

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

January 20, 2026 – 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 Rooms A and B

MEMBERS PRESENT:

Donna Feliz-Barrows, Chair
Jasmine Coca, First Vice Chair
Sara Hunt, Second Vice Chair
Rebeca Aceves
Erin Breen
Ashley Brown
Jose L. Melendrez
David Neldberg
Father Rafael Pereira

ABSENT:

Marie Dukes
Blanca Macias-Villa

ALSO PRESENT

Dawn Gentsch, Program Consultant, Nevada Primary Care Association,
Donna Laffey

LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

CHIEF EXECUTIVE OFFICER:

Randy Smith

STAFF:

Emily Anelli, Chelle Alfaro, Tonia Atencio, Tawana Bellamy, Robin Carter, Andria Cordovez Mulet, Ferron Delacruz, Liliana Dominguez, Jose Garcia-Jorge, Sarah Humphreys, Raychel Holbert, David Kahananui, Josie Llorico, Cassius Lockett, Jennifer Loysaga, Mariel Marcos, Bernadette Meily, Jacquelin Merino, Ronaliz Ordone, Kyle Parkson, Luann Province, Yin Jie Qin, Wei Ren, Emma Rodriguez, Felicia Sgovio, Ronny Soy, Justin Tully, Donnie (DJ) Whitaker, Rosanna Woods, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

The Southern Nevada Community Health Center (SNCHC) Governing Board Meeting was called to order at 2:30 p.m. Ms. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

Ms. Bellamy administered the Members' Oath of Office to Member Father Rafael.

IV. RECOGNITION

1. **Southern Nevada Health District – Manager of the Year 2025**
 - Bernie Meily
2. **Southern Nevada Health District – Employee of the Year 2025**
 - Sarah Humphreys
3. **Southern Nevada Health District – Employee of the Month – January 2026**
 - Rona Ordoná
4. **Southern Nevada Community Health Center's Employee Engagement Committee**
 - Christopher Cooper, Ferron Delacruz, Liliana Dominguez, Jina Fernandez, Jose Garcia-Jorge, Jennifer Loysaga, Mariel Marcos
5. **Las Vegas TGA Part A HIV/AIDS Program – Clark County – Certificate of Quality Improvement Leadership**
 - Ronny Soy and Brennen O'Toole

Member Aceves joined the meeting at 2:36 p.m.

The Governing Board recognized all award recipients. Ms. Bellamy presented excerpts from their nominations and acknowledgments for the official record. On behalf of the SNCHC Governing Board, the Chair extended congratulations to each of the honorees.

- 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.

Seeing no public comment was presented online or in person, the Chair closed the First Public Comment period.

VI. ADOPTION OF THE JANUARY 20, 2026 MEETING AGENDA *(for possible action)*

The Chair called for questions or comments on the agenda. There were none.

A motion was made by Father Rafael, seconded by Member Coca, and carried unanimously to approve the January 20, 2026 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:** December 9, 2025 *(for possible action)*
2. **Approve Revisions to the Behavioral Health Crisis Event and Security Communication Policy;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
3. **Approve Revisions to the Late Arrivals, No-Shows, and Same Day Cancellations Policy;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
4. **Approve Initial Credentialing and Privileges for Provider;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
 - Rachel Pena, Clinical Pharmacist
5. **Approve Re-Credentialing and Renewal of Privileges for Providers;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
 - Josefina Ascano, APRN II
 - Rosanne Sugay, MD, MPH, AAHIVS

The Chair inquired if there were any items on the Consent Agenda that board members wanted to remove for further discussion. There were no requests.

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

VIII. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Accept the November 2025 Year to Date Financial Report;** *direct staff accordingly or take other action as deemed necessary (for possible action)*

Donnie (DJ) Whitaker, Chief Financial Officer, presented the November 2025 Year to Date Financial Report from July 1, 2025 through November 30, 2025 with the following key highlights:

Revenue

- General Fund revenue (Charges for Services & Other) is \$16.33M compared to a budget of \$16.28M, a favorable variance of \$50K.
- Special Revenue Funds (Grants) is \$2.02M compared to a budget of \$3.18M, an unfavorable variance of \$1.16M.
- Total Revenue is \$18.35M compared to a budget of \$19.46M, an unfavorable variance of \$1.11M.

Expenses

- Salary, Tax, and Benefits is \$5.88M compared to a budget of \$6.91M, a favorable variance of \$1.03M.

- Other Operating Expense is \$11.91M compared to a budget of \$12.95M, a favorable variance of \$1.04M.
- Indirect Cost/Cost Allocation is \$4.36M compared to a budget of \$5.36M, a favorable variance of \$1.00M.
- Total Expense is \$22.16M compared to a budget of \$25.22M, a favorable variance of \$3.06M.

Net Position: is (\$3.81M) compared to a budget of (\$5.77M), a favorable variance of \$1.96M.

All Funds/Divisions by Type - Budget to Actual

- Quarterly write-offs were booked for accounts greater than 12 months old.
- Positive variances linked to cost savings in salaries and pharmacy supplies.
- PPS rate adjustments generated additional revenue about \$554,444.
- Pharmacy revenue is behind budget but offset by lower pharmacy expenditures.

Ms. Whitaker further advised of the following:

- Percentage of Revenues and Expenses - by Department
- Revenues by Department - Budget to Actuals
- Expenses by Department - Budget to Actuals
- Patient Encounters - By Department
 - FY2025 – 15,411
 - FY2026 – 17,716
 - 15% year-over-year growth
- Month-to-Month Comparisons - Year-to-Date revenues and expenses by department and by type.

Father Rafael commended staff, noting the excellent report and strong performance relative to the budget. Father Rafael asked for an update on billing, collections, and accounts receivable, noting that bringing billing in-house had been a significant achievement. Ms. Whitaker reported that performance remains strong. Ms. Whitaker noted that other revenue reflects WRAP from the PPS rate and credited the Revenue Cycle Manager, Donna Buss, for effectively managing this process and advancing related strategic goals.

Ms. Whitaker added that the team is actively addressing insurer denials and recovering payments, with stronger oversight than when billing was outsourced. The goal is to keep accounts within 60 days, and Ms. Buss closely monitors any exceptions. Overall, collections and reporting have improved.

Father Rafael then asked whether, in the future, the Board could receive information on projected write-offs, including amounts expected to be uncollectible. Ms. Whitaker responded that staff would provide that information at a future meeting.

The Chair called for further questions and there were none.

A motion was made by Father Rafael, seconded by Member Coca, and carried unanimously to accept the November 2025 Year to Date Financial Report, as presented.

2. Receive and Discuss the Fiscal Year 2025 Final Financial Results; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented the Final Fiscal Year 2025 Financial Results, as of June 20, 2025, unaudited, with the following highlights.

Revenue

- General Fund revenue (Charges for Services & Other) is \$40.32M compared to a budget of \$35.50M, a favorable variance of \$4.82M.
- Special Revenue Funds (Grants) is \$6.03M compared to a budget of \$7.39M, an unfavorable variance of \$1.36M.
- Total Revenue is \$46.36M compared to a budget of \$42.89M, a favorable variance of \$3.47M.

Expenses

- Salary, Tax, and Benefits is \$13.75M compared to a budget of \$13.87M, a favorable variance of \$116K.
- Other Operating Expense is \$27.24M compared to a budget of \$29.18M, a favorable variance of \$1.94M.
- Indirect Cost/Cost Allocation is \$7.94M compared to a budget of \$8.43M, a favorable variance of \$489K.
- Total Expense is \$48.93M compared to a budget of \$51.48M, a favorable variance of \$2.55M.

Net Position: is (\$2.57M) compared to a budget of (\$8.59M), a favorable variance of \$6.02M.

Randy Smith, Chief Executive Officer, FQHC noted that the initial budget projected a loss of approximately \$13 million before two subsequent augmentations. Mr. Smith emphasized that the final financial performance was exceptionally strong, due in part to some one-time revenue occurrences. Mr. Smith highlighted that the results reflect strong financial stewardship by the leadership team, including efforts to maximize revenue and ensure the organization collected all funds owed. Mr. Smith thanked Ms. Whitaker and the team for their work.

The Chair called for further questions from the board and there were none.

3. Receive and Discuss the Patient-Centered Medical Home (PCMH) Overview; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dawn Gentsch, Consultant, Nevada Primary Care Association presented the Patient-Centered Medical Home (PCMH) Overview. Ms. Gentsch provided a brief overview of the Patient-Centered Medical Home model and Southern Nevada Community Health Center's progress toward national recognition through the National Committee for Quality Assurance (NCQA).

Ms. Gentsch explained that PCMH is a primary care delivery model focused on comprehensive, coordinated, accessible, and patient-centered care. The model aligns closely with existing FQHC requirements including UDS, OSV, FTCA, and quality improvement expectations. Approximately 80% of FQHCs nationally are recognized as PCMHs.

NCQA recognition requires meeting 39 core criteria and earning 25 elective credits, supported through documented policies, procedures, reports, and patient examples. The Health Center has already completed a gap analysis, established a work plan, and begun assembling required evidence.

Member Breen joined the meeting at 3:16 p.m.

Ms. Gentsch provided an overview of the projected recognition timeline.

- First NCQA Review: June 2026
- Second Review: September 2026
- Full Recognition: By end of 2026

Ms. Gentsch highlighted that the Health Center is well positioned for success and noted the benefits of PCMH recognition, including improved patient outcomes, higher satisfaction, and strong alignment with value-based care. She concluded by offering ongoing support and inviting questions from the Board.

The Chair called for questions regarding Ms. Gentsch's presentation and there were none.

PCMH Work Plan

Ms. Felicia Sgovio reviewed the Health Center's PCMH work plan and progress. Ms. Sgovio reported that the plan includes all 39 core criteria and 22 selected elective criteria, totaling 34 elective credits, which exceeds the NCQA requirement. Transfer credits available through pre-validated vendors are also incorporated.

Each criterion has an assigned lead and supporting team members responsible for documentation, workflow development, and evidence preparation. A timeline column indicates whether each item is slated for Virtual Review 1 or Virtual Review 2. Completed items are shaded; active or pending tasks remain unshaded.

Ms. Sgovio reported current progress:

- 13 core criteria completed
- 10 elective criteria completed, with several more in progress.

Member Coca asked whether the organization's electronic health record systems could support the extensive data requirements. Ms. Sgovio confirmed that both ECW and Azara Population Health already contain the necessary functions and data points. As pre-validated NCQA vendors, these systems also provide transfer credits, reducing the need for additional tools or system enhancements.

Mr. Smith expressed his appreciation to Ms. Gentsch for her presentation and comprehensive overview of the PCMH model. Mr. Smith noted that Ms. Gentsch has been an invaluable resource to the organization and shared that he first met her when he began in his role. Mr. Smith stated that the PCMH journey has been significant for the Health Center and that he is enthusiastic about the progress being made. Mr. Smith added that additional updates will be provided to the Board as work continues throughout the year.

The Chair called for further questions and there were none.

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

There were no reports from board members.

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

- CEO Comments

Mr. Smith reported that the Health Center served 13,305 unique patients last calendar year who received a visit from a licensed independent practitioner, including medical and behavioral health providers. Mr. Smith noted it represents the highest patient volume in the organization's history, surpassing the previous year's record. Mr. Smith commended staff for achieving this despite operational challenges, including a hiring freeze and reduced workforce.

Mr. Smith highlighted several key program achievements:

- Same-day and walk-in access: These services continue to perform strongly and have helped mitigate no-show rates associated with traditional appointment scheduling. Expansion of this model remains a strategic focus.
- Integrated care: The team has strengthened integration between medical, behavioral health, and nutritional services, enabling patients to address multiple needs during a single visit.
- Care team capacity: Despite reduced staffing, improvements in workflow efficiency, supported by the Medical Director and site managers, have increased capacity and maintained high performance.

Mr. Smith reported the Health Center experienced a 7% increase in Medicaid patients served compared to the previous year. Although the organization fell slightly short (52 visits) of its goal for a 5% increase in Medicaid visits; it still achieved 104% of the prior year's total. Mr. Smith emphasized that lessons learned will inform continued efforts to balance payer mix, grow insured membership, and close preventive care gaps for existing patients, which aligns with PCMH principles.

Mr. Smith reported that 2026 began with uncertainties similar to 2025, including the possibility of a federal government shutdown. Both mandatory and discretionary Health Center Program funds are at risk. Mr. Smith shared he participated in virtual meetings with Nevada's congressional delegation, alongside the Nevada Primary Care Association and other FQHCs, to advocate for sustained federal support.

Mr. Smith announced that the Health Center received a six-month Notice of Award last week, providing short-term stability as federal budget decisions remain pending. However, Title X funding remains uncertain. The current grant period ends March 31st, and renewal guidance has not yet been issued. In the absence of formal instructions, staff submitted the required application using last year's guidance through Grant Solutions to ensure continuity.

Mr. Smith reported that the 340B Pharmacy Rebate Pilot has been placed on hold following a recent lawsuit. HRSA initially planned to appeal the ruling but has since withdrawn the appeal. Dr. Bleak will present a more detailed update at the next Board meeting.

Mr. Smith advised that The State of Nevada has been awarded \$180 million through the Rural Health Transformation Funds, with Federally Qualified Health Centers (FQHC) included as eligible recipients. Mr. Smith noted that the Nevada Primary Care Association will have representation on the Rural Health Transformation Steering Committee, ensuring FQHC interests are included in statewide planning discussions.

Member Coca inquired about the dollar amount of the Title X award. Mr. Smith stated that the award represents six months of the annual allocation, totaling slightly more than \$500K.

Member Coca inquired about which court filed the lawsuit related to the 340B Pharmacy Rebate Pilot. Mr. Smith responded that Dr. Bleak will provide a full update at the next Board meeting, but his current understanding is that the lawsuit was filed by a hospital association and was related to administrative process concerns.

Member Coca inquired about the funding source for recent advertising efforts and noted that she had seen one of the advertisements and thought it was great. Mr. Smith stated that he would follow up on the funding source used for the previous advertisement, which the organization had an opportunity to participate in. Mr. Smith further shared that a new behavioral health advertisement is being developed and that the upcoming campaign will be funded through the health center.

Father Rafael requested an update on the status of mental and behavioral health services, including information on capacity and availability. Mr. Smith stated that he will ask Tabitha Johnson to provide a report at a future meeting.

Father Rafael inquired about the Finance Committee and its meeting schedule. Mr. Smith responded that the committee charters were recently updated and confirmed that staff will provide him with the information outlining how often the committee meets.

XI. INFORMATIONAL ITEMS

- Community Health Center (FQHC) Monthly Report (Nov 2025 / Dec 2025)

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

XIII. ADJOURNMENT

The meeting was adjourned at 3:36 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab



AT THE SOUTHERN NEVADA HEALTH DISTRICT

AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER

GOVERNING BOARD MEETING

January 20, 2026 – 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/2862f043-213c-470e-880e-e95f45be0094@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 934 193 414#

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. OATH OF OFFICE

IV. RECOGNITION

1. Southern Nevada Health District – Manager of the Year 2025

- Bernie Meily

2. Southern Nevada Health District – Employee of the Year 2025

- Sarah Humphreys

3. Southern Nevada Health District – Employee of the Month – January 2026

- Rona Ordon

4. Southern Nevada Community Health Center’s Employee Engagement Committee

- Christopher Cooper, Ferron Delacruz, Liliana Dominguez, Jina Fernandez, Jose Garcia-Jorge, Jennifer Loysaga, Mariel Marcos

5. Las Vegas TGA Part A HIV/AIDS Program – Clark County – Certificate of Quality Improvement Leadership

- Ronny Soy and Brennen O'Toole

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 meeting controls at the top of the screen and select the Raise Hand icon. When called upon, select the Microphone icon to unmute yourself.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 934 193 414#. Press *5 to raise your hand. When called upon, press *6 on your phone keypad to unmute yourself
- **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 JANUARY 20, 2026 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:** December 9, 2025 *(for possible action)*
- 2. Approve Revisions to the Behavioral Health Crisis Event and Security Communication Policy;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
- 3. Approve Revisions to the Late Arrivals, No-Shows, and Same Day Cancellations Policy;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
- 4. Approve Initial Credentialing and Privileges for Provider;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
 - Rachel Pena, Clinical Pharmacist
- 5. Approve Re-Credentialing and Renewal of Privileges for Providers;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
 - Josefina Ascano, APRN II
 - Rosanne Sugay, MD, MPH, AAHIVS

VIII. REPORT / DISCUSSION / ACTION

- 1. Receive, Discuss and Accept the November 2025 Year to Date Financial Report;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
- 2. Receive and Discuss the Fiscal Year 2025 Final Financial Results;** *direct staff accordingly or take other action as deemed necessary (for possible action)*

3. Receive and Discuss the Patient-Centered Medical Home (PCMH) Overview; 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 *(Information Only)*

- CEO Comments

XI. INFORMATIONAL ITEMS

- Community Health Center (FQHC) Nov 2025 / Dec 2025

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

December 9, 2025 – 2:30 p.m.

Meeting was conducted via Microsoft Teams

MEMBERS PRESENT:

Donna Feliz-Barrows, Chair
Jasmine Coca, First Vice Chair
Sara Hunt, Second Vice Chair
Rebeca Aceves
Ashley Brown
Marie Dukes
Blanca Macias-Villa
Jose L. Melendrez
David Neldberg

ABSENT:

Erin Breen

ALSO PRESENT

Josh Findlay, Director and Audit Engagement Executive, Forvis Mazars LLC

LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

CHIEF EXECUTIVE OFFICER:

Randy Smith

STAFF:

Emily Anelli, Andria Cordovez Mulet, David Kahananui, Justin Tully, Felicia Sgovio, Cassius Lockett, Todd Bleak, Yin Jie Qin, Robin Carter, Luann Province, Chelle Alfaro, Emma Rodriguez

I. CALL TO ORDER and ROLL CALL

The Southern Nevada Community Health Center (SNCHC) Governing Board Meeting was called to order at 2:30 p.m. A quorum was not established.

II. PLEDGE OF ALLEGIANCE

Member Melendrez joined the meeting at 2:31 p.m.

Ms. Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum.

Ms. Cordovez Mulet 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.

- III. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board

wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

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

IV. ADOPTION OF THE DECEMBER 9, 2025 MEETING AGENDA *(for possible action)*

The Chair called for questions or comments on the agenda. There were none.

A motion was made by Member Melendrez, seconded by Member Dukes, and carried unanimously to approve the December 9, 2025 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: November 18, 2025 *(for possible action)*

2. Approve Updates to the CHCA-021 Responding to Medical Emergencies Policy; *direct staff accordingly or take other action as deemed necessary (for possible action)*

The Chair inquired if there were any items on the Consent Agenda that board members wanted to remove for further discussion. There were no requests.

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

Member Aceves joined the meeting at 2:33 p.m.

VI. REPORT / DISCUSSION / ACTION

1. Review, Discuss, and Accept the Financial Statement Report, as of June 30, 2025, from FORVIS MAZARS LLP; *direct staff accordingly or take other action as deemed necessary (for possible action)*

Josh Findlay, Director and Audit Engagement Executive, Forvis Mazars LLC, provided a high-level overview of the financial statement audit results for the Southern Nevada Health District's FY2025 financial audit.

- Audit Scope and Results - three separate opinions were issued:
 - Financial Statement Opinion: Unmodified (clean) opinion issued in late November.
 - Single Audit Opinions: Required due to federal expenditure exceeding \$750,000.
 - Internal control over financial reporting: No reportable findings.
 - Compliance with federal grant requirements: No reportable findings.
 - The compliance supplement from the Office of Management and Budget was delayed due to a government shutdown, which postponed issuance of the third opinion. The supplement was received last week, and the final opinion will be issued within the next few days.

- Programs Audited Under Single Audit
 - Four major federal programs were reviewed for compliance.
 - All programs received unmodified opinions with no reportable findings.
- Required Auditor Communications
 - Significant accounting policies are documented in Note 1 of the financial statements and comply with GASB standards.
 - Adoption of GASB Statement 101 (Compensated Absences) was completed smoothly with no material impact.
 - No alternative accounting treatments or disagreements with management were noted.
- Future Accounting Pronouncements
 - GASB 103 – Financial Reporting Mode Improvements: Improve key components of the financial reporting model to enhance its effectiveness in providing information that is essential for decision making and assessing a governmental entity’s accountability. Effective next fiscal year: no material impact expected on the financials.
 - GASB 104 – Disclosure of Certain Capital Assets: Requires capital assets held for sale, intangible assets, lease assets, and subscription assets to be broken out separately in note disclosure; no impact on the financials.

Mr. Findlay confirmed that the audit process was completed smoothly and commended the District’s finance team for their cooperation.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Hunt, and carried unanimously to accept the Financial Statement Report, as of June 30, 2025, from FORVIS MAZARS LLP, as presented.

Member Coca joined the meeting at 2:41 p.m.

2. Receive, Discuss and Approve Updates to the Southern Nevada Community Health Center Governing Board Bylaws; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, Chief Executive Officer, FQHC, provided an overview of recent updates to the Health Center bylaws, prompted by revisions to the HRSA Compliance Manual for Federally Qualified Health Centers (FQHCs). Mr. Smith shared the following changes:

- Mission Statement: Updated language to reflect current organizational mission.
- Service References: Removed outdated references to dental services.
- Non-Discrimination Language: Revised language regarding race, creed, and nationality to align with HRSA guidance and laws protecting free speech.
- Patient Board Member Requirements: Previous requirements focused on demographic representation (race, ethnicity, gender) of patients served.
 - Updated requirement broadens representation to reflect individuals served by the Health Center without limiting specific demographic indicators.
 - The Health District will continue to ensure compliance with HRSA standards while maintaining practical approaches to board composition.

Mr. Smith advised these changes align the health center's bylaws with current HRSA compliance standards.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve Updates to the Southern Nevada Community Health Center Governing Board Bylaws, as presented.

3. Receive, Discuss and Approve New Board Member; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the candidacy of Father Rafael for appointment as a community board member. Father Rafael previously served on the Board and brings extensive experience in ministry and financial oversight as a CPA. Mr. Smith further shared that Father Rafael's return would provide valuable expertise, particularly considering the upcoming departure of Member Dukes in January 2026.

Mr. Smith advised the board that Father Rafael is a strong advocate for Behavioral Health Services and has supported program development at the Health Center. The previous conflict of interest has been resolved, and he is no longer affiliated with the business where services were provided. Mr. Smith stated that Father Rafael's application has been received, his orientation has been completed, and he has confirmed his availability to attend meetings.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve New Board Member, Father Rafael Pereira, as presented.

Member Melendrez inquired about appointing Father Rafael to the Finance Committee. Mr. Smith confirmed that upon Father Rafael's official onboarding in January, he will be assigned to a committee, and he has expressed interest in serving on the Finance Committee.

Mr. Smith also extended appreciation to Member Dukes for her service on the Board, noting her significant contributions to the Health Center's financial oversight and governance. Member Dukes expressed gratitude for the opportunity to serve and commended the leadership team and fellow board members.

The Chair echoed thanks on behalf of the Board, acknowledging Member Dukes dedication and impact.

4. Receive, Discuss and Approve Changes to the Southern Nevada Community Health Center's Vision Statement; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented a proposed revision to the Southern Nevada Community Health Center's Vision statement. The change involves replacing the word "equitable" with "fair" to ensure compliance with recent federal executive orders.

Mr. Smith stated that replacing “equitable” with “fair” preserves the vision statement’s intent to provide access to care by reducing healthcare disparities in our community and doing so in a comprehensive and fair way.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve Changes to the Southern Nevada Community Health Center’s Vision Statement, as presented.

5. 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/Risk Manager, presented the Third Quarter Risk Management Report as required by FTCA. Key highlights included:

- Quarterly Risk Assessment:
 - Behavioral Health risk assessment completed in collaboration with the Medical Director and Behavioral Health Manager.
 - 67 criteria reviewed with 61 found in compliance.
- Incident Reporting & Peer Review:
 - 25 incidents reported in Q3 (70 YTD); three (3) required root cause analysis and were promptly addressed.
 - Provider peer review audits averaged 94% compliance.
- FTCA Training Compliance:
 - Five (5) annual FTCA-required trainings for clinical staff achieved 99.76% completion by Q3; now at 100%.
 - Risk Manager completed two (2) required FTCA risk-related training courses in May 2025.
- Performance Metrics:
 - Patient satisfaction averaged 98.3% for Q3; 98.1% YTD.
 - No grievances filed; no pharmacy labeling errors; one (1) HIPAA breach occurred but was contained and corrected.
 - Credentialing for all licensed practitioners remains at 100%.
 - No FTCA claims filed during Q3.
- Data Accuracy & UDS Reporting:
 - Manual data tracking implemented due to EMR mapping issues to ensure accurate UDS reporting.
 - Monthly data review meetings ongoing; improvements noted.
 - Plans underway to create a new position to support EMR optimization, onboarding, and reporting accuracy.

Mr. Smith emphasized the importance of accurate data for HRSA quality awards and Medicaid managed care partnerships, noting that manual processes and additional staffing will strengthen compliance and reporting.

The Chair called for questions and there were none.

Member Macias-Villa joined the meeting at 2:58 p.m.

A motion was made by Member Melendrez, seconded by Member Hunt, and carried unanimously to accept the Third Quarter Risk Management Report, as presented.

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

Robin Carter, Medical Director, presented the Behavioral Health Risk Assessment results, noting overall score was 61 of 67 criteria compliant or 91%. Dr. Carter identified five (5) areas requiring corrective action.

The following action items were outlined:

- Policies & Procedures:
 - Develop and implement a policy for conducting debriefings and safety huddles to support safe and effective behavioral health services.
- Patient-Centered Care:
 - Recruit or designate a patient navigator specifically for behavioral health services.
 - Explore internal reassignment of existing health navigators to fulfill this role.
- Staffing and Workforce Development:
 - Establish a formal plan to address behavioral health workforce shortages and burnout.
 - Current informal practices, such as self-care discussions during staff meetings, activities will be formalized into policy.
- Safe Environment & Infrastructure:
 - Enhance behavioral health waiting area with toys and comfortable furniture; explore options for soothing music.
 - Collaboration with facilities team underway.
- Firearm Safety Counseling:
 - Develop a standardized process for counseling patients and families on firearm safety.
 - Options include educational materials (posters, pamphlets) and integration into counseling sessions.

Dr. Carter noted that action items are in progress, with completion targeted by summer 2026.

Member Hunt inquired whether policies would be HRSA-based or evidence-based. Dr. Carter advised it is a combination of things. Dr. Carter will look at risk management, best practices from other health centers and policies that have been developed.

The Chair called for further questions and there were none.

A motion was made by Member Hunt, seconded by Member Melendrez, and carried unanimously to accept the Third Quarter Risk Management 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*)

There were no reports from board members.

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

- CEO Comments

Mr. Smith provided updates on key operational and strategic items:

- HRSA Funding Update:
 - HRSA intends to provide six months of funding for Health Centers with project start dates of January 1st, February 1st, or March 1st to mitigate risks from potential government shutdowns.
 - SNCHC's new grant period begins February 1st; a Notice of Award for six months of funding is expected before January 30th.
- 340B Rebate Pilot:
 - Effective January 1st, a rebate model will apply to 10 medications previously purchased at 340B pricing.
 - Medications will now be purchased at wholesale cost, with rebates submitted to recover the difference.
 - Initial impact is limited due to low volume of affected drugs, but future expansion could create significant cash flow challenges.
 - Litigation is underway nationally; SNCHC is monitoring developments and implementing mitigation strategies.
 - The addition of Clinical Pharmacist Dr. Peña will allow Dr. Bleak to focus on pharmacy program administration, critical for managing increased complexity under the rebate model.
- Medicaid Shadow Billing Transition:
 - Nevada Health Authority and MCOs are transitioning to a shadow billing model, where MCOs will pay the full PPS rate directly, eliminating the need for separate PPS Wrap payments from the State.
 - While beneficial long-term, concerns exist due to lack of testing and readiness, creating potential cash flow risks.
 - SNHD's Revenue Cycle Manager is coordinating with MCOs, other Health Centers, and the Nevada Primary Care Association to ensure smooth implementation and has established manual processes for claim verification during transition.
- Patient-Centered Medical Home (PCMH) Accreditation:
 - Notice of Intent filed with HRSA to pursue NCQA PCMH accreditation.
 - Goals: First NCQA check-in by June 30, 2026; full accreditation by December 31, 2026.
 - Accreditation will enhance care quality and strengthen competitive grant applications.
 - Consultant engagement underway; board education session planned for January.
- Holiday Celebration:
 - Health Center holiday party scheduled for December 16th at the Decatur location, Red Rock Conference Room, 1:00–5:00 PM. Board members invited to attend.

Mr. Smith expressed his gratitude to the Board for their continued support and guidance throughout a challenging year. Mr. Smith noted that the progress made in serving clients and improving operations will be evident in January's review. Mr. Smith extended holiday greetings and wished all members a successful and productive new year.

IX. INFORMATIONAL ITEMS

There were no informational items.

- 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 period.

XI. ADJOURNMENT

The meeting was adjourned at 3:27 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab



AT THE SOUTHERN NEVADA HEALTH DISTRICT

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

DIVISION:	Administration	NUMBER(s):	CHCA-005
PROGRAM:	Clinical Services - FQHC	VERSION:	1.03
TITLE:	Behavioral Health Crisis Event and Security Communication Policy and Procedure	PAGE:	1 of 3
		EFFECTIVE DATE:	
DESCRIPTION:	Process for handling patients experiencing a mental health crisis and in need of immediate need of inpatient treatment.	ORIGINATION DATE: 8/29/2022	
APPROVED BY:		REPLACES:	
CHIEF EXECUTIVE OFFICER- FQHC:		Version 1, dated 6/18/2022 Version 2, dated 11/18/2025	
Randy Smith, MPA _____		Date _____	

I. PURPOSE

To provide timely and appropriate response in the event of an immediate behavioral health crisis 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.

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 Emergency

1. This emergency does not fall under Medical Emergency Response 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

of the behavioral health crisis and that emergency personnel will be called to respond

- b. BH Provider will call 911.
- c. BH Provider will remain with the patient, and text/call CHN Manager. BH Provider will leave door cracked open for when Security Personnel arrive.
- d. SNHD Security Personnel will respond to the location to manage the environment and provide security and safety.
- e. Security Personnel will direct emergency personnel to the location. Upon arrival of emergency personnel, BH Provider will provide the necessary information pertaining to the crisis.
- f. BH Provider/Team will contact designated family and/or significant others, if applicable (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 and alert Medical Director of the incident.
- g. BH Team/provider will conduct a debrief/safety huddle with all appropriate parties in order to support safe and effective behavioral health services.
- h. 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 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 (location name). Please take appropriate measures.”
- 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 will call 911. Should a patient meet criteria for a mental health crisis hold, the form will be completed by the licensed mental health BH provider and given to emergency personnel for transport. A copy of the form 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.
- e. BH Provider will follow-up with patient as clinically appropriate. BH provider will complete FQHC Incident Report.

Behavioral Health Crisis Event and Security
Communication Policy and Procedure

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.”

Additional Sections

Not Applicable

Acronyms/Definitions

Not Applicable

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

Behavioral Health Manager

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 3		1. Replaced Dr. Blue Bird with Medical Emergency Response and updated the procedures.
Version 2	11/18/2025	2. Under BH Crisis Emergency, added instructions for Security Personnel (1-c) and Medical Director involvement (1-f).
Version 1	06/18/2024	1. Updated policy name. 2. Revised content as appropriate and updated the procedure.
Version 0	8/29/2022	First issuance

VII. ATTACHMENTS

Attachment No. CHCA-005 ATT-1, FQHC Incident Report

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

DIVISION:	FQHC	NUMBER(s):	CHCA-022
PROGRAM:	Division Wide	VERSION:	1.02
TITLE:	Late Arrivals, No-Shows, and Same Day Cancellations	PAGE:	1 of 4
		EFFECTIVE DATE:	
DESCRIPTION:	Guidance for when a patient arrives late, fails to show for a scheduled appointment or cancels on the same day as their appointment	ORIGINATION DATE: July 16, 2024	
APPROVED BY:		REPLACES:	
CHIEF EXECUTIVE OFFICER – FQHC:		Version 1.01 dated 8/19/25	
Randy Smith. MPA _____		Date _____	

I. PURPOSE

The Southern Nevada Community Health Center (SNCHC) is committed to compliance with Health Resources and Services Administration (HRSA) standards for community health centers, including ensuring access to quality healthcare. It is the responsibility of the Community Health Nurse Manager, Behavioral Health Manager and/or their designee(s) to monitor and manage all appointment activity to maximize access to care and ensure good stewardship of human and financial resources.

II. SCOPE

Applies to all SNCHC workforce.

III. POLICY

To provide guidance when a patient arrives late, fails to show up for a scheduled appointment or cancels on the same day as their appointment.

The health center uses a mix of scheduled appointments, same day appointments, and walk-ins to achieve optimal access to patient care services. No-Shows and Same Day Cancellations create waste in the system and reduces access to care for all patients. When a scheduled appointment goes unused, it takes an available slot away from another patient and delays the delivery of healthcare.

- Late Arrival - Shall mean any patient who arrives at the clinic more than ten (10) minutes after their scheduled appointment time.
- No-Show - Shall mean any patient who fails to show for a scheduled appointment without prior notification.

Late Arrivals, No-Shows, and Same Day Cancellations

- Same Day Cancellation - Shall mean any patient who cancels their appointment less than twenty-four (24) hours before their scheduled time.

IV. PROCEDURE

When patients are initially scheduled and then again when appointments are confirmed, patients are instructed to arrive prior to their scheduled appointment time, thirty (30) minutes for new patients/select appointment types and fifteen (15) minutes for established patients.

A. Late Arrivals

1. Patients will be given a ten (10) minute grace period. Patients arriving during this grace period are checked-in for their appointment. Status in eClinicalWorks (eCW) is changed to arrive “ARR” then the Administrative Assistant (AA)/Patient Services Representative (PSR) will change the status to waiting room “WAITROOM” for the Medical Assistant (MA) to start the intake.
 - a. Patients who check-in during the grace period may be seen out of order if another patient with a close appointment time is already checked-in and ready to be seen. In these occurrences, every effort should be made to see the patient who arrived during the grace period as close to their actual appointment as possible.
2. Patients arriving ten (10) minutes after their scheduled appointment time. The AA/PSR will change the status in eCW to No-Show “N/S” and the patient will be given the following options:
 - a. Offered the option to wait. These patients will be treated as a walk-in. If an appointment slot becomes available, they will be offered the open appointment slot on a first come, first serve basis. There is no guarantee the patient will be seen the same day. The patient can be seen by any available provider as a Same Day appointment if clinically appropriate.
 - b. Offered to reschedule their appointment.
 - At the provider’s discretion, a bridge refill of medications can be given to the patient to ensure their continued access to prescribed medications until their new appointment.

B. No-Shows

1. When a patient fails to show for their appointment:
 - a. Established Patients: The MA will review the list of patients that No-Showed with provider during the next day’s care team huddle. If the provider determines that the patient needs to be seen, the MA will reach out to the patient to attempt to schedule a new appointment.

Late Arrivals, No-Shows, and Same Day Cancellations

- The MA will contact the patient and document the communication. If staff are not able to reach the patient, leave a message. Document in eCW a general note, a message was left and the reason for the call. When the patient returns the call, whoever receives the call has the information and can assist. Be mindful of patient privacy, when not speaking directly with the patient.
 - Three (3) attempts to contact the patient will be made via a phone call. *Ryan White patients: The provider can send a referral to the Community Health Worker (CHW) for a possible Home Visit.*
 - b. New Patients: Follow up with these patients will occur at the determination of the CHN Manager and/or their designee. Factors such as capacity, strategic initiatives, and contractual requirements will be considered when determining which patients to engage.
2. The AA/PSR changes the status in eCW to a No-Show (N/S). When a patient is a No-Show for their scheduled appointment, the slot can be offered to a walk-in patient if the patient is ready within the ten (10) minutes grace period. The add-on patient should show arrive “ARR” no more than five (5) minutes after the grace period has expired.
- a. If a new patient No-Shows three (3) times, they will not be allowed to schedule new appointments. After the third No-Show, patients will only be seen as a Walk-in/Same Day.
 - b. If an established patient No-Shows three (3) times in a twelve (12) month period, they will only be seen as a walk-in for the next six (6) months.
 - i. The provider may schedule a follow-up appointment for the patient after a visit, but if the patient No-Shows that appointment, they will only be seen as a walk-in for the next six (6) months.
3. Behavioral Health Patients:
- a. For new Behavioral Health (BH) patients who No-Show three (3) times, they will be given three community behavioral health referrals. If the new BH patient is a Ryan White patient, a Ryan White team member will follow up with the patient to determine what barriers exist and provide community resources.
 - b. If an established BH therapy patient No-Shows three (3) times in a twelve (12) month period, they will only be seen as a walk-in by the integrated care therapist team member for the next six (6) months at the Decatur clinic.

Late Arrivals, No-Shows, and Same Day Cancellations

C. Same Day Cancellations

1. When a patient calls to cancel an appointment on the Same Day, offer to reschedule.
 - a. The Call Center will change status in eCW to cancelled “CANC” and create a new appointment.
 - If the patient does not want to reschedule, the eCW status will still reflect cancelled.
 - b. The AA/PSR can fill the slot with any walk-in/Same Day patient.
 - The slot can be offered to a walk-in patient if the patient is ready within the fifteen (15) grace period. The add-on patient should show arrive “ARR” no more than five (5) minutes after the grace period has expired.
2. When a patient cancels an appointment via SMS or through the after-hours line.
 - a. If through SMS, eCW will reflect canceled by SMS “CANCSMS” as the status
 - b. If through after-hours, the Call Center will change status to canceled “CANC” in eCW.

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

Community Health Nurse Clinic Manager
Clinical Office Supervisor
Senior Patient Services Representative

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 2		Change fifteen (15) minutes grace period to ten (10) minutes.
Version 1	08/19/2025	Added no show procedures for Behavioral Health patients under IV. Procedures
Version 0	7/16/2024	First issuance – replaces Standard Operating Procedure dated March 23, 2023

VII. ATTACHMENTS

Attachment No. CHCA-022 ATT-1, No-Show Log



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Financial Report
Results as of November 30, 2025

(Unaudited)

Summary of Revenue, Expenses and Net Position (November 30, 2025 – Unaudited)

Revenue

- General Fund revenue (Charges for Services & Other) is \$16.33M compared to a budget of \$16.28M, a favorable variance of \$50K.
- Special Revenue Funds (Grants) is \$2.02M compared to a budget of \$3.18M, an unfavorable variance of \$1.16M.
- Total Revenue is \$18.35M compared to a budget of \$19.46M, an unfavorable variance of \$1.11M.

Expenses

- Salary, Tax, and Benefits is \$5.88M compared to a budget of \$6.91M, a favorable variance of \$1.03M.
- Other Operating Expense is \$11.91M compared to a budget of \$12.95M, a favorable variance of \$1.04M.
- Indirect Cost/Cost Allocation is \$4.36M compared to a budget of \$5.36M, a favorable variance of \$1.00M.
- Total Expense is \$22.16M compared to a budget of \$25.22M, a favorable variance of \$3.06M.

Net Position: is (\$3.81M) compared to a budget of (\$5.77M), a favorable variance of \$1.96M.

All Funds/Divisions by Type

Budget to Actual

Activity	Budget as of November	Actual as of November	Variance Favorable (Unfavorable)	%
Charges for Services	15,607,404	15,103,084	(504,320)	-3%
Other	669,576	1,224,020	554,444	83%
Federal Revenue	1,258,392	1,150,755	(107,637)	-9%
Pass-Thru Revenue	1,613,160	701,216	(911,944)	-57%
State Revenue	309,711	167,789	(141,922)	-46%
Total FQHC Revenue	19,458,243	18,346,864	(1,111,379)	-6%
Salaries	4,608,667	3,998,395	610,272	13%
Taxes & Fringe Benefits	2,305,758	1,885,935	419,823	18%
Total Salaries & Benefits	6,914,425	5,884,330	1,030,095	15%
Supplies	12,271,725	11,311,795	959,930	8%
Capital Outlay	8,158	-	8,158	100%
Contractual	639,220	573,136	66,084	10%
Travel & Training	27,434	27,233	201	1%
Total Other Operating	12,946,537	11,912,164	1,034,373	8%
Indirect Costs/Cost Allocations	5,362,460	4,361,638	1,000,822	19%
Transfers IN	(331,958)	(304,453)	(27,505)	8%
Transfers OUT	331,958	304,453	27,505	8%
Total Transfers	5,362,460	4,361,638	1,000,822	19%
Total FQHC Expenses	25,223,422	22,158,132	3,065,290	12%
Net Position	(5,765,179)	(3,811,268)	1,953,911	-34%

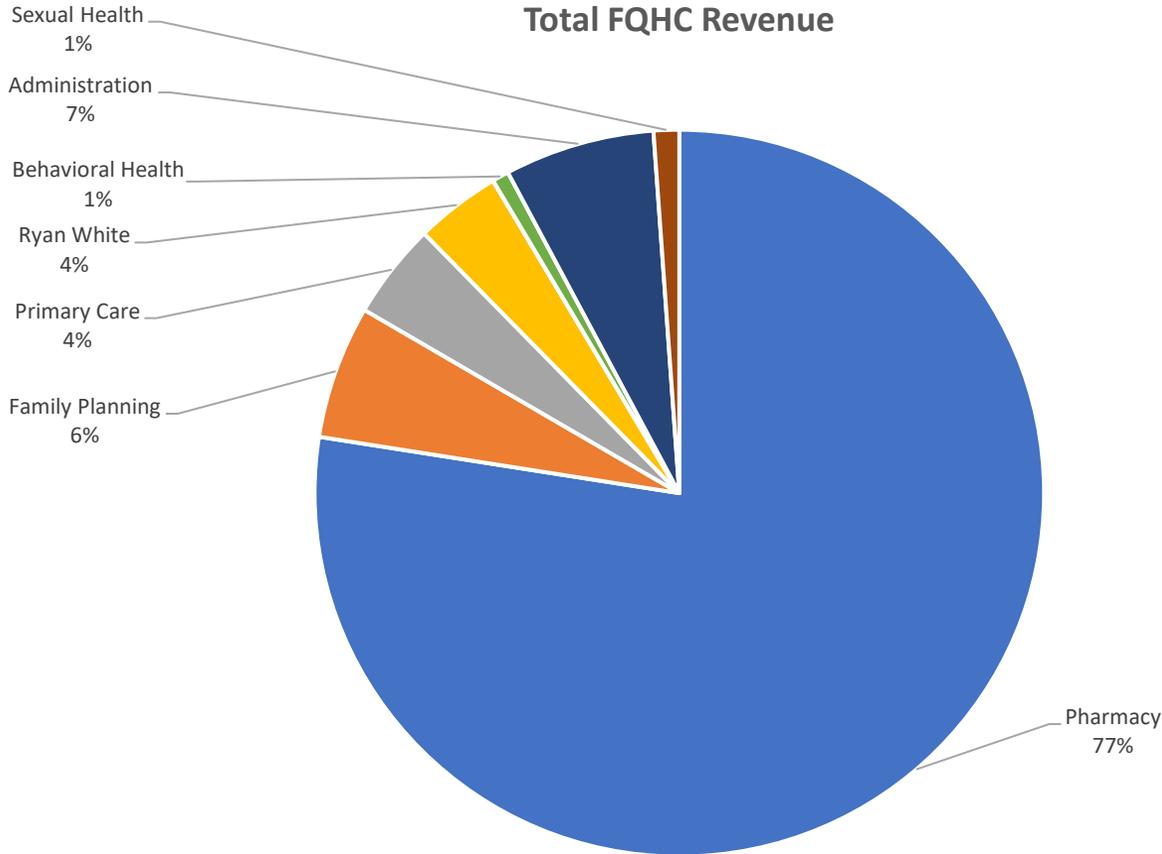
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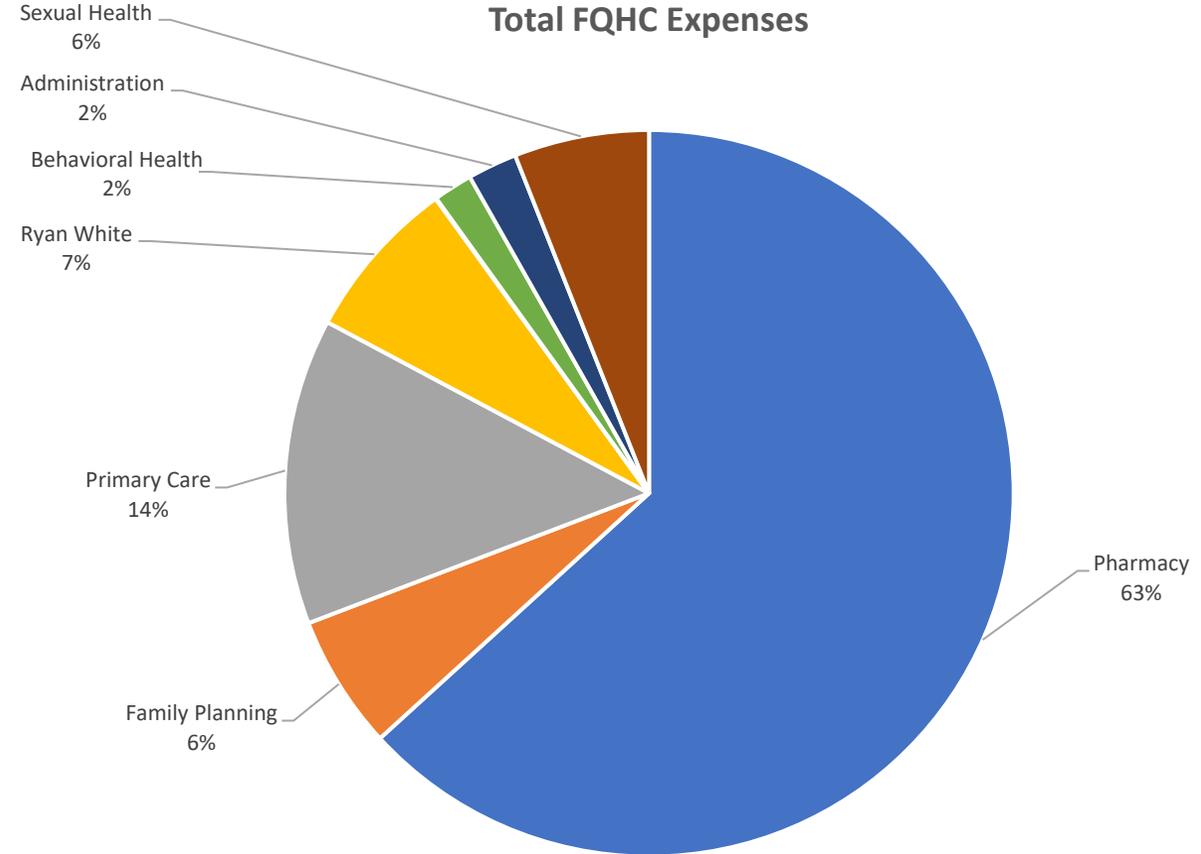
- 1) CHARGES FOR SERVICES INCLUDES FY26 Q1 WRITE-OFF (ANY OUTSTANDING AMOUNT OLDER THAN 12 MONTHS AS OF SEPTEMBER 2025).
- 2) NEVADA MEDICAID WRAP TRUE-UP/LOOK-BACK PAYMENTS FOLLOWING COMPLETION OF NEW PPS RATE REVIEW (PAID DIFFERENCE BETWEEN INTERIM RATE AND FINALIZED RATE).
- 3) FY26 ADOPTED BUDGET INCLUDED EIGHT ELIGIBILITY WORKERS THAT WOULD HAVE BEEN 100%-GRANT FUNDED WHO WERE NOT HIRED DUE TO CHANGING FEDERAL PRIORITIES. ADDITIONALLY, SOME RYAN WHITE REIMBURSEMENTS WERE DELAYED DUE TO FUNDING CONSTRAINTS.

Percentage of Revenues and Expenses by Department (November 30, 2025)

Total FQHC Revenue



Total FQHC Expenses



Revenues by Department

Budget to Actuals

Department	Budget as of November	Actual as of November	Variance Favorable (Unfavorable)	%
Charges for Services, Other, Wrap				
Family Planning	122,321	188,191	65,870	54%
Pharmacy	14,649,034	14,215,807	(433,227)	-3%
Primary Care	272,790	346,022	73,232	27%
Ryan White	115,210	16,440	(98,770)	-86%
Refugee Health	8,464	(4,006)	(12,470)	-147%
Behavioral Health	114,916	135,755	20,839	18%
Administration	669,576	1,221,127	551,551	82%
Sexual Health	324,668	207,768	(116,900)	-36%
OPERATING REVENUE	16,276,979	16,327,104	50,125	0%
Grants				
Family Planning	962,309	899,815	(62,494)	-6%
Primary Care	518,423	435,146	(83,277)	-16%
Ryan White	1,561,304	681,199	(880,105)	-56%
Refugee Health	51,854	3,600	(48,254)	-93%
Behavioral Health	87,371	-	(87,371)	-100%
SPECIAL REVENUE	3,181,261	2,019,760	(1,161,501)	-37%
TOTAL REVENUE	19,458,240	18,346,864	(1,111,376)	-6%

NOTES:

- 1) REFUGEE HEALTH CLINIC PATIENT ENCOUNTERS REDUCED BY 96% YEAR-OVER-YEAR. NEGATIVE REVENUE DUE TO CONTRACTUAL ADJUSTMENTS/WRITE-OFFS FROM PRIOR PERIODS EXCEEDING REVENUE.
- 2) PATIENT ENCOUNTERS TRENDING 13% UNDER PRIOR FISCAL YEAR DUE TO INTEGRATING PROVIDERS ACROSS SH AND PC CLINICS.
- 3) FY26 ADOPTED BUDGET INCLUDED EIGHT ELIGIBILITY WORKERS THAT WOULD HAVE BEEN 100%-GRANT FUNDED WHO WERE NOT HIRED DUE TO CHANGING FEDERAL PRIORITIES.
- 4) BH INCUBATOR GRANT ENDED IN FY25, ALL FY26 EXPENSES AND REVENUES ARE GENERAL FUNDED AND WILL BE UPDATED IN FIRST BUDGET AUGMENTATION.

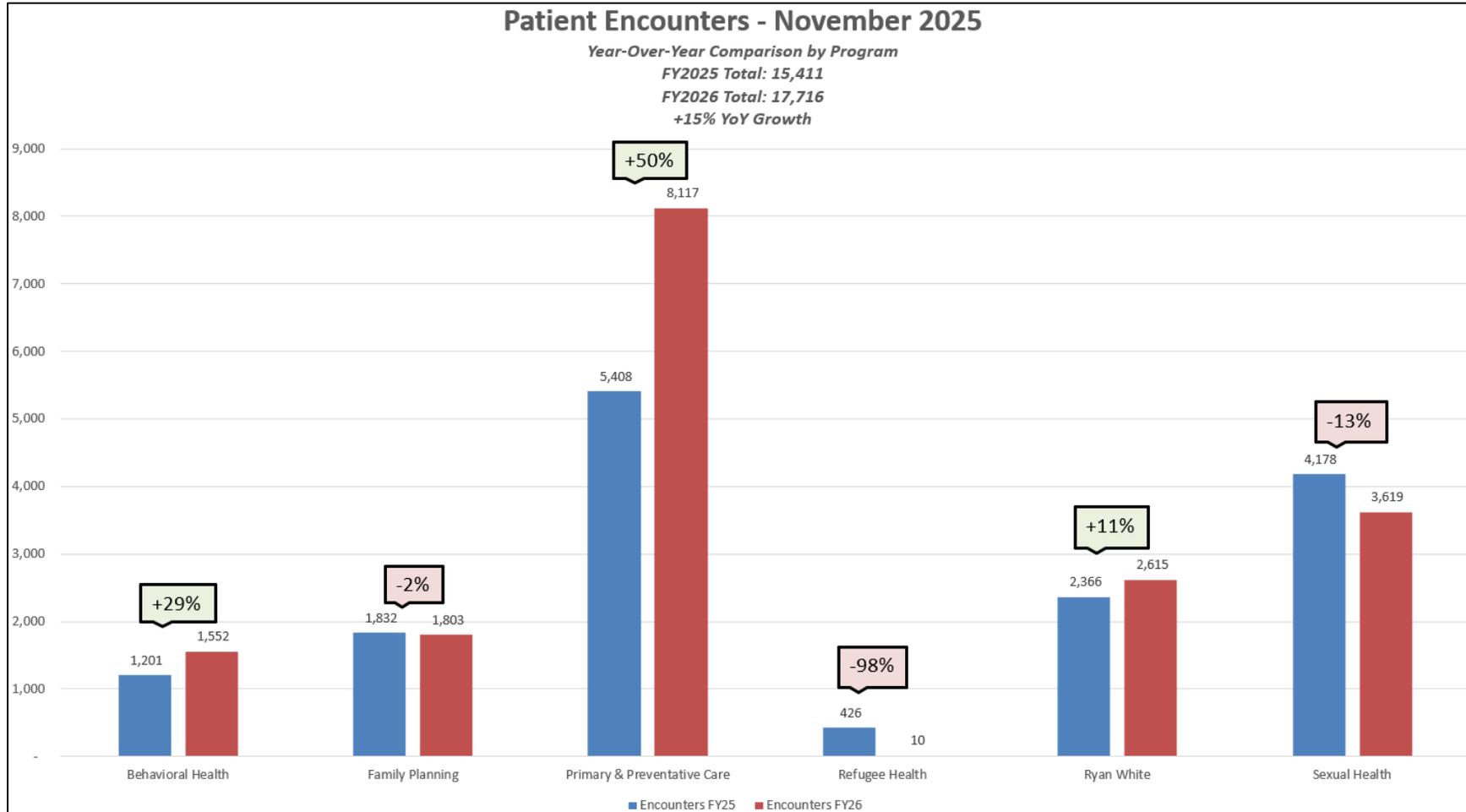
Expenses by Department Budget to Actuals

Department	Budget as of November	Actual as of November	Variance Favorable (Unfavorable)	%
Employment (Salaries, Taxes, Fringe)				
Family Planning	979,697	762,507	217,190	22%
Pharmacy	264,364	255,178	9,186	3%
Primary Care	2,414,095	2,251,641	162,454	7%
Ryan White	1,646,185	1,168,070	478,115	29%
Refugee Health	125,006	3,266	121,740	97%
Behavioral Health	250,205	308,499	(58,294)	-23%
Administration	158,138	164,239	(6,101)	-4%
Sexual Health	1,076,737	970,932	105,805	10%
Total Personnel Costs	6,914,427	5,884,332	1,030,095	15%
Other (Supplies, Contractual, Capital, etc.)				
Family Planning	242,111	299,773	(57,662)	-24%
Pharmacy	11,914,737	10,994,369	920,368	8%
Primary Care	199,895	172,968	26,927	13%
Ryan White	124,160	120,470	3,690	3%
Refugee Health	60,061	3,284	56,777	95%
Behavioral Health	5,000	775	4,225	85%
Administration	301,867	226,617	75,250	25%
Sexual Health	98,705	93,909	4,796	5%
Total Other Expenses	12,946,536	11,912,165	1,034,371	8%
Total Operating Expenses	19,860,963	17,796,498	2,064,465	10%
Indirect Costs/Cost Allocations	5,362,460	4,361,638	1,000,822	19%
Transfers IN	(331,958)	(304,453)	(27,505)	8%
Transfers OUT	331,958	304,453	27,505	8%
Total Transfers & Allocations	5,362,460	4,361,638	1,000,822	19%
TOTAL EXPENSES	25,223,423	22,158,135	3,065,288	12%

NOTES:

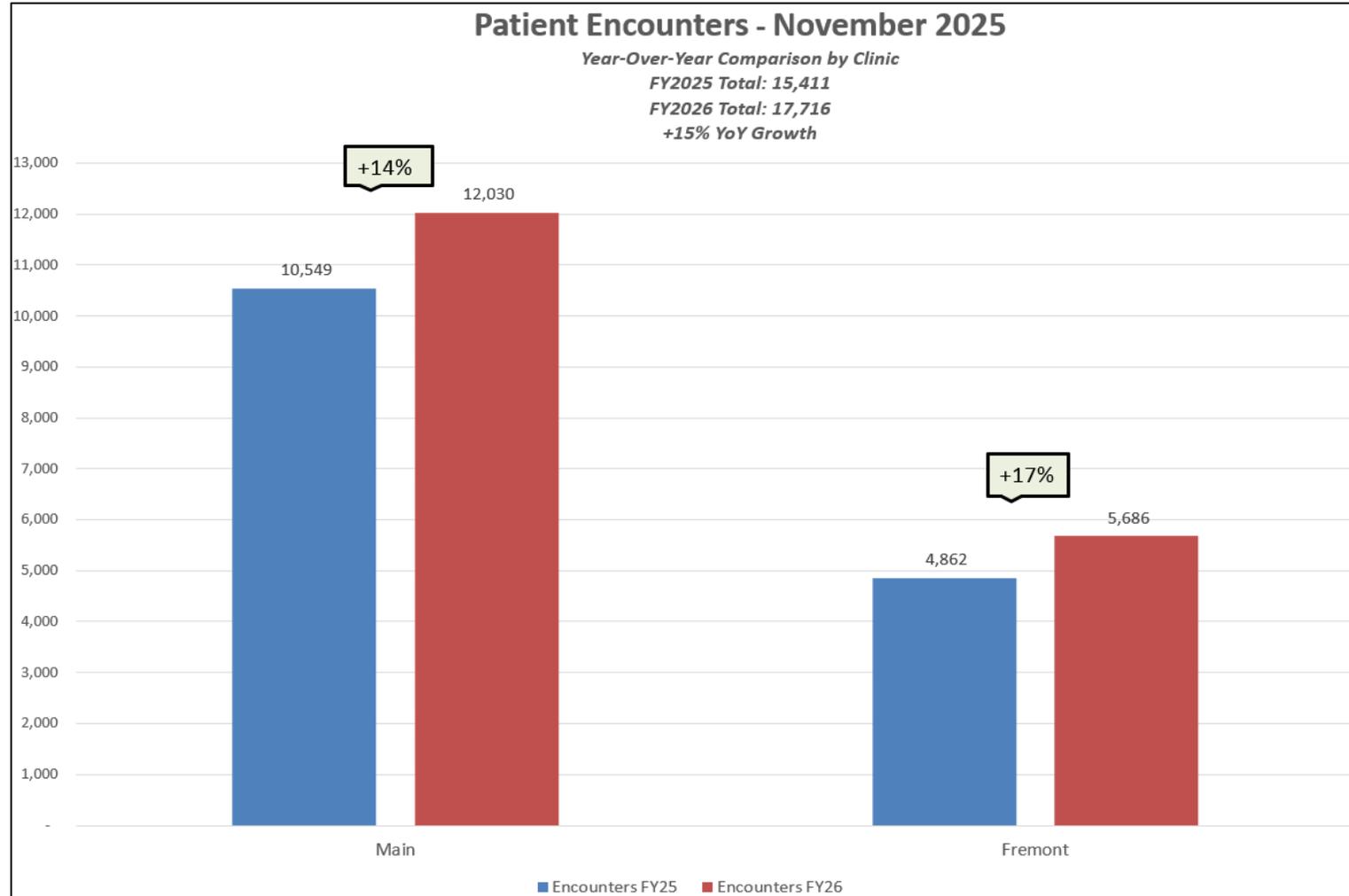
- 1) GRANT-FUNDED VACANCIES ARE DRIVING SAVINGS THROUGH Q2 FY26.
- 2) REFUGEE HEALTH CLINIC PATIENT ENCOUNTERS REDUCED BY 98% YEAR-OVER-YEAR.
- 3) BH FTE ALLOCATIONS UPDATED FOLLOWING END OF THE STATE INCUBATOR GRANT AND PROVIDER TIME AND EFFORT ADJUSTMENTS. ALLOCATIONS WILL BE UPDATED IN FIRST AUGMENTATION TO REFLECT CHANGES.
- 4) DEFERRED ORDERING AND BILLING IN NOVEMBER THAT IS RECORDED IN DECEMBER.

Patient Encounters By Department



NOTE 1: PATIENT ENCOUNTERS INCLUDE VISITS PROVIDED BY LICENSED INDEPENDENT PRACTITIONERS (LIPS) AND NURSES. FY25 AND FY26 SEXUAL HEALTH CLINIC ENCOUNTERS DO NOT INCLUDE SELECT NURSE VISITS THAT ARE NOW PROVIDED IN THE PRIMARY AND PREVENTIVE CARE DIVISION.

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.)

Month-to-Month Comparisons

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

YTD by Month – November 30, 2025

By Department

DEPARTMENT	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	YTD TOTALS	YTD AVERAGES
Administration (301)	217,903	134,292	143,009	484,360	241,563	1,221,127	244,225
Family Planning (309)	124,841	227,027	154,943	401,900	290,713	1,199,424	239,885
Pharmacy (333)	3,079,691	2,482,932	2,894,910	2,679,249	3,079,023	14,215,806	2,843,161
Dental Health (336)	-	-	-	-	-	-	-
Primary Care (337)	138,587	178,371	146,645	191,609	180,741	835,953	167,191
Ryan White (338)	174,872	182,512	138,304	159,553	180,193	835,435	167,087
Refugee Health (344)	(347)	(678)	(111)	1,890	(706)	49	10
Behavioral Health (345)	33,197	27,124	16,046	38,247	21,141	135,755	27,151
Sexual Health (350)	72,637	32,065	36,100	24,888	42,078	207,768	41,554
TOTAL REVENUES	3,841,382	3,263,647	3,529,845	3,981,696	4,034,746	18,651,317	3,730,263
DEPARTMENT	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	YTD TOTALS	YTD AVERAGES
Administration (301)	70,680	79,215	83,721	136,843	106,752	487,060	95,442
Family Planning (309)	138,478	267,099	247,464	427,023	304,127	1,430,187	276,838
Pharmacy (333)	3,374,348	3,227,761	2,793,581	2,330,974	2,344,711	14,086,291	2,814,275
Dental Health (336)	-	-	-	-	-	-	-
Primary Care (337)	484,927	590,367	580,490	739,615	533,351	3,058,775	585,750
Ryan White (338)	241,702	315,381	333,532	418,708	312,220	1,689,035	324,308
Refugee Health (344)	2,709	-	-	5,495	-	8,204	1,641
Behavioral Health (345)	43,131	67,285	70,044	109,329	74,240	382,661	72,806
Sexual Health (350)	193,778	258,395	264,445	325,516	225,408	1,320,373	253,508
TOTAL EXPENSES	4,549,753	4,805,504	4,373,277	4,493,502	3,900,807	22,462,585	4,424,568
NET POSITION:	(708,370)	(1,541,857)	(843,431)	(511,806)	133,939	(3,811,268)	(694,305)

YTD by Month – November 30, 2025

By Type

REVENUE TYPE	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	YTD TOTALS	YTD AVERAGES
Charges for Services	3,298,484	2,670,838	2,989,260	2,892,681	3,251,821	15,103,084	3,020,617
Other	217,903	136,057	143,009	485,488	241,563	1,224,020	244,804
Contributions	-	-	-	-	-	-	-
Intergovernmental	280,444	394,677	343,160	520,547	480,933	2,019,760	403,952
TOTAL REVENUES	3,796,832	3,201,572	3,475,428	3,898,716	3,974,317	18,346,865	3,669,373
EXPENSE TYPE	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	YTD TOTALS	YTD AVERAGES
Salaries	523,875	723,389	720,359	1,068,768	734,847	3,998,395	754,248
Taxes and Benefits	264,484	358,856	356,812	444,091	349,107	1,885,935	354,670
Travel and Training	6,022	12,281	7,060	1,441	430	27,233	5,447
Supplies	2,669,901	2,586,910	2,258,444	1,907,227	1,889,315	11,311,796	2,262,359
Contractual	139,048	108,848	102,199	125,029	98,012	573,136	114,627
Property	-	-	-	-	-	-	-
TOTAL EXPENSES	3,603,330	3,790,285	3,444,874	3,546,555	3,071,710	17,796,496	3,491,351
TRANSFER TYPE	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	YTD TOTALS	YTD AVERAGES
Indirect/Cost Allocation	901,872	953,145	873,986	863,966	768,668	4,361,637	872,327
Transfer In	(44,551)	(62,075)	(54,418)	(82,980)	(60,429)	(304,453)	(60,891)
Transfer Out	44,551	62,075	54,418	82,980	60,429	304,453	60,891
TOTAL TRANSFERS	901,872	953,145	873,986	863,966	768,668	4,361,637	872,327
NET POSITION:	(708,370)	(1,541,857)	(843,431)	(511,806)	133,939	(3,811,268)	(694,305)

Questions?



MOTION



Motion to Accept the November 2025 Year to Date Financial Report, as presented.



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Financial Report
Results as of June 30, 2025

(unaudited)

Summary of Revenue, Expenses and Net Position (June 30, 2025 - Unaudited)

Revenue

- General Fund revenue (Charges for Services & Other) is \$40.32M compared to a budget of \$35.50M, a favorable variance of \$4.82M.
- Special Revenue Funds (Grants) is \$6.03M compared to a budget of \$7.39M, an unfavorable variance of \$1.36M.
- Total Revenue is \$46.36M compared to a budget of \$42.89M, a favorable variance of \$3.47M.

Expenses

- Salary, Tax, and Benefits is \$13.75M compared to a budget of \$13.87M, a favorable variance of \$116K.
- Other Operating Expense is \$27.24M compared to a budget of \$29.18M, a favorable variance of \$1.94M.
- Indirect Cost/Cost Allocation is \$7.94M compared to a budget of \$8.43M, a favorable variance of \$489K.
- Total Expense is \$48.93M compared to a budget of \$51.48M, a favorable variance of \$2.55M.

Net Position: is (\$2.57M) compared to a budget of (\$8.59M), a favorable variance of \$6.02M.

All Funds/Divisions by Type

Budget to Actual

Activity	Budget as of June	Actual as of June	Variance Favorable (Unfavorable)	%
Charges for Services	33,914,949	36,909,205	2,994,256	9%
Other	1,581,669	3,413,955	1,832,286	116%
Federal Revenue	3,419,942	3,055,786	(364,156)	-11%
Pass-Thru Revenue	2,679,962	1,910,745	(769,217)	-29%
State Revenue	1,293,506	1,065,559	(227,947)	-18%
Total FQHC Revenue	42,890,028	46,355,250	3,465,222	8%
Salaries	9,544,883	9,512,867	32,016	0%
Taxes & Fringe Benefits	4,323,647	4,239,777	83,870	2%
Total Salaries & Benefits	13,868,530	13,752,645	115,885	1%
Supplies	26,534,935	25,014,386	1,520,549	6%
Capital Outlay	976,474	608,318	368,156	38%
Contractual	1,599,824	1,591,448	8,376	1%
Travel & Training	71,860	28,447	43,413	60%
Total Other Operating	29,183,093	27,242,599	1,940,494	7%
Indirect Costs/Cost	8,425,203	7,936,205	488,998	6%
Transfers IN	(943,684)	(689,976)	(253,708)	27%
Transfers OUT	943,684	689,976	253,708	27%
Total Transfers	8,425,203	7,936,205	488,998	6%
Total FQHC Expenses	51,476,826	48,931,449	2,545,377	5%
Net Position	(8,586,798)	(2,576,199)	6,010,599	-70%

NOTES:

- 1) PHARMACY CHARGES FOR SERVICES UPDATED TO REFLECT PHARMACY TRUE-UP PAYMENTS RECEIVED FOR FY23 AND FY22.
- 2) NEVADA MEDICAID LOOK-BACK PAYMENTS TO REIMBURSE FOR DIFFERENCES BETWEEN THE INTERIM PROSPECTIVE PAYMENT SYSTEM (PPS) RATE AND THE FINAL PPS RATE (TRUE-UP FROM DECEMBER 2021 – JANUARY 2025).
- 3) YEAR-END INVENTORY ADJUSTMENT DRIVING SAVINGS IN MEDICATION EXPENSES (INVENTORY ON-HAND AT 6/30 REDUCED SUPPLIES EXPENSES BY 957K).

Questions?





SNCHC PCMH Recognition & Transformation Journey

January 20, 2026

SNCHC Governing Board Meeting

Prepared by: Dawn Gentsch



Overview

- What is PCMH
- HRSA BPHC & PCMH
- HRSA & PCMH Criteria Alignment
- SNCHC PCMH Transform Process
- Next Steps



What is PCMH?

- It's not a place
- It's a model of primary care initiated to **maximize health outcomes**
- It is collaborative care centered around the **patient's needs**
- It's a **team-based approach which includes the patient** as a care team member
- It's a **foundation** for ACO's and VBC's



Medical Home Neighborhood



Functions describe the heart of the Medical Home



Accessible Care

Adopting advanced and timely access, virtual access, and team-based approaches, accessible care ensures that patients can be seen quickly.



Continuity of Care

Patients live healthier, fuller lives when they receive care from a responsible provider that sticks with them and knows how their health changes over time.



Patient- and Family- Partnered Care

Family practices are responsive to the unique needs of patients and their families within the context of their environment.



Comprehensive Team-Based with Family Physician Leadership

Broad range of services offered by an interprofessional team. The patient does not always see the FP but interactions with all team members are communicated efficiently within a PMH. The team might not be co-located but the patient is always seen by a professional with relevant skills who can connect with a physician as necessary.



Community Adaptiveness and Social Accountability

When a practice is informed by the broader social needs of the populations served, both the individual and the community benefit.



Why Obtain PCMH recognition?

- PCMH practices have **demonstrated significantly better clinical quality metric performance** than non-PCMH practices
- Provides a foundation for **success in value-based initiatives**
- May allow for eligibility in other advanced payment models, value-based programs and other initiatives
- Annual renewal offers a mechanism for sustainability to assure that the foundational workflows are sustained and **promotes CQI**
- **PCMH is a national recognition**, which is earned and stays with the practice and is recognized by payers
- Aligned with the goal to provide the ultimate in quality care safely to patients, with **more predictability leading to better outcomes**
- NCQA PCMH provides board **MOC credit for physicians**



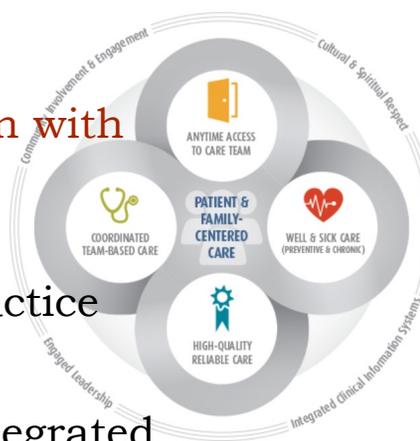
Understanding the patient-centered model of care.

PCMH Development History:

Joint Principles of the PCMH

Standards were developed to align with Joint Principles

- Personal physician
- Physician directed medical practice
- Whole person orientation
- Care is coordinated and/or integrated
- Quality and safety
- Enhanced access
- Payment



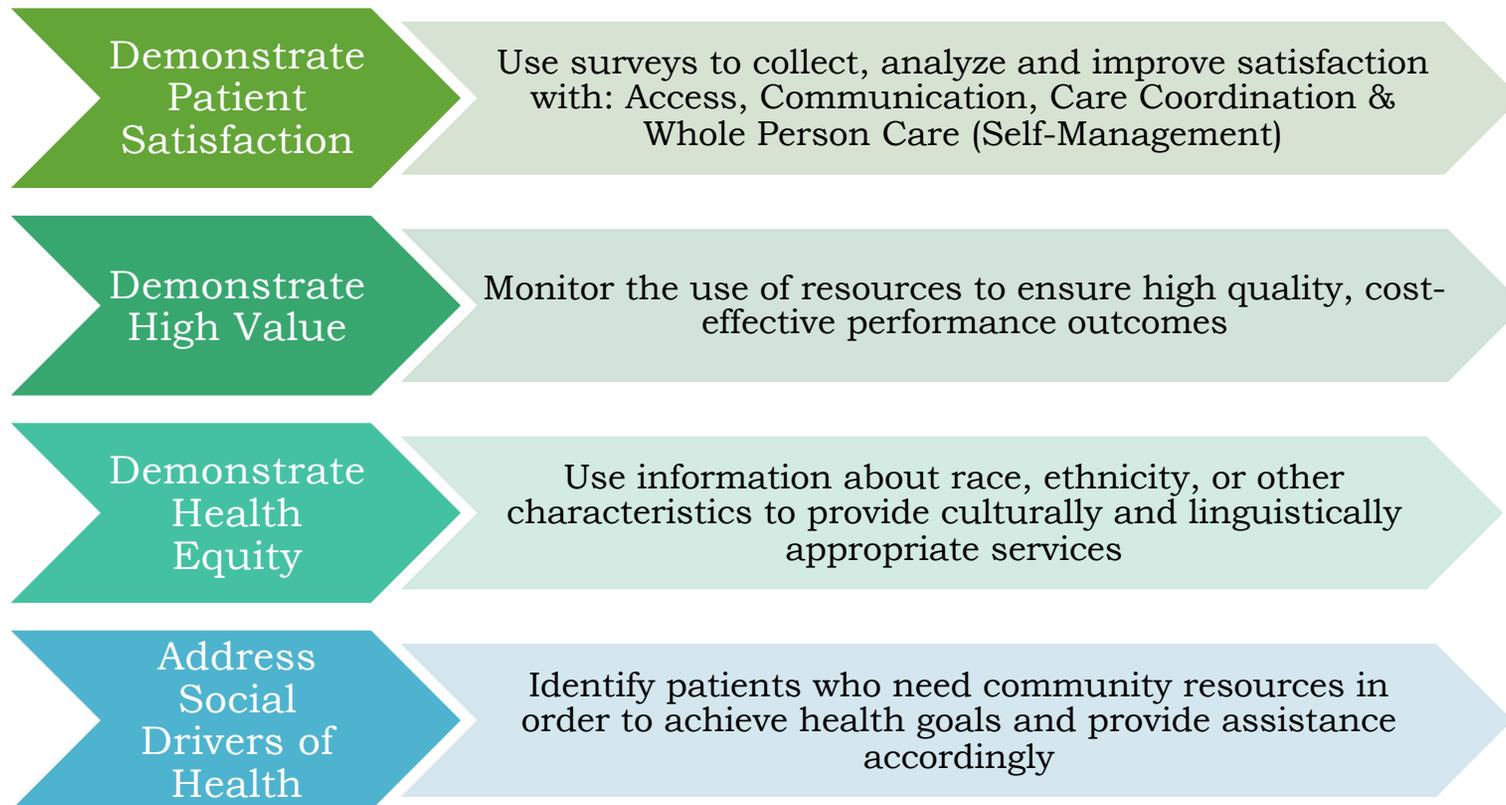
What is Patient-Centered care?

1. **Ongoing relationship** with a personal clinician – first contact, continuous, comprehensive care
2. **Responsibility for all patient's health care** – needs or arranged care
3. **Care for all stages of life** – acute care, chronic care, preventive services, and end of life care
4. **Team care** includes clinician who **take responsibility** for care of patients

[American Academy of Family Physicians, American College of Physicians, American Academy of Pediatrics, American Osteopathic Association](#)



To Earn, and Maintain, Recognition Practices Must ...



PCMH, Value Based Care (VBC) & the Quintuple Aim

Medical homes are the foundation for a health care system that gives more value by achieving the “Quintuple Aim”, thus health equity!

- ➔ NCQA PCMHs lower costs through CCM, preventive medicine and coordination across care settings and transitions.
- ➔ PCMH PCMH patients have high-quality disease management and better medication adherence, and emphasize self-care and community support, and thus experience fewer acute incidents.



HRSA Expectations and PCMH

- HRSA BPHC began promoting PCMH recognition in 2010, following the Patient Protection and Affordable Care Act (ACA) of 2009.
- Health centers provide comprehensive primary care services and many have multidisciplinary providers and staff to address the needs of their frequently low-income and uninsured patients.
- PCMH recognition is expected to improve patient outcomes.
- HRSA has promoted PCMH recognition under the Health Center Program through funding and technical assistance.

HRSA BPHC UDS Community Health Center Quality Recognition (CHQR) Badges



77.76% August 2025 based on 2024 UDS Data Reported



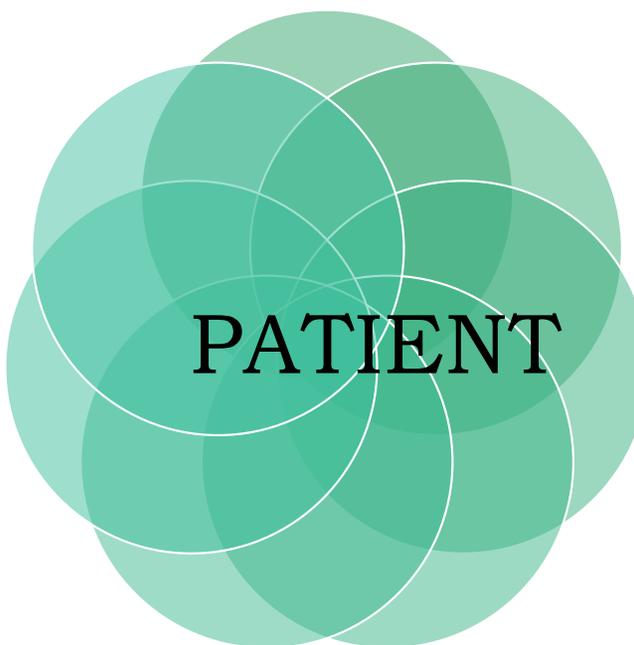
HRSA BPHC 330 Program Requirements (OSV)



PCMH



UDS
FTCA



Value Based
Contracts

$$V = \frac{Q + S}{C}$$

(VALUE) (QUALITY) (SERVICE) (COST)

Population
Health



HEDIS
MCOs

Health Equity:
SDOH



Health Center Operations and PCMH Overlap:



- Provide **comprehensive**, required services ranging from **preventive screenings** to care coordination and outreach.
- Provide **culturally appropriate care**, including interpretation services.
- Ensure office **locations** & health center **hours** of operation are based on **patient needs**.
- Track and **coordinate care** of hospitalized/ER patients.
- Provide patients with **accessible and affordable care**, with options for a sliding fee discount program.
- Demonstrate a **robust QI and QA program** that includes clinical measures and the patient voice (satisfaction and complaints).
- Ensure continuous QI through specific clinical quality and performance measure results.



NCQA PCMH Program & Process

Concepts → Competency → Criteria → Evidence

- 39 core criteria, most demonstrate all
- 65 elective criteria, most obtain 25+ elective criteria credits
- QPASS platform for recognition

Process

- Transform: 12 months with up to 3 virtual reviews
- Sustain: annual reporting survey submission
- Attestation, constant compliance

Recognition Process

The NCQA PCMH Recognition process has three parts.



Commit:



Transform:



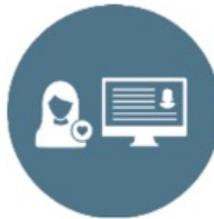
Succeed:



NCQA PCMH Standards (6 Concepts)



*Team-Based Care and
Practice Organization
(TC)*



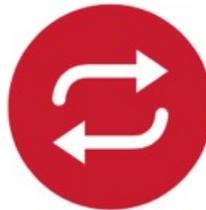
*Knowing and
Managing Your
Patients (KM)*



*Patient-Centered
Access and Continuity
(AC)*



*Care Management and
Support (CM)*



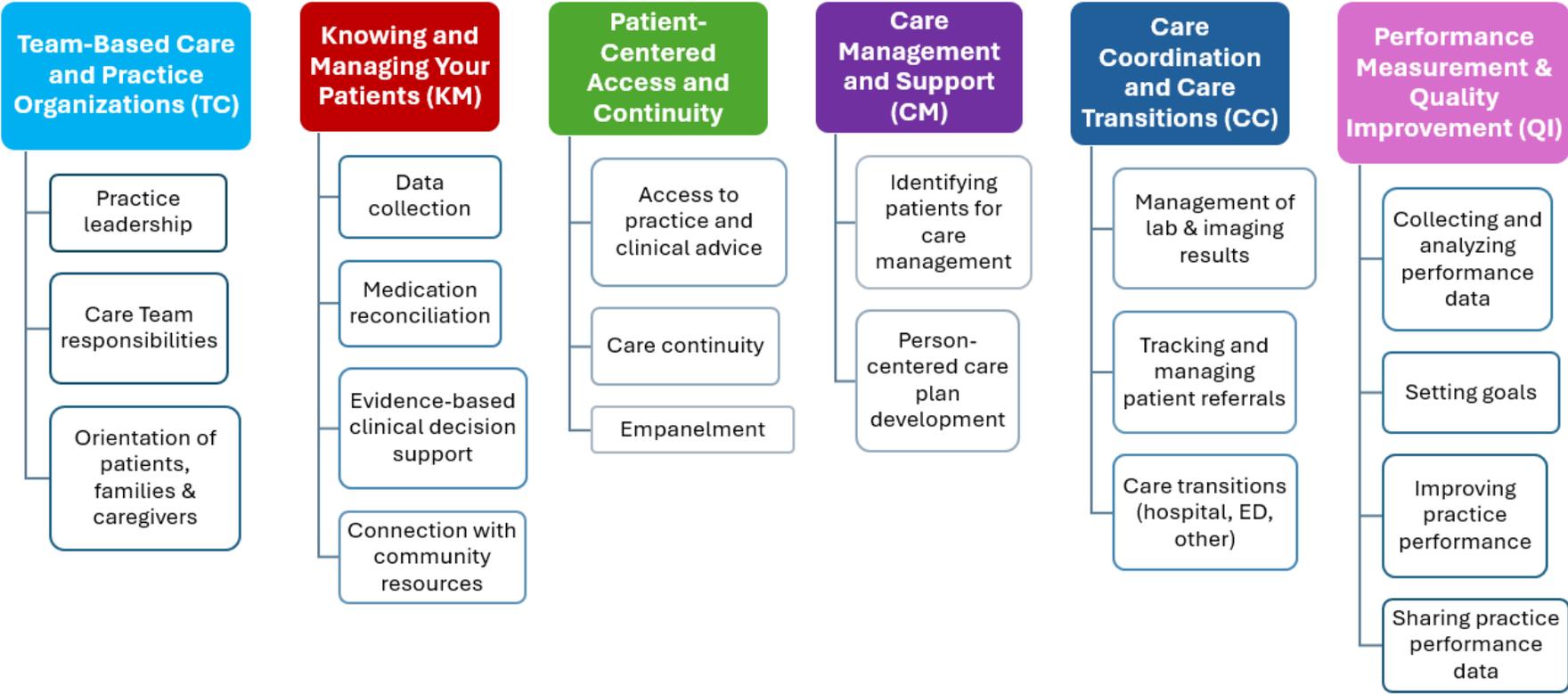
*Care Coordination
and Care Transitions
(CC)*



*Performance
Measurement &
Quality Improvement
(QI)*



PCMH Framework – Concept Areas



HRSA & PCMH Criteria Alignment: TC & KM

Team-Based Care and Practice Organization (TC)

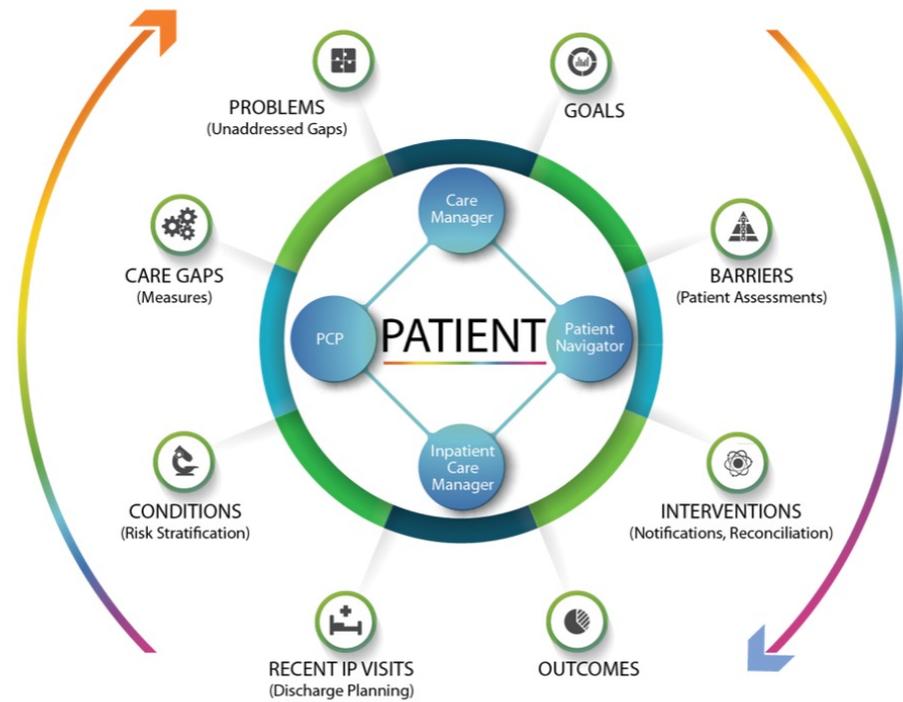
- **Staffing** – HCs should have providers and staff to provide required services (Form 5AB)
- **Governance/QI** – HCs should obtain input from staff on operations
- **Patient Materials** – the population served should be educated on the availability of staff and services and how to communicate with the health center

Knowing and Managing Your Patients (KM)

- **Needs Assessment** – HCs should track incidence and prevalence of chronic conditions as well as assess health disparities and the impact of SDOH (Table 6A,6B,7)
- **Diversity** – HCs gather data on patient demographics, geographic distribution and characteristics



Care Teams in Primary Care



HRSA & PCMH Criteria Alignment: AC & CM

Patient-Centered Access and Continuity (AC)

- **Needs Assessment** – HCs should gather information on patient access and ensure locations and hours meet patient expectations
- **Coverage During & After Hours** – HCs should address patient concerns in a timely manner

Care Management & Care Support (CM)

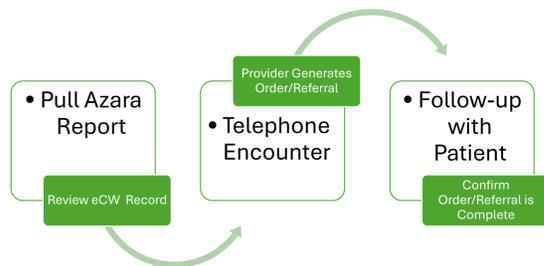
- **Diversity** – HCs gather data on patient demographics, geographic distribution and characteristics to identify patients for CM [high risk pt groups: require specific outreach, programs, staffing, partners]
- **Hospitalization Tracking** – HCs should track and follow up on hospitalized (+ER) patients, providing additional data to factor into patient identification for CM programs

HRSA & PCMH Criteria Alignment: CC & QI

Continuity and Coordination of Care (CC)

- **Required and Additional Services** – HCs should have processes to track diagnostic (lab/imaging) testing and referral management
- **Hospitalization Tracking** – HCs should track and follow up on hospitalized (+ER) patients

Preventive Care Workflow



Performance Management and Quality Improvement (QI)

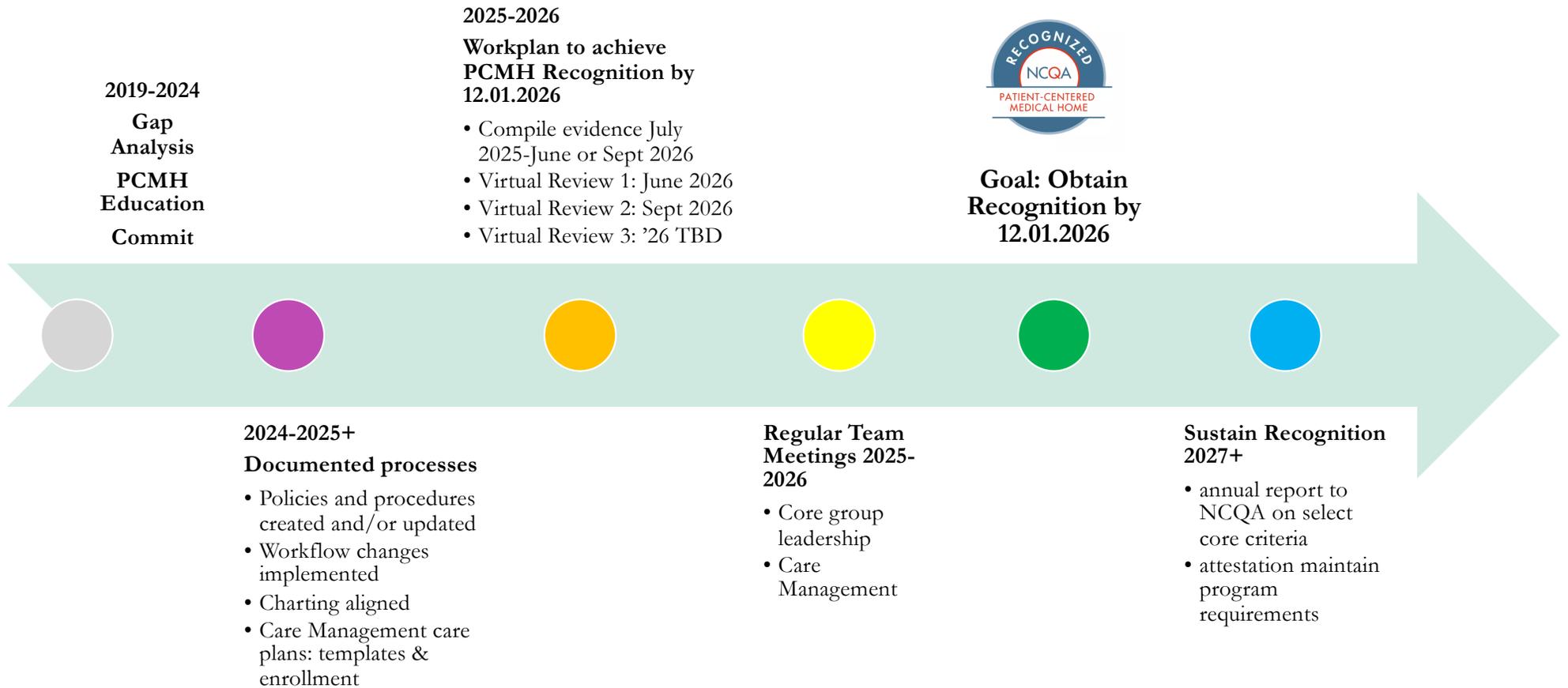
- **Quality Improvement Program** – HCs should have a robust QI program that:
 - Tracks quality metrics
 - assess patient satisfaction and
 - patient grievances

Share/report out QI data to patients, staff, BOD, community partners, payors

Data transparency



SNCHC PCMH Transformation Journey



Benefits of PCMH Recognition

For Patients:

- Stay healthy
- Better communication
- Better manage chronic conditions
- Have a better experience
- Improved access to medical care and services
- Better coordination of care

For Clinicians [+ Care Team]:

- Earn higher reimbursement
- Earn Maintenance of Certification (MOC) credits
- Focus on patient care
- Team-based care allows focused time for provider with patient

For Practices:

- Align with where healthcare is headed
- Integrate services across your entire organization
- Support revenue growth
- Improve your practice
- Keep your staff happy
- Improved safety and quality of care
- Evidence-based medicine
- Market your practice



Resources



- Accreditation and PCMH Recognition Initiative Program Assistance Letter. 2022-04. 09.01.2022. <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/pal-2022-04.pdf>
- Key Processes Explained (PCMH Recognition Processes and Systems) <https://www.ncqa.org/videos/key-processes-explained/>
- Value of PCMH. <https://www.ncqa.org/videos/value-of-pcmh/>
- <https://www.ncqa.org/programs/health-care-providers-practices/state-and-government-recognition/health-resources-services-administration-hrsa>
- HRSA PCMH Video Series, December 2025. <https://www.ncqa.org/videos/hrsa-pcmh-video-series-new-health-center-videos-december-2-2025/>





Questions or Comments ??

For More Information Contact:

Dawn Gentsch, MPH, MCHES, PCMH CCE

PCMH Consultant & Practice Facilitator

515.360.1731 | dgentsch@nypca.org



PCMH Work Plan

January 20, 2026

SNCHC Governing Board Meeting

Felicia Sgovio, FQHC Quality Management Coordinator



SNCHC PCMH Workplan 2026

Criteria	Transfer Credit	Assigned to	Virtual Review 1 = June 2026 2 = Aug/Sept 2026 (All documented processes for Core Criteria are due by 3/31/2026; evidence due prior to virtual review; please follow deadlines below as guidance)
Team-Based Care and Practice Organization (TC)			
TC 01 (Core) PCMH Transformation Leads: Designates a clinician lead of the medical home and a staff person to manage the PCMH transformation and medical home activities.		Felicia	1 (Complete)
TC 02 (Core) Structure and Staff Responsibilities: Defines practice's organizational structure and staff responsibilities/skills to support key PCMH functions.		Felicia	1 (Complete)
TC 04 (2 Credits) Patients/Families/Caregivers Involvement in Governance: Patients/families/caregivers are involved in the practice's governance structure or on stakeholder committees.		Lead: Felicia	1 (Complete)
TC 05 (2 Credits) Certified EHR System: The practice uses a certified electronic health record technology system (CEHRT).	eCW TC	Felicia	1 (Complete)
TC 06 (Core) Individual Patient Care Meetings/Communication: Has regular patient care team meetings or a structured communication process focused on individual patient care.		Lead: Bernie Members: Merylyn, Dr. Carter, Felicia	1 (Due 4/2/26)
TC 07 (Core) Staff Involvement in Quality Improvement: Involves care team staff in the practice's performance evaluation and quality improvement activities.		Lead: Felicia	1 (Due 1/8/26)
TC 08 (2 Credits) Behavioral Health Care Manager		Tabitha	1 (Complete)
Knowing and Managing Your Patients (KM)			
KM 01 (Core) Problem Lists: Documents an up-to-date problem list for each patient with current and active diagnoses. (Complete)	Azara TC	Dr. Carter	1 (Complete)

Core: 13 completed, 18 in progress, 8 not started

Elective: 10 completed (12 credits), 8 in progress, 4 not started

Updated 12/30/25



SNCHC PCMH Workplan 2026

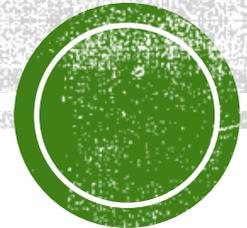
KM 21 (Core) Community Resource Needs: Uses information on the population served by the practice to prioritize needed community resources.		Cassandra, Felicia	1 (Complete)
KM 22 (1 Credit) Access to Educational Resources: Provides access to educational resources, such as materials, peer-support sessions, group classes, online self-management tools or programs.		Lead: Merylyn Members: Dr. Carter, Bernie, Felicia	1 (Due 3/5/26)
KM 26 (1 Credit) Community Resource List: Routinely maintains a current community resource list based on the needs identified in KM 21. (Criteria clarified in 2026 v11)		Cassandra	1 (Complete)
Patient-Centered Access and Continuity (AC)			
AC 01 (Core) Access Needs and Preferences: Assesses the access needs and preferences of the patient population.		Lead: Felicia Members: Cassandra	1 (Due 4/2/26)
AC 02 (Core) Same-Day Appointments: Provides same-day appointments for routine and urgent care to meet identified patient needs.		Lead: Dr. Carter Members: Bernie, Merylyn	1 (Complete)
AC 03 (Core) Appointments Outside Business Hours: Provides routine and urgent appointments outside regular business hours to meet identified patient needs.		Felicia	1 (Complete)
AC 04 (Core) Timely Clinical Advice by Telephone: Provides timely clinical advice by telephone.		Lead: Cassandra Members: Dr. Carter, Bernie, Merylyn, Felicia	1 (Due 4/2/26)
AC 05 (Core) Clinical Advice Documentation: Documents clinical advice in patient records and confirms clinical advice and care provided after-hours does not conflict with patient medical record.		Lead: Cassandra Members: Dr. Carter, Bernie, Merylyn, Felicia	1 (Due 4/2/26)





Thank You.

Questions?





AT THE SOUTHERN NEVADA HEALTH DISTRICT

X. CHIEF EXECUTIVE OFFICER & STAFF REPORTS

Randy Smith, MPA, Chief Executive Officer - FQHC

Calendar Year 2025 Highlights

- 13,305 unique patients received services from a licensed independent practitioner in CY25. This represents an all-time best for SNCHC and 16% increase over CY24 results (11,501).
 - Same day and walk-in visits
 - Integrated care
 - Care team capacity
- 7% increase in the number of Medicaid patients served in CY25 (3,019) compared to CY24 (2,827).
- 4% increase in the number of Medicaid visits provided in CY25 (4,052) compared to CY24 (3,908).
 - Member growth
 - Care gap closures

Funding Updates

- Potential government shut down on January 30th.
- All Health Center program (FQHC) funding expires on January 30th.
 - Joined the NVPCA, NV FQHC CEOs and health centers across the county on January 14th for Hill Day.
 - Met virtually with six NV congressional offices to advocate for the Health Center program and the patients/communities served by health centers.
- Notice of Award received for six months of Health Center funding (2/1/26 – 7/31/26).
- Title X – Family planning noncompeting continuance grant is ready but awaiting additional guidance for the Office of Population Affairs. Current grant period ends 3/31/26.
- 340b Pharmacy Rebate pilot on hold by the Court.
- Rural Health Transformation Funds – NV awarded 180 million
 - Rural Health Outcomes Accelerator Program
 - Flex Fund for Rural Providers
 - Workforce Recruitment and Rural Access Program
 - Rural Health Innovation and Technology Grant
 - *NVPCA will have representation on the Rural Health Transformation Steering Committee*

MEMORANDUM

Date: January 20, 2026

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, MPA, Chief Executive Officer, FQHC ^{RS}
Cassius Lockett, PhD, District Health Officer ^{CL}

Subject: Community Health Center FQHC Chief Executive Officer Report – November 2025

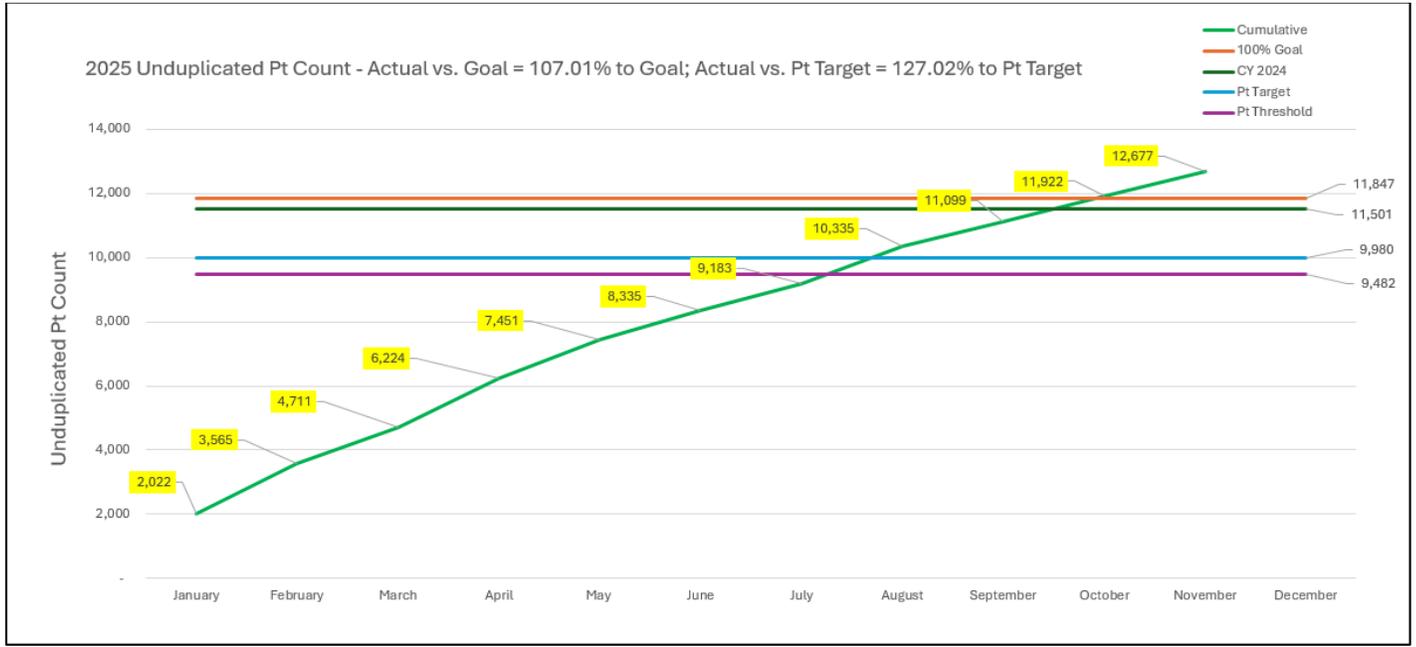
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention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

November Highlights - Administrative

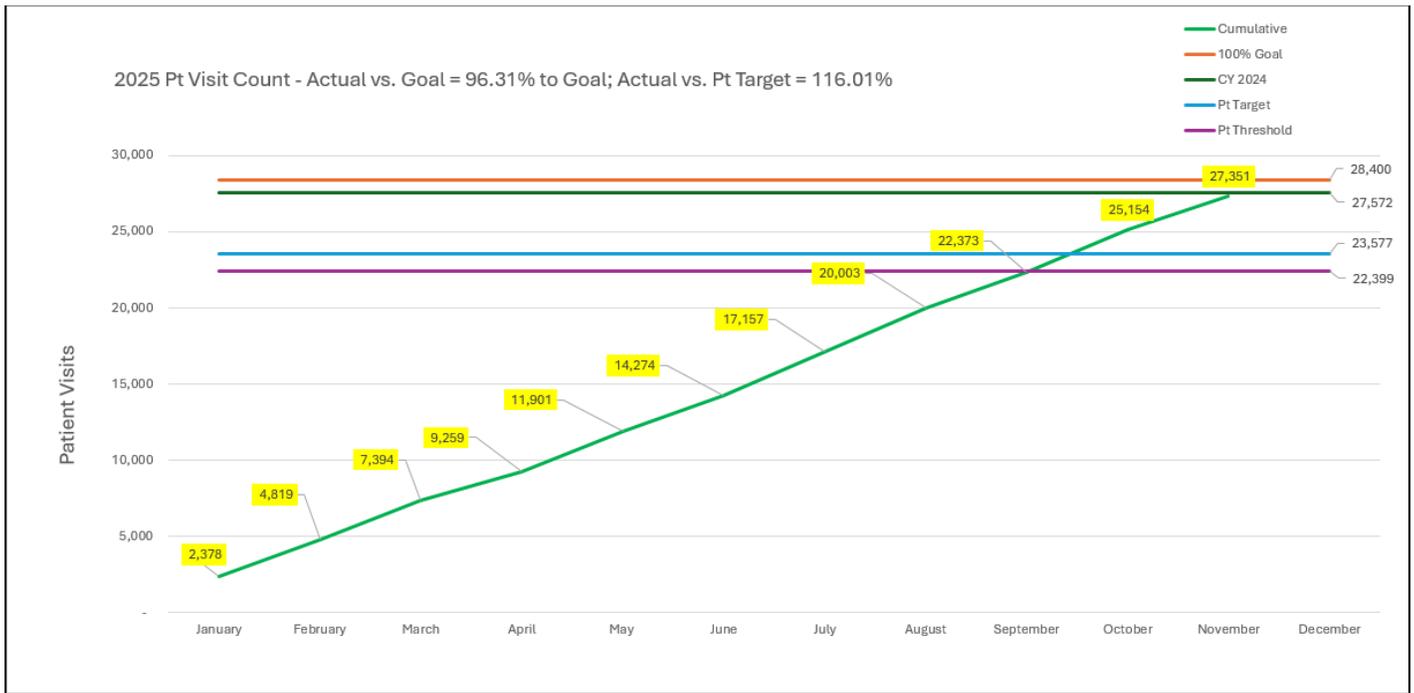
- Recruitment for a doctor for the Fremont Public Health Center ongoing.
- Notice of Intent to apply for Patient Centered Medical Home (PCMH) recognition filed with HRSA.
- Training, contracting, and testing underway in preparation for Medicaid shadow billing commencing in January 2026.
- Revised workflows are being created for the Sliding Fee Discount program in response to Title X program audit findings.

Access

Unduplicated Patients – November 2025



Patient Visits Count – November 2025



Provider Visits by Program and Site – November 2025

Facility	Program	NOV '25	NOV '24	NOV YoY %	FY26 YTD	FY25 YTD	FY YTD YoY%
Decatur	Family Health	706	515	27%	3,974	2,904	27%
Fremont	Family Health	425	317	25%	2,434	1,728	29%
Total	Family Health	1,131	832	26%	6,408	4,632	28%
Decatur	Family Planning	151	132	13%	636	797	-25%
Fremont	Family Planning	66	55	17%	873	578	34%
Total	Family Planning	217	187	14%	1,509	1,375	9%
Decatur	Sexual Health	504	392	22%	2,599	2,611	0%
Fremont	Sexual Health	76	131	-72%	579	637	
ASEC	Sexual Health				0	113	
Total	Sexual Health	580	523	10%	3,178	3,361	-6%
Decatur	Behavioral Health	165	108	35%	900	604	33%
Fremont	Behavioral Health	126	115	9%	725	596	
Total	Behavioral Health	291	223	23%	1,625	1,200	26%
Decatur	Ryan White	210	133	37%	1,222	1,108	9%
Fremont	Ryan White	25	32	-28%	133	110	
Total	Ryan White	235	165	30%	1,355	1,218	10%
FQHC Total		2,454	1,930	21%	14,075	11,786	16%

Pharmacy Services

	25-Nov	24-Nov		FY26 YTD	FY25 YTD		% Change YOY
Patient Encounters (Pharmacy)	1,473	1,265	↑	8,400	7,004	↑	19.9%
Prescriptions Filled	2,695	2,058	↑	15,530	11,418	↑	36.0%
Patient Clinic Encounters (Pharmacist)	65	61	↑	302	283	↑	6.7%
Financial Assistance Provided	9	24	↓	57	162	↓	-64.8%
Insurance Assistance Provided	9	9	→	49	46	↑	6.5%

- A. Dispensed 2,695 prescriptions for 1,473 patients.
- B. Pharmacist completed 65 patient clinic encounters.
- C. Assisted nine (9) patients to obtain medication financial assistance.
- D. Assisted nine (9) patients with insurance approvals.

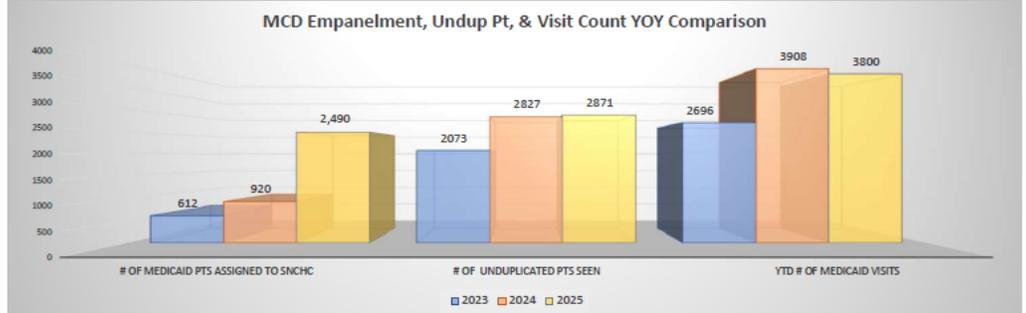
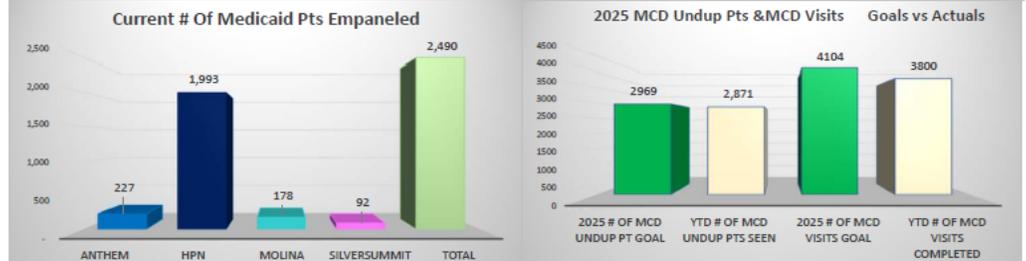
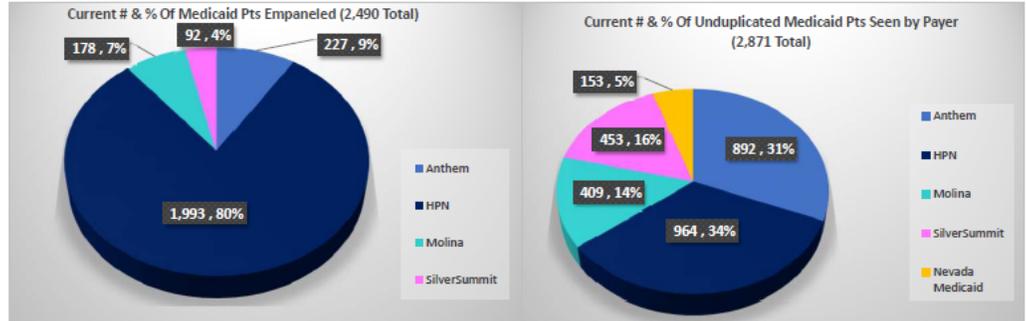
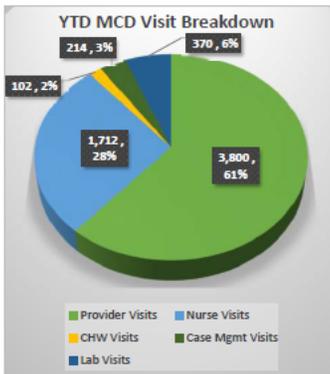
Medicaid Managed Care Organization (MCO)

Medicaid MCO	Current # Of Medicaid Pts Empaneled
Anthem	227
HPN	1,993
Molina	178
SilverSummit	92
Total	2,490
Empanelment Growth YoY	171%
2025 # of MCD Undup Pt Goal	2969
YTD # of MCD Undup Pts Seen	2,871
% of Unduplicated Pts to Goal	96.70%
# of Medicaid Pts Assigned to SNCHC	2,490
# of Empaneled Pts Not Yet Seen	?

2025 # of MCD Visits Goal	4104
YTD # of MCD Visits Completed	3800
% of Medicaid Pts Visits to Goal	92.59%
Average # of Medicaid visits per undup pt	1.32

2025 # of Unduplicated MCD Pts Seen	
Anthem	892
HPN	964
Molina	409
SilverSummit	453
Nevada Medicaid	153
Total	2,871

YTD MCD Visit Breakdown	
Provider Visits	3,800
Nurse Visits	1,712
CHW Visits	102
Case Mgmt Visits	214
Lab Visits	370
Total Visits	6,198



Calendar Year	2023	2024	2025
# of Medicaid Pts Assigned to SNCHC	612	920	2,490
# of Unduplicated Pts Seen	2,073	2,827	2,871
Goal of Medicaid Visits	2,831	4,104	
YTD # of Medicaid Visits	2,696	3,908	3,800
% of Medicaid Pts Seen to Goal	#DIV/0!	138.04%	96.70%
Average # of Medicaid visits per undup pt	1.30	1.38	1.32

Behavioral Health Services

- From January 1, 2025, through October 31, 2025, the Behavioral Health team completed 2,820 patient encounters.
- The Behavioral Health Manager is collaborating with the Quality Management Coordinator to enhance the accuracy and consistency of capturing the depression remission measure.
- The Behavioral Health Manager and Medical Director are addressing the findings from the Q3 Risk Management Assessment, which reported an overall score of 91%.

Family Planning Services

- Family Planning program access is up 14% in November and up 9% year-over-year.
- Program administrators and clinical staff are working with SNHD's Quality Improvement and Accreditation Program Manager on a quality improvement project to increase access to care by

simplifying the scheduling process and reducing waste in the appointment templates. Standardized metrics are being used to track the percentage of appointments scheduled per provider per day, appointment no-show rates, and the third next available appointment (TNAA) for new and established appointment types. Meetings with key staff stakeholders and clinic observations are being conducted to fine tune potential interventions. Shadowing across both health center locations is being conducted with the medical clinical support staff and providers to better understand existing workflows and capacity. The goal is to implement new, streamlined and standardized appointment templates and operational workflows in early 2026.

- C. SNCHC received the final report from its comprehensive Title X audit. The report indicates that the health center was compliant with 82/85 criteria. The areas requiring correction include adding language to program forms indicating the document was created with support of Title X funding and updates to the health center's sliding fee discount policy and procedure. The health center has been notified that its correct plan has been approved. Actions to correct these findings include revisions to the health center's Sliding Fee and Materials Review and Approval Process policies.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 44 referrals between November 1st and November 30th. There were two (2) pediatric clients referred to the Medical Case Management in November, and the program received one (1) referral for a pregnant women living with HIV during this time.
- B. There were 659 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 332 unique clients served under these programs in November.
- C. The Ryan White ambulatory clinic provided a total of 427 visits in the month of November, including 18 initial provider visits, 196 established provider visits including four (4) tele-visits to established patients. Additionally, there were 20 nursing visits and 193 lab visits provided. There were 43 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of November. There were eight (8) Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in November.
- D. The Ryan White clinic provides Rapid StART services, with 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 was one (1) patient seen under the Rapid StART Program in November.

FQHC-Sexual Health Clinic (SHC)

- A. The Sexual Health Clinic (SHC) clinic provided 992 unique services to 709 unduplicated patients for the month of November. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- B. The 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) on 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. The SHC continues to refer pregnant patients with syphilis and patients needing complex STI evaluation and treatment to PPC SHOPP for nurse case management services.

Refugee Health Program (RHP)

Refugee Health Program for the month of November.

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	0
Referrals for TB issues	0
Referrals for Chronic Hep B	0
Referrals for STD	0
Pediatric Refugee Exams	0
Clients encounter by program (adults)	0
Refugee Health Screening for November 2025	0
Total for FY25-26	12

Outreach/In Reach Activity

Month of November 2025

Number of events	3 – Outreach 0 – In reach
Number of people reached	246
Number of people linked to the clinic	2
Number of hours dedicated to outreach	7

Eligibility and Insurance Enrollment Assistance

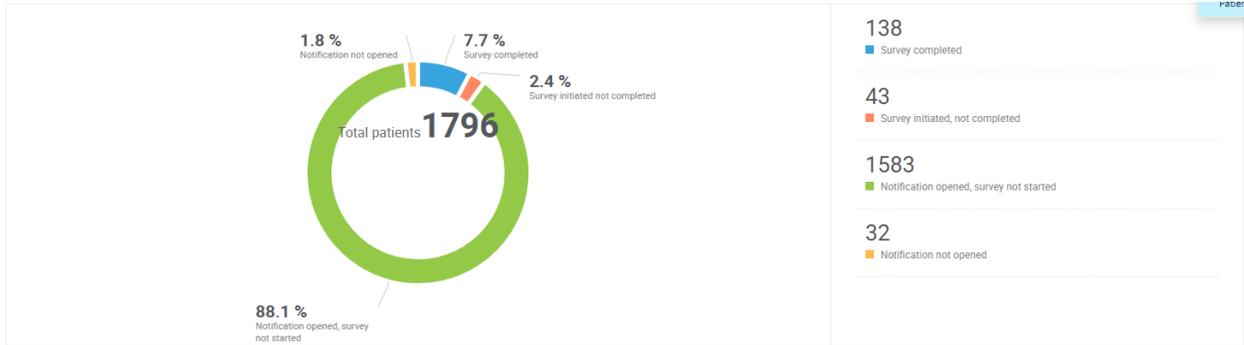
Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of support.

Patient Satisfaction: See attached survey results.

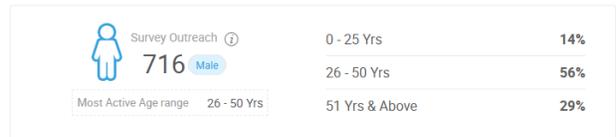
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

Southern Nevada Community Health Center Patient Satisfaction Survey – November 2025

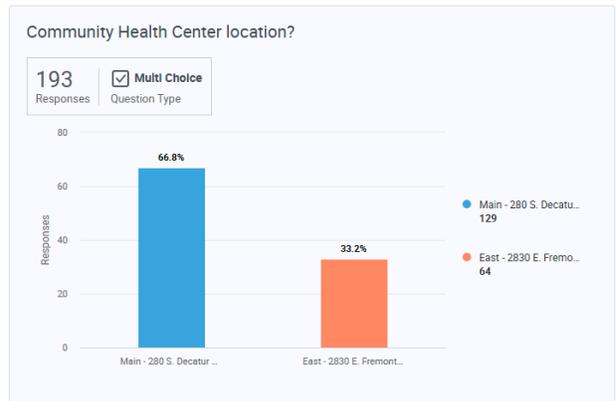
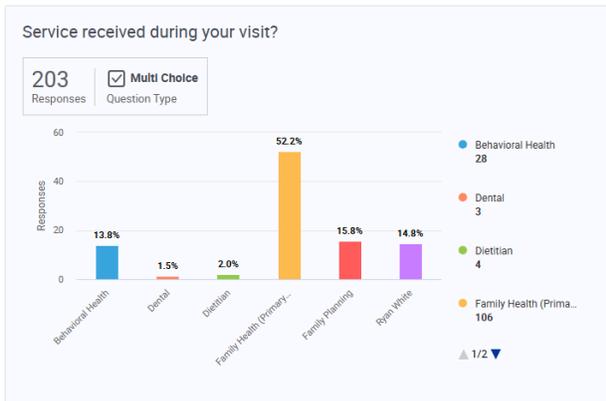
Overview



Gender

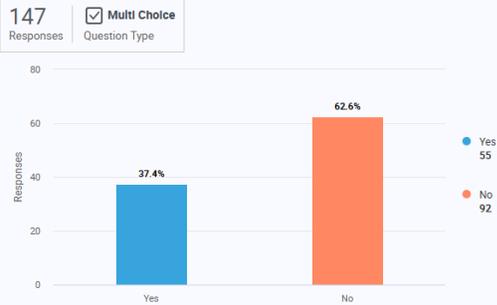


Service and Location

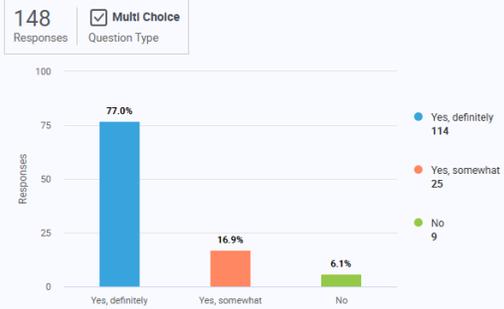


Provider, Staff, and Facility

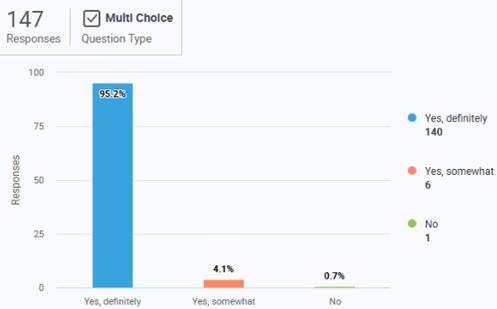
Was your most recent visit for an illness, injury or condition that needed care right away?



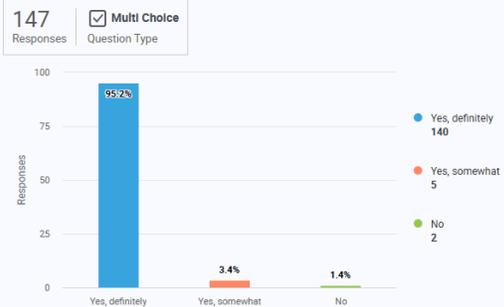
Was the recent visit as soon as you needed?



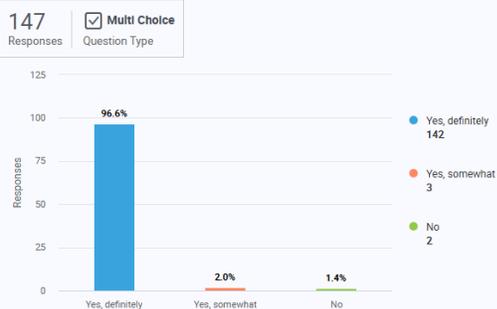
During your most recent visit, did this provider explain things in a way that was easy to understand?



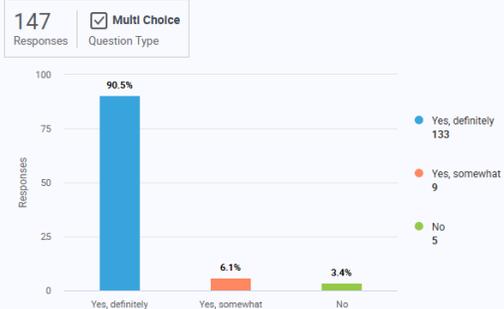
During your most recent visit, did this provider listen carefully to you?



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

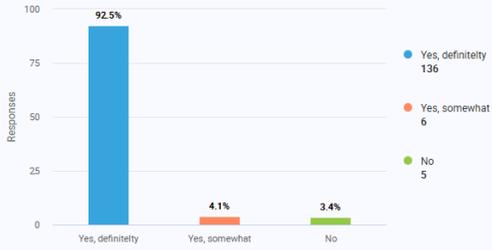


During your most recent visit, did this provider spend enough time with you?



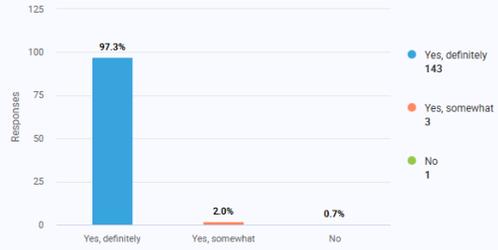
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

147 Responses Multi Choice Question Type



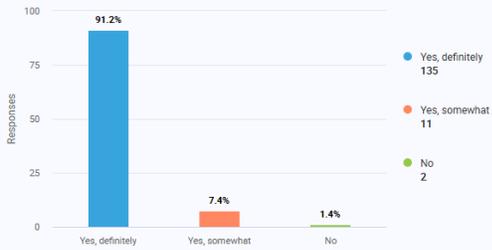
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

147 Responses Multi Choice Question Type



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

148 Responses Multi Choice Question Type



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

147 Responses Multi Choice Question Type



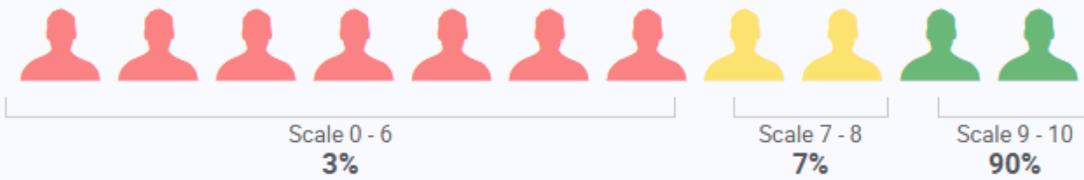
How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?

147
Responses

123 Numbers
Question Type

87

Net Promoter Score (NPS)



4

Scale 0 - 6

10

Scale 7 - 8

133

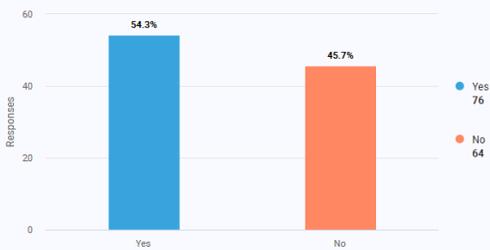
Scale 9 - 10

General Information

Do you have health insurance?

140
Responses

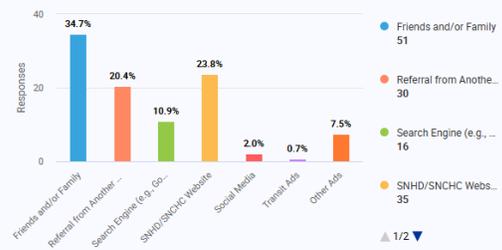
Multi Choice
Question Type



How did you hear about us?

147
Responses

Multi Choice
Question Type



MEMORANDUM

Date: January 20, 2026

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, MPA, Chief Executive Officer, FQHC *RS*

Cassius Lockett, PhD, District Health Officer *CL*

Subject: Community Health Center FQHC Chief Executive Officer Report – December 2025

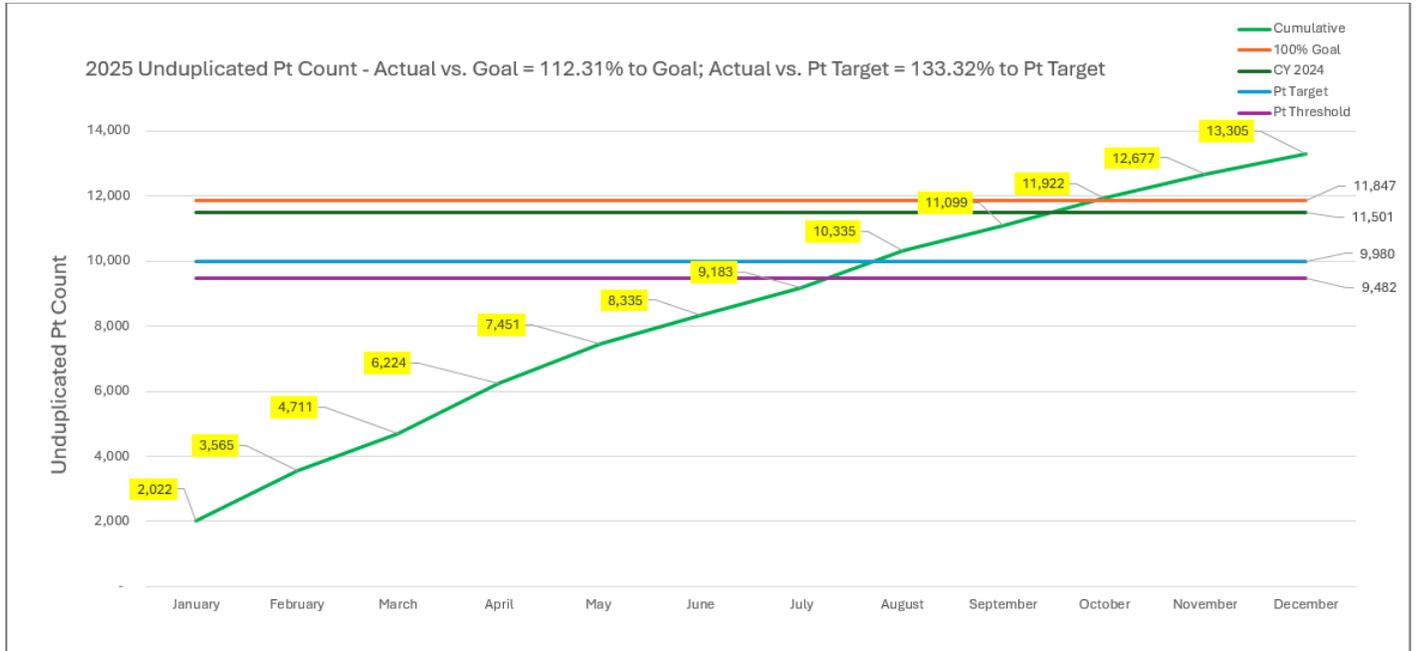
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December Highlights - Administrative

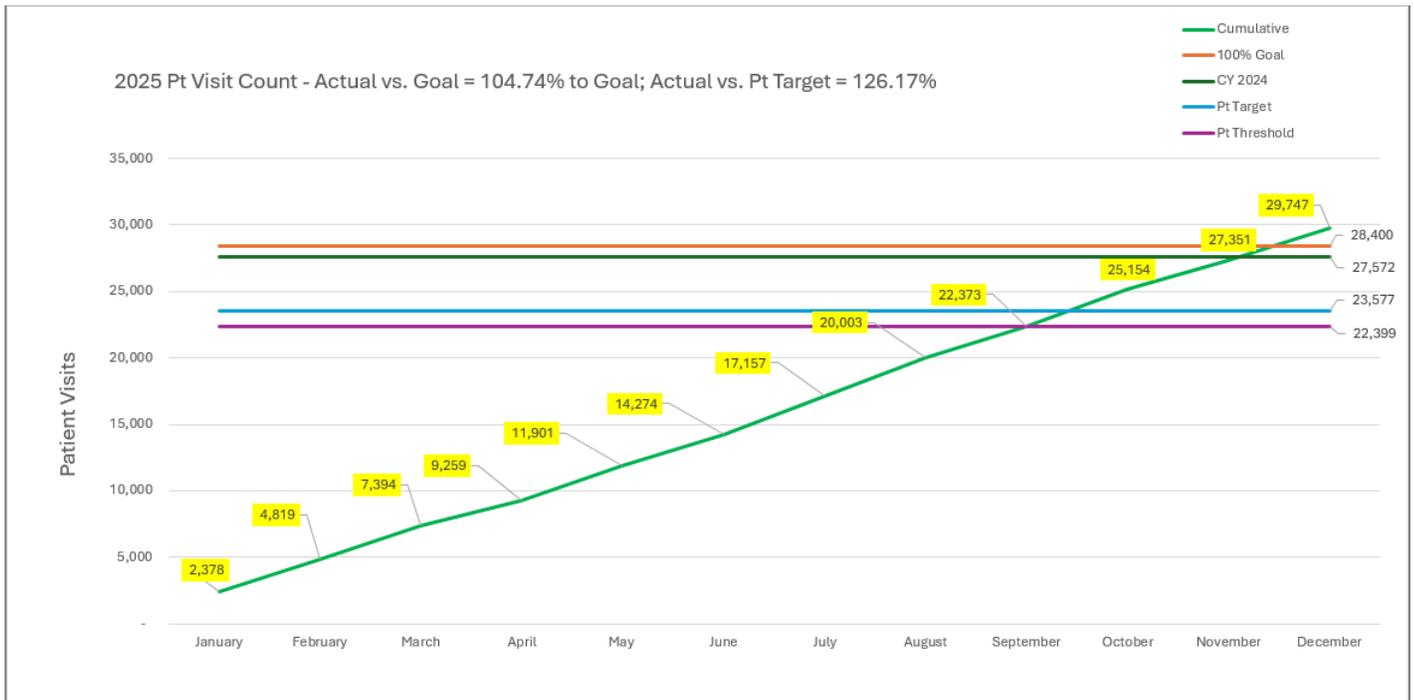
- 13,305 unique patients received services from a licensed independent practitioner in CY25. This represents an all-time best for SNCHC and 16% increase over CY24 results (11,501).
- 7% increase in the number of Medicaid patients served in CY25 (3,019) compared to CY24 (2,827).
- 4% increase in the number of Medicaid visits provided in CY25 (4,052) compared to CY24 (3,908).
- Corrective action from the Title X Family Planning site visit has been accepted by the Office of Population Affairs and audit findings cleared.
- One new Clinical Pharmacist supporting the Decatur pharmacy started on December 8th.
- Recruitment for a doctor for the Fremont Public Health Center ongoing.
- Training, contracting, and testing underway in preparation for Medicaid shadow billing commencing in January 2026.
- One Community Health Worker awarded SNHD's Employee of the Year for 2025.

Access

Unduplicated Patients – December 2025



Patient Visits Count – December 2025



Provider Visits by Program and Site – December 2025

Facility	Program	DEC '25	DEC '24	DEC YoY %	FY26 YTD	FY25 YTD	FY YTD YoY%
Decatur	Family Health	773	640	17%	4,747	3,544	25%
Fremont	Family Health	395	257	35%	2,829	1,985	30%
Total	Family Health	1,168	897	23%	7,576	5529	27%
Decatur	Family Planning	142	139	2%	778	936	-20%
Fremont	Family Planning	151	159	-5%	1,024	737	28%
Total	Family Planning	293	298	-2%	1,802	1673	7%
Decatur	Sexual Health	620	389	37%	3,219	3,000	7%
Fremont	Sexual Health	77	82	-6%	656	719	
ASEC	Sexual Health				0	113	
Total	Sexual Health	697	471	32%	3,875	3,832	1%
Decatur	Behavioral Health	166	99	40%	1,066	703	34%
Fremont	Behavioral Health	113	100	12%	838	696	
Total	Behavioral Health	279	199	29%	1,904	1,399	27%
Decatur	Ryan White	186	215	-16%	1,408	1,323	6%
Fremont	Ryan White	17	33	-94%	150	143	
Total	Ryan White	203	248	-22%	1,558	1,466	6%
FQHC Total		2,640	2,113	20%	16,715	13,899	17%

Pharmacy Services

	25-Dec	24-Dec		FY26 YTD	FY25 YTD		% Change YOY
Patient Encounters (Pharmacy)	1,751	1,413	↑	10,151	8,417	↑	20.6%
Prescriptions Filled	3,289	2,448	↑	18,819	13,866	↑	35.7%
Patient Clinic Encounters (Pharmacist)	52	61	↓	354	344	↑	2.9%
Financial Assistance Provided	17	38	↓	74	200	↓	-63.0%
Insurance Assistance Provided	10	12	↓	59	58	↑	1.7%

- A. Dispensed 3,289 prescriptions for 1,751 patients.
- B. Pharmacist completed 52 patient clinic encounters.
- C. Assisted 17 patients with obtaining medication financial assistance.
- D. Assisted 10 patients with insurance approvals.

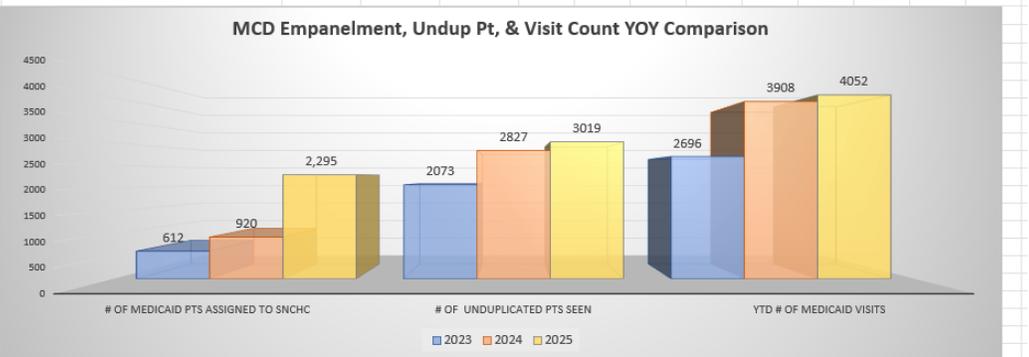
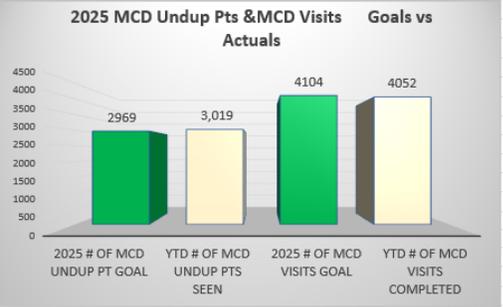
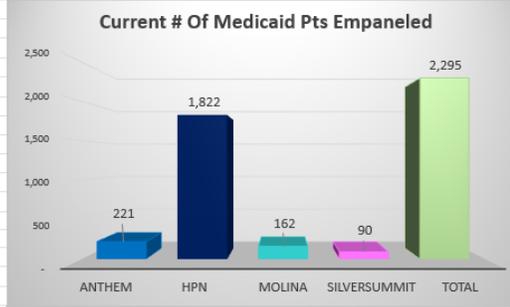
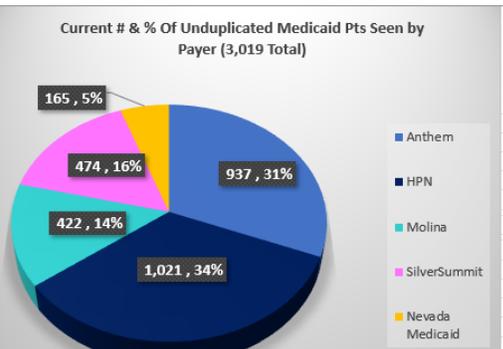
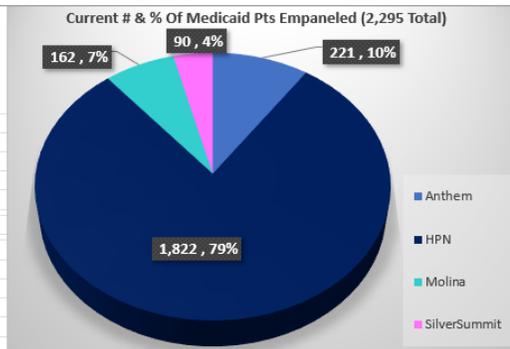
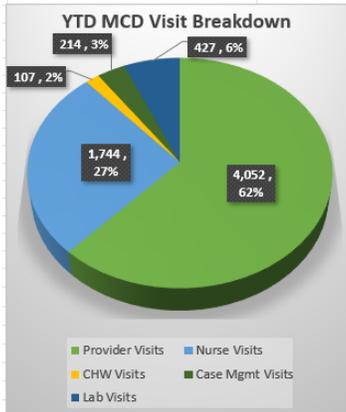
Medicaid Managed Care Organization (MCO)

Medicaid MCO	Current # Of Medicaid Pts Empaneled
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Total	2,295
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# of Empaneled Pts Not Yet Seen	?

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2025 # of Unduplicated MCD Pts Seen	
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HPN	1,021
Molina	422
SilverSummit	474
Nevada Medicaid	165
Total	3,019

Provider Visits	4,052
Nurse Visits	1,744
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Total Visits	6,544



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YTD # of Medicaid Visits	2,696	3,908	4,052
% of Medicaid Pts Seen to Goal	#DIV/0!	138.04%	101.68%
Average # of Medicaid visits per undup pt	1.30	1.38	1.34

Behavioral Health Services

A. Ryan White Program & Group Therapy

The “Evolve” group hosted a holiday-themed session with several participants. The team continues outreach efforts to raise awareness of the group within the HIV community and is actively working to identify a more convenient meeting time to increase engagement.

B. Behavioral Health Marketing Campaign

The Behavioral Health Manager is collaborating with the Office of Communications to develop an advertising campaign aimed at patients seeking a primary care provider. The campaign is scheduled to launch in mid-January and will run through February.

C. Chronic Care Management (CCM) Enrollment

The Behavioral Health team has identified patients from both clinic sites for enrollment in the Chronic Care Management Module (CCM). This initiative is part of the preparatory steps required to achieve Patient-Centered Medical Home (PCMH) designation.

Family Planning Services

- A. Family Planning program access was down 2% in December and is up 7% year-over-year.
- B. Program administrators and clinical staff are working with SNHD's Quality Improvement and Accreditation Program Manager on a quality improvement project to increase access to care by simplifying the scheduling process and reducing waste in the appointment templates. Standardized metrics are being used to track the percentage of appointments scheduled per provider per day, appointment no-show rates, and the third next available appointment (TNAA) for new and established appointment types. Meetings with key staff stakeholders and clinic observations are being conducted to fine tune potential interventions. Shadowing across both health center locations is being conducted with the medical clinical support staff and providers to better understand existing workflows and capacity. The goal is to implement new, streamlined and standardized appointment templates and operational workflows in early 2026.
- C. Notification from the Office of Population Affairs has been received indicating that all areas of improvement identified during the Title X program site visit have been successfully addressed and corrected.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 55 referrals between December 1st and December 30th. There was one (1) pediatric client referred to the Medical Case Management in December, and the program received one (1) referral for a pregnant woman living with HIV during this time.
- B. There were 660 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 341 unique clients served under these programs in December.
- C. The Ryan White ambulatory clinic provided a total of 447 visits in the month of December, including 18 initial provider visits, 174 established provider visits including two (2) tele-visits to established patients. Additionally, there were 18 nursing visits and 241 lab visits provided. There were 61 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of December. There were 12 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in December.
- D. The Ryan White clinic provides Rapid StART services, with 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 five (5) patients seen under the Rapid StART Program in December.

FQHC-Sexual Health Clinic (SHC)

- A. The Sexual Health Clinic (SHC) clinic provided 805 unique services to 598 unduplicated patients for the month of December. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- B. The 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) on

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. The SHC continues to refer pregnant patients with syphilis and patients needing complex STI evaluation and treatment to PPC SHOPP for nurse case management services.

C. FQHC Staff attended LVMPD Victim Services and Childhood Lead Poisoning

Refugee Health Program (RHP)

Refugee Health Program for the month of December.

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	0
Referrals for TB issues	0
Referrals for Chronic Hep B	0
Referrals for STD	0
Pediatric Refugee Exams	0
Clients encounter by program (adults)	0
Refugee Health Screening for December 2025	0
Total for FY25-26	12

Outreach/In Reach Activity

There were no outreach events to report in December 2025. Here are the results for CY 2025.

Number of events	20– Outreach 11 – In reach
Number of people reached	1,434
Number of people linked to the clinic	100
Number of hours dedicated to outreach	119

Eligibility and Insurance Enrollment Assistance

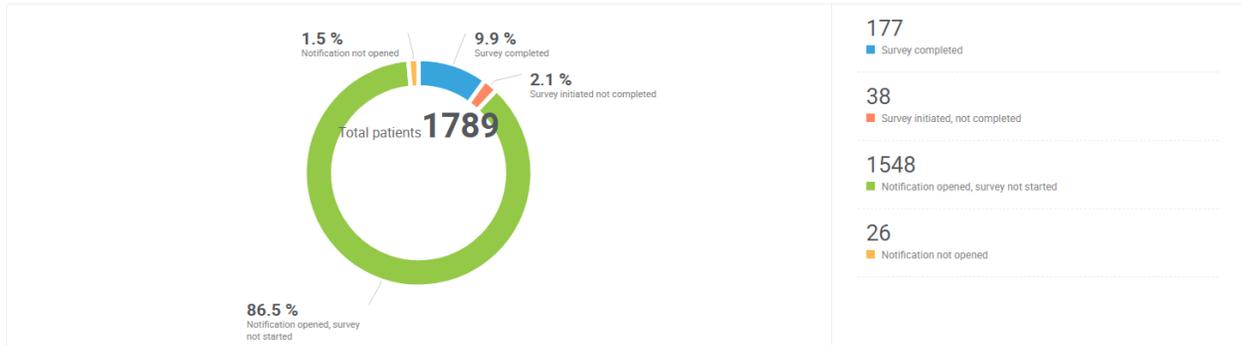
Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of support.

Patient Satisfaction: See attached survey results.

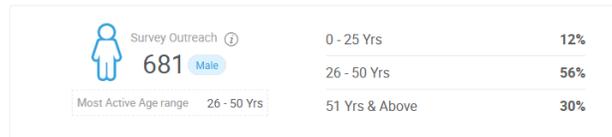
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

Southern Nevada Community Health Center Patient Satisfaction Survey – December 2025

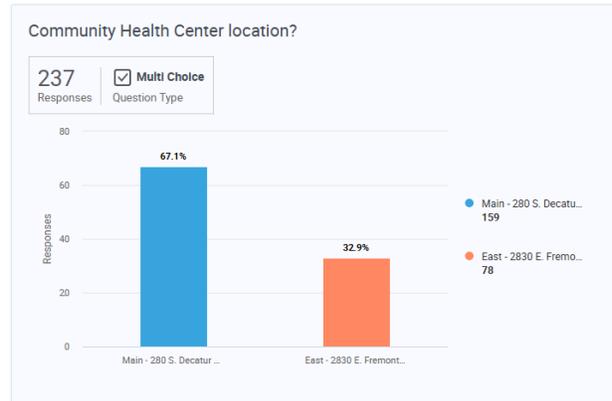
Overview



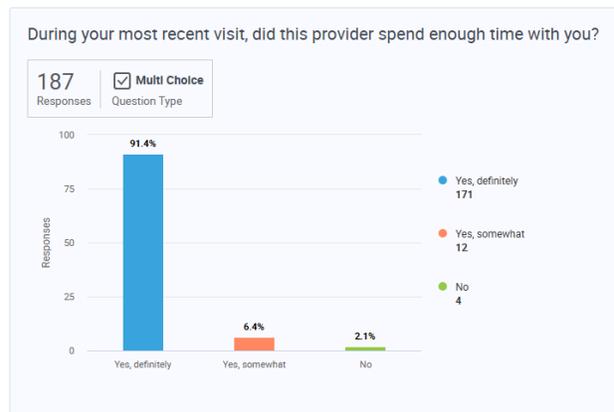
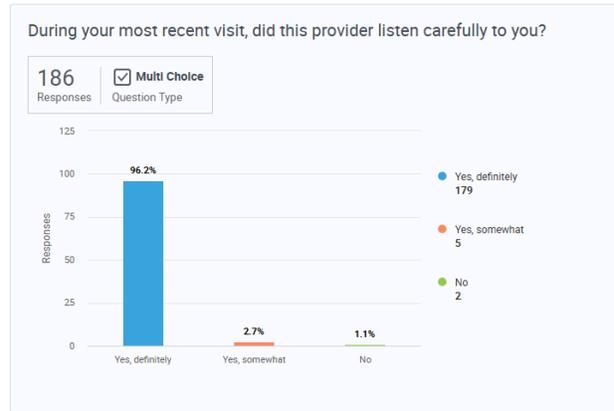
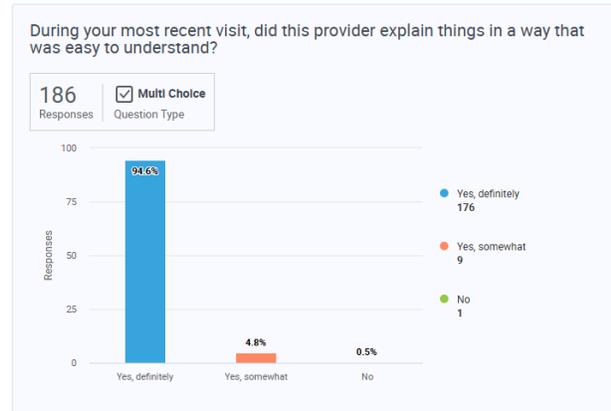
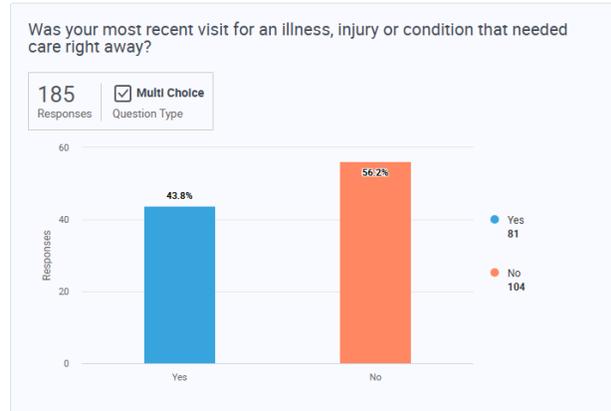
Gender



Service and Location

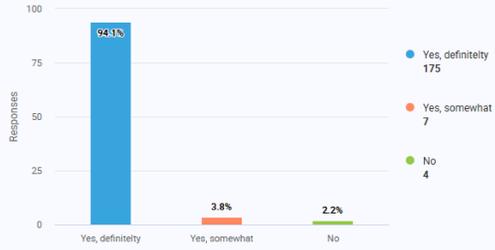


Provider, Staff, and Facility



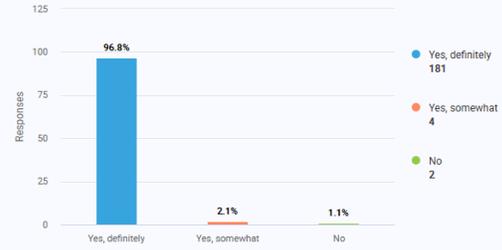
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

186 Responses Multi Choice Question Type



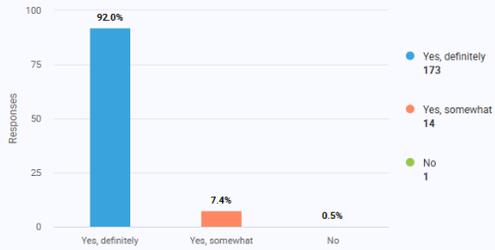
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

187 Responses Multi Choice Question Type



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

188 Responses Multi Choice Question Type



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

191 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

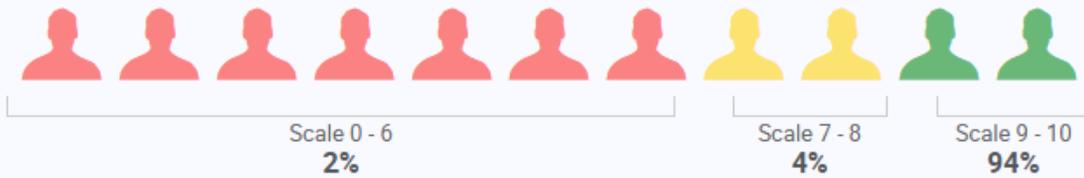
123

Numbers

Question Type

92

Net Promoter Score (NPS)



4

Scale 0 - 6

8

Scale 7 - 8

177

Scale 9 - 10

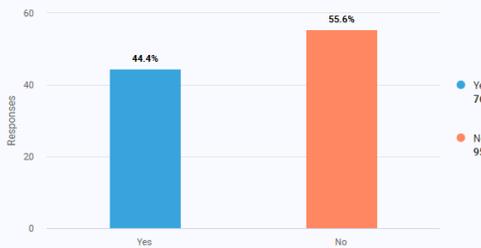
General Information

Do you have health insurance?

171

Responses

Multi Choice
Question Type



How did you hear about us?

186

Responses

Multi Choice
Question Type

