	VERSION:	1.0 <u>1.01</u>
TITLE:	Behavioral Health Crisis Medical Event and Security Communication Policy and Procedure <u>Panic Button Behavioral Health Crisis Event and Security Communication Policy and Procedure</u>	PAGE:	1 of 43
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION:	<u>Process for handling patients experiencing a mental health crisis and in need of immediate need of inpatient treatment.</u>	ORIGINATION DATE:	<u>8/29/2022</u>
APPROVED BY:	FQHC CHIEF OPERATIONS OFFICER: CHIEF EXECUTIVE OFFICER- FQHC:	REPLACES: <u>Supersedes previous version</u>	
<u>Click or tap here to enter text.</u>		<u>Date</u>	
<u>Randy Smith</u>		<u>Date</u>	

I. PURPOSE

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

II. SCOPE

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

III. POLICY

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

IV. PROCEDURE

A. ~~BH Crisis Medical eE~~ Emergency.

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

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

B. Panic Button

- a. If a patient presents as disruptive/aggressive and is a safety risk to themselves/others, the BH Provider will activate the panic button.
- b. Security Personnel and CHN Manager Nurse Supervisor will receive the following text message. "Interview Room X. (Ext. XXXX) at FQHC area needs immediate help! An incident has occurred that requires immediate action by SNHD Security at Ryan White clinic. Please take appropriate measures."

~~Behavioral Health Crisis Medical Event and Security
Communication Policy and Procedure Panic
Button Behavioral Health Crisis Event and Security
Communication Policy and Procedure~~

- c. Security Personnel will respond to the location and manage the environment.
- d. Security Personnel will attempt to deescalate the situation. If necessary, BH provider personnel will call 911. Should a patient meet criteria for a mental health crisis hold, the application will be completed by the licensed mental health BH provider and given to emergency personnel for transport. A copy of the application will be scanned into the patient record. In addition, the BH provider will document in the patient record any additional relevant clinical information. If the patient is a minor, attempts to obtain consent from their parent or legal guardian will be made by the BH provider and will be documented in the patient's record. Staff.
- e. BH Provider will follow-up with patient as clinically appropriate. BH provider will complete FOHC Incident Report.

C. Communication between BH/security

- a. Regular communication will be established between BH and Security personnel by way of morning daily huddles (as needed) should there be any known patient concerns who are scheduled for the day or as needed throughout regular business hours to discuss any concerning trends in the clinic pertaining to BH patients, staff, etc.
- b. When panic button is not needed, but "mild" security presence is requested, BH provider to call extension 1130 and state "Have you seen the green folder? I believe it's in room 1." Code words with security "mild" presence (have you seen the green folder, it's in room 1.)

Additional Sections

Not Applicable

Acronyms/Definitions

Not Applicable

V. REFERENCES

If none, type Not Applicable

VI. DIRECT RELATED INQUIRIES TO

(Subject Matter Expert Title)

~~Behavioral Health Crisis Medical Event and Security
 Communication Policy and Procedure Panic
 Button Behavioral Health Crisis Event and Security
 Communication Policy and Procedure~~

(Department Name)
(Department Extension, if applicable)

HISTORY TABLE

Table 1: History

<u>Version/Section</u>	<u>Effective Date</u>	<u>Change Made</u>
<u>Version 1</u>		<u>Revised verbiage as appropriate; updated the procedure</u>
<u>Version 0</u>	<u>8/29/2022</u>	<u>First issuance</u>

VII. ATTACHMENTS

Attachment No. CHCA-005 ATT-1, FQHC Incident Report SNHD Clinical Services Medical Event Form

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

MENTAL HEALTH CRISIS PACKET (ADULTS)

I. APPLICATION FOR A MENTAL HEALTH CRISIS HOLD (NRS 433A.160)

CRITERIA FOR MENTAL HEALTH CRISIS, NRS 433A.0175: A "person in a mental health crisis" means any person (1) who has a mental illness; and (2) whose capacity to exercise self- control, judgment, and discretion in the conduct of a person's affairs and social relations or to care for his or her personal needs is diminished, as a result of the mental illness, to the extent that the person presents a substantial likelihood of serious harm to himself or herself or others. It **DOES NOT INCLUDE** any person in whom that capacity is diminished by epilepsy, intellectual disability, dementia, delirium, brief periods of intoxication caused by alcohol or drugs, or dependence upon or addiction to alcohol or drugs, unless a mental illness that can be diagnosed is also present which contributes to the diminished capacity of the person.

Complete only section A or section B.

Section A.

I have reason to believe that _____ is a person in a mental health crisis for the following reasons:

A person shall be deemed to present a substantial likelihood of serious harm to himself or herself or others if, without care or treatment, the person is at serious risk of: **(Check all that apply)**

- Attempting Suicide
- Attempting Homicide
- Causing bodily injury to himself or herself or others, including without limitation, death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, or a protracted loss or impairment of a body part, organ, or mental functioning
- Incurring a serious injury, illness, or death resulting from complete neglect of basic needs for food, clothing, shelter, or personal safety

Describe in detail the behaviors and circumstances you observed in the person leading you to believe (s)he is in a mental health crisis. Do not give a diagnosis to describe behaviors.

I am currently: an officer authorized to make arrests in the state of Nevada; or
I am currently licensed in the State of Nevada as a:

- Physician Physician assistant Psychologist
- Marriage and family therapist Clinical professional counselor Social worker Registered nurse

Name of person completing application: _____

Current Nevada license or badge number: _____

Signature: _____ Date: _____ Time: _____

Section B.

This section is to be completed only when the mental health crisis hold is placed pursuant to an order issued by the district court. Court order must be attached when completing this section.

Name of peace officer placing mental health crisis hold: _____

Current Nevada license or badge number, if applicable: _____

Signature: _____ Date: _____ Time: _____

Patient Identification Sticker

MENTAL HEALTH CRISIS PACKET (ADULTS)

II. MEDICAL EXAMINATION (NRS 433A.165)

EXAMINATION REQUIRED BEFORE PERSON MAY BE ADMITTED TO A MENTAL HEALTH FACILITY (NRS 433A.165)

Before a person may be admitted to a public or private mental health facility or hospital under an emergency admission, (s)he must: (1) first be examined by a licensed physician, physician assistant, or advanced practitioner of nursing at a location where a practitioner is authorized to conduct such an examination to determine whether (s)he has medical conditions, other than a psychiatric condition which require immediate treatment; and (2) if such treatment is required, be admitted to a hospital for the appropriate medical care.

MEDICAL EXAMINATION:

On the basis of my personal examination of this person alleged to be in a mental health crisis, it is my opinion that:

Patient has a medical condition/disease other than a psychiatric condition requiring hospitalization for more than 72 hours; patient admitted or transferred for further medical treatment to:

This person has no medical condition or disease other than a psychiatric condition that requires hospitalization for treatment.

I am currently licensed in the State of Nevada as a: Physician Physician assistant Advanced Practice Registered Nurse

Name of medical examiner: _____ Current Nevada License#: _____

Signature: _____ Date: _____ Time: _____

III. CERTIFICATE FOR EMERGENCY ADMISSION TO A MENTAL HEALTH FACILITY OR HOSPITAL (NRS433A.170)

CERTIFICATE OF CERTAIN PROVIDERS OF HEALTH CARE REQUIRED. No public or private mental health facility or hospital shall accept a person for an emergency admission unless this certificate required by NRS 433A.170 has been completed.

I have personally observed and examined this person within the last 72 hours and have concluded that:

A. This person is a person in a mental health crisis per NRS 433A.0175

B. This person is **NOT** in a mental health crisis per NRS 433A.0175

My opinions and conclusions are based on the following facts and reasons:

Describe in detail the behaviors you observed in the person leading you to believe (s)he is in a mental health crisis as described in NRS 433A.0175. Do not give a diagnosis to describe behaviors.

Psychologist Physician Physician Assistant (supervised by a psychiatrist): _____

CSW with psychiatric training APRN with psychiatric training

Name of medical examiner: _____ Current Nevada License#: _____

Signature: _____ Date: _____ Time: _____

Patient Identification Sticker

MENTAL HEALTH CRISIS PACKET (ADULTS)

IV. CERTIFICATE OF RELEASE OF PERSON PLACED ON A MENTAL HEALTH CRISIS HOLD

PROCEDURE FOR RELEASE: A licensed physician on the medical staff of a facility operated by the Division or of any other public or private mental health facility or hospital may release a person from a mental health crisis hold upon completion of a certificate pursuant to NRS 433a.195.

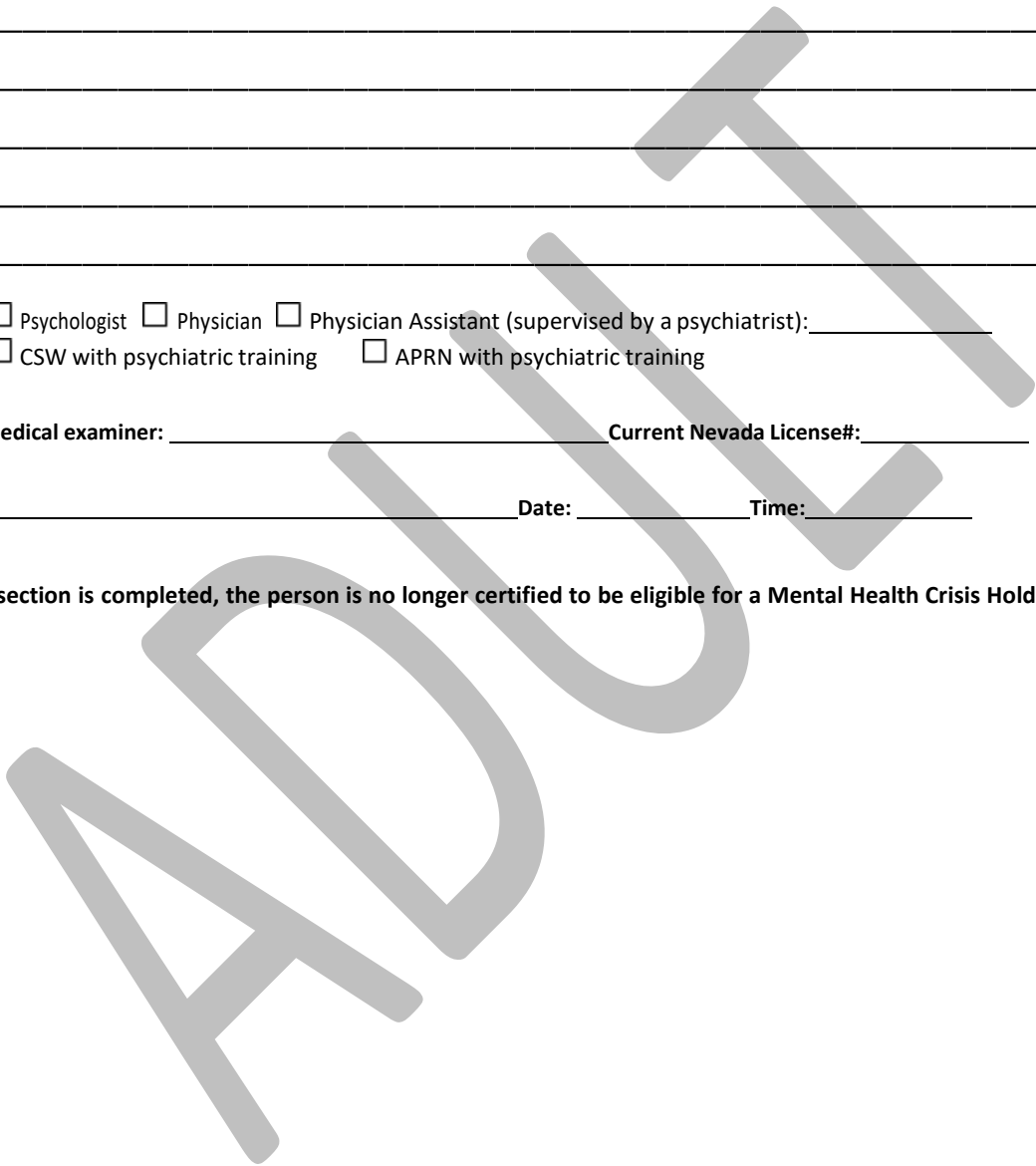
I have personally observed and examined this person and have concluded that (s)he is not in a mental health crisis pursuant to NRS 433A.0175. **Describe in detail the behaviors you observed in the person leading you to this conclusion. Do not give diagnosis to describe behaviors.**

- Psychologist Physician Physician Assistant (supervised by a psychiatrist): _____
 CSW with psychiatric training APRN with psychiatric training

Name of medical examiner: _____ Current Nevada License#: _____

Signature: _____ Date: _____ Time: _____

Once this section is completed, the person is no longer certified to be eligible for a Mental Health Crisis Hold pursuant to NRS 433A.195.



Patient Identification Sticker

**MINOR
MENTAL HEALTH CRISIS PACKET**

I. APPLICATION FOR EMERGENCY ADMISSION OF A MINOR IN A MENTAL HEALTH CRISIS TO A MENTAL HEALTH FACILITY OR HOSPITAL (NEVADA REVISED STATUTES 433A.160)

CRITERIA FOR MENTAL HEALTH CRISIS, NRS 433A.115: As used in NRS 433A.120 to 433A.330, inclusive, unless the context otherwise requires, a "person in a mental health crisis" means any person 1) who has a mental illness; and 2) whose capacity to exercise self-control, judgment and discretion in the conduct of a person's affairs and social relations or to care for his or her personal needs is diminished, as a result of the mental illness, to the extent that the person presents a substantial likelihood of serious harm to himself or herself or others, but **DOES NOT INCLUDE** any person in whom that capacity is diminished by epilepsy, intellectual disability, dementia, delirium, brief periods of intoxication caused by alcohol or drugs or dependence upon or addiction to alcohol or drugs **unless a mental illness that can be diagnosed is also present which contributes to the diminished capacity of the person.**

A. EMERGENCY ADMISSION OF MINORS: In accordance with NRS 433A.150, a person alleged to be a person with mental illness may, upon application pursuant to NRS 433A.160 and subject to the provisions of subsection 2, be detained in a public or private mental health facility or hospital under an emergency admission for evaluation, observation and treatment, regardless of whether any parent or legal guardian of the person has consented to the admission.

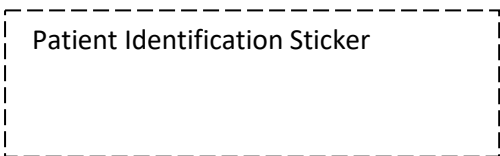
I have reason to believe that _____ who is a minor, is in a mental health crisis for the following reasons:

A minor shall be deemed to present a substantial likelihood of serious harm to himself or herself or others if, without care or treatment, the person is at serious risk of: **(Check all that apply)**

- Attempting Suicide
- Attempting Homicide
- Causing bodily injury to himself or herself or others, including without limitation, death, unconsciousness, extreme physical pain, protracted and obvious disfigurement or a protracted loss or impairment of a body part, organ or mental functioning
- Incurring a serious injury, illness or death resulting from complete neglect of basic needs for food, clothing, shelter or personal safety

Describe in detail the behaviors and circumstances you observed in the minor leading you to believe (s)he is in a mental health crisis. Do not give diagnoses to describe behaviors.

Please continue to next page



**MINOR
MENTAL HEALTH CRISIS PACKET**

B. REQUIREMENT TO ATTEMPT TO OBTAIN CONSENT OF PARENT OR GUARDIAN AT APPLICATION OF EMERGENCY ADMISSION

Pursuant to NRS 433A.160, to the extent practicable, a person who applies for the emergency admission of a person who is less than 18 years of age to a public or private mental health facility or hospital, other than a parent or guardian, shall attempt to obtain the consent of the parent or guardian before making the application.

Parent or guardian contacted: _____

Method of contact (include phone number): _____

Result: _____

Date _____ Time: _____

C. PERSON APPLYING FOR EMERGENCY ADMISSION OF THE MINOR

I am currently: an officer authorized to make arrests in the state of Nevada, or

I am currently licensed in the state of Nevada as a: Physician Physician assistant Psychologist

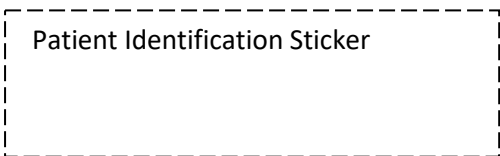
Marriage and family therapist Clinical professional counselor Social worker Registered nurse

Name of person completing application: _____

Current Nevada license or badge number (if applicable): _____

Professional Affiliation: _____

Signature: _____ **Date:** _____ **Time:** _____



**MINOR
MENTAL HEALTH CRISIS PACKET**

II. MEDICAL EXAMINATION (NEVADA REVISED STATUTES 433A.165)

EXAMINATION REQUIRED BEFORE PERSON MAY BE ADMITTED TO A MENTAL HEALTH FACILITY (NRS 433A.165). Before a person may be admitted to a public or private mental health facility pursuant to NRS 433A.160, (s)hemust:1) First be examined by a licensed physician, physician assistant or advanced practice registered nurse at a location where a practitioner is authorized to conduct such an examination to determine whether (s)he has medical conditions, other than a psychiatric condition which require immediate treatment, and 2) If such treatment is required, be admitted to a hospital for the appropriate medical care.

MEDICAL EXAMINATION:

On the basis of my personal examination of this person alleged to be in mental health crisis it is my opinion that:

Patient has a medical condition/disease requiring hospitalization for more than 72 hours; patient admitted or transferred to:

This person has no medical condition or disease other than a psychiatric condition that requires hospitalization for treatment.

Name of examiner: _____ Current Nevada License#: _____

Signature: _____ Date: _____ Time: _____

**III. CERTIFICATE FOR EMERGENCY ADMISSION TO A MENTAL HEALTH FACILITY OR HOSPITAL
(NEVADA REVISED STATUTES 433A.170)**

CERTIFICATE OF CERTAIN PROVIDERS OF HEALTH CARE REQUIRED. No public or private mental health facility or hospital shall accept an application for an emergency admission under NRS 433A.160 unless that application is accompanied by a certificate.

I have reason to believe as follows:

- A. This person is deemed to be in a mental health crisis in accordance with NRS 433A.115
- B. This person is **NOT** deemed to be in a mental health crisis in accordance with NRS 433A.115

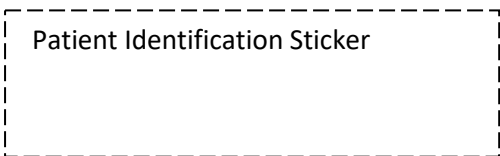
Describe in detail the behaviors you observed in the person leading you to believe (s)he is in a mental health crisis as described in NRS 433A.115. My opinions and conclusions are based on the following facts and reasons. Do not give diagnoses to describe behaviors.

Psychologist Physician Physician Assistant (supervising psychiatrist): _____

CSW with psychiatric training APRN with psychiatric training

Name of examiner: _____ Current Nevada License#: _____

Signature: _____ Date: _____ Time: _____



**MINOR
MENTAL HEALTH CRISIS PACKET**

**IV. CERTIFICATE OF RELEASE OF PERSON ADMITTED TO MENTAL
HEALTH FACILITY OR HOSPITAL (NEVADA REVISED STATUTES 433A.195)**

PROCEDURE FOR RELEASE: A licensed physician on the medical staff of a facility operated by the Division or of any other public or private mental health facility or hospital may release a person admitted pursuant to [NRS 433A.160](#) upon completion of a certificate. I have personally observed and examined this person and have concluded that (s)he is not in a mental health crisis pursuant to NRS 433A.115. **Describe in detail the behaviors you observed in the person leading you to this conclusion. Do not give diagnoses to describe behaviors.**

- Psychiatrist Psychologist Physician Assistant (supervising psychiatrist): _____
 Physician CSW with psychiatric training APRN with psychiatric training

Name of examiner: _____ Current Nevada License#: _____

Signature: _____ Date: _____ Time: _____

Once this section is completed, the person is no longer certified to be eligible for an Emergency Admission pursuant to NRS 433A.195.

V. PROCEDURE FOR COURT-ORDERED PETITION

This emergency admission will expire 72 hours after an application is made for emergency admission. In order to continue the detainment of the person in mental health crisis, a petition to the district court of residence must be made.

- A. Petition process with parental consent** Pursuant to NRS 433A.200, except as otherwise provided in NRS 432B.6075, if the person to be treated is a minor and the petitioner is a person other than a parent or guardian of the minor, a petition submitted pursuant to subsection 1 must, in addition to the certificate or statement required by that subsection, include a statement signed by a parent or guardian of the minor that the parent or guardian does not object to the filing of the petition.

Parent/ Guardian signature _____ Date: _____ Time: _____

- B. Petition process without parental consent** Pursuant to NRS 432B.6075, a proceeding for a court-ordered admission of a child alleged to be a child with an emotional disturbance who is in the custody of an agency which provides child welfare services to a facility may be commenced by the filing of a petition with the clerk of the court which has jurisdiction in proceedings concerning the child. The petition may be filed by the agency which provides child welfare services without the consent of a parent of the child.

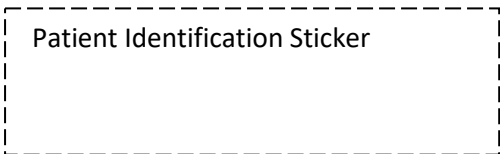
Name of child welfare services agency receiving report: _____

Name of person receiving report: _____ Date: _____ Time: _____

Name of person providing report: _____

Professional Affiliation: _____

Signature: _____ Date: _____ Time: _____





SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

SNCHC Governing Board Meeting

June 18, 2024



Financial Report

Results as of April 30, 2024

All Funds/Divisions

Activity	Budget as of April	Actual as of April	Variance	%
Charges for Services	20,553,044	20,937,602	384,557	2%
Other	416,667	552,287	135,620	33%
Federal Revenue	6,017,869	2,994,176	(3,023,693)	-50%
Other Grant Revenue	95,945	4,978	(90,967)	-95%
Pass-Thru Revenue	2,513,549	2,238,902	(274,647)	-11%
State Revenue	134,482	239,715	105,234	78%
Total FQHC Revenue	29,731,556	26,967,660	(2,763,896)	-9%
Salaries	7,221,232	6,641,660	(579,572)	-8%
Taxes & Fringe Benefits	3,273,639	2,991,952	(281,687)	-9%
Travel & Training	71,325	58,941	(12,384)	-17%
Total Salaries & Benefits	10,566,196	9,692,553	(873,643)	-8%
Supplies	15,609,773	14,617,276	(992,497)	-6%
Capital Outlay	16,250	43,798	27,548	170%
Contractual	1,941,563	981,630	(959,932)	-49%
Total Other Operating	17,567,585	15,642,704	(1,924,881)	-11%
Indirect Costs/Cost Allocations	4,375,297	3,860,436	(514,861)	-12%
Transfers IN	(445,702)	(602,371)	(156,670)	35%
Transfers OUT	446,486	602,371	155,885	35%
Total Transfers	4,376,081	3,860,436	(515,645)	-12%
Total FQHC Expenses	32,509,862	29,195,693	(3,314,170)	-10%
Net Position	(2,778,307)	(2,228,033)	550,274	-20%

1

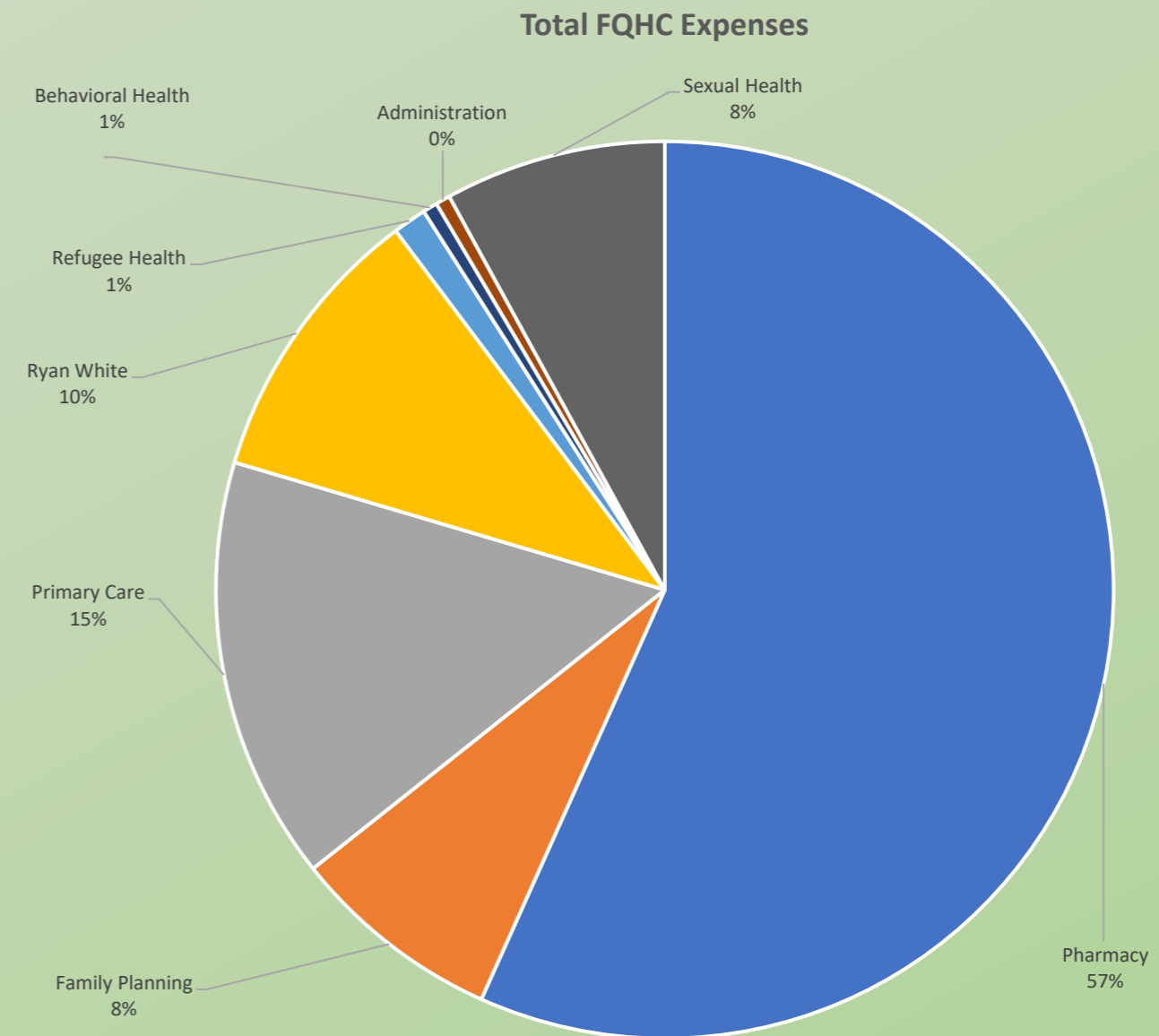
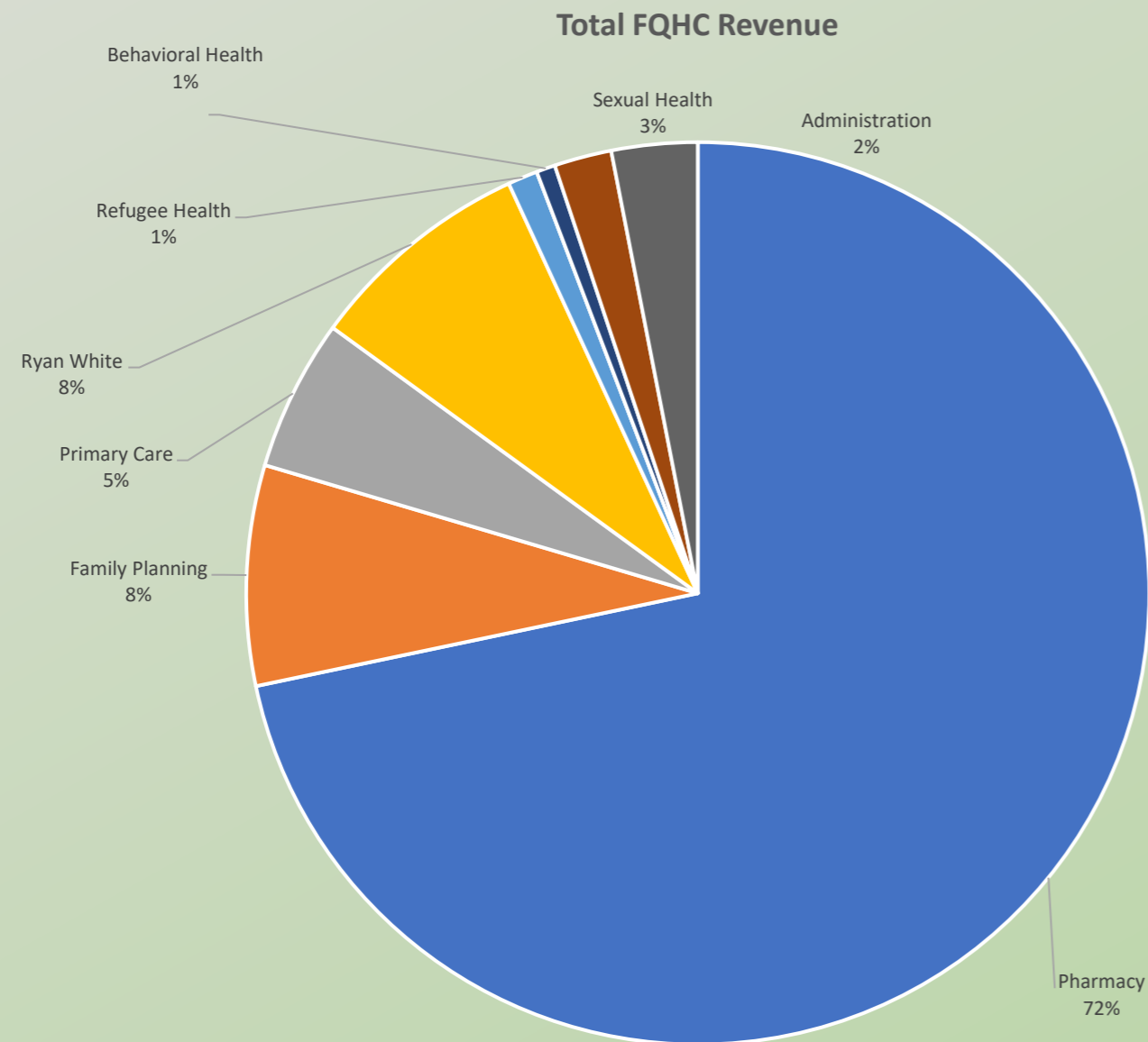
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3

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 APRIL 2024.

Revenues and Expenses by Department



Revenue by Department

Department	Budget as of April	Actual as of April	Variance	%
Charges for Services, Other, Wrap				
Family Planning	388,327	239,329	(148,997)	-38%
Pharmacy	17,820,280	19,334,992	1,514,713	8%
Oral Health (Dental)	127,232	-	(127,232)	-100%
Primary Care	296,051	163,652	(132,399)	-45%
Ryan White	349,907	179,402	(170,504)	-49%
Refugee Health	108,625	119,211	10,586	10%
Behavioral Health	117,786	113,571	(4,215)	-4%
Administration	416,667	554,578	137,911	33%
Sexual Health	1,344,838	784,183	(560,655)	-42%
OPERATING REVENUE	20,969,711	21,488,920	519,209	2%
Grants				
Family Planning	1,662,619	1,887,712	225,093	14%
Pharmacy	-	968	968	0%
Oral Health (Dental)	-	-	-	0%
Primary Care	4,429,321	1,300,699	(3,128,622)	-71%
Ryan White	2,301,226	2,007,330	(293,896)	-13%
Refugee Health	336,978	169,194	(167,783)	-50%
Behavioral Health	-	68,404	68,404	0%
Sexual Health	31,701	44,432	12,731	40%
SPECIAL REVENUE	8,761,845	5,478,740	(3,283,105)	-37%
TOTAL REVENUE	29,731,556	26,967,660	(2,763,896)	-9%

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 APRIL 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.

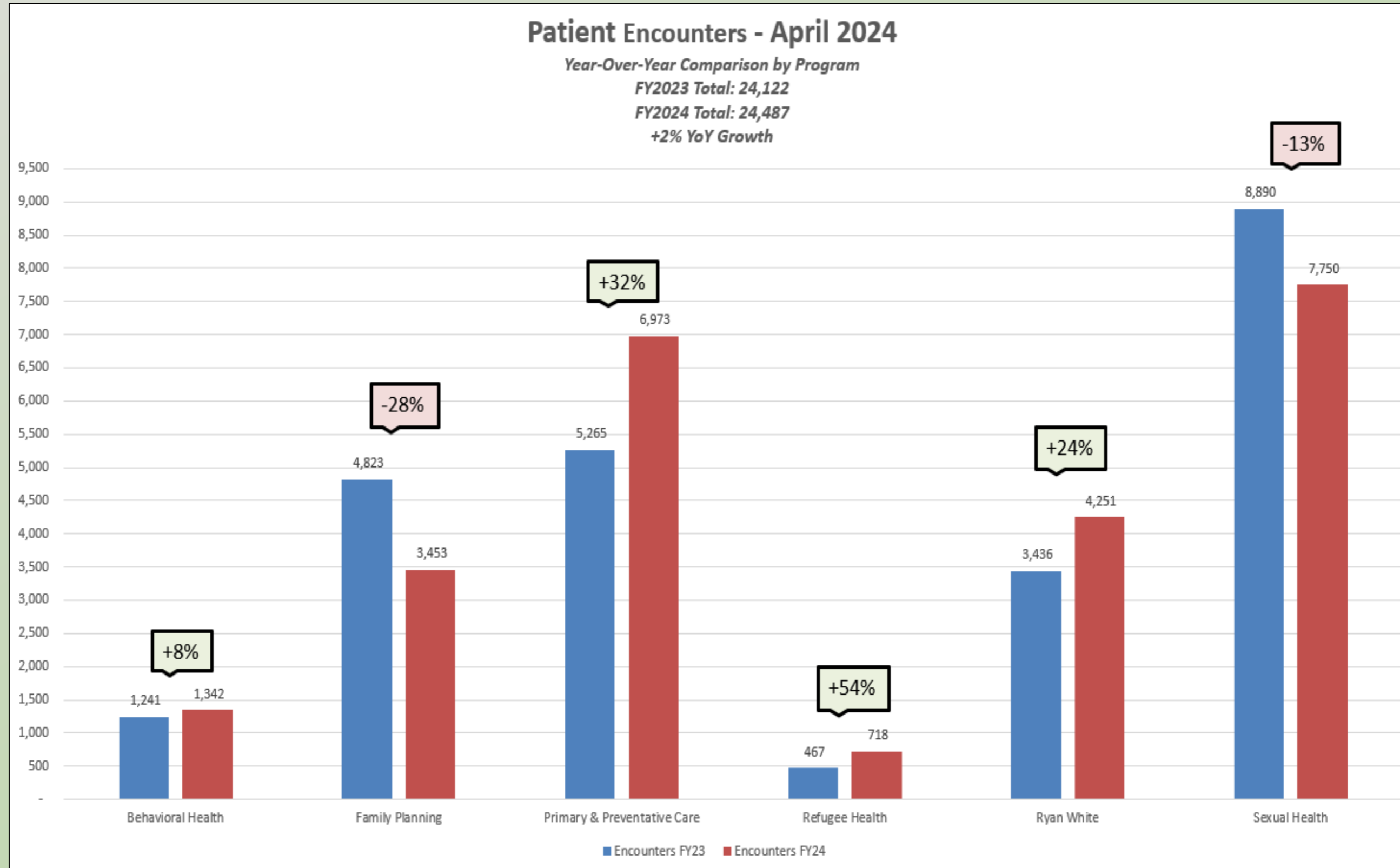
Expenses by Department

Department	Budget as of April	Actual as of April	Variance	%
Employment (Salaries, Taxes, Fringe)				
Family Planning	1,454,751	1,416,456	(38,294)	-3%
Pharmacy	312,359	292,026	(20,333)	-7%
Oral Health (Dental)	-	-	-	0%
Primary Care	3,941,924	3,437,089	(504,835)	-13%
Ryan White	2,386,044	2,256,011	(130,033)	-5%
Refugee Health	244,039	227,383	(16,656)	-7%
Behavioral Health	45,103	132,455	87,352	194%
Administration	78,568	82,076	3,508	4%
Sexual Health	2,032,084	1,790,115	(241,969)	-12%
Total Personnel Costs	10,494,871	9,633,612	(861,259)	-8%
Other (Supplies, Contractual, Capital, etc.)				
Family Planning	404,011	516,426	112,416	28%
Pharmacy	14,740,613	14,073,643	(666,970)	-5%
Oral Health (Dental)	46,008	-	(46,008)	-100%
Primary Care	1,760,293	428,788	(1,331,505)	-76%
Ryan White	238,603	323,055	84,453	35%
Refugee Health	145,553	79,055	(66,498)	-46%
Behavioral Health	10,500	814	(9,686)	-92%
Administration	67,530	50,270	(17,260)	-26%
Sexual Health	225,798	229,594	3,796	2%
Total Other Expenses	17,638,910	15,701,645	(1,937,265)	-11%
Total Operating Expenses	28,133,781	25,335,257	(2,798,524)	-10%
Indirect Costs/Cost Allocations	4,375,297	3,860,436	(514,861)	-12%
Transfers IN	(445,702)	(602,371)	(156,670)	35%
Transfers OUT	446,486	602,371	155,885	35%
Total Transfers & Allocations	4,376,081	3,860,436	(515,645)	-12%
TOTAL EXPENSES	32,509,862	29,195,693	(3,314,170)	-10%

NOTES:

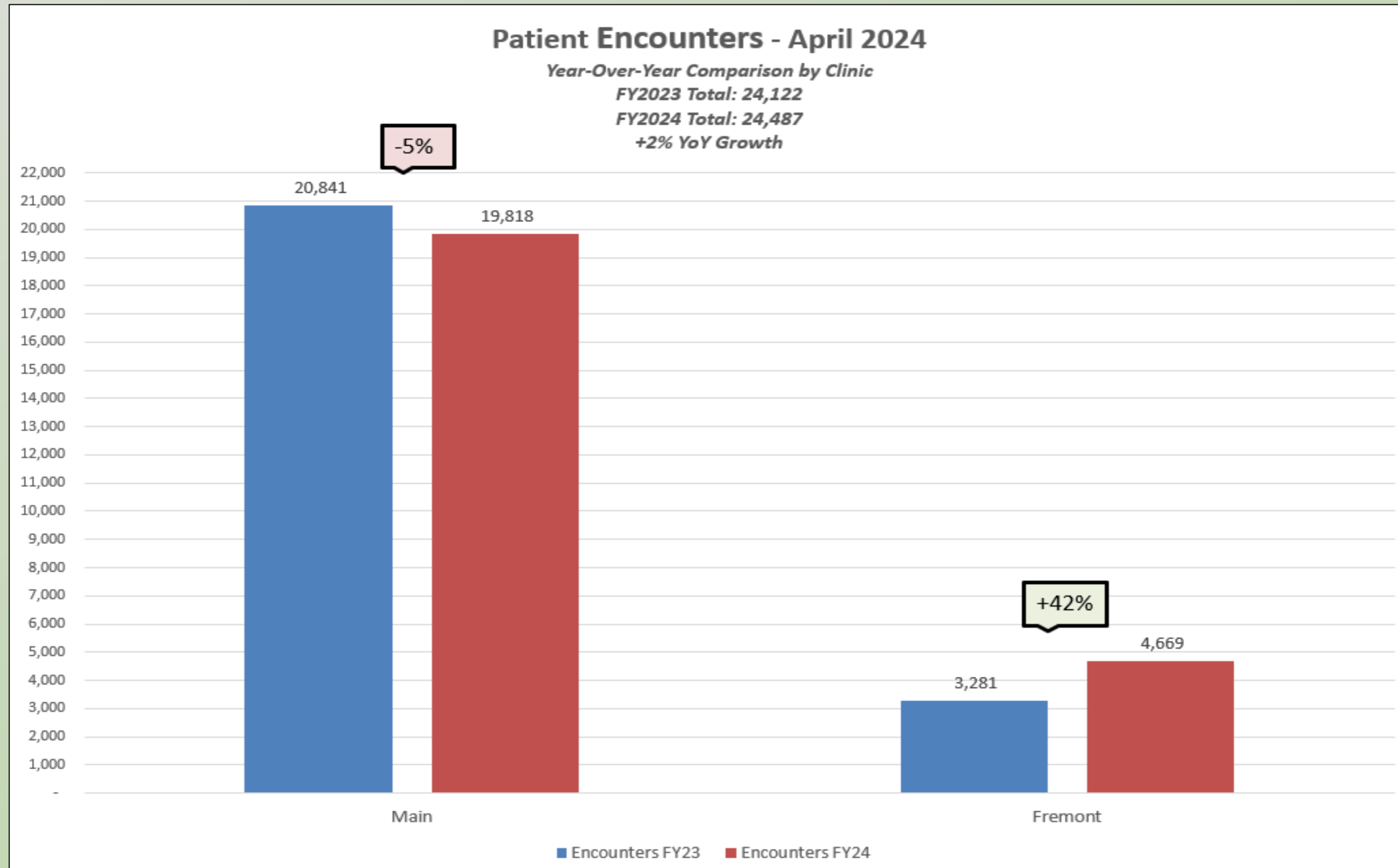
- 1) SERVICES NOT YET OPERATIONAL IN APRIL 2024.
- 2) BUDGET FOR GRANT-FUNDED EXPENSES WILL BE INCREASED IN AUGMENTATION.
- 3) SIGNIFICANT BUDGETED CONTRACTS EXPENSES NOT REQUIRED AS OF APRIL 2024.

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 30TH, 2022.

Financial Report Categorization

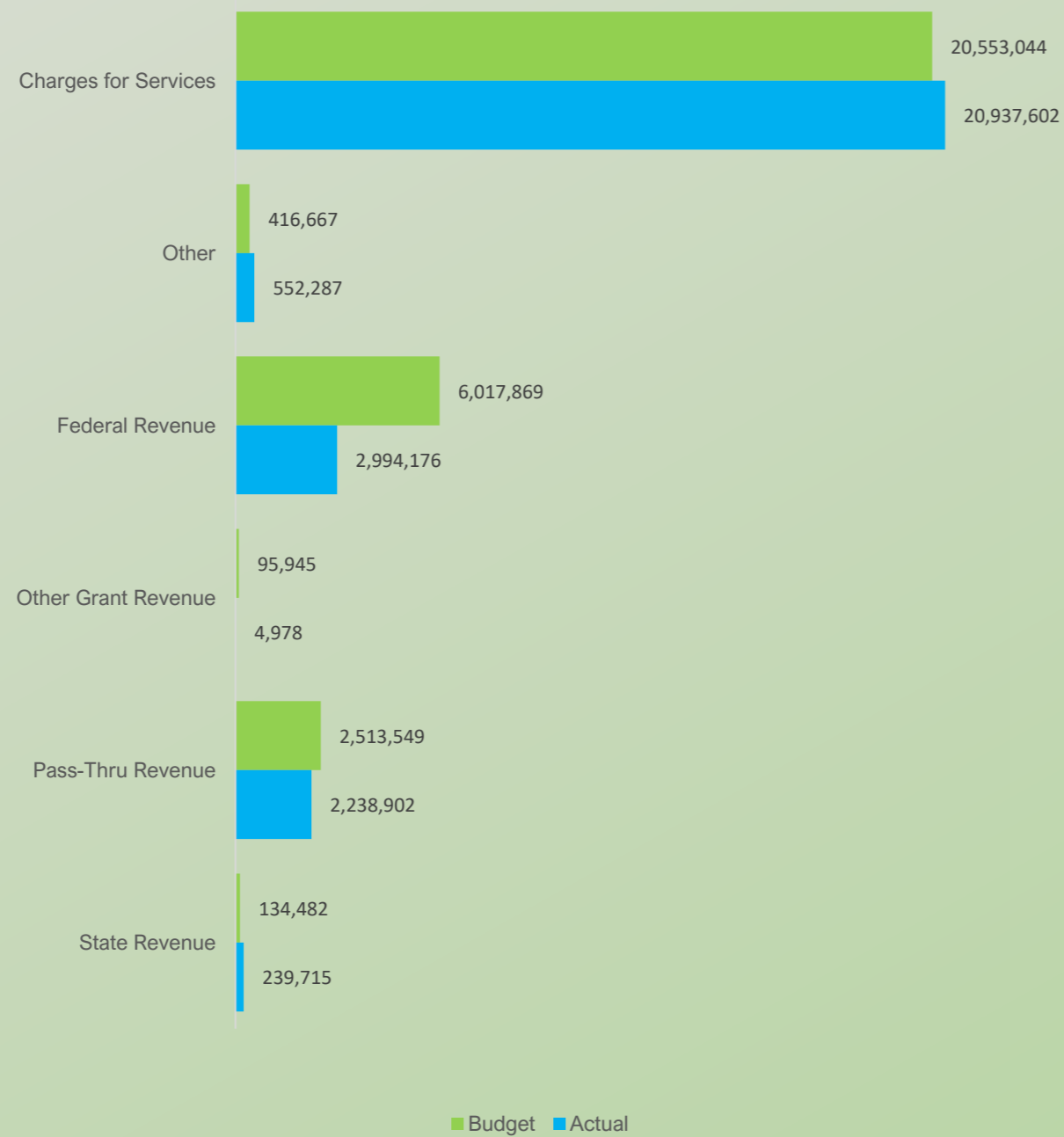
Statement Category – Revenue	Elements
Charges for Services	Fees received for medical services provided from patients, insurance companies, Medicare, and Medicaid.
Other	Medicaid MCO reimbursements (the wrap), administrative fees, and miscellaneous income (sale of fixed assets, payments on uncollectible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

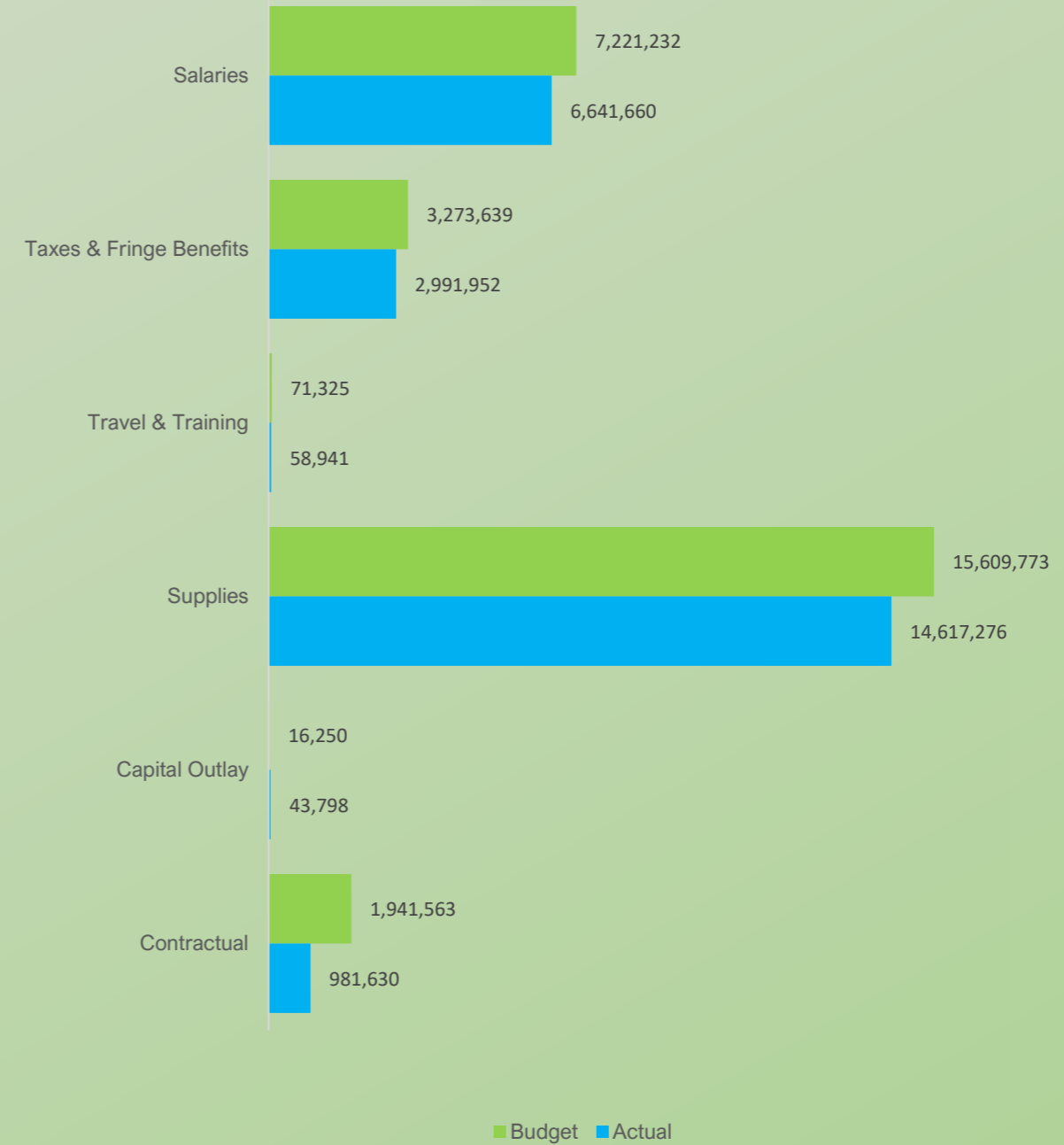
Additional Information

Revenues & Expenses

FQHC Total Revenue by Type

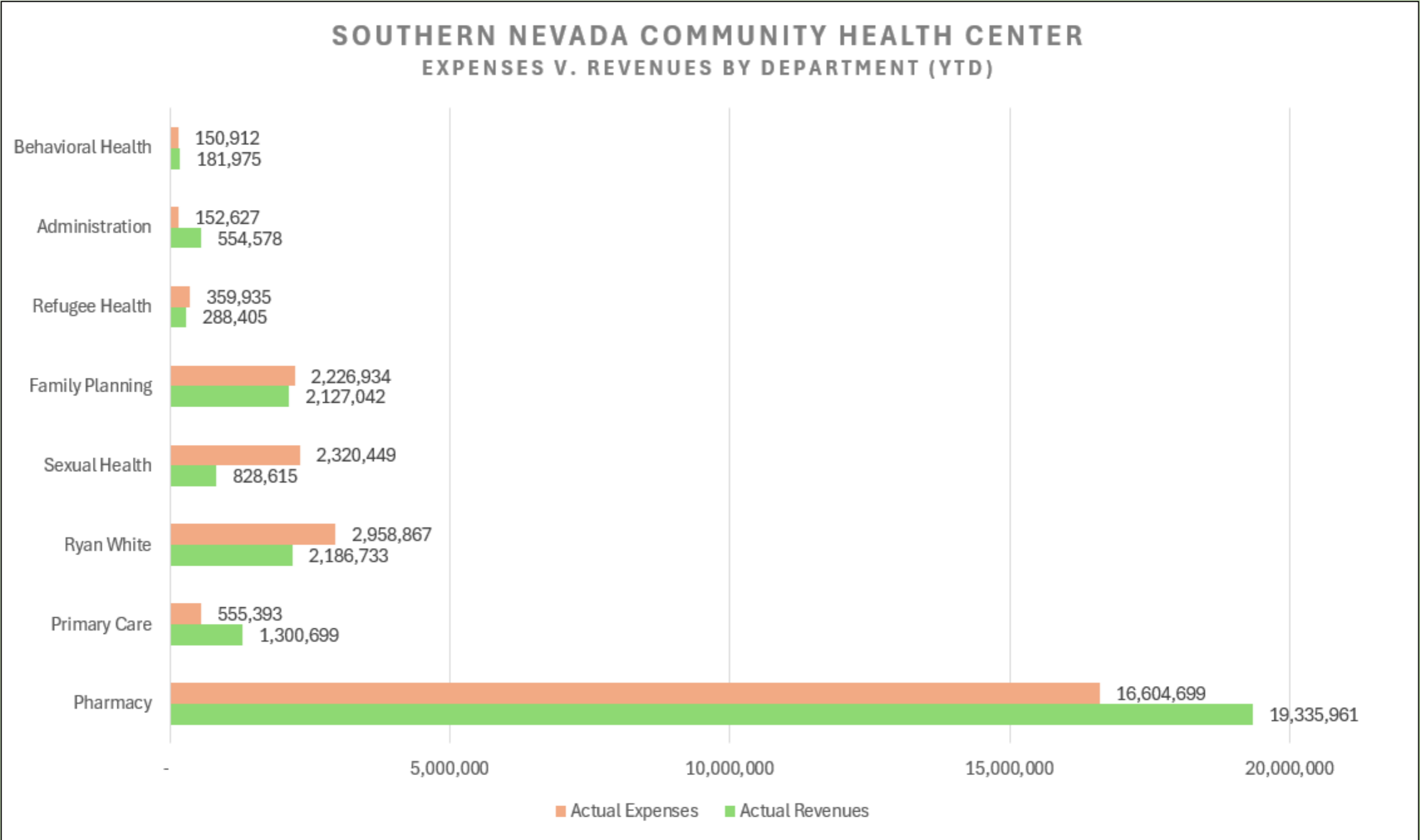


FQHC Total Expense by Type

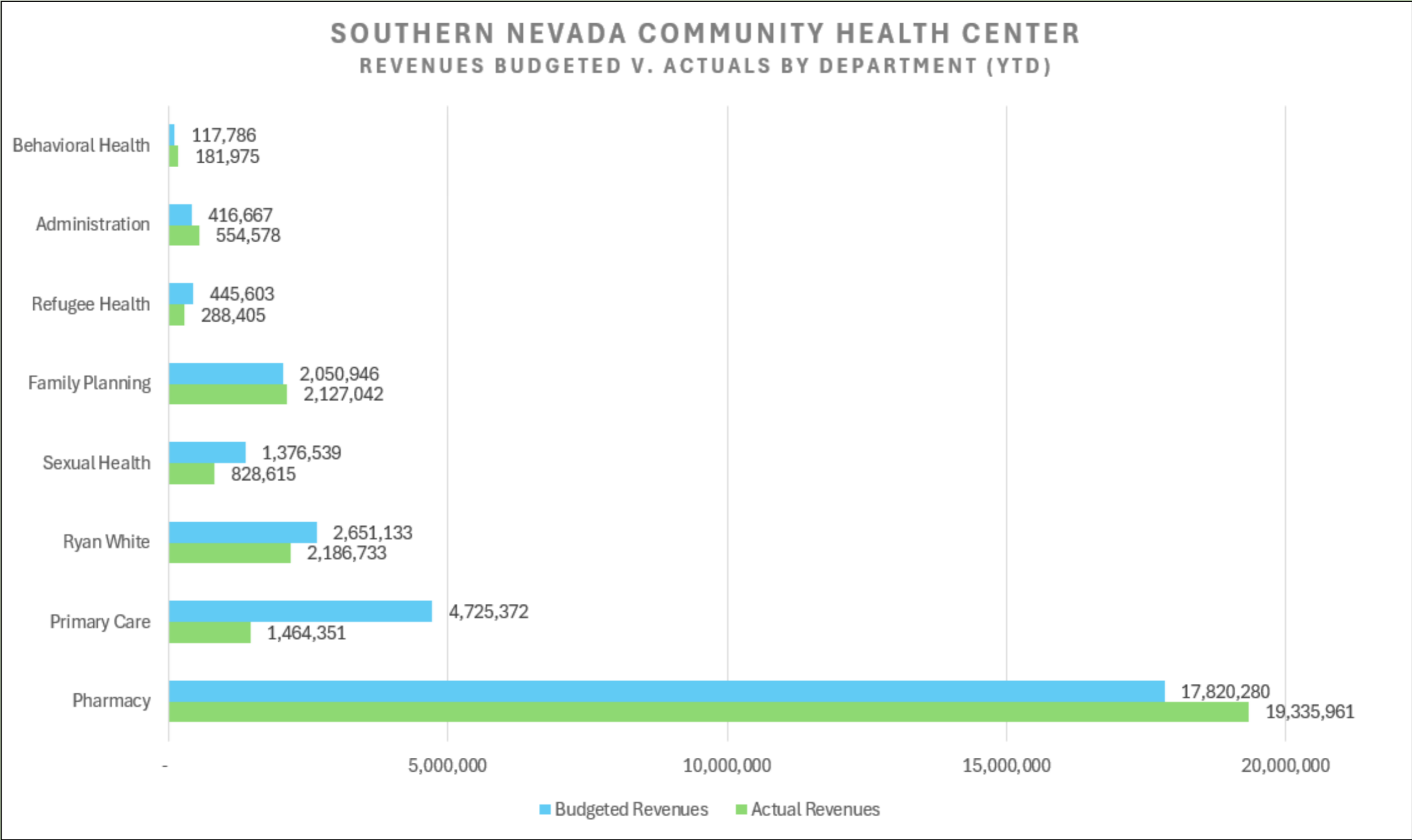


Expenses v. Revenues by Department

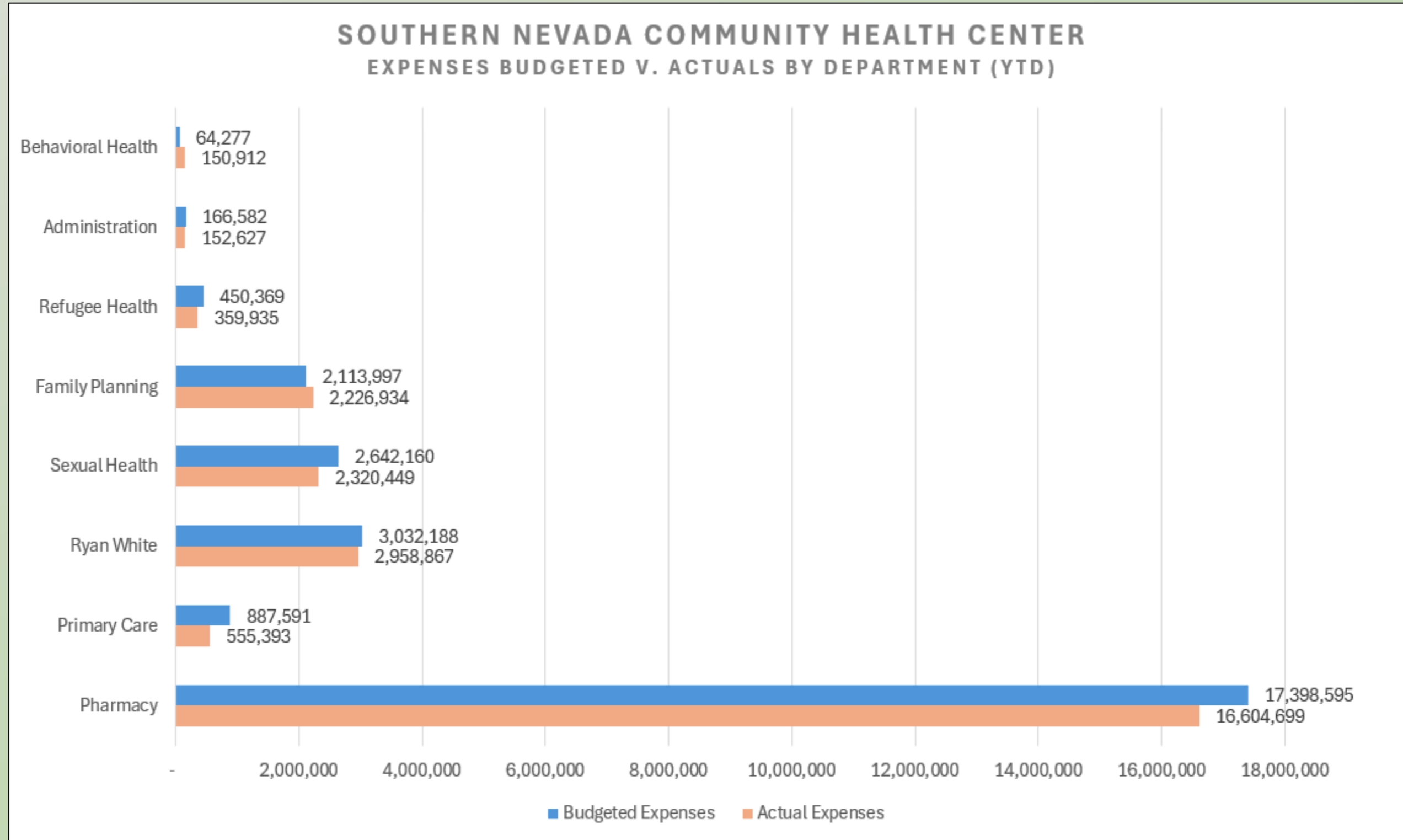
Year-to-Date



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



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





Questions?



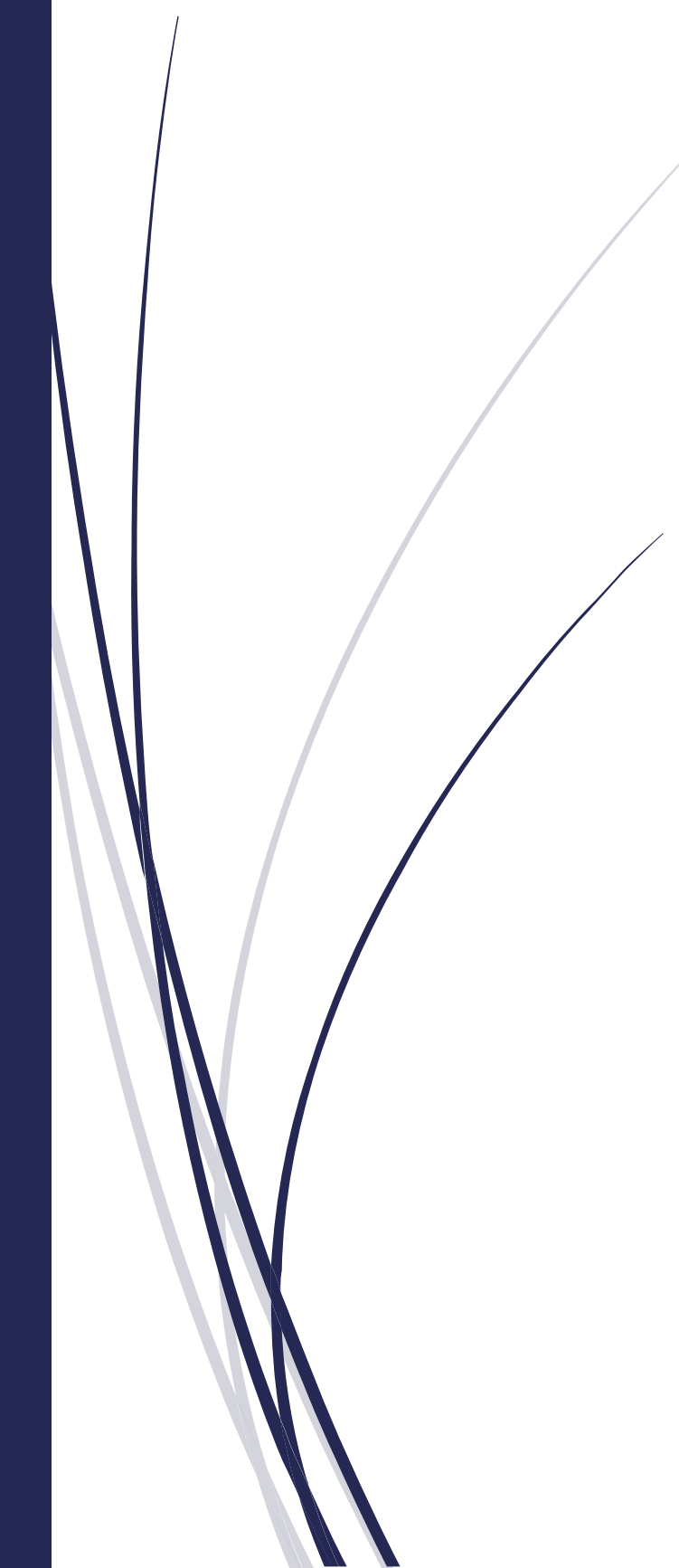
MOTION

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





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.

CEO COMMENTS



Randy Smith, Chief Executive Officer - FQHC

Board Updates

- ▶ New member recruitment:
 - ▶ Received one of two applications.
- ▶ Nominations Committee to meet in July
 - ▶ Review potential new board members
 - ▶ Make a recommendation to the Governing Board
- ▶ Potential votes for new board members in July

Governing Board Retreat

- ▶ Ideally would like this to occur in the next few months
 - ▶ New board members present
 - ▶ Identify potential venues
 - ▶ **Content – Educational in nature**
 - ▶ Community Needs
 - ▶ Program Specific (e.g., Ryan White & Family Planning)
 - ▶ Team Building

Administrative Updates

- Federal Tort Claims Act (FTCA) redeeming application due June 24, 2024
- PPS Rate Setting – State acknowledged receipt of application on May 24, 2024
- Medical Director recruitment active
 - An offer has been extended
 - Recruitment efforts continue for additional candidates
- Billing and Coding specialist
 - Reviewed a sampling of medical and behavioral health charts
 - Provided high-level overview to the health center leadership team and revenue cycle manager
 - Onsite in July to shadow and give technical assistance to the providers on documentation practices

Grant and Activity

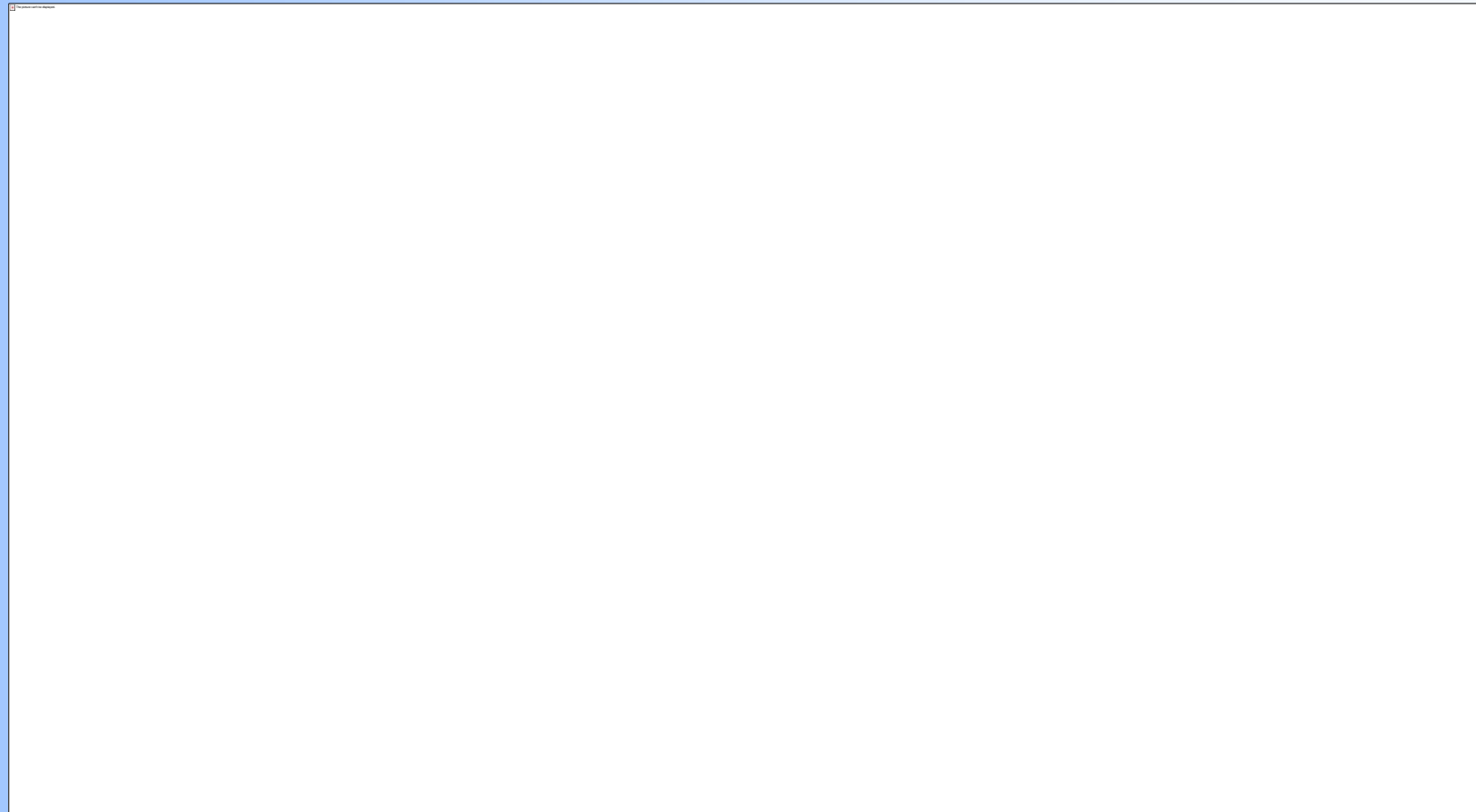
- Renewals
 - FPNV – Family Planning
 - Incubator Grant – Behavioral Health
 - COVID Construction (BH Center)
- New Grant
 - BHSE – Behavioral Health
 - **HCQIQA – Quality Improvement (one-time only)**

Employee Engagement & Recognition

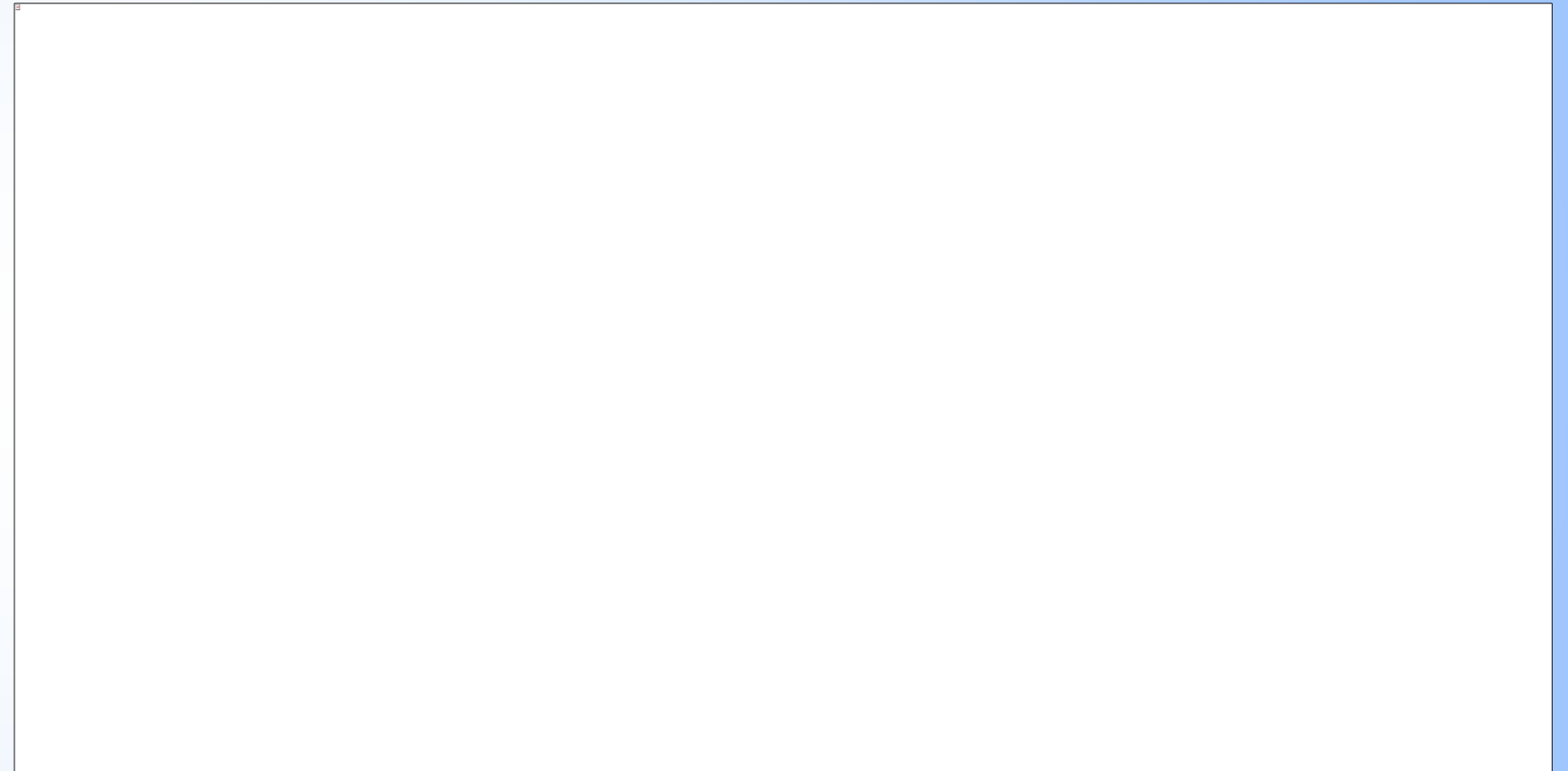
- Employee Engagement Committee
 - Seven employees plus management support
 - 1st meeting held on 5/23
 - Introduced to the entire health center on 6/11
- Health center leadership to meet with the HR team to review recent (Spring 24) engagement survey responses
- Employee Recognitions
 - Milestone Celebrations:
 - Two employees celebrating one year
 - On the Spot Awards
 - Six employees acknowledged
 - Exemplary Service
 - Two employees acknowledged

Unduplicated Patients and Patient Visits

Unduplicated Patients through May 2024 – 59.13% to goal of 9,980 unduplicated patients



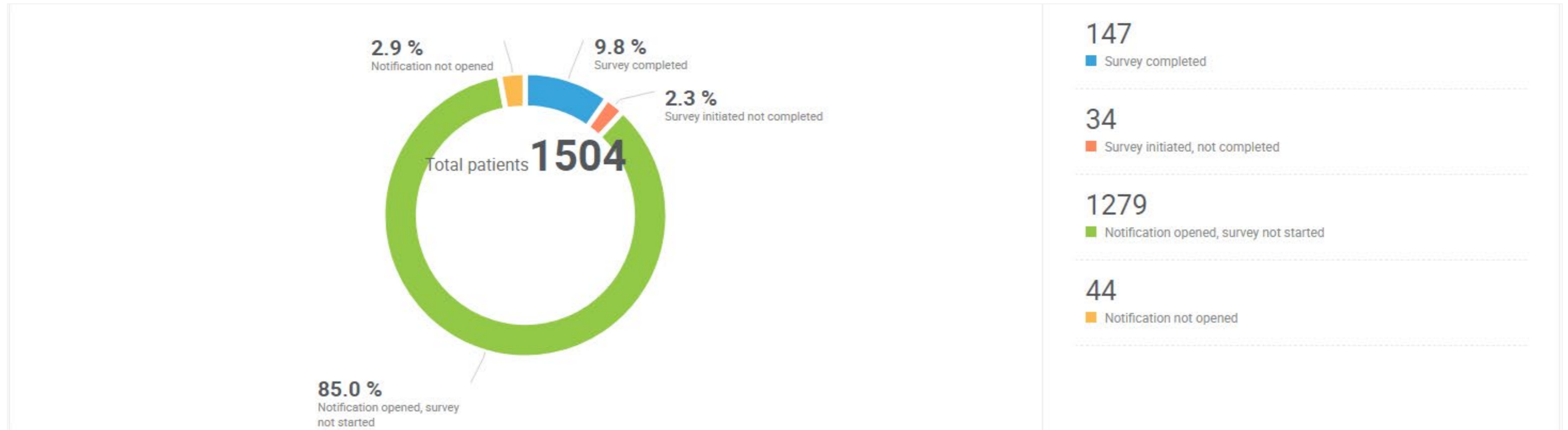
Patient Visits through May 2024 – 43.23% to goal of 23,577 patient visits



Patient Satisfaction Survey



Patient Satisfaction Survey - Overview



147

■ Survey completed

34

■ Survey initiated, not completed

1279

■ Notification opened, survey not started

44

■ Notification not opened

Gender



Survey Outreach ⓘ

941 Female

Most Active Age range 26 - 50 Yrs

0 - 25 Yrs **16%**

26 - 50 Yrs **64%**

51 Yrs & Above **19%**



Survey Outreach ⓘ

563 Male

Most Active Age range 26 - 50 Yrs

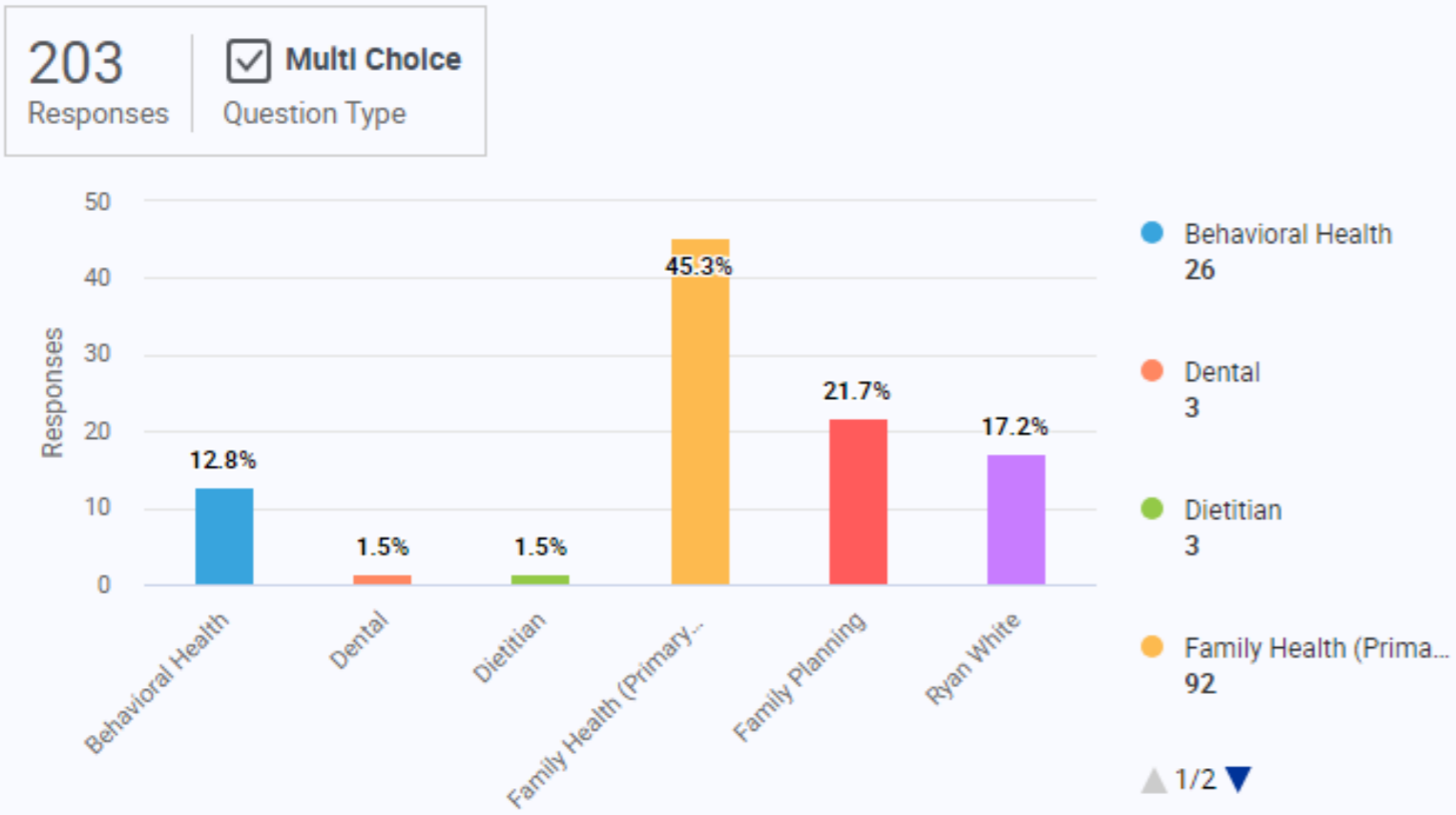
0 - 25 Yrs **14%**

26 - 50 Yrs **60%**

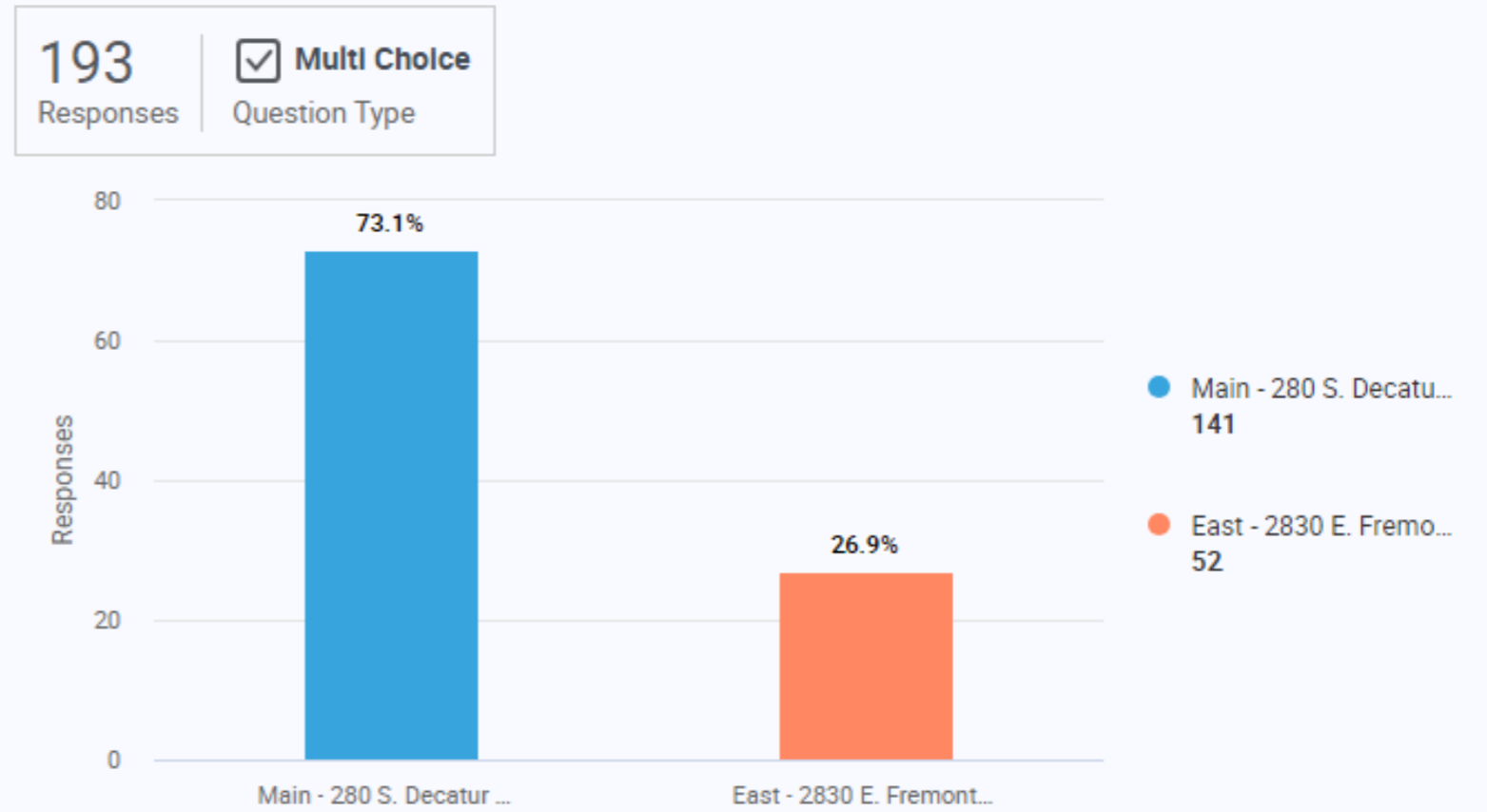
51 Yrs & Above **24%**

Patient Satisfaction Survey – Service & Location

Service received during your visit?



Community Health Center location?

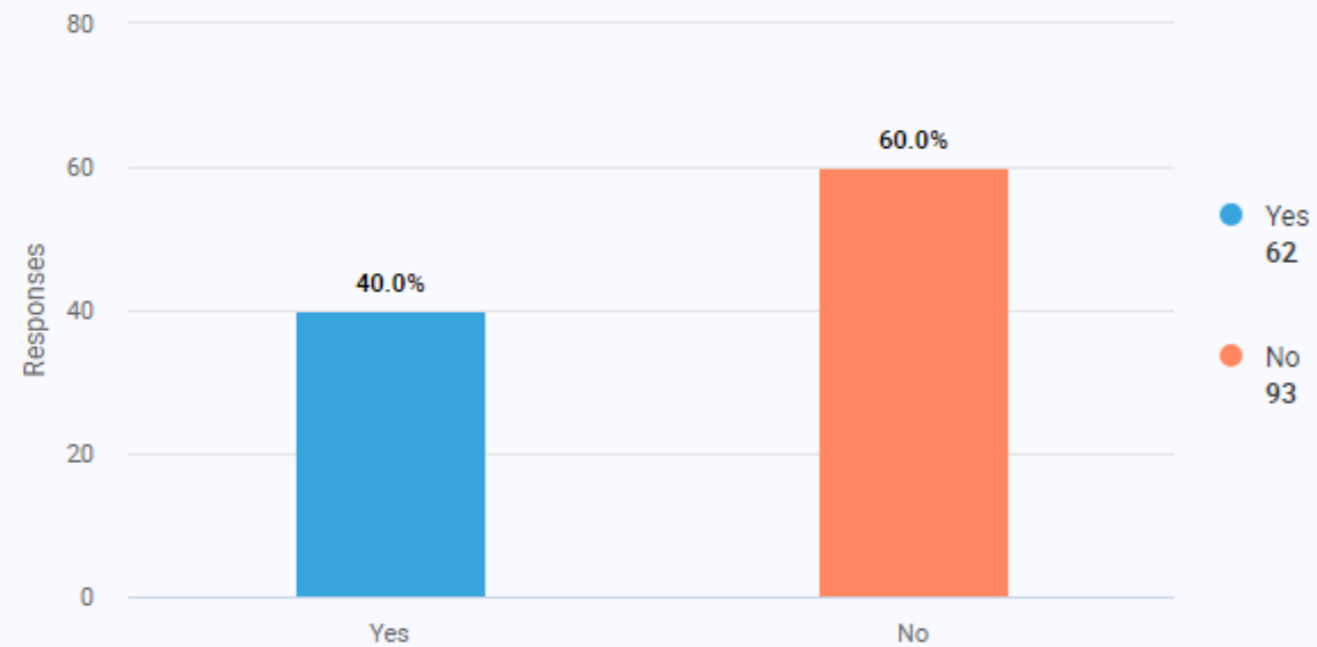


Patient Satisfaction Survey – Service & Location

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

155
Responses

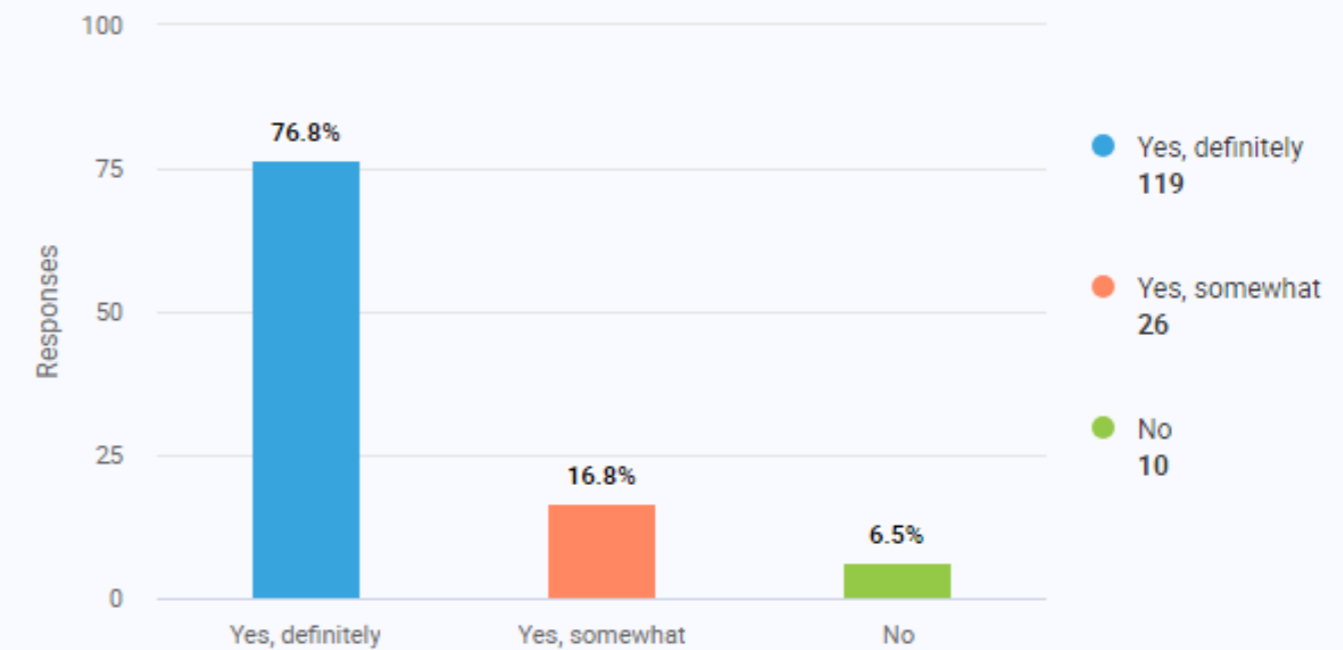
Multi Choice
Question Type



Was the recent visit as soon as you needed?

155
Responses

Multi Choice
Question Type

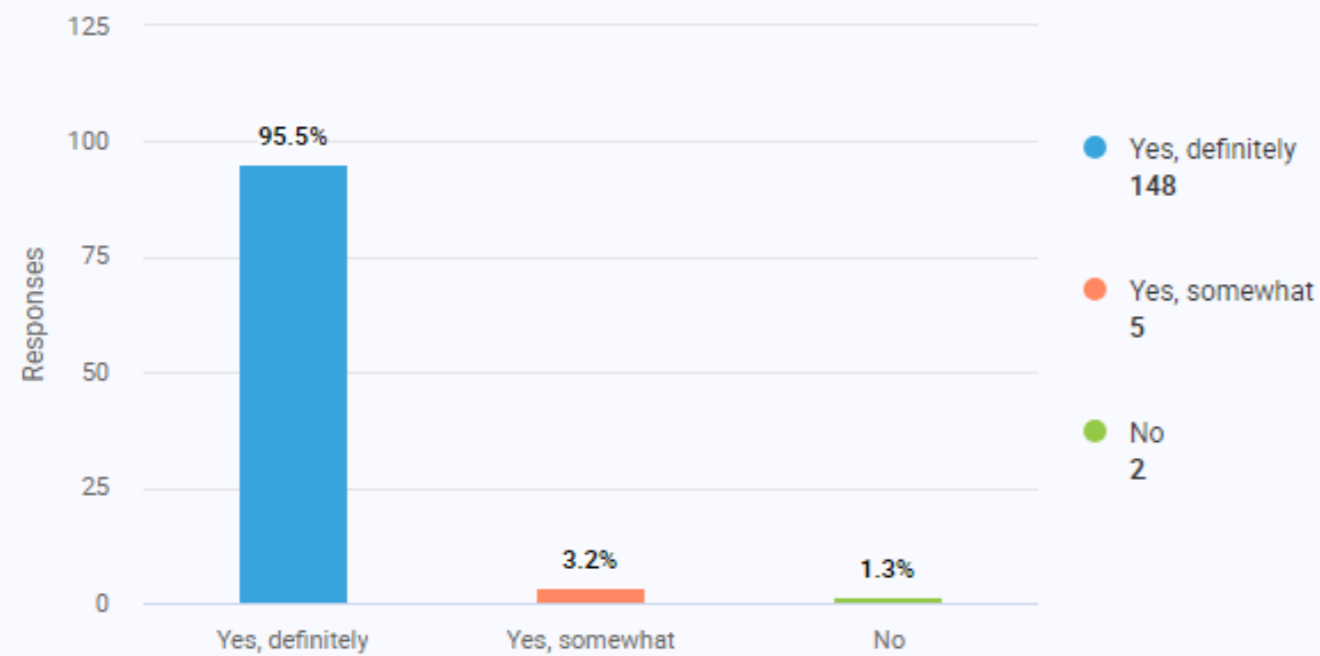


Patient Satisfaction Survey – Service & Location

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

155
Responses

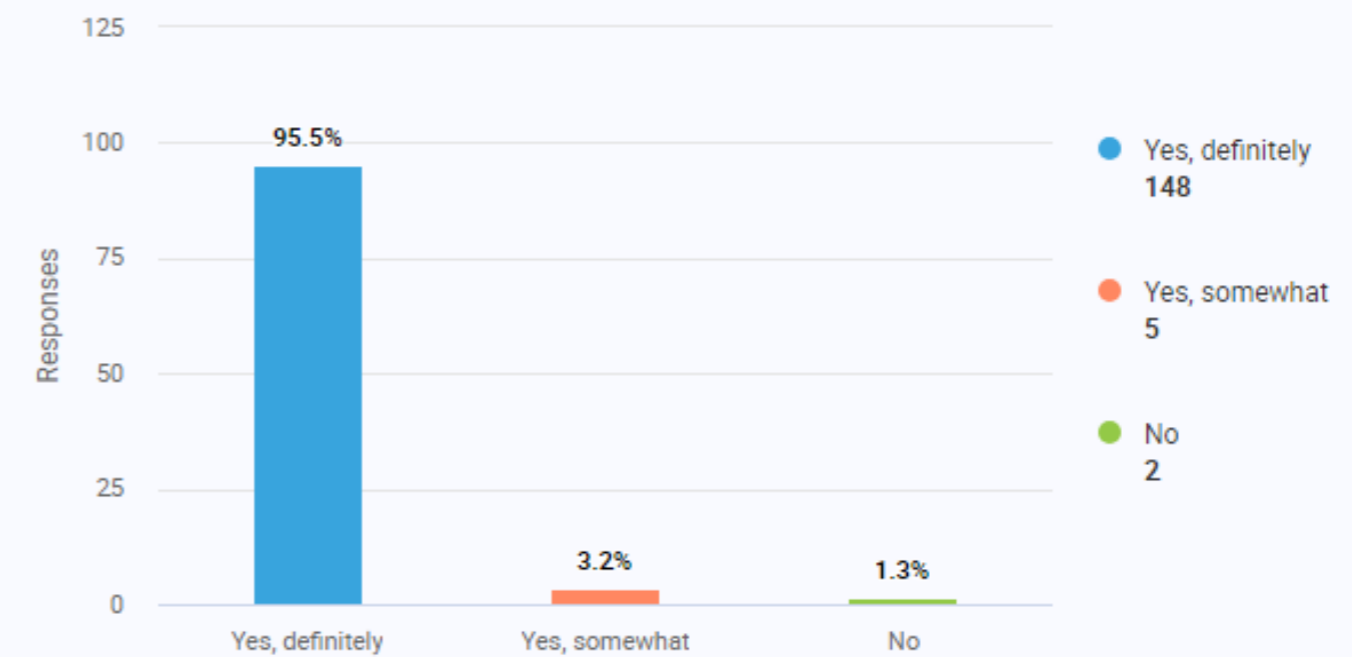
Multi Choice
Question Type



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

155
Responses

Multi Choice
Question Type

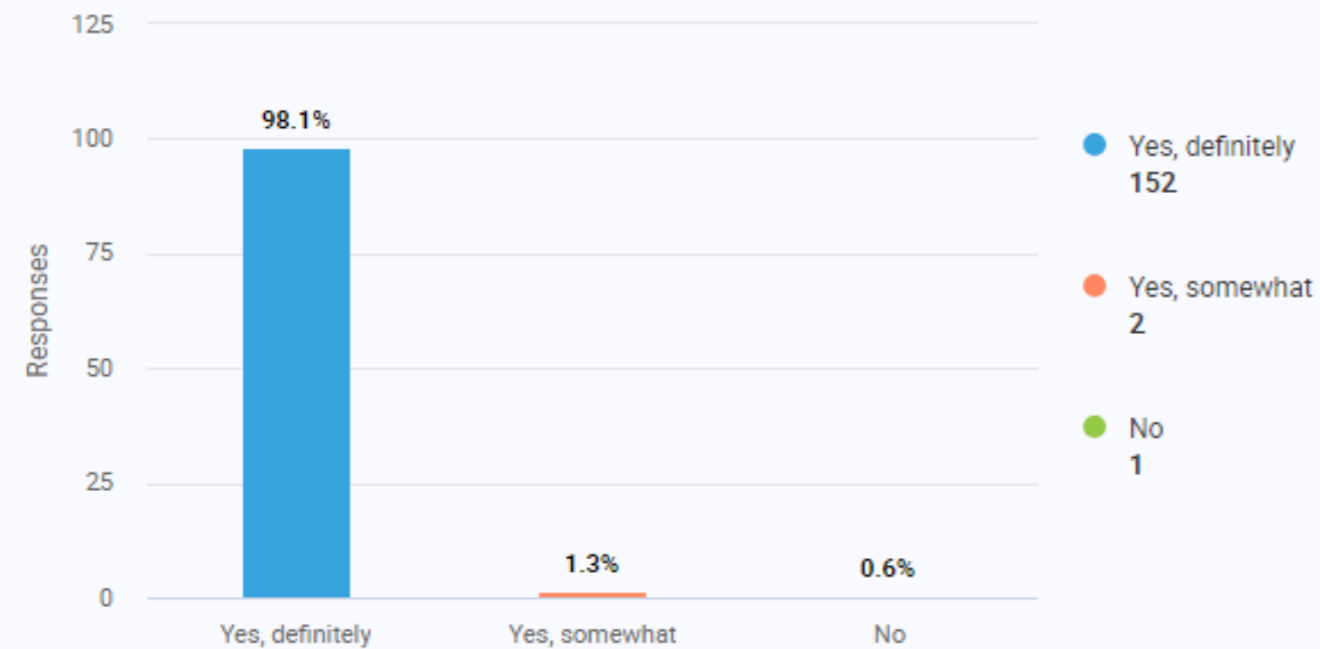


Patient Satisfaction Survey – Service & Location

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

155
Responses

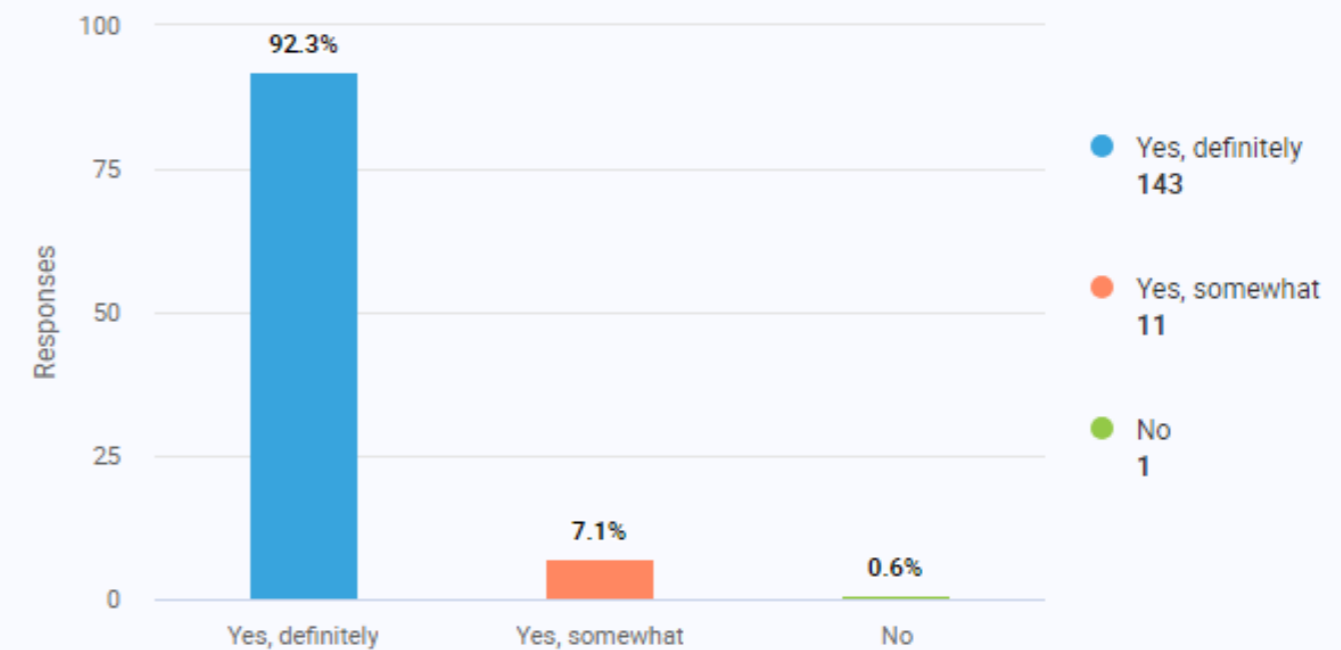
Multi Choice
Question Type



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

155
Responses

Multi Choice
Question Type

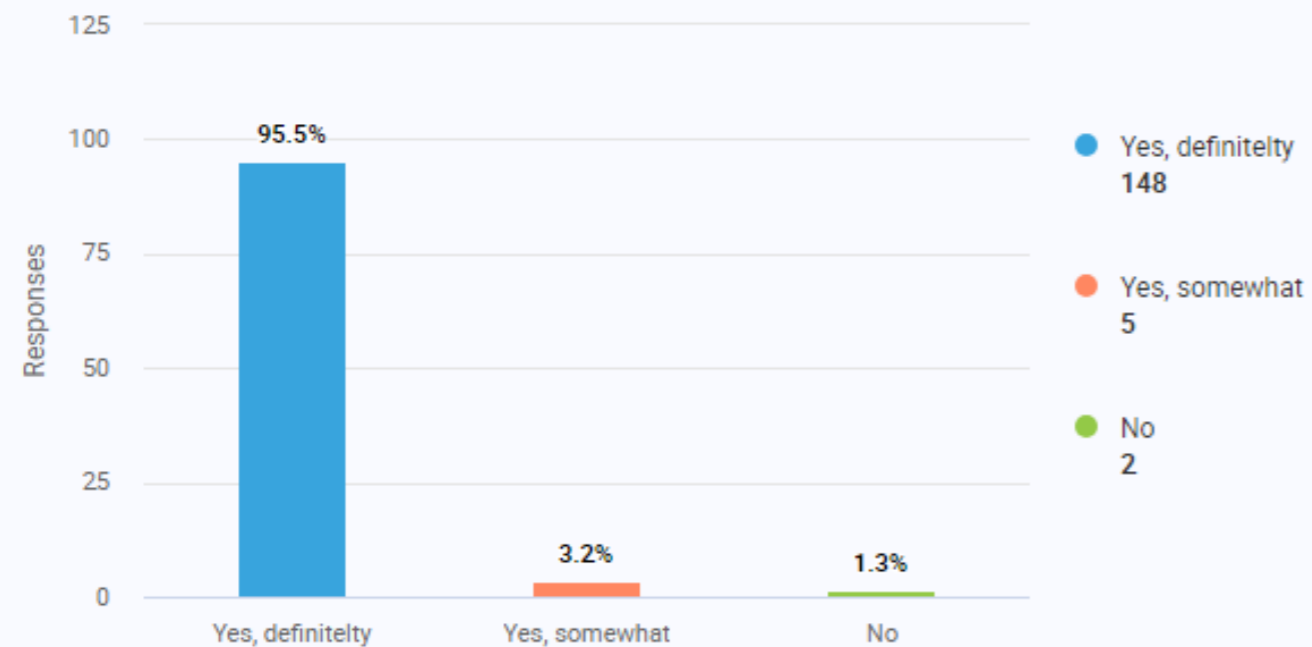


Patient Satisfaction Survey – Service & Location

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

155
Responses

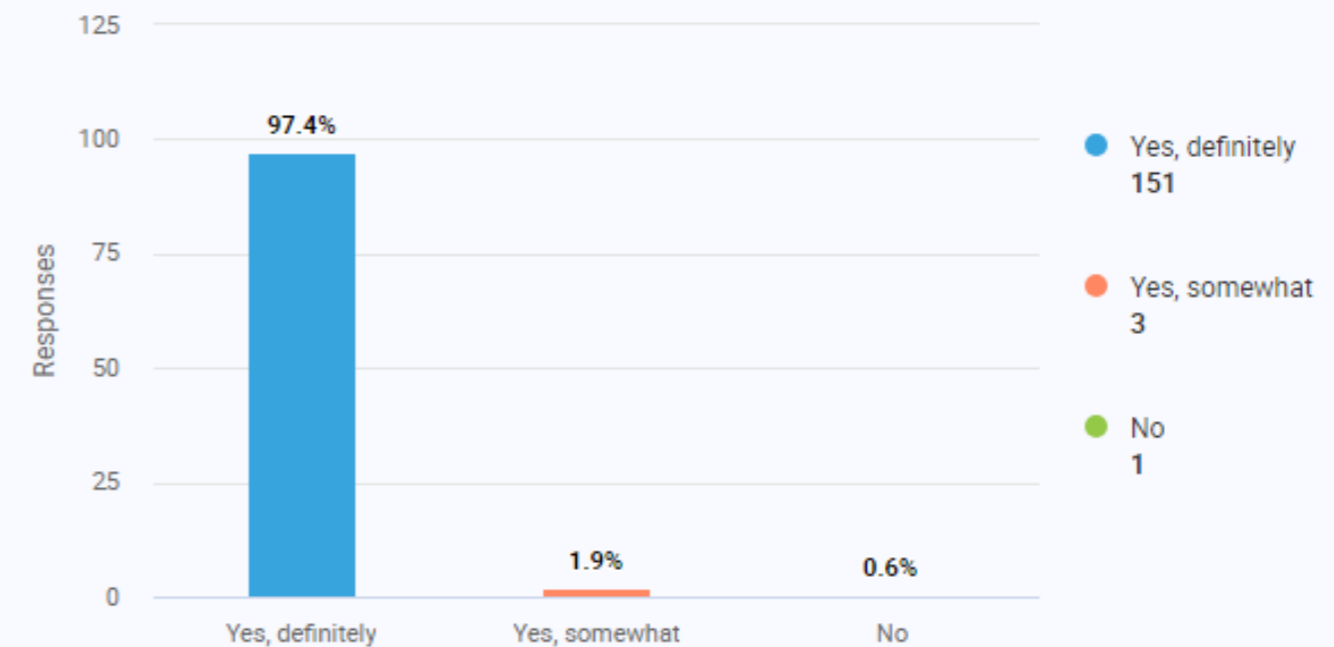
Multi Choice
Question Type



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

155
Responses

Multi Choice
Question Type

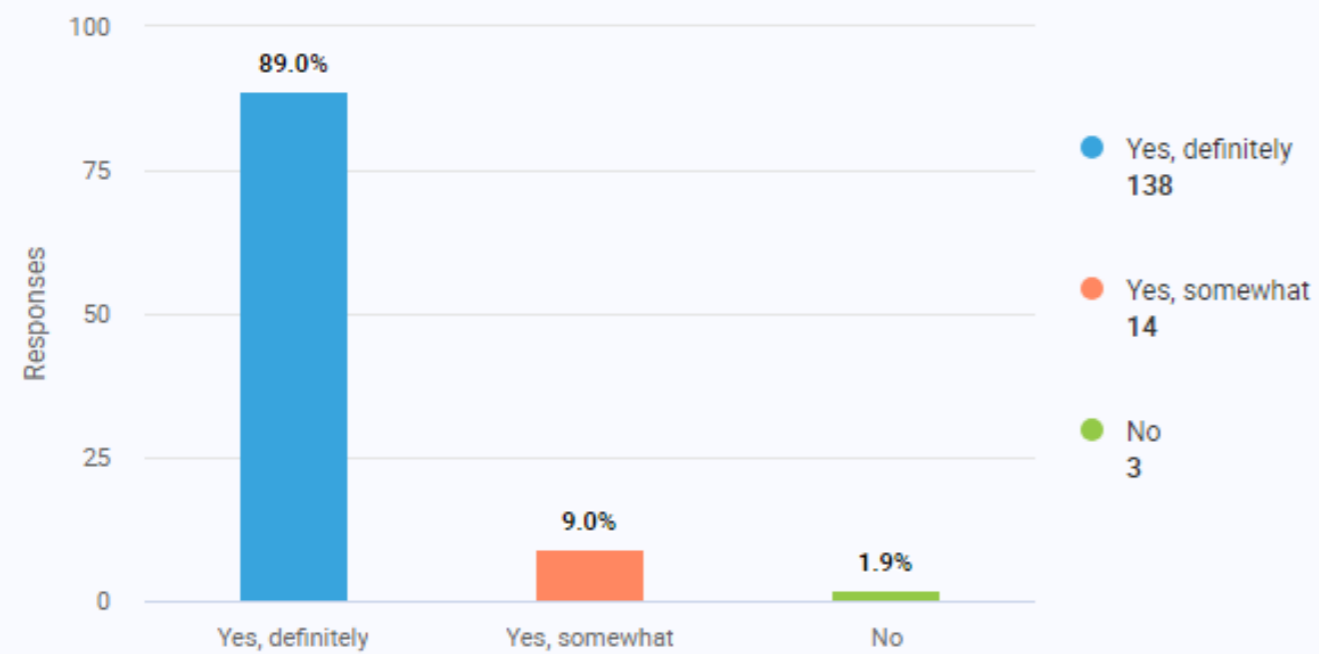


Patient Satisfaction Survey – Service & Location

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

155
Responses

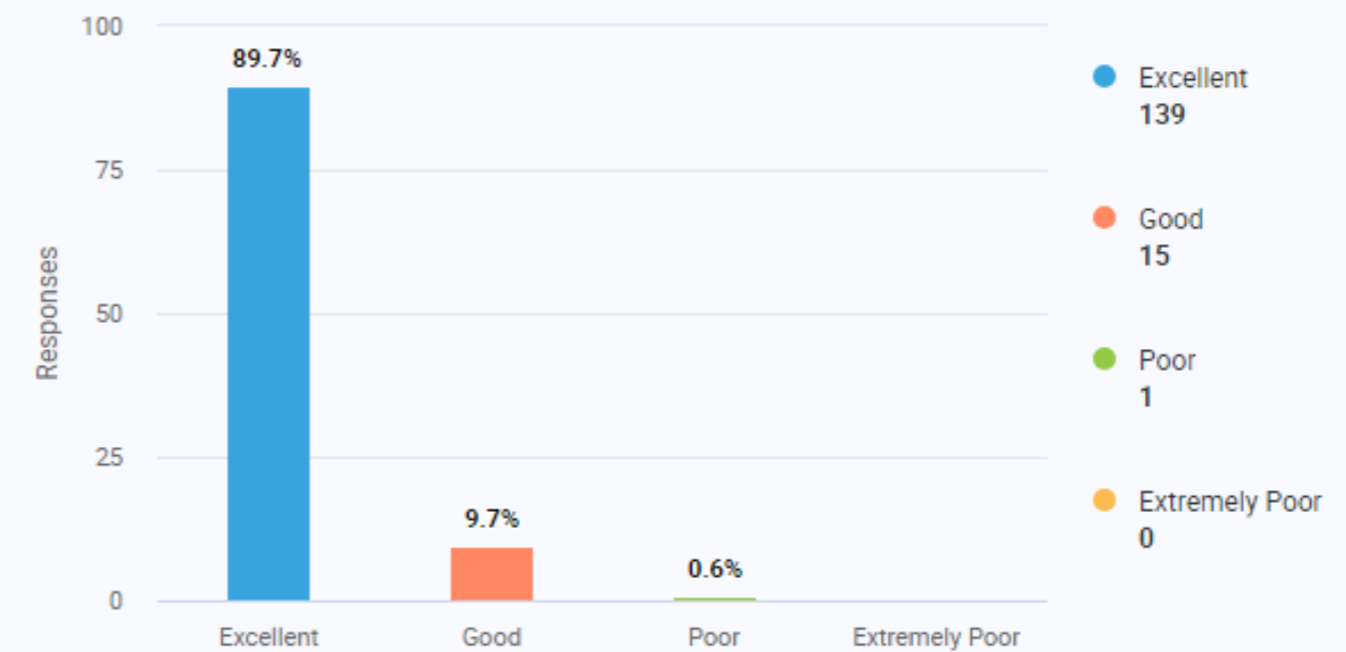
Multi Choice
Question Type



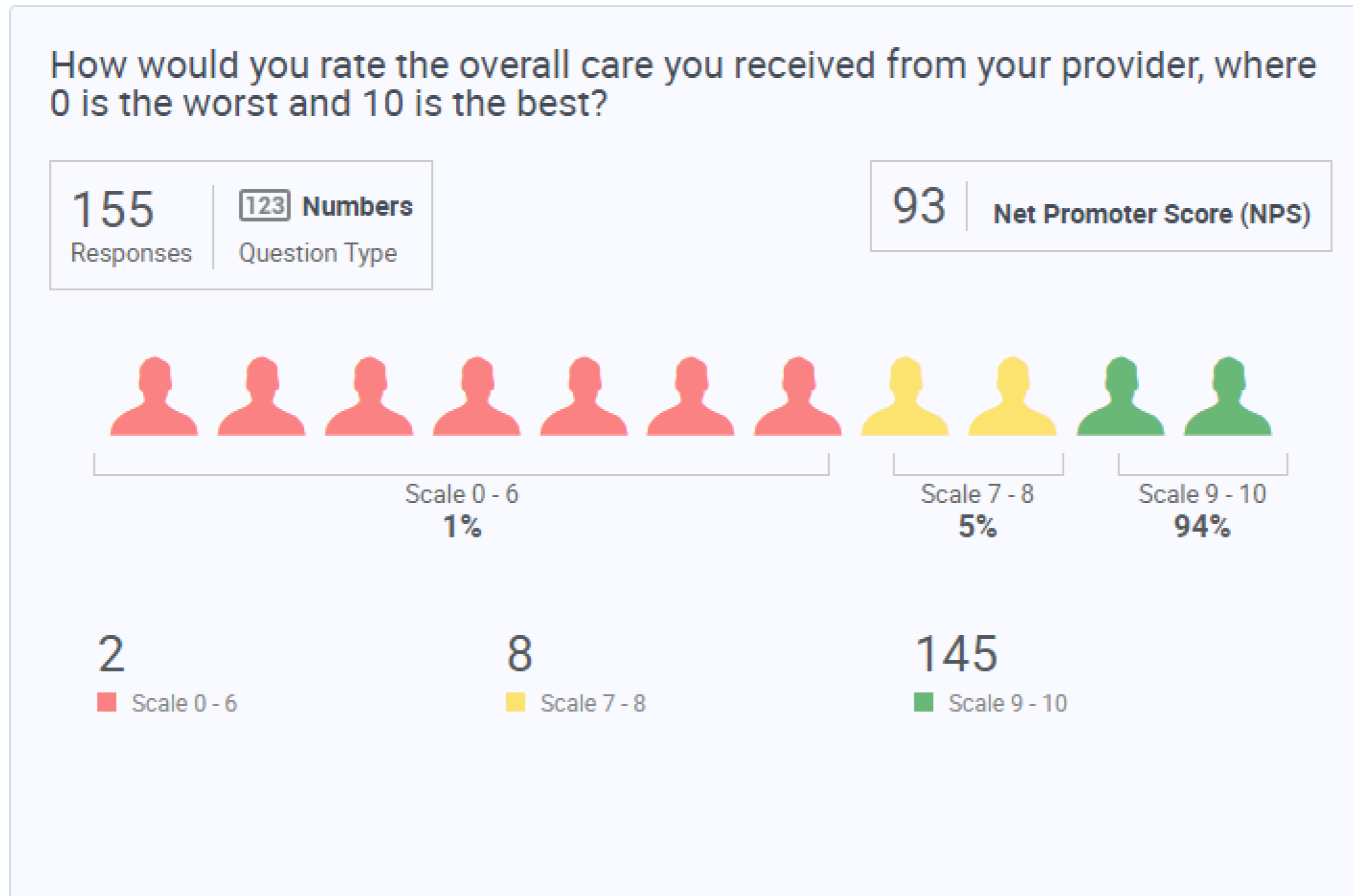
Thinking about the facility, how was the overall cleanliness and appearance?

155
Responses

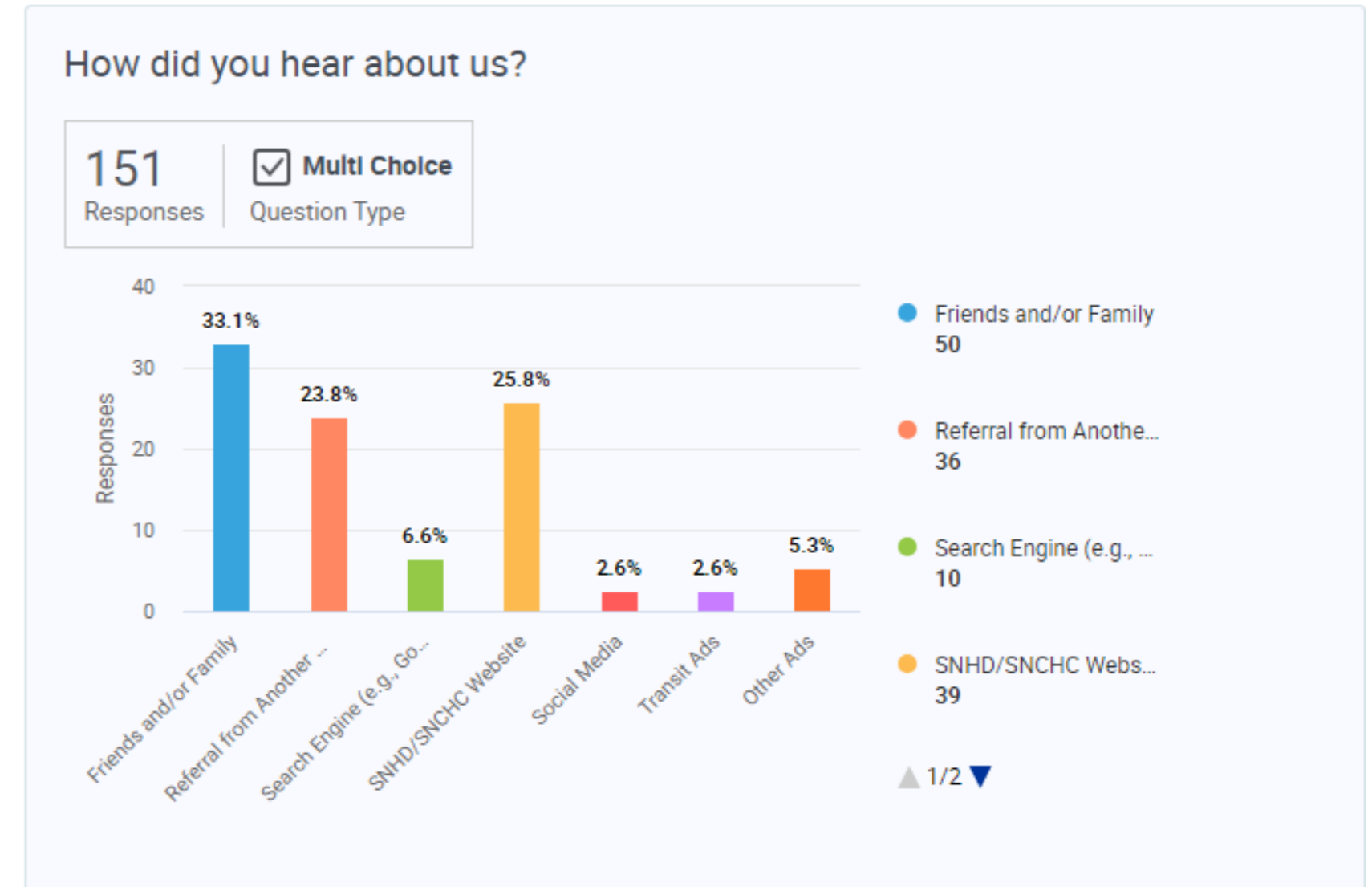
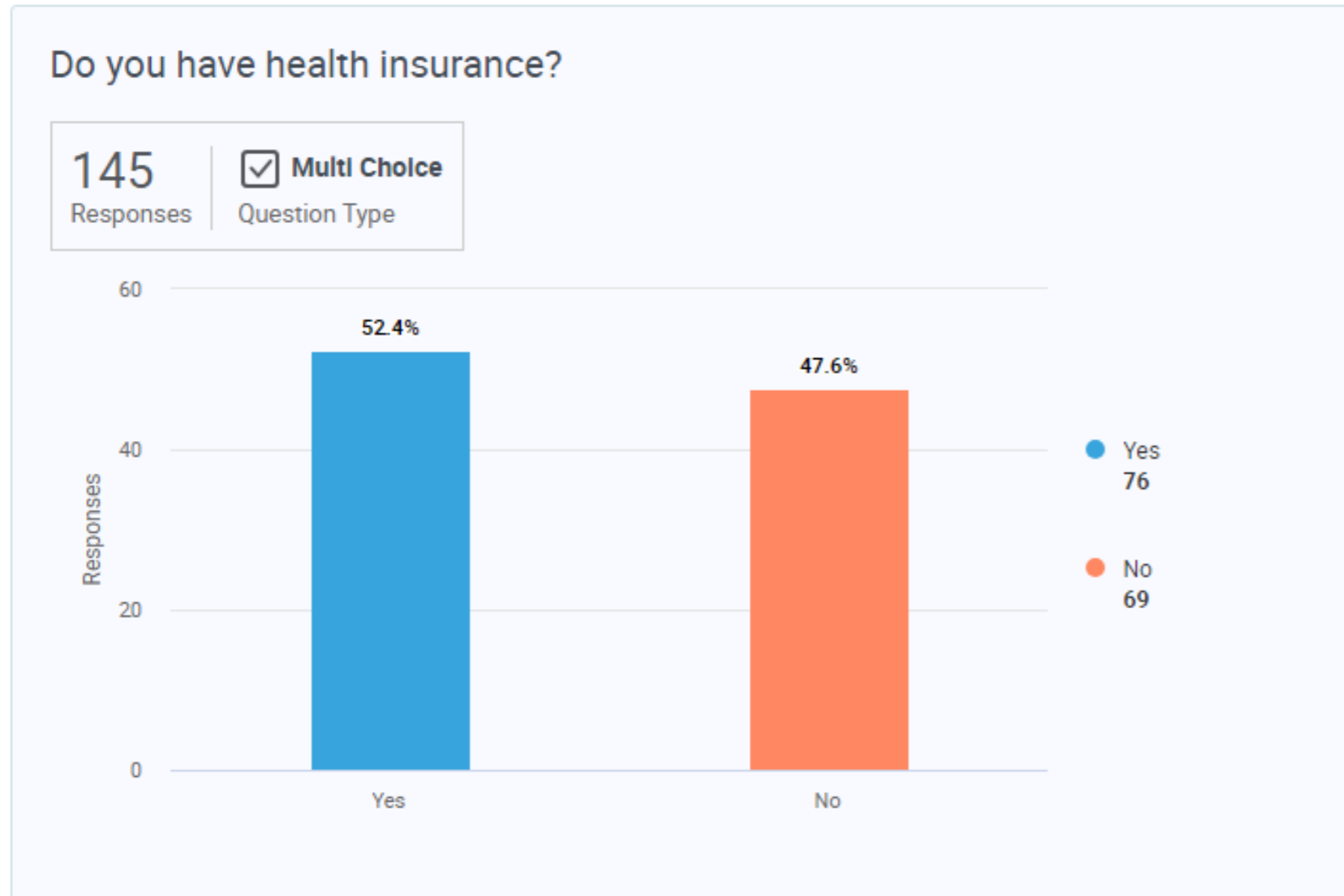
Multi Choice
Question Type



Patient Satisfaction Survey – Overall Care



Patient Satisfaction Survey – General Information



Thank You.



MEMORANDUM

Date: June 18, 2024

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, Chief Executive Officer, FQHC ^{RS}
Fermin Leguen, MD, MPH, District Health Officer ^{FL}

Subject: Community Health Center FQHC Operations Officer Report – May 2024

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

May Highlights

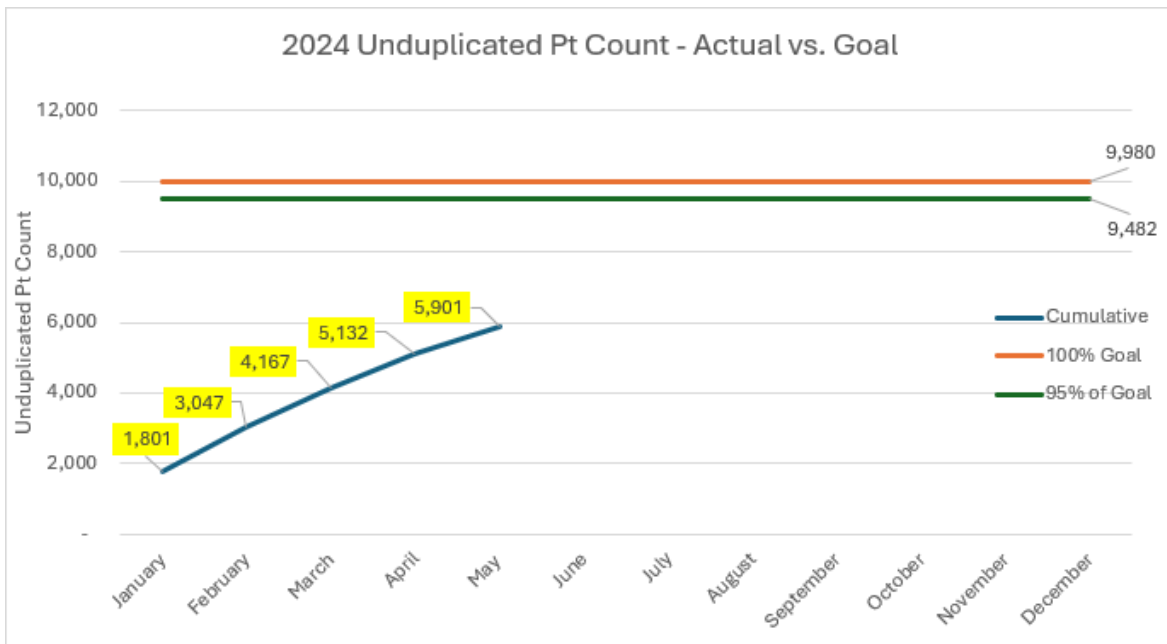
Administrative

- 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 first interviews.
- Reports due in June
 - COVID Survey
 - COVID H8L Grant – COIVD BRDG
 - RWA Quarterly
 - Refugee
 - Title X 2023 Narrative
- Renewals
 - FTCA Redeeming
 - FPNV
 - Incubator Grant
 - COVID Construction (BH Center)
 - FY END
- New Grant
 - BHSE
 - HCQIQA
- Contracts
 - Abbott
 - CNECT
 - Quest
- Employee Recognitions:
 - Milestone Celebrations:
 - Two employees celebrating one year.

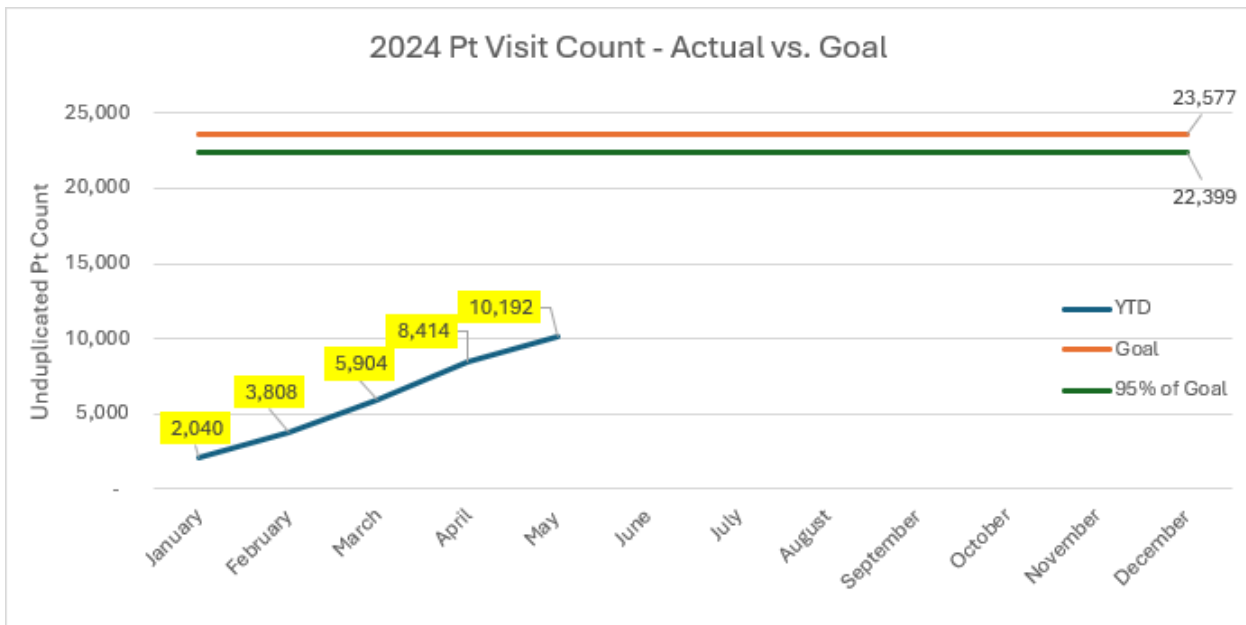
- On the Spot Awards
 - Six employees acknowledged.
- Exemplary Service
 - Two employees acknowledged.

Access

Unduplicated Patients through May 2024 – 59.13% to goal of 9,980 unduplicated patients:



Patient Visits through May 2024 – 43.23% to goal of 23,577 patient visits:



Provider Visits by Program and Site – May 2024

Visits: 2,362

Unduplicated Patients: 1,876

New Patients: 617

Steady visits/workday compared to recent months. New eCW No-show feature officially deployed as of 6/1/24. Training was provided, which was well attended by about 60 FQHC staff.

Facility	Program	MAY '24	MAY '23	MAY YoY %	FY24 YTD	FY23 YTD	FY YTD YoY%
DEC & FRE	Behavioral Health	269	117	57%	1,656	1,375	17%
DEC & FRE	Ryan White	216	219	-1%	2,461	1,965	20%
Decatur	Family Health	553	231	58%	4,832	2,335	52%
Fremont	Family Health	374	181	52%	2,405	1,539	36%
Total	Family Health	927	412	56%	7,237	3,874	46%
Decatur	Family Planning	161	155	4%	1,642	2,403	-46%
Fremont	Family Planning	83	113	-36%	923	1,233	-34%
Total	Family Planning	244	268	-10%	2,565	3,636	-42%
ASEC	Sexual Health	139	146	-5%	1,349	1,193	12%
DEC & FRE	Sexual Health	567	518	9%	6,369	6,262	2%
Total	Sexual Health	706	664	6%	7,718	7,455	3%
Grand Total		2362	1680	29%	21637	18305	15%

Pharmacy Services

	May-23	May-24		FY23	FY24		% Change YOY
Client Encounters (Pharmacy)	1,204	1,303	↑	12,700	14,741	↑	16.1%
Prescriptions Filled	1,690	2,137	↑	17,209	21,524	↑	25.1%
Client Clinic Encounters (Pharmacist)	60	71	↑	532	408	↓	-23.3%
Financial Assistance Provided	17	19	↑	114	199	↑	74.6%
Insurance Assistance Provided	9	2	↓	29	64	↑	120.7%

- A. Dispensed 2,137 prescriptions for 1,303 clients.
- B. Pharmacist completed 71 client clinic encounters.
- C. Assisted 19 clients to obtain medication financial assistance.
- D. Assisted two (2) clients with insurance approvals.

Family Planning Services

Family planning services continue to grow, with a modest 4% year over year increase in the number of visits provided at the Decatur location in May. The health center's newest family planning providers continue to build their scheduling capacity and growth in the department is projected to increase in the months ahead.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 61 referrals between May 1st and May 31st. There were five (5) pediatric clients referred to the Medical Case Management program in May and the program received three (3) referrals for pregnant women living with HIV during this time.
- B. There were 700 total service encounters in the month of May provided by the Ryan White program Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers and Health Educator. There were 328 unduplicated clients served under these programs in May.
- C. The Ryan White ambulatory clinic had a total of 391 visits in the month of May: 32 initial provider visits, 165 established provider visits including 10 tele-visits. There were 18 nurse visits and 175 lab visits. There were 75 Ryan White encounters provided under Behavioral Health by the Licensed Clinical Social Workers and the Psychiatric APRN during the month of May and 60 unduplicated clients served. There were 12 Ryan White clients seen by the Registered Dietitian under Medical Nutrition Services in May.
- D. The Ryan White clinic continues to implement the Rapid stART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were 10 patients enrolled and seen under the Rapid stART program in May.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided services to 848 unduplicated patients for the month of May. There were 135 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 CHN nurses and one medical assistant, and one 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 May 2024

Client required medical follow- up for Communicable Diseases	-
Referrals for TB issues	11
Referrals for Chronic Hep B	2
Referrals for STD	6
Pediatric Refugee Exams	22
Clients encounter by program (adults)	57
Refugee Health screening for May 2024	57
Total for FY23-24	155

Eligibility and Insurance Enrollment Assistance

As a team, Eligibility Workers submitted a total of 53 applications for the month.

Applications	Status
40	Approved
7	Denied
12	Pending

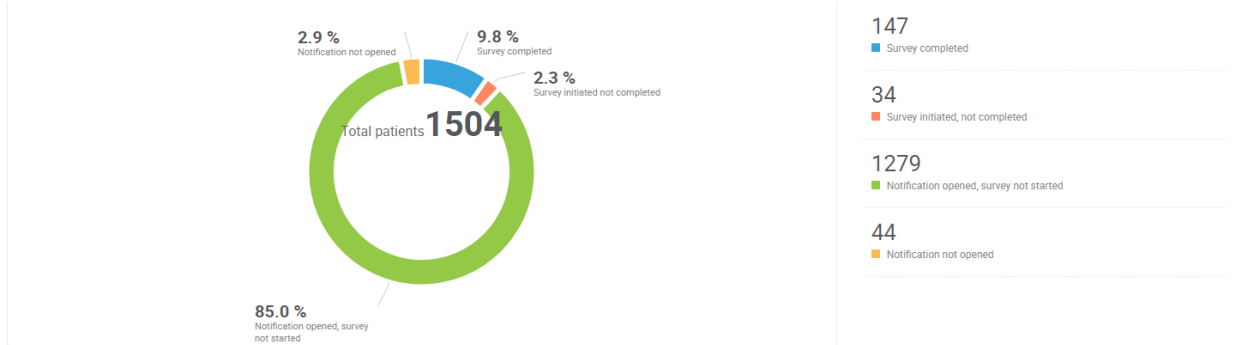
Training for CHWs to support Eligibility work has begun. A Community Health Worker at Fremont is close to being able to handle an eligibility referral from start to finish. The goal is to have them up to speed by the end of June, and then to process a minimum of one referral per week to keep their skills sharp.

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 Center Patient Satisfaction Survey May 2024

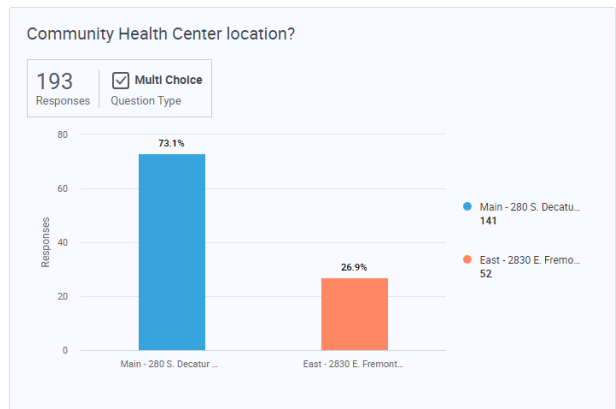
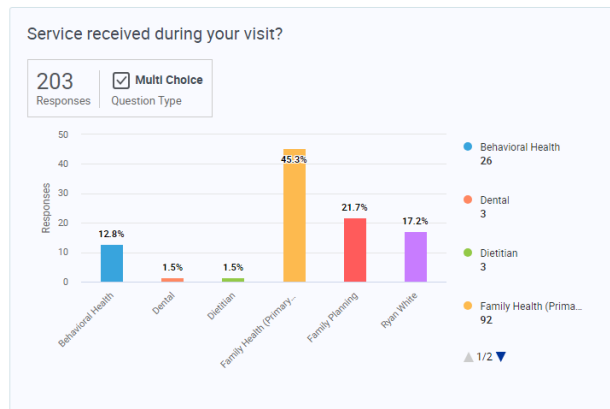
Overview



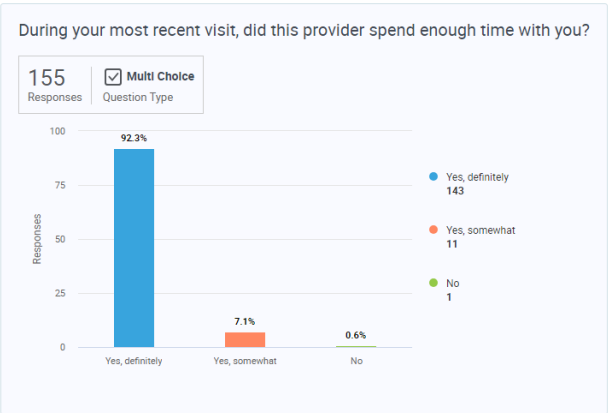
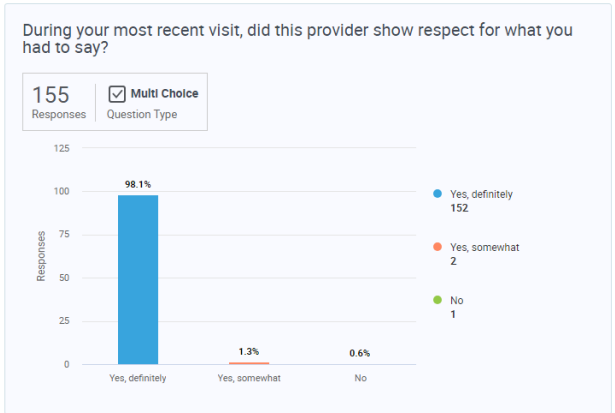
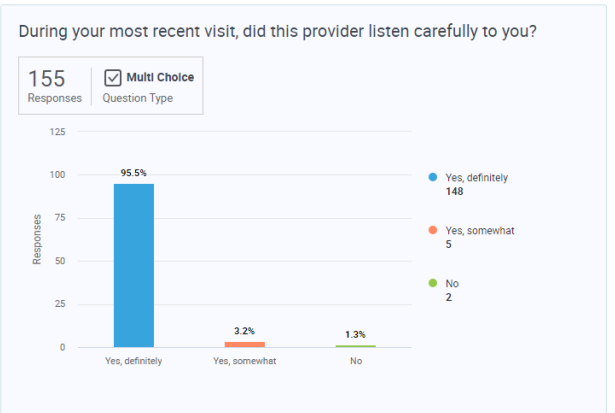
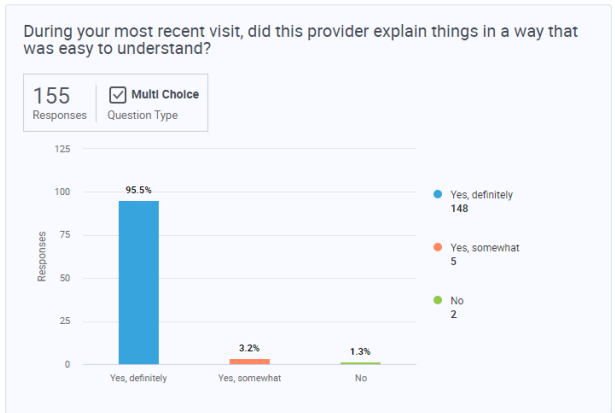
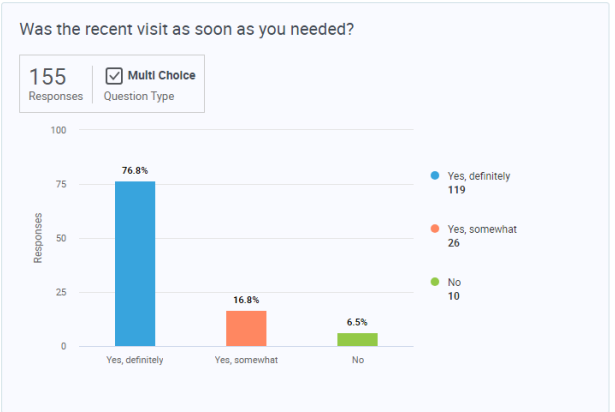
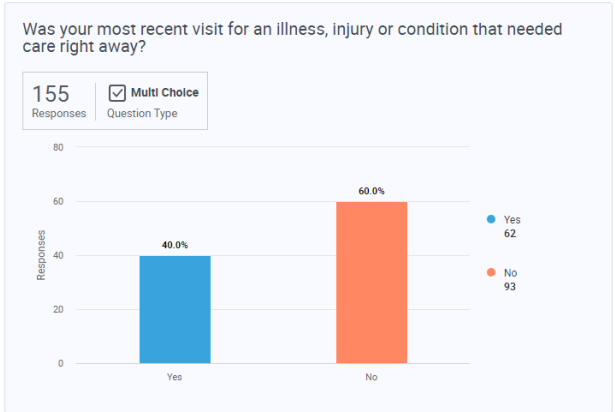
Gender



Service and Location

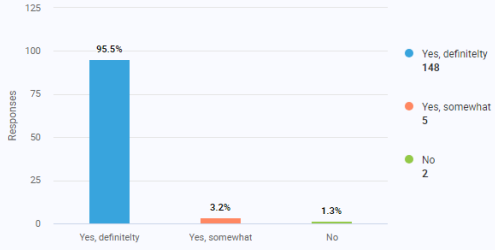


Provider, Staff and Facility



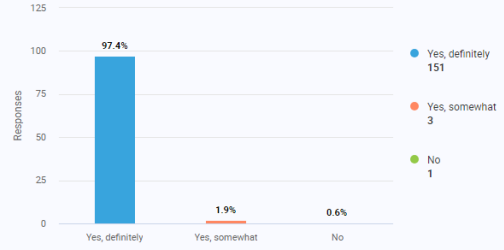
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

155 Responses Multi Choice Question Type



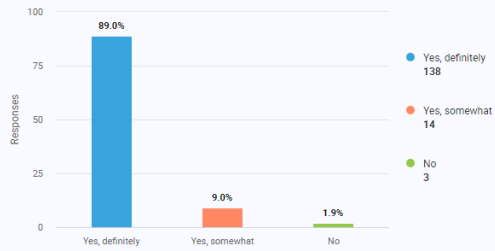
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

155 Responses Multi Choice Question Type



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

155 Responses Multi Choice Question Type



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

155 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?

155

Responses

123

Numbers

Question Type

93

Net Promoter Score (NPS)



Scale 0 - 6
1%

Scale 7 - 8
5%

Scale 9 - 10
94%

2

Scale 0 - 6

8

Scale 7 - 8

145

Scale 9 - 10

General Information

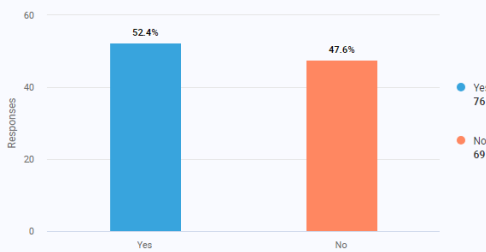
Do you have health insurance?

145

Responses

Multi Choice

Question Type



How did you hear about us?

151

Responses

Multi Choice

Question Type

