

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

November 19, 2024, 2024 – 2:30 p.m.

Meeting was conducted In-person and via Microsoft Teams

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

- MEMBERS PRESENT:** Donna Feliz-Barrows, Chair (*in-person*)
Jasmine Coca, First Vice Chair (*in-person*)
Sara Hunt, Second Vice Chair (*via Microsoft Teams*)
Scott Black (*via Microsoft Teams*)
Erin Breen (*via Microsoft Teams*)
Ashley Brown (*via Microsoft Teams*)
Luz Castro (*via Microsoft Teams*)
Marie Dukes (*via Microsoft Teams*)
Brian Knudsen (*via Microsoft Teams*)
Jose L. Melendrez, (*via Microsoft Teams*)
- ABSENT:** Blanca Macias-Villa
- ALSO PRESENT:** Nadine Kienhoefer, Davell Jackson
- LEGAL COUNSEL:** Edward Wyner, Associate General Counsel
- CHIEF EXECUTIVE OFFICER:** Randy Smith
- STAFF:** Tawana Bellamy, Andria Cordovez Mulet, Emily Anelli, Cassondra Major, Jacques Graham, Ronique Tatum-Penegar, Fermin Leguen, (External) David Kahananui, Cassius Lockett, Bernadette Meily, Kim Saner, Jonas Maratita, Ryan Kelsch, Justin Tully, Yin Jie Qin, Luann Province, Felicia Sgovio, Donnie Whitaker, Mariel Marcos, Merylyn Yegon, Tabitha Johnson

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. **RECOGNITION**

1. **Southern Nevada Health District – November Employee of the Month**

- Mariel Marcos

The Chair recognized Employee of the Month, Mariel Marcos. Each month the Community Health Center and the Health District recognized those employees that went above and beyond for the Health District and our community and that best represented the Health District's C.A.R.E.S. Values.

IV. OATH OF OFFICE

Ms. Bellamy administered the Oath of Office to Members Donna Feliz-Barrows, Chair, Jasmine Coca, First Vice Chair and Sara Hunt, Second Vice Chair.

V. 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.

VI. ADOPTION OF THE NOVEMBER 19, 2024, MEETING AGENDA *(for possible action)*

Chair Feliz-Barrows called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Black, and carried unanimously to approve the November 19, 2024, Meeting Agenda, as presented.

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

- 1. APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** October 15, 2024 *(for possible action)*
- 2. Approve Initial Credentialing and Privileging of Provider Michelle Jordan, DO;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approve the Re-credentialing and Renewal of Privileges for Providers;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 - Fermin Leguen, MD, MPH
 - Tasheka Powell, APRN I
 - Lorretta Jennings, APRN II
 - Elita Pallasigui, APRN I
 - Norma Ramirez-Rodriguez, LCSW
 - Racquel Tolzmann, APRN II
 - Adrienne Young, APRN II

Chair Feliz-Barrows called for any action and there were none.

A motion was made by Member Breen, seconded by Member Melendrez, and carried unanimously to approve the Consent Agenda, as amended.

Member Knudsen joined the meeting at 2:42 p.m.

VIII. REPORT / DISCUSSION / ACTION

1. Receive, Discuss and Accept the September 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 September 2024 Year to date Financial Report, which represents the first quarter, unaudited results as of September 30, 2024.

Revenue

- General Fund revenue (Charges for Services & Other) was \$8.34M compared to a budget of \$7.03M, a favorable variance of \$1.34M.
- Special Revenue Funds (Grants) were \$1.85M compared to a budget of \$1.96M, an unfavorable variance of \$120K.
- Total Revenue was \$10.22M compared to a budget of \$9.00M, a favorable variance of \$1.22M.

Expenses

- Salary, Tax, and Benefits were \$3.45M compared to a budget of \$3.43M, an unfavorable variance of \$19.7K.
- Other Operating Expense was \$7.61M compared to a budget of \$6.06M, an unfavorable variance of \$1.55M.
- Indirect Cost/Cost Allocation was \$1.97M compared to a budget of \$1.92M, an unfavorable variance of \$55K.
- Total Expense was \$13.02M compared to a budget of \$11.40M, an unfavorable variance of \$1.62M.

Net Position was (\$2.81M) compared to a budget of (\$2.40M), an unfavorable variance of \$402K.

Ms. Whitaker further reviewed the following:

- All funds and Divisions by Type (Budget to Actual)
- Revenue and Expenses by Department (graphical diagram)
- Revenue by Department
- Expenses by Department
- Patient Encounters by Department as of September 2024
 - FY2024 Total: 6,972
 - FY2025 Total: 9,218
 - 32% year over year growth
- Financial Report Categorization Definitions
- Year to Date by Month by Department
- Year to Date by Type

The Chair called for questions and there were none.

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

2. Receive, Discuss and Approve the Patient Complaints and Grievances Policy; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, Chief Executive Officer, FQHC provided a summary of the Patient Complaints and Grievances Policy. The policy provides a systematic and consistent approach to address complaints of clients and family and establish a grievance process to ensure a response.

Further to an inquiry from Member Coca, Mr. Smith advised that the first intent is to have staff resolve it at the point of care, then to the supervisor. Mr. Smith further advised there are certain types of grievances that would go directly to him.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Breen, and carried unanimously to approve the Patient Complaints and Grievances Policy, 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 Feliz-Barrows shared that she found out the center is renting space and the pharmacy is not theirs. That is why the 340B works differently there than at our health center.

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

- CEO Comments

Mr. Smith shared the FY25 Quarter One Access report which included the month October. Mr. Smith further shared there was a twenty-eight percent increase in patient access over last year.

Mr. Smith further shared the following:

- Unduplicated Patients: 93.99% to goal of 9,980
- Visit Counts: 86.02% to goal of 23,577
- National Association of Community Health Centers (NACHC) Statement Regarding the 2024 Election.
- Reminders for board members to complete the Conflict of Interest Disclosure Forms and the upcoming Strategic Planning Committee meeting.
- HRSA Operational Site Visit – February 25, 2025 through February 27, 2025
- HRSA Title X site visit scheduled September 2025
- Ryan White site visit was successfully completed on November 6, 2024, with no findings.
- The new Medical Director was hired and will start February 3, 2025.
- Behavioral Health Clinic at Decatur buildout is complete. Soft opening on November 24, 2024, and an open house scheduled January 15, 2025.

- Medicaid PPS rate setting cost report was submitted on October 31, 2024.
- Two employees were awarded Employee of the Month.
- Video - [Partnering with Communities to Build a Healthier Nation](#)

Members Black and Knudsen left the meeting at 3:19 p.m. and did not return.

Further to an inquiry from Chair Feliz-Barrows, regarding steps being taking to ensure certain undocumented populations are protected when they come in for service. Mr. Smith shared that we would have to wait and see what will transpire in the new administration. Dr. Leguen shared that we do not ask for the immigration status of our patients. Dr. Leguen further shared there is nothing in our system that reflects immigration status, and we do not obtain that information. Dr. Leguen shared that as an agency, we do not cooperate with the law enforcement regarding the immigration status of people, and we do not allow police or immigration activity in our facility. Further to an inquiry from Chair Feliz-Barrows, Dr. Leguen commented that this would extend to all populations, including LGBTQ.

Member Melendrez commented that we should look out for ice raids where they overstep their boundaries. Dr. Leguen advised that we can control what is happening in the building.

Chair Feliz-Barrows commented that it makes her feel more comfortable that the health center is ahead of the concerns.

Chair Feliz-Barrows called for further questions or comments and there were none.

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) September 2024 Operations Reports

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

Seeing no one, the Vice Chair closed the Second Public Comment period.

XII. ADJOURNMENT

The Vice Chair adjourned the meeting at 3:29 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

AGENDA

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
GOVERNING BOARD MEETING
November 19, 2024 – 2:30 p.m.**

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

NOTICE

Microsoft Teams:

<https://events.teams.microsoft.com/event/6db45452-bd33-4303-b0bb-e44ca9e323ae@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 208 225 713#

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. RECOGNITION

1. **Southern Nevada Health District – November Employee of the Month**
 - Mariel Marcos

IV. OATH OF OFFICE

- Donna Feliz-Barrows, Chair
- Jasmine Coca, First Vice Chair
- Sara Hunt, Second Vice Chair

- V. 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 and spell your 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 Teams:** Use the Teams link above. You will be able to provide real-time chatroom messaging, which can be read into the record or by raising your hand. Unmute your microphone prior to speaking.
- **By telephone:** Call (702) 907-7151 and when prompted to provide the Meeting ID, enter 208 225 713#. To provide public comment over the telephone, please press *5 during the comment period and wait to be called on.
- **By email:** public-comment@snhd.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.

VI. ADOPTION OF THE NOVEMBER 19, 2024 AGENDA *(for possible action)*

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

- 1. APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** October 15, 2024 *(for possible action)*
- 2. Approve Initial Credentialing and Privileging of Provider Michelle Jordan, DO;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approve the Re-credentialing and Renewal of Privileges for Providers;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 - Fermin Leguen, MD, MPH
 - Tasheka Powell, APRN I
 - Lorretta Jennings, APRN II
 - Elita Pallasigui, APRN I
 - Norma Ramirez-Rodriguez, LCSW
 - Racquel Tolzmann, APRN II
 - Adrienne Young, APRN II

VIII. REPORT / DISCUSSION / ACTION

- 1. Receive, Discuss and Accept the September 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 Patient Complaint and Grievance Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

IX. 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)***

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

- CEO Comments

XI. INFORMATIONAL ITEMS

- Community Health Center (FQHC) October 2024 Operations Reports

XII. 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.**

XIII. 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

October 15, 2024, 2024 – 2:30 p.m.

Meeting was conducted In-person and via Microsoft Teams

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

- MEMBERS PRESENT:** Jose L. Melendrez, Chair (*via Microsoft Teams*)
Donna Feliz-Barrows, Vice-Chair (*in-person*)
Scott Black (*via Microsoft Teams*)
Erin Breen (*via Microsoft Teams*)
Ashley Brown (*via Microsoft Teams*)
Marie Dukes (*via Microsoft Teams*)
Sara Hunt (*in-person*)
Brian Knudsen (*via Microsoft Teams*)
Blanca Macias-Villa (*via Microsoft Teams*)
- ABSENT:** Luz Castro
Jasmine Coca
- ALSO PRESENT:** Donna Laffey
- LEGAL COUNSEL:** Edward Wyner, Associate General Counsel
- CHIEF EXECUTIVE OFFICER:** Randy Smith
- STAFF:** Emily Anelli, Tawana Bellamy, Todd Bleak, Donna Buss, Tabitha Johnson, David Kahananui, Ryan Kelsch, Fermin Leguen, Cassius Lockett, Cassondra Major, Jonas Maratita, Kimberly Monahan, Luann Province, Yin Jie Qin, Kim Saner, Felicia Sgovio, Justin Tully, Donnie Whitaker, Merylyn Yegon
- I. CALL TO ORDER and ROLL CALL**
The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:32 p.m. Tawana Bellamy, 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 OCTOBER 15, 2024 MEETING AGENDA *(for possible action)*

Chair Melendrez called for questions and there were none.

A motion was made by Member Feliz-Barrows, seconded by Member Knudsen, and carried unanimously to approve the October 15, 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: August 20, 2024 *(for possible action)*

~~**2. Approve Credentialing and Privileging of Provider Michelle Jordan, DO;** direct staff accordingly or take other action as deemed necessary *(for possible action)*~~

Item V.2 was removed from the Consent Agenda.

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

VI. REPORT / DISCUSSION / ACTION

Recommendations from the October 14, 2024 Finance and Audit Committee Meeting

1. Receive, Discuss and Accept the August 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 August 2024 Year to date Financial Report, unaudited results as of August 31, 2024.

Revenue

- General Fund revenue (Charges for Services & Other) was \$5.67M compared to a budget of \$4.69M, a favorable variance of \$978K.
- Special Revenue Funds (Grants) was \$1.49M compared to a budget of \$1.31M, a favorable variance of \$174K.
- Total Revenue was \$7.15M compared to a budget of \$6.00M, a favorable variance of \$1.15M.

Expenses

- Salary, Tax, and Benefits was \$2.26M compared to a budget of \$2.29M, a favorable variance of \$23K.

- Other Operating Expense was \$5.20M compared to a budget of \$4.04M, an unfavorable variance of \$1.17M.
- Indirect Cost/Cost Allocation was \$1.30M compared to a budget of \$1.28M, an unfavorable variance of \$20K.
- Total Expense was \$8.76M compared to a budget of \$7.60M, an unfavorable variance of \$1.16M.

Net Position: was (\$1.61M) compared to a budget of (\$1.60M), an unfavorable variance of \$11K.

Ms. Whitaker further reviewed the following:

- All funds and Divisions by Type (Budget to Actual)
- Revenue and Expenses by Department (graphical diagram)
- Revenue by Department
- Expenses by Department
- Patient Encounters by Department as of August 2024
 - FY2024 Total: 4,793
 - FY2025 Total: 6,282
 - 31% year over year growth

The Chair called for questions and there were none.

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

Recommendations from the October 9, 2024 Quality, Credentialing & Risk Management Committee Meeting

- 2. Receive, Discuss and Accept the Third Quarter Risk Management Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

David Kahananui, FQHC Administrative Manager provided an overview of the Third Quarter Risk Management Report, including year to date performance. Mr. Kahananui advised that goal number 5 was added to align with FTCA's focus on clinical safety regarding obstetric care.

The Chair called for questions and there were none.

A motion was made by Member Feliz-Barrows, seconded by Member Breen, and carried unanimously to accept the Third Quarter Risk Management Report, as presented.

- 3. Receive, Discuss and Accept the Third Quarter Risk Management Assessment;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Kahananui provided an overview of the Third Quarter Risk Management Assessment. Mr. Kahananui shared that quarterly risk assessments are required by the Health Resources and Services Administration (HRSA) for annual Federal Tort Claims Act (FTCA) Redeeming.

Mr. Kahananui further shared that the Q3 assessment was conducted with the Risk Assessment and Mitigation Tool, Infection Prevention and Control (IPC). Mr. Kahananui advised the tool is

provided by the Emergency Care Research Institute (ECRI), which is the organization recommended by HRSA for FTCA & Risk Management training and support. Mr. Kahananui further advised the IPC Risk Assessment will be performed annually to help prevent and mitigate potential malpractice liabilities that could result from poor infection prevention and control. Mr. Kahananui advised there were twenty-nine findings during the assessment.

Mr. Kahananui outlined three goals that would address and correct the findings.

- Goal 1: Create an Infection Prevention and Control Policy that address all components required to resolve the deficiencies identified in the HRSA Risk Assessment and Mitigation Tool: Infection Prevention and Control (IPC).
- Goal 2: Name a new IPC Officer and a backup IPC Officer
- Goal 3: IPC daily procedures to be developed, documented, trained, and implemented with measurable metrics and a process for ongoing IPC monitoring and quality control.

Further from an inquiry from Member Feliz-Barrow, Mr. Kahananui shared there has not been an IPC Officer or an IPC policy for the health center.

A motion was made by Member Feliz-Barrows, seconded by Member Breen, and carried unanimously to accept the Third Quarter Risk Management Assessment, as presented.

Recommendations from the October 9, 2024, Executive Director Annual Review Committee Meeting

4. Receive, Discuss and Approve the FY24 Summary of Accomplishments and FY25 Goals for the Chief Executive Officer; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith provided a high-level review of the FY24 Summary of Accomplishments and FY25 Goals for the Chief Executive Officer.

The Chair called for questions and there were none.

A motion was made by Member Feliz-Barrows, seconded by Member Hunt, and carried unanimously to approve the FY24 Summary of Accomplishments and FY25 Goals for the Chief Executive Officer, as presented.

5. Receive, Discuss and Approve the FY24 Evaluation Results of the Chief Executive Officer; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui advised of the FY24 Evaluation Results of the Chief Executive Officer. Mr. Kahananui further advised the survey scores were compiled from participating Governing Board Members, but comments were provided by a mixture of Governing Board Members and Southern Nevada Health District staff.

Out of eleven board members, seven completed the evaluation survey.

Questions	Weighted	Average Score
Q1: The CEO consistently demonstrates equitable and fair treatment of SNCHC employees, contractors, and volunteers.	15%	4.85

Q2: The CEO consistently provides thorough administrative leadership and oversight of SNCHC’s compliance with HRSA program requirements.	40%	4.71
Q3: The CEO ensures that the SNCHC has a viable long-range strategy to achieve its mission and utilizes data to measure progress towards achieving programmatic, clinical, and financial goals	15%	5
Q4: The CEO appropriately utilizes financial and utilization data to ensure SNCHC is maximizing budgetary and human resources to achieve health center goals.	15%	4.85
Q5. The CEO properly represents SNCHC in the community and fosters the establishment of new community partners and develops existing partnerships.	15%	4.57
“General Strengths” Narratives - 2024	<ul style="list-style-type: none"> • Mr. Smith is an asset to the SNCHC. He has exhibited strong leadership skills as well as a clear vision of how to make the clinic even better. • Mr. Smith's dedication and passion of the SNCHC is demonstrated when presenting to the board. He is extremely knowledgeable, always prepared, and demonstrates team ownership of the success and challenges of growing a successful FQHC. 	
“Areas for Growth” Narratives - 2024	<ul style="list-style-type: none"> • Mr. Smith could be stronger in properly representing SNCHC in the community and fostering the establishment of new community partners and developing existing partnerships. 	
2024 Chief Executive Officer Annual Review Overall Weighted Score:	4.78 on a scale of 1 being poor to 5 being outstanding.	

Member Feliz-Barrows commented that Mr. Smith has done an excellent job and it showed by the comments that were made and the board really appreciates the dedication and passion Mr. Smith has for the position.

Mr. Smith thanked Member Feliz-Barrows and shared it is a privilege to be here and enjoys working with the board. Mr. Smith further shared that he enjoys how the health center board is structured and how it comes together as a community to set the direction of health center that is designed to care for those who are using it. Mr. Smith shared that he has a lot of gratitude for his team.

Chair Melendrez shared that it has been a pleasure and honor to work with Mr. Smith, under his have his guidance, leadership, and full support of everything. Chair Melendrez further shared he

appreciates Mr. Smith’s leadership style and his engagement with the board members, staff, and community partners.

The Chair called for any further questions or comments and there were none.

A motion was made by Member Feliz-Barrows, seconded by Member Hunt, and carried unanimously to approve the FY24 Evaluation Results of the Chief Executive Officer, as presented.

SNCHC Governing Board

6. Receive, Discuss and Approve Governing Board Chair, 1st Vice Chair and 2nd Vice Chair Officer Appointments; direct staff accordingly or take other action as deemed necessary (*for possible action*)

The board was provided a summary of the Officer Appointment nominations.

The Chair called for any further questions or comments and there were none.

A motion was made by Member Breen, seconded by Member Macias-Villa, and carried unanimously to approve the Governing Board Chair, 1st Vice Chair and 2nd Vice Chair Officer Appointments, as follows.

CALENDAR YEAR 2025 OFFICER APPOINTMENTS		
Chair	First Vice Chair	Second Vice Chair
Donna Feliz-Barrows	Jasmine Coca	Sara Hunt

7. Review, Discuss and Approve Committee Memberships; direct staff accordingly or take other action as deemed necessary (*for possible action*)

The board was provided a summary of the Committee Participation Interest Forms.

A motion was made by Member Feliz-Barrows, seconded by Member Breen, and carried unanimously to approve the Committee Memberships, as follows.

CALENDAR YEAR 2025 COMMITTEE ASSIGNMENTS					
Executive Committee	Executive Director Annual Review Committee	Finance and Audit Committee	Quality, Credentialing & Risk Management Committee	Nominations Committee	Strategic Planning Committee
Donna Feliz-Barrows	Scott Black	Marie Dukes	Sara Hunt	Sara Hunt	Scott Black
Brian Knudsen	Donna Feliz-Barrows	Ashley Brown	Jose Melendrez	Donna Feliz-Barrows	Jasmine Coca
Jasmine Coca	Jose Melendrez	Jasmine Coca	Erin Breen	Jose Melendrez	Blanca Macias-Villa
		Blanca Macias-Villa		Erin Breen	

- 8. Review, Discuss and Approve the 2025 Governing Board Meeting Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

The Governing Board was advised that the proposed meeting schedule for calendar year 2025 would be on the third Tuesday of each month at 2:30 p.m. except for December 2025.

Further to an inquiry from Chair Melendrez, Mr. Smith advised that there should be enough time to reschedule the October 21, 2025, meeting if we needed to cancel the meeting.

The Chair called for any further questions or comments and there were none.

A motion was made by Member Feliz-Barrows, seconded by Member Breen, and carried unanimously to approve the 2025 Governing Board Meeting Schedule, 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 the Nevada Minority Health & Equity Coalition (NMHEC) Impact Summit is on November 15, 2024, he hopes people can attend.

- IX. CEO & STAFF REPORTS** (*Information Only*)

- CEO Comments

Mr. Smith shared an update on the Governing Board Retreat. Mr. Smith advised Ms. Bellamy will send the final details, including parking information and dietary needs, to the board members.

Further to an inquiry from Member Feliz-Barrows, Mr. Smith shared Dr. Cassius Lockett, Deputy Health Officer, Administration, may be able to attend the retreat on behalf of Fermin Leguen.

- X. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) September 2024 Operations Reports

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

Seeing no one, the Vice Chair closed the Second Public Comment period.

- XII. ADJOURNMENT**

The Vice Chair adjourned the meeting at 3:50 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

SNCHC Governing Board Meeting

NOVEMBER 19, 2024

I. CALL TO ORDER & ROLL CALL

Instructions for public comment are provided to virtual attendees.



II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. **Southern Nevada Health District – November Employee of the Month**
 - Mariel Marcos

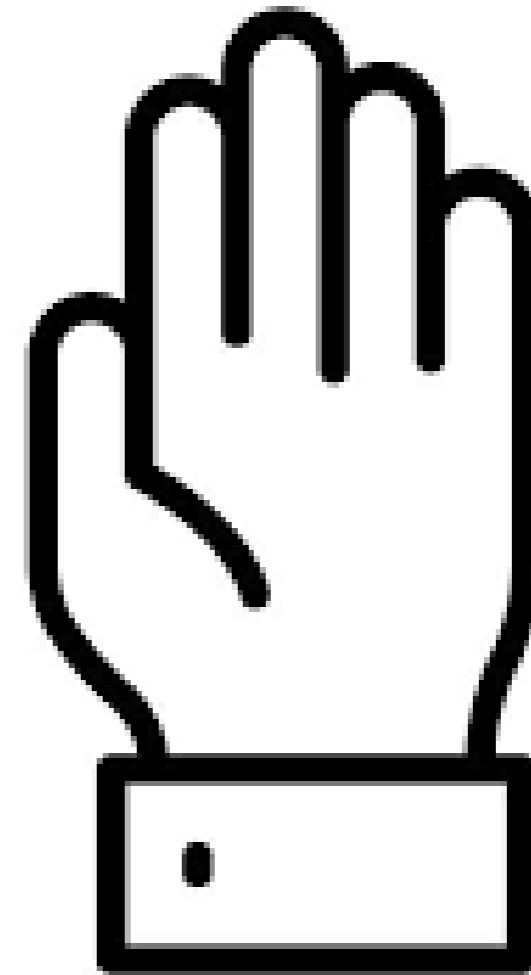


IV. OATH OF OFFICE

Donna Feliz-Barrows, Chair

Jasmine Coca, First Vice Chair

Sara Hunt, Second Vice Chair



Recognizing Past Chair Jose Melendrez





V. 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 and spell your 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.**

VI. ADOPTION OF THE NOVEMBER 19, 2024 AGENDA

(for possible action)

Motion to Adopt the November 19, 2024 agenda, as presented.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

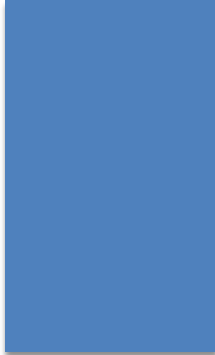
VII. CONSENT AGENDA:

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

1. **APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** October 15, 2024 *(for possible action)*
2. **Approve Initial Credentialing and Privileging of Provider Michelle Jordan, DO;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Approve the Re-credentialing and Renewal of Privileges for Providers;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 - Fermin Leguen, MD, MPH
 - Tasheka Powell, APRN I
 - Lorretta Jennings, APRN II
 - Elita Pallasigui, APRN I
 - Norma Ramirez-Rodriguez, LCSW
 - Racquel Tolzmann, APRN II
 - Adrienne Young, APRN II

Motion to approve the consent agenda, as presented.

VIII. REPORT / DISCUSSION / ACTION

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



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Financial Report
Results as of September 30, 2024

(Unaudited)

Summary of Revenue, Expenses and Net Position (September 30, 2024 – Unaudited)

Revenue

- General Fund revenue (Charges for Services & Other) is \$8.34M compared to a budget of \$7.03M, a favorable variance of \$1.34M.
- Special Revenue Funds (Grants) is \$1.85M compared to a budget of \$1.96M, an unfavorable variance of \$120K.
- Total Revenue is \$10.22M compared to a budget of \$9.00M, a favorable variance of \$1.22M.

Expenses

- Salary, Tax, and Benefits is \$3.45M compared to a budget of \$3.43M, an unfavorable variance of \$19.7K.
- Other Operating Expense is \$7.61M compared to a budget of \$6.06M, an unfavorable variance of \$1.55M.
- Indirect Cost/Cost Allocation is \$1.97M compared to a budget of \$1.92M, an unfavorable variance of \$55K.
- Total Expense is \$13.02M compared to a budget of \$11.40M, an unfavorable variance of \$1.62M.

Net Position: is (\$2.81M) compared to a budget of (\$2.40M), an unfavorable variance of \$402K.

All Funds/Divisions by Type

Budget to Actual

Activity	Budget as of September	Actual as of September	Variance Favorable (Unfavorable)	%
Charges for Services	6,757,923	7,873,605	1,115,683	17%
Other	276,667	503,016	226,349	82%
Federal Revenue	739,795	1,093,169	353,374	48%
Pass-Thru Revenue	909,578	579,748	(329,830)	-36%
State Revenue	317,854	173,898	(143,956)	-45%
Total FQHC Revenue	9,001,817	10,223,436	1,221,619	14%
Salaries	2,352,969	2,373,207	(20,238)	-1%
Taxes & Fringe Benefits	1,078,931	1,078,393	538	0%
Total Salaries & Benefits	3,431,900	3,451,600	(19,700)	-1%
Supplies	5,430,577	6,651,331	(1,220,753)	-22%
Capital Outlay	228,026	608,318	(380,293)	-167%
Contractual	381,073	336,357	44,716	12%
Travel & Training	16,536	9,691	6,844	41%
Total Other Operating	6,056,211	7,605,697	(1,549,486)	-26%
Indirect Costs/Cost	1,917,063	1,971,961	(54,898)	-3%
Transfers IN	(176,760)	(175,448)	(1,312)	1%
Transfers OUT	176,760	175,448	1,312	1%
Total Transfers	1,917,063	1,971,961	(54,898)	-3%
Total FQHC Expenses	11,405,174	13,029,258	(1,624,084)	-14%
Net Position	(2,403,357)	(2,805,822)	(402,465)	17%

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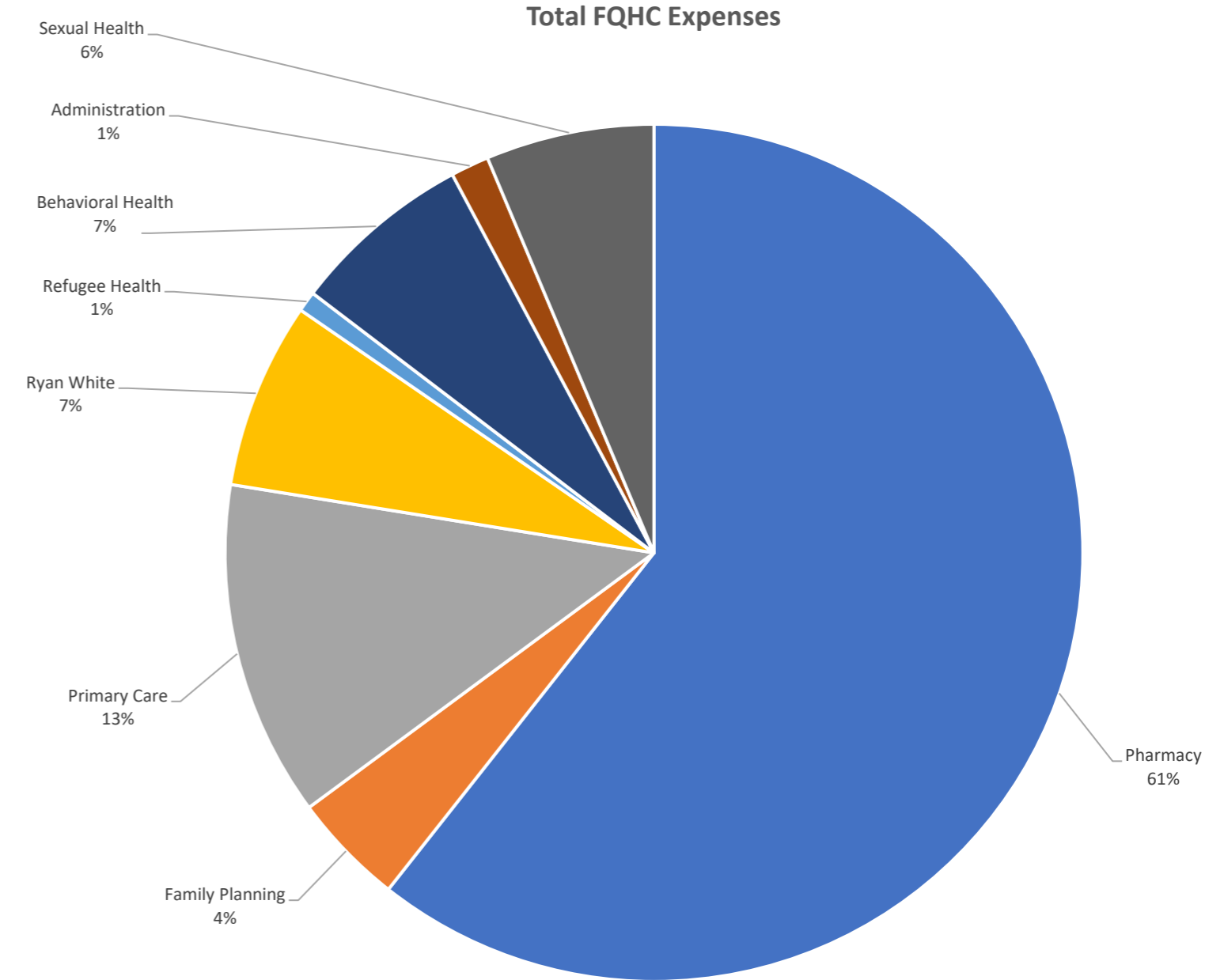
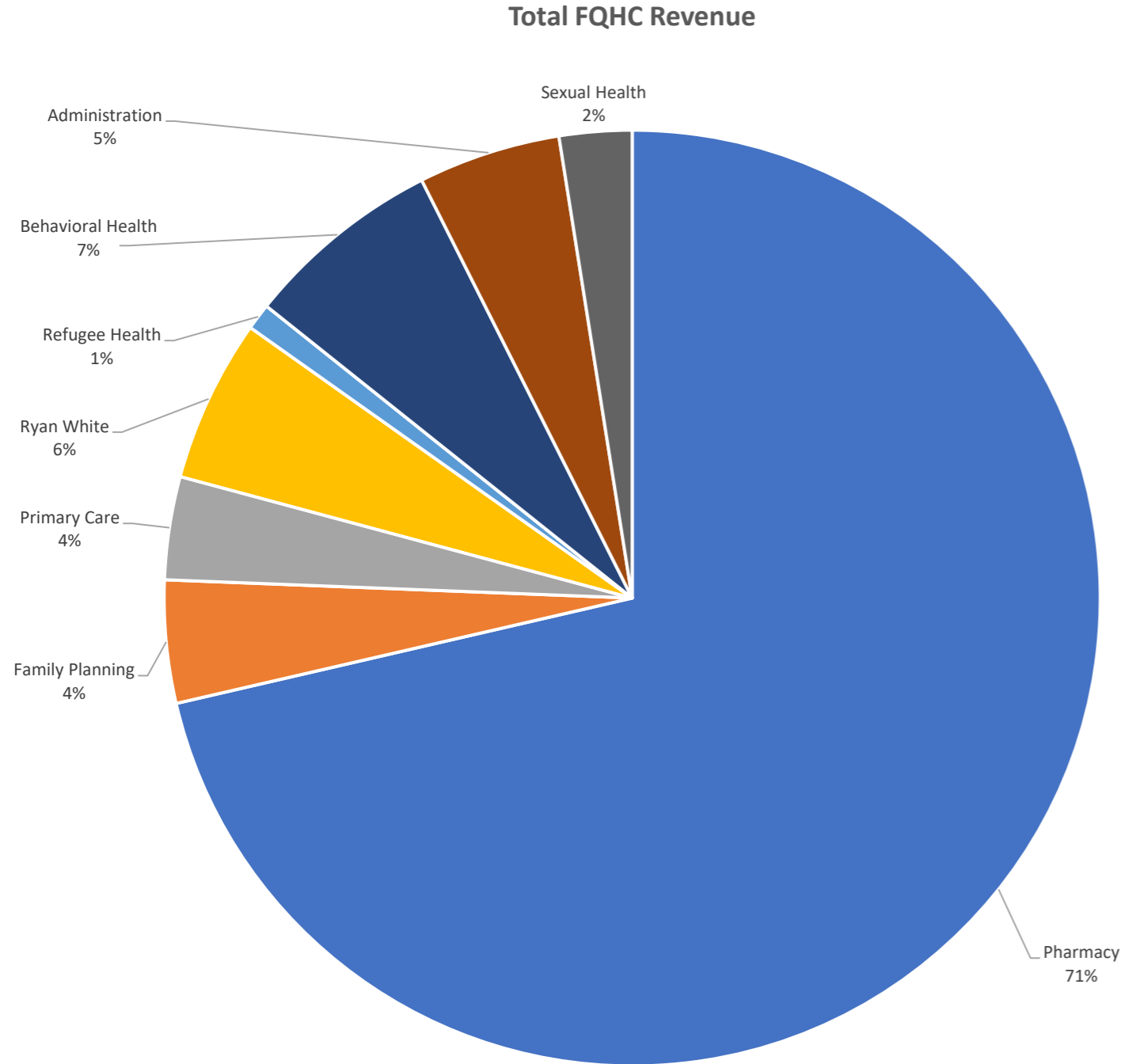
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NOTES:

- 1) PHARMACY PATIENT ENCOUNTERS DRIVING MAJORITY OF GROWTH; PATIENT ENCOUNTERS CONTINUE YEAR-OVER-YEAR GROWTH ACROSS FQHC ESPECIALLY WITH ADDITION OF PHARMACY AT FREMONT CLINIC (+32%).
- 2) WRAP REVENUE REIMBURSEMENTS ARE CONTINUING TO OUTPACE PROJECTIONS IN FY25.
- 3) DRIVEN BY \$570K IN REIMBURSEMENTS FOR BEHAVIORAL HEALTH CLINIC CAPITAL EXPENSES THROUGH SEPTEMBER 2024.
- 4) PHARMACY PATIENT ENCOUNTERS DRIVING CORRESPONDING INCREASE IN MEDICATION SUPPLIES EXPENSES PLUS ADDITIONAL PURCHASES FOR SECOND PHARMACY LOCATION AT FREMONT CLINIC.
- 5) CAPITAL EXPENSES ASSOCIATED WITH CONSTRUCTION OF NEW BEHAVIORAL HEALTH CLINIC (\$570K THROUGH SEPTEMBER 2024).

Percentage of Revenues and Expenses by Department



Revenues by Department

Budget to Actuals

Department	Budget as of September	Actual as of September	Variance Favorable (Unfavorable)	%
Charges for Services, Other, Wrap				
Family Planning	99,660	49,278	(50,382)	-51%
Pharmacy	6,186,716	7,297,844	1,111,128	18%
Oral Health (Dental)	-	-	-	0%
Primary Care	126,507	124,586	(1,922)	-2%
Ryan White	69,126	60,023	(9,103)	-13%
Refugee Health	13,542	29,252	15,710	116%
Behavioral Health	68,950	56,554	(12,395)	-18%
Administration	275,289	503,016	227,727	83%
Sexual Health	194,801	256,089	61,288	31%
OPERATING REVENUE	7,034,590	8,376,641	1,342,051	19%
Grants				
Family Planning	530,272	384,225	(146,047)	-28%
Oral Health (Dental)	274,463	-	(274,463)	-100%
Primary Care	252,913	239,157	(13,756)	-5%
Ryan White	649,960	515,594	(134,366)	-21%
Refugee Health	56,677	64,154	7,477	13%
Behavioral Health	202,941	643,685	440,743	217%
SPECIAL REVENUE	1,967,227	1,846,815	(120,412)	-6%
TOTAL REVENUE	9,001,817	10,223,456	1,221,639	14%

NOTES:

- 1) DENTAL CLINIC PLANNED OPENING IN Q4 FY25.
- 2) WRAP REVENUE REIMBURSEMENTS ARE CONTINUING TO OUTPACE PROJECTIONS IN FY25.
- 3) INCLUDES PAYMENT FOR GRANT-FUNDED REIMBURSEMENTS FOR BEHAVIORAL HEALTH CLINIC CAPITAL EXPENSES (\$570K THROUGH SEPTEMBER 2024).

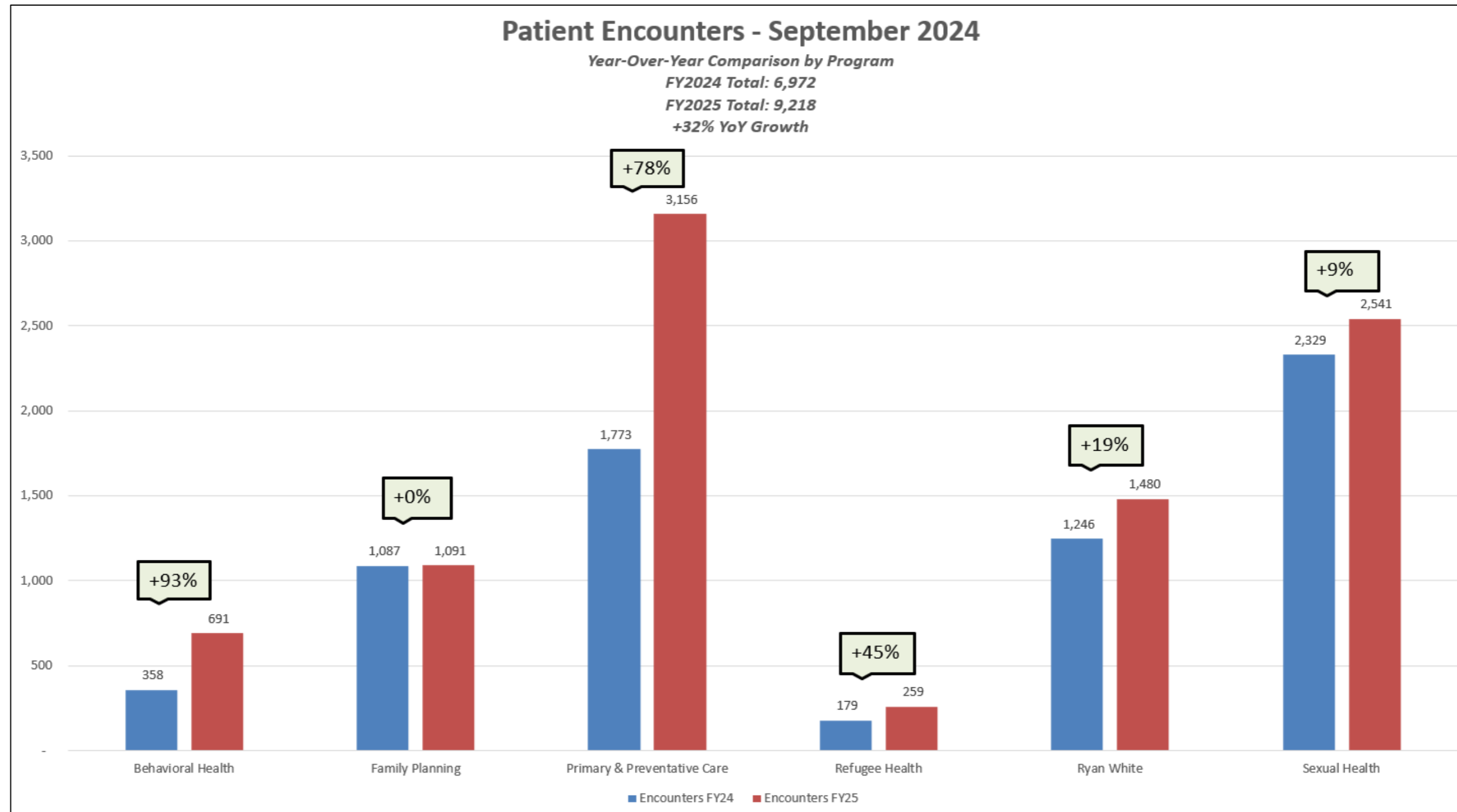
Expenses by Department Budget to Actuals

Department	Budget as of September	Actual as of September	Variance Favorable (Unfavorable)	%
Employment (Salaries, Taxes, Fringe)				
Family Planning	577,959	441,392	136,567	24%
Pharmacy	136,515	159,021	(22,505)	-16%
Oral Health (Dental)	28,349	-	28,349	100%
Primary Care	1,148,227	1,284,424	(136,196)	-12%
Ryan White	676,436	698,534	(22,098)	-3%
Refugee Health	46,470	30,981	15,489	33%
Behavioral Health	124,673	163,844	(39,171)	-31%
Administration	29,280	36,885	(7,605)	-26%
Sexual Health	663,991	636,520	27,471	4%
Total Personnel Costs	3,431,900	3,451,600	(19,700)	-1%
Other (Supplies, Contractual, Capital, etc.)				
Family Planning	210,616	28,054	182,562	87%
Pharmacy	5,088,345	6,544,817	(1,456,472)	-29%
Oral Health (Dental)	200,371	-	200,371	100%
Primary Care	74,117	117,584	(43,467)	-59%
Ryan White	94,997	79,323	15,674	16%
Refugee Health	33,496	54,256	(20,760)	-62%
Behavioral Health	149,321	593,775	(444,454)	-298%
Administration	141,542	122,791	18,752	13%
Sexual Health	63,406	65,097	(1,691)	-3%
Total Other Expenses	6,056,211	7,605,697	(1,549,486)	-26%
Total Operating Expenses	9,488,111	11,057,297	(1,569,186)	-17%
Indirect Costs/Cost Allocations	1,917,063	1,971,961	(54,898)	-3%
Transfers IN	(176,760)	(175,448)	(1,312)	1%
Transfers OUT	176,760	175,448	1,312	1%
Total Transfers & Allocations	1,917,063	1,971,961	(54,898)	-3%
TOTAL EXPENSES	11,405,174	13,029,258	(1,624,084)	-14%

NOTES:

- 1) DENTAL CLINIC PLANNED OPENING IN Q4 FY25.
- 2) PHARMACY PATIENT ENCOUNTERS DRIVING CORRESPONDING INCREASE IN MEDICATION SUPPLIES EXPENSES PLUS ADDITIONAL PURCHASES FOR SECOND PHARMACY LOCATION AT FREMONT CLINIC.
- 3) CAPITAL EXPENSES ASSOCIATED WITH CONSTRUCTION OF NEW BEHAVIORAL HEALTH CLINIC (\$570K THROUGH SEPTEMBER 2024).

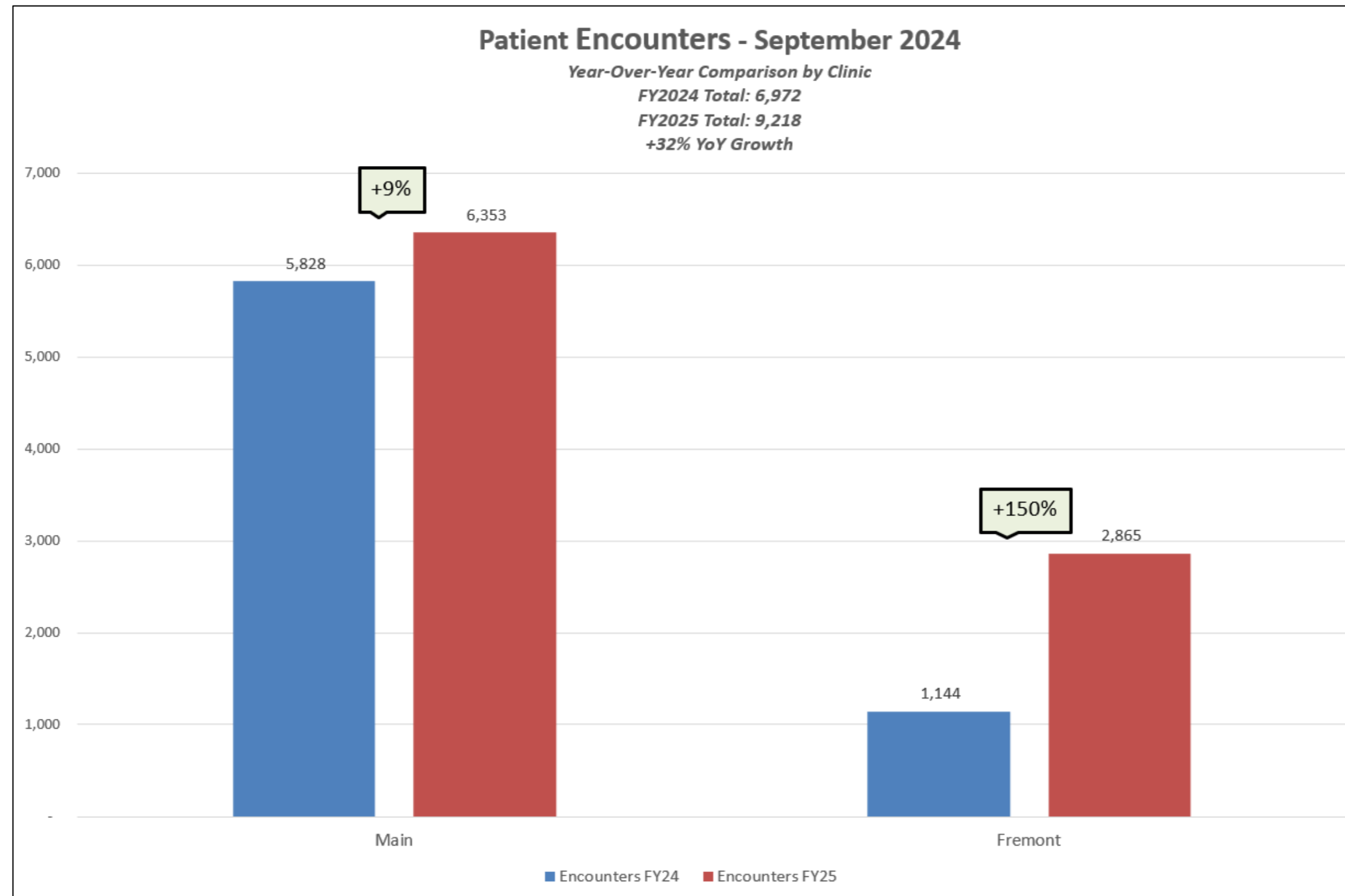
Patient Encounters By Department



NOTE 1: PATIENT ENCOUNTERS INCLUDE VISITS PROVIDED BY LICENSED INDEPENDENT PRACTITIONERS (LIPS) AND NURSES. FY24 AND FY25 SEXUAL HEALTH CLINIC ENCOUNTERS DO NOT INCLUDE SELECT NURSE VISITS THAT ARE NOW PROVIDED IN THE PRIMARY AND PREVENTIVE CARE DIVISION.

NOTE 2: ENCOUNTER VOLUME INCREASING DUE TO FILLING AND CREDENTIALLING ALL OPEN POSITIONS COMBINED WITH PROCESS IMPROVEMENT IMPLEMENTATIONS FOLLOWING CONSOLIDATION OF SHC AND RHC UNDER FQHC.

Patient Encounters By Clinic



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/Capital Outlay	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 Visualizations

Year-to-Date revenues and expenses by department and by type.

YTD by Month – September 30, 2024 By Department

Southern Nevada Community Health Center

Year-to-Date Revenues/Expenses by Department

Fiscal Year 2025 as of September 30, 2024

DEPARTMENT	Jul-24	Aug-24	Sep-24	YTD TOTALS	YTD AVERAGES
Administration (301)	258,696	125,348	118,972	503,016	167,672
Family Planning (309)	103,020	151,299	206,468	460,786	153,595
Pharmacy (333)	2,383,597	2,574,661	2,339,586	7,297,844	2,432,615
Dental Health (336)	-	-	-	-	-
Primary Care (337)	144,427	157,797	185,934	488,159	162,720
Ryan White (338)	177,359	189,138	255,454	621,952	207,317
Refugee Health (344)	28,153	9,890	26,033	64,075	21,358
Behavioral Health (345)	280,629	337,075	89,260	706,963	235,654
Sexual Health (350)	101,840	76,971	77,277	256,089	85,363
TOTAL REVENUES	3,477,720	3,622,179	3,298,984	10,398,884	3,466,295
DEPARTMENT	Jul-24	Aug-24	Sep-24	YTD TOTALS	YTD AVERAGES
Administration (301)	37,218	73,998	77,947	189,162	63,054
Family Planning (309)	133,129	180,739	254,954	568,822	189,607
Pharmacy (333)	2,994,802	2,291,908	2,722,952	8,009,663	2,669,888
Dental Health (336)	-	-	-	-	-
Primary Care (337)	442,767	610,833	796,885	1,850,485	616,828
Ryan White (338)	224,923	313,964	373,526	912,413	304,138
Refugee Health (344)	59,154	(5,281)	19,199	73,073	24,358
Behavioral Health (345)	278,625	389,717	122,091	790,434	263,478
Sexual Health (350)	189,325	249,162	372,166	810,653	270,218
TOTAL EXPENSES	4,359,944	4,105,041	4,739,720	13,204,705	4,232,493
NET POSITION:	(882,224)	(482,862)	(1,440,736)	(2,805,822)	(935,274)

YTD by Month – September 30, 2024 *By Type*

Southern Nevada Community Health Center

Year-to-Date Revenues/Expenses by Type

Fiscal Year 2025 as of September 30, 2024

REVENUE TYPE	Jul-24	Aug-24	Sep-24	YTD TOTALS	YTD AVERAGES
Charges for Services	2,599,053	2,736,809	2,537,743	7,873,605	2,624,535
Other	258,696	125,348	118,972	503,016	167,672
Contributions	-	-	-	-	-
Intergovernmental	544,180	674,181	628,454	1,846,815	615,605
TOTAL REVENUES	3,401,929	3,536,337	3,285,170	10,223,436	3,407,812
EXPENSE TYPE	Jul-24	Aug-24	Sep-24	YTD TOTALS	YTD AVERAGES
Salaries	485,229	707,618	1,180,359	2,373,207	791,069
Taxes and Benefits	223,019	316,343	539,031	1,078,393	89,866
Travel and Training	280	4,192	5,219	9,691	808
Supplies	2,518,508	1,890,853	2,241,969	6,651,331	554,278
Contractual	118,723	121,984	95,650	336,357	28,030
Property	248,000	327,602	32,716	608,318	50,693
TOTAL EXPENSES	3,593,760	3,368,592	4,094,944	11,057,297	3,685,766
TRANSFER TYPE	Jul-24	Aug-24	Sep-24	YTD TOTALS	YTD AVERAGES
Indirect/Cost Allocation	690,392	650,607	630,962	1,971,961	657,320
Transfer In	(75,791)	(85,842)	(13,814)	(175,448)	(58,483)
Transfer Out	75,791	85,842	13,814	175,448	58,483
TOTAL TRANSFERS	690,392	650,607	630,962	1,971,961	657,320
NET POSITION:	(882,224)	(482,862)	(1,440,736)	(2,805,822)	(935,274)

Questions?

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



2. Receive, Discuss and Approve the Patient Complaints and Grievances Policy; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Patient Complaints and Grievances Policy

I. PURPOSE

To provide a systematic and consistent approach to address complaints of clients/family and establish a grievance process.

II. SCOPE

This policy applies to all Workforce members.

III. POLICY

Clinical Services respects the rights of clients and their families/caretakers and encourages grievances or complaints so that issues can be addressed in a timely fashion. According to Center for Medicare & Medicaid Services (CMS), client complaints are an expression or statement of dissatisfaction with care or service that can be resolved at the time of the complaint. Client grievances are a formal written or verbal complaint made to the department by a client or client representative that is of a serious nature or that cannot be resolved promptly by Workforce members or management.

Billing issues are not considered client grievances unless the complaint also contains elements addressing clinical care services and/or issues. The Health District Legal Department will be notified of any complaints in which litigation may be involved. Complaints that are not within the jurisdiction of Clinical Services will be referred to the appropriate department or agency. Program specific complaints will be handled per department policy and adhere to grant guidelines.

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
POLICY AND PROCEDURE**

DIVISION:	FQHC	NUMBER(s):	CHCA-###
PROGRAM:	Division Wide	VERSION:	1.00
TITLE:	Patient Complaints and Grievances	PAGE:	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: Policy and process for responding to informal and formal patient complaints and grievances.		ORIGINATION DATE: New	
APPROVED BY: CHIEF EXECUTIVE OFFICER - FQHC		REPLACES: New	
Randy Smith, MPA		Date	

I. PURPOSE

To provide a systematic approach to addressing patient complaints and grievances.

II. SCOPE

This policy applies to all Southern Nevada Community Health Center (SNCHC) Workforce members.

III. POLICY

The Southern Nevada Community Health Center (SNCHC) strives to provide high quality clinical care and customer service in a manner that meets or exceeds the expectations of the health center’s patients. On occasion, situations may arise whereby a patient feels that the health center has not achieved this endeavor. In such instances, patients and/or their representative family members/caretakers are encouraged to share their grievances so that issues can be addressed in a timely fashion. Every effort will be made by the health center to resolve the complaint informally and at the point of care.

Patient grievances are formal written or verbal complaints made to the health center by a patient and/or their representative family member/caregiver that is of a serious nature and/or that cannot be resolved promptly by Workforce members or management.

Billing issues are not considered patient grievances unless the complaint also contains elements addressing clinical care services and/or related issues.

The Health District Legal Department will be notified of any complaint or grievance in

which litigation may be involved.

Complaints that are not specific to the health center will be directed to the appropriate health district division or community partner.

IV. PROCEDURE

- A.** Materials are provided to patients during the time of establishing care that includes information about the patient's right to make a complaint or grievance and who to contact within the health center for resolution.
- B.** Reporting:
1. Department managers/supervisors or designees are responsible for "on-the-spot" resolving of patient complaints when possible.
 2. Complaints that become grievances include the following conditions:
 - a. If the complaint is not resolved and requires ongoing investigation.
 - b. The patient requests, completes, and submits a formal complaint.
- C.** The following issues are automatically considered patient grievances. In this instance, the health center's Chief Executive Officer (CEO) must be notified within 24 hours:
1. The exercise of patient rights regarding their care.
 2. Privacy and safety of the patient.
 3. Confidentiality and access to patient records.
 4. Civil rights or issues of disability.
 5. Allegations of unprofessional or disruptive conduct by a Workforce member.
 6. Accusations of abuse.
 7. Complaints otherwise serious in nature.
- D.** A patient, their representative family member/caretaker or the public may report a complaint or grievance verbally, in writing, by mail, or phone. Verbal or telephone complaints must be documented, and if possible, read back to confirm the message with the complainant. It includes the following information:
1. Patient or representative/caretaker.
 2. Date of complaint.
 3. Description of the concern/issue.
 4. Location.

5. Requested action.
6. Injury or harm if appropriate.
7. Contact information and preferred method of receiving a response.

E. Investigation and Resolution.

1. Patient complaints received by the health center's CEO or their designee are investigated and resolved in collaboration with the involved program areas. Patient complaints alleging unprofessional or disruptive conduct by Workforce members will be referred to Human Resources.
2. Patient grievance investigation and resolution is a confidential process. Workforce members involved in or with investigating grievance will only discuss with those individuals who have a need to know, or who are needed to supply necessary background information or guidance.
3. All formal grievances will be acknowledged by a phone call or written response within two working days of receipt. After a written complaint or grievance has been investigated, a written response will be sent to the complainant, usually within 28 working days of the original receipt of the complaint. Face to face meetings which result in a resolution do not need to be followed up with a written response.
4. To determine if the standard of care was compromised, cases may be peer reviewed or referred to consultants.
5. Health center management may use additional tools to resolve a grievance, such as meeting with the patient and/or their representative family members, or other methods it finds effective. For patients with special needs, assistance will be provided in accordance with Health District policies.
6. The health center's Administrative Manager or designee will monitor the grievance resolution process to assure that proper procedures and timelines comply with policy and/or regulatory requirements.

- F.** Grievance documentation will be kept and tracked for the purpose of continuous quality improvement. Report tracking includes the number of grievances received, type of grievances, and action/resolution of grievances.

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

Chief Executive Officer (FQHC)
FQHC Administrative Manager

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VII. ATTACHMENTS

Attachment No. CHCA-**XXX**, ATT-1, Complaint Form

DRAFT

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 COMMENTS & STAFF REPORTS

RANDY SMITH, CHIEF EXECUTIVE OFFICER - FQHC



AT THE SOUTHERN NEVADA HEALTH DISTRICT

NACHC Statement Regarding the 2024 Election

The outcome of the 2024 election will reshape the policy framework in Washington and communities around the country. **As a nonpartisan movement for the past 60 years, the Community Health Center mission to advance health for all communities through high quality, affordable primary care remains unchanged.** As our nation's largest primary care network, health centers are the backbone of the health system, providing care to a record-setting 32.5+ million people – one in 10 Americans – while representing just 1 percent of all U.S. healthcare spending. We stand ready to partner with new leaders across the political spectrum to prioritize the health of our patients, who include:

- ▶ 419,000 veterans
- ▶ 9.4 million children
- ▶ 3.8 million seniors
- ▶ More than 9.9 million rural residents

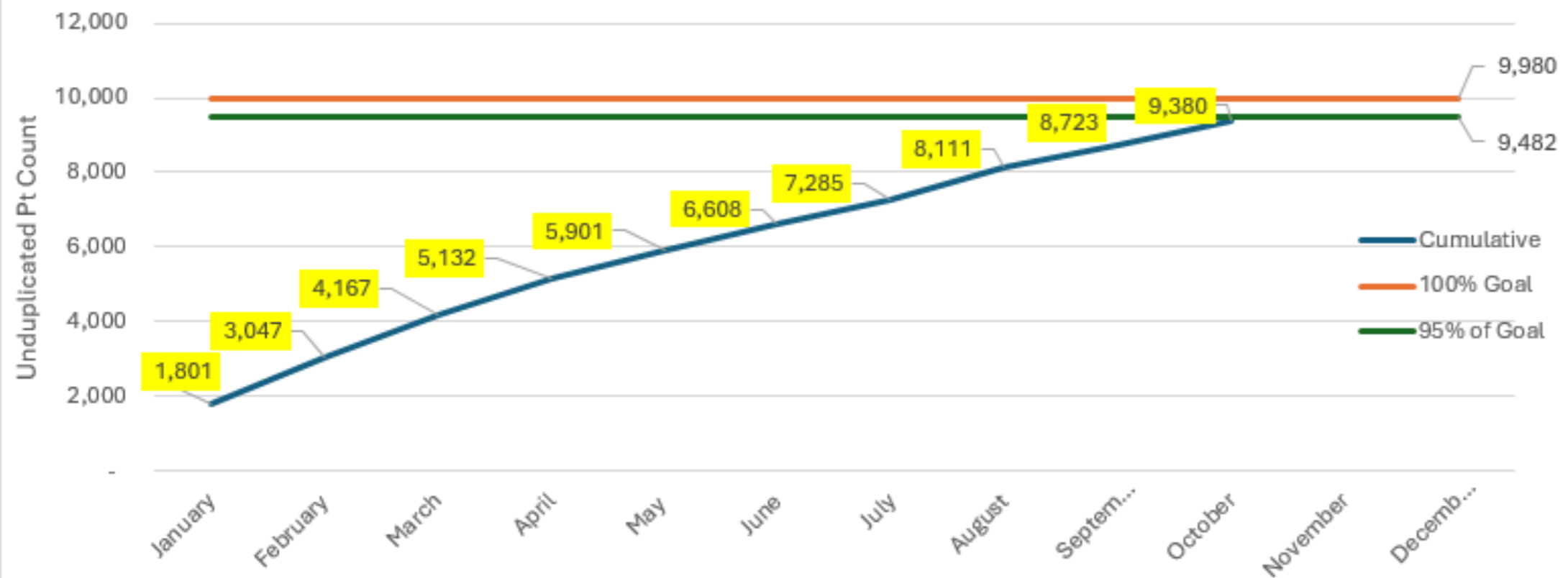
Reminders

- Conflict of Interest - Disclosure Form
- Strategic Planning Committee
 - Meet in early January 2025

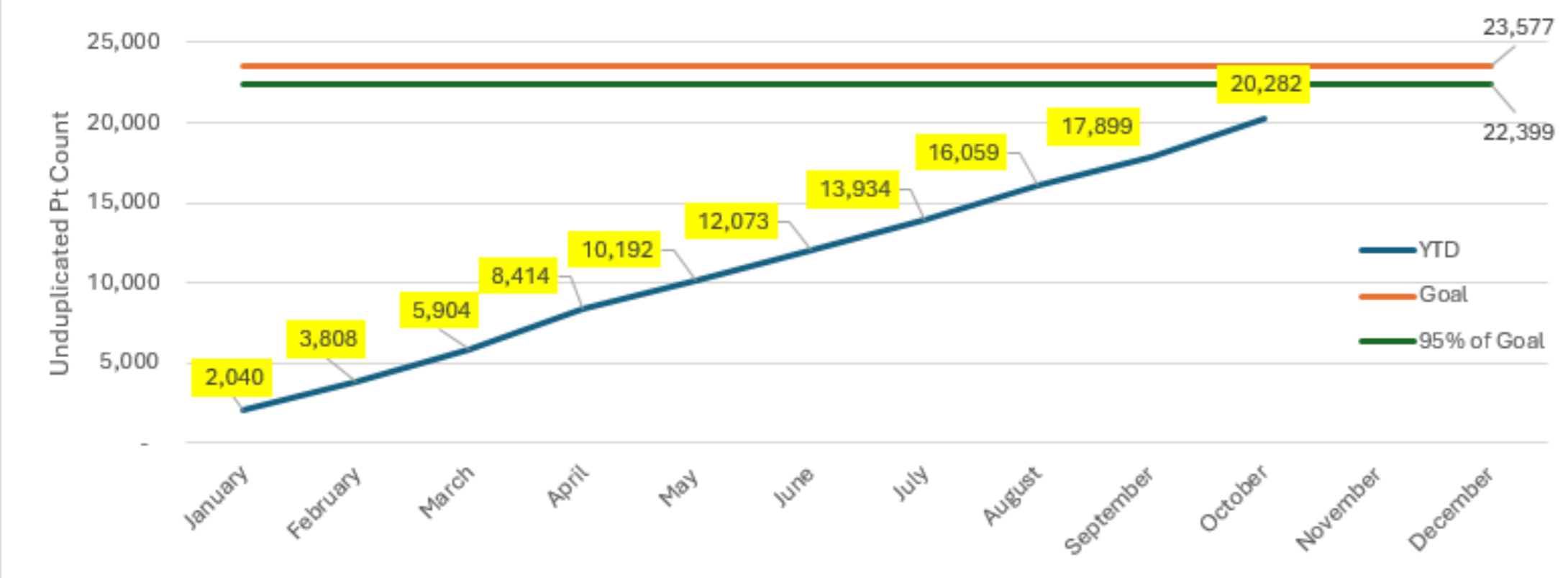
FY25 Quarter 1 Access Report

Facility	Program	OCT '25	OCT '24	OCT YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	714	402	44%	2,388	1,488	38%
Fremont	Family Health	400	66	84%	1,411	574	59%
Total	Family Health	1,114	468	58%	3,799	2,062	46%
Decatur	Family Planning	220	127	42%	666	537	19%
Fremont	Family Planning	172	32	81%	523	343	34%
Total	Family Planning	392	159	59%	1,189	880	26%
Decatur	Sexual Health	604	597	1%	2218	2247	-1%
Fremont	Sexual Health	150			507		
ASEC	Sexual Health		128		113	511	
Total	Sexual Health	754	725	4%	2,838	2,758	3%
Decatur	Behavioral Health	145	138	5%	496	503	-1%
Fremont	Behavioral Health	126	1		480	1	
Total	Behavioral Health	271	139	49%	976	504	48%
Decatur	Ryan White	264	210	20%	974	908	7%
Fremont	Ryan White	15			78		
Total	Ryan White	279	210	25%	1,052	908	14%
FQHC Total		2,810	1,701	39%	9,854	7,112	28%

2024 Unduplicated Pt Count - Actual vs. Goal - 93.99% to Goal



2024 Pt Visit Count - Actual vs. Goal - 86.02% to goal



Unduplicated Patients & Visit Count

NACHC Statement Regarding the 2024 Election – (continued)

Health centers have long been recognized for their vital role in improving health outcomes and reducing costs across the health system. **We are grateful for the ongoing bipartisan and bicameral support from leaders in Congress** who understand the profound impact and cost savings of our work. In addition to delivering comprehensive, integrated primary care with behavioral, oral, pharmacy, specialty, and enabling services, our mission extends “beyond the walls of the exam room” and addresses the social and environmental drivers of health. We not only prevent acute and chronic illness, but also help divert patients from costly hospitalizations and emergency care. This proactive approach is a proven model that has endured through political shifts and continues to demonstrate its value in both saving lives and generating a significant return on investment for communities and the health system.

We look forward to working with the new Administration and leaders in Congress to ensure sustainability for our model of care and to continue to address the public health challenges of our time.

Administrative Updates

- ▶ HRSA Operational Site Visit (OSV): 2/25/25 – 2/27
- ▶ HRSA Title X site visit: 9/2025
- ▶ Ryan White site visit successfully completed on 11/6/24 with no findings.
- ▶ New Medical Director hired. Start date: 2/3/25
- ▶ Behavioral Health Clinic at Decatur buildout complete. Soft opening on 11/24.
 - ▶ Open House: 1/15/25
- ▶ Medicaid PPS rate setting cost report submitted on 10/31/24.
- ▶ Two employees awarded Employee of the Month.
- ▶ Six employees were recognized for Exemplary Services awards.

Health Center Program History

Video

- [Partnering with Communities to Build a Healthier Nation](#)



AT THE SOUTHERN NEVADA HEALTH DISTRICT

IX. INFORMATIONAL ITEMS

Community Health Center (FQHC) September 2024 Operations Report



AT THE SOUTHERN NEVADA HEALTH DISTRICT

MEMORANDUM

Date: November 19, 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 – October 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.

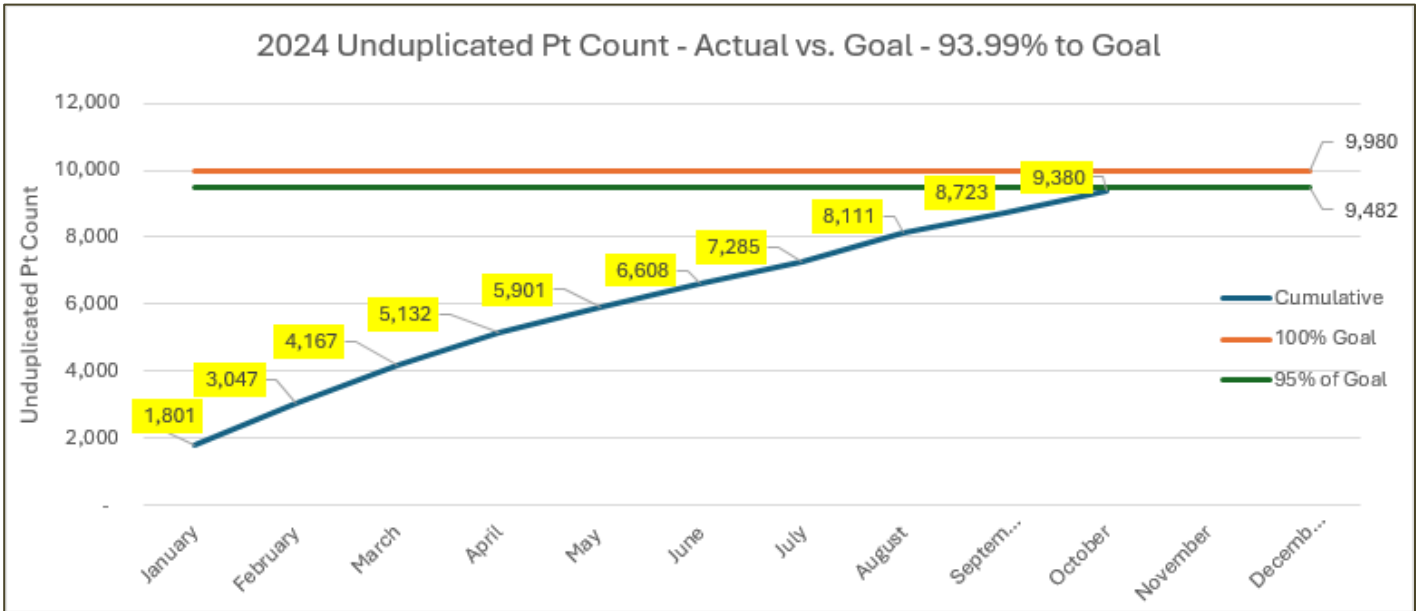
October Highlights

Administrative

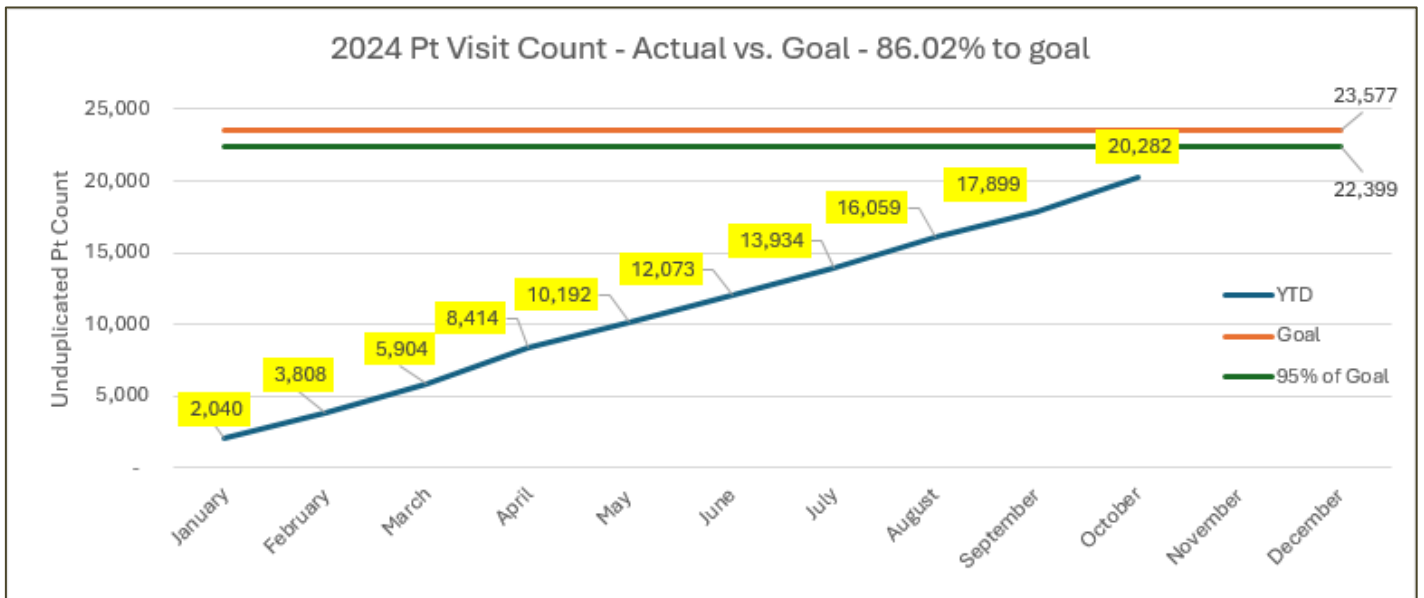
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Access

Unduplicated Patients through October 2024



Patient Visits through October of 2024



Provider Visits by Program and Site – October 2024

Facility	Program	OCT '25	OCT '24	OCT YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	714	402	44%	2,388	1,488	38%
Fremont	Family Health	400	66	84%	1,411	574	59%
Total	Family Health	1,114	468	58%	3,799	2,062	46%
Decatur	Family Planning	220	127	42%	666	537	19%
Fremont	Family Planning	172	32	81%	523	343	34%
Total	Family Planning	392	159	59%	1,189	880	26%
Decatur	Sexual Health	604	597	1%	2218	2247	-1%
Fremont	Sexual Health	150			507		
ASEC	Sexual Health		128		113	511	
Total	Sexual Health	754	725	4%	2,838	2,758	3%
Decatur	Behavioral Health	145	138	5%	496	503	-1%
Fremont	Behavioral Health	126	1		480	1	
Total	Behavioral Health	271	139	49%	976	504	48%
Decatur	Ryan White	264	210	20%	974	908	7%
Fremont	Ryan White	15			78		
Total	Ryan White	279	210	25%	1,052	908	14%
FQHC Total		2,810	1,701	39%	9,854	7,112	28%

Pharmacy Services

	Oct-23	Oct-24		FY24	FY25		% Change YOY
Client Encounters (Pharmacy)	1,433	1,572	↑	5,355	5,756	↑	7.5%
Prescriptions Filled	2,037	2,605	↑	7,478	9,394	↑	25.6%
Client Clinic Encounters (Pharmacist)	40	71	↑	136	222	↑	63.2%
Financial Assistance Provided	17	42	↑	70	138	↑	97.1%
Insurance Assistance Provided	10	2	↓	18	37	↑	105.6%

- A. Dispensed 2,605 prescriptions for 1,572 clients.
- B. Pharmacist completed 71 client clinic encounters.

- C. Assisted 42 clients to obtain medication financial assistance.
- D. Assisted two (2) clients with insurance approvals.

Family Planning Services

- A. Family Planning program access is up 59% in October and 26% year-over-year. A quality improvement project is underway to build upon this success with the aim of simplifying the scheduling process and reducing waste in the appointment schedules.
- B. The program is scheduled for a comprehensive site visit and audit of program compliance in September 2025. Work to prepare for the audit will commence following the health center's OSV in February 2025.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 65 referrals between October 1st and October 31st. There were three (3) pediatric clients referred to the Medical Case Management program in October and the program received four (4) referrals for pregnant women living with HIV during this time.
- B. There were 719 total service encounters in the month of October provided by the Ryan White program (Linkage Coordinator, Eligibility Workers, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator). There were 353 unduplicated clients served under these programs in October.
- C. The Ryan White ambulatory clinic had a total of 533 visits in the month of October, including: 28 initial provider visits, 217 established provider visits including 9 tele-visits (established clients). There were 38 nursing visits and 250 lab visits. There were 65 Ryan White services provided under Behavioral Health by licensed behavioral health providers and the Psychiatric APRN during the month of October and 51 unduplicated clients served. There were 15 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services.
- D. The Ryan White clinic continues to use Rapid StART, 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 seven (7) patients seen under the Rapid StART program in October.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 1,324 unique services to 867 unduplicated patients for the month of October.
- B. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- C. 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.
- D. Participation 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.
- E. The FQHC-SHC staff continues to see patients for Mpox evaluation and referral for vaccine.
- F. The FQHC-SHC has implemented Hepatitis A virus (HAV) & Hepatitis B virus (HBV) administration, staff was provided training.

Refugee Health Program (RHP)

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

Client required medical follow- up for Communicable Diseases	-
Referrals for TB issues	8
Referrals for Chronic Hep B	2
Referrals for STD	9
Pediatric Refugee Exams	30
Clients encounter by program (adults)	51
Refugee Health screening for October 2024	51
Total for FY24-25	233

Eligibility and Insurance Enrollment Assistance

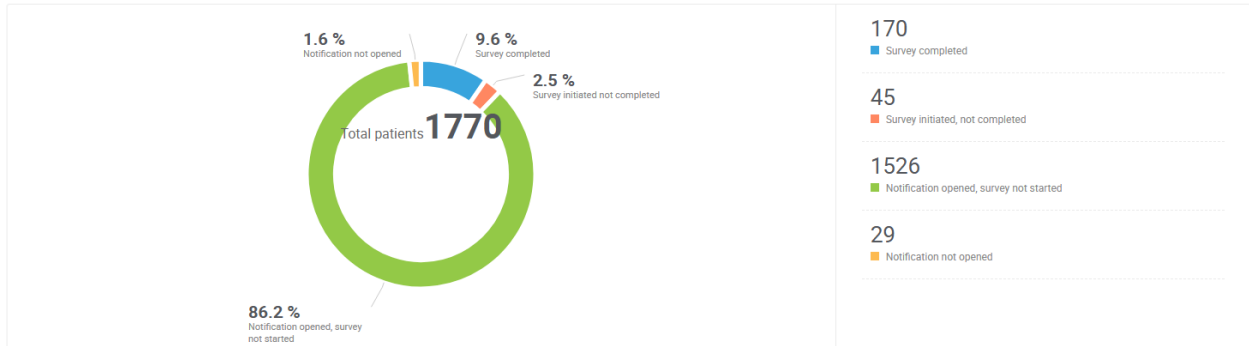
Nothing significant to report for the month of October.

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 Health District Patient Satisfaction Survey – October 2024

Overview



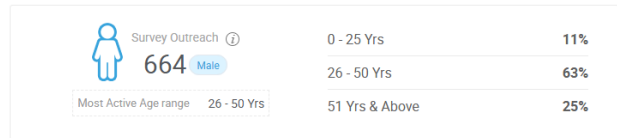
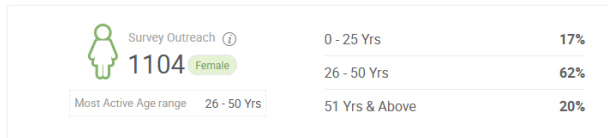
170
Survey completed

45
Survey initiated, not completed

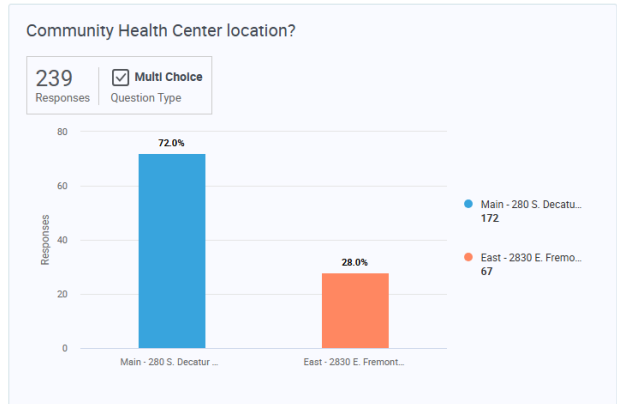
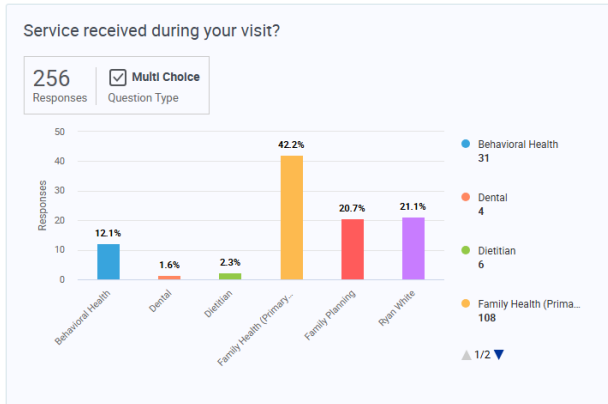
1526
Notification opened, survey not started

29
Notification not opened

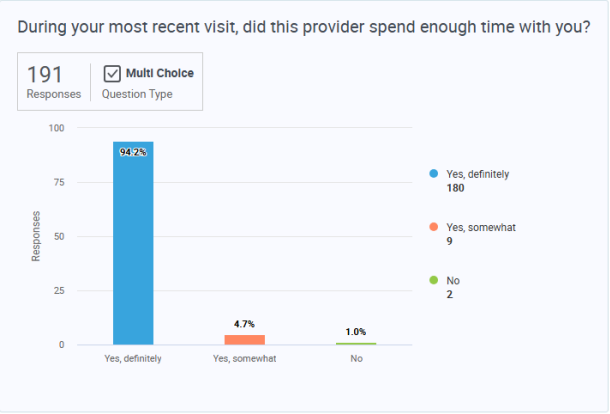
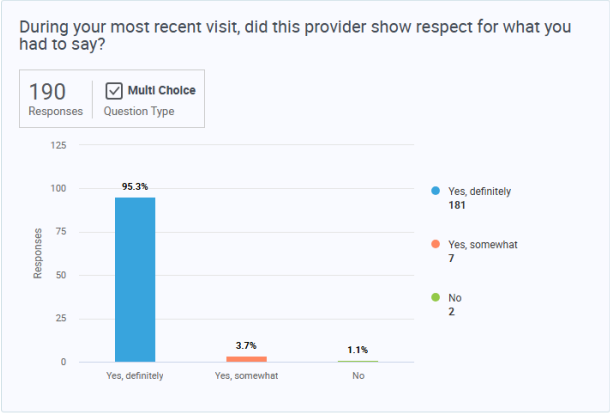
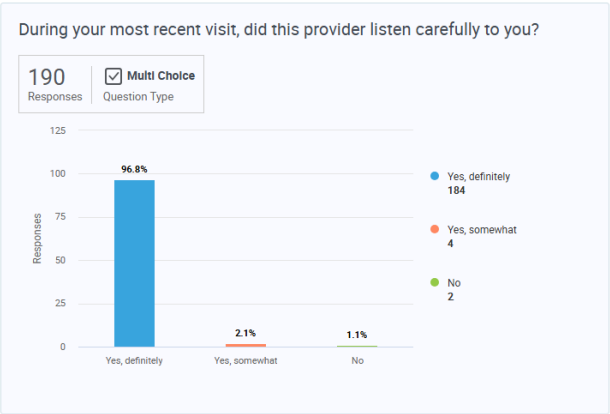
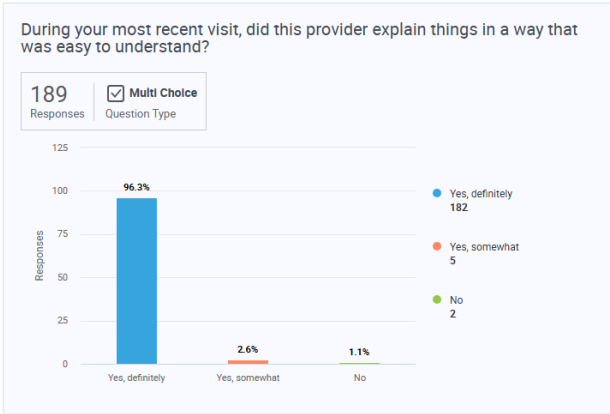
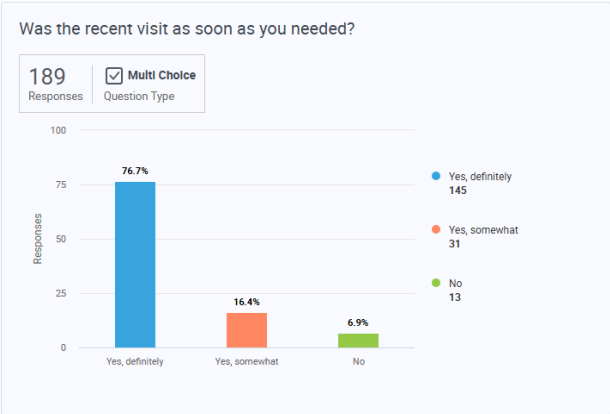
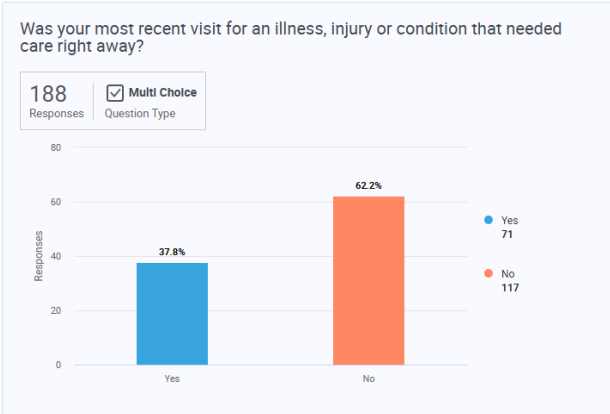
Gender



Service and Location

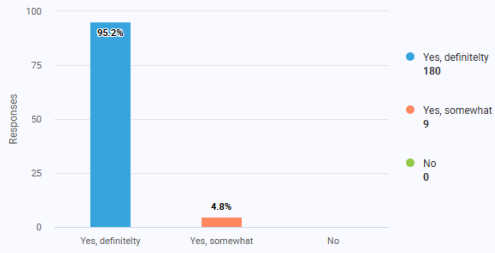


Provider, Staff, and Facility



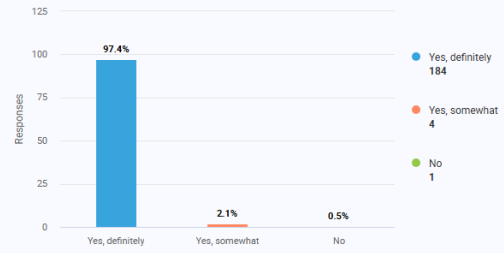
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

189 Responses Multi Choice Question Type



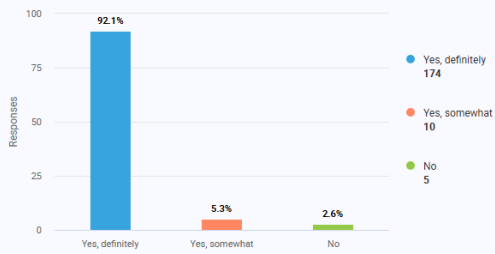
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

189 Responses Multi Choice Question Type



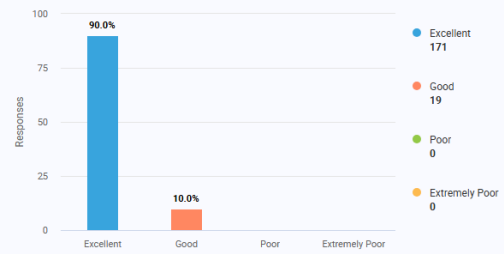
Thinking about your recent visit, was it easy to schedule an appointment?

189 Responses Multi Choice Question Type



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

190 Responses Multi Choice Question Type

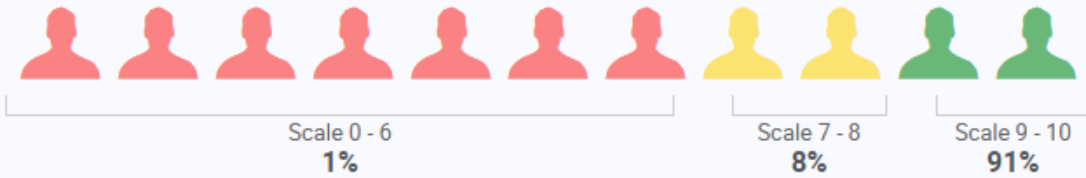


How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?

189
Responses

123 Numbers
Question Type

90 | Net Promoter Score (NPS)



2
Scale 0 - 6

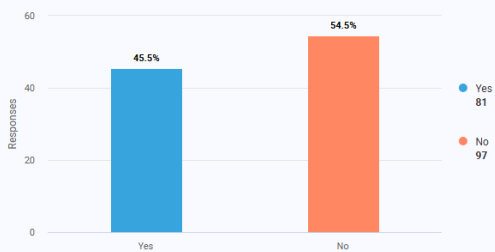
15
Scale 7 - 8

172
Scale 9 - 10

General Information

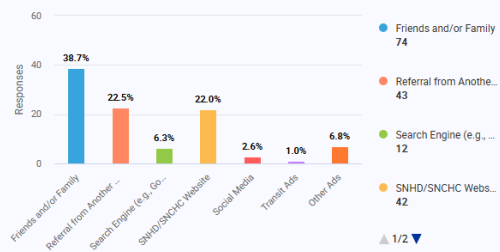
Do you have health insurance?

178 Responses
Multi Choice Question Type



How did you hear about us?

191 Responses
Multi Choice Question Type





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. **Please clearly state and spell your 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.



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

XI. ADJOURNMENT

THANK YOU.