

## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

September 17, 2024, 2024 – 2:30 p.m.

Meeting was conducted In-person and via Microsoft Teams

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

- MEMBERS PRESENT:** Jose L. Melendrez, Chair (*via Microsoft Teams*)  
Donna Feliz-Barrows, Vice-Chair (*in-person*)  
Jasmine Coca, Second Vice-Chair (*in-person*)  
Scott Black (*via Microsoft Teams*)  
Erin Breen (*via Microsoft Teams*)  
Ashley Brown (*via Microsoft Teams*)  
Luz Castro (*via Microsoft Teams*)  
Marie Dukes (*via Microsoft Teams*)  
Sara Hunt (*in-person*)  
Blanca Macias-Villa
- ABSENT:** Brian Knudsen
- ALSO PRESENT:** Trey Delap
- LEGAL COUNSEL:** Edward Wyner, Associate General Counsel
- CHIEF EXECUTIVE OFFICER:** Randy Smith
- STAFF:** Emily Anelli, Tawana Bellamy, Todd Bleak, Andria Cordovez Mulet, Brian Felgar, Jason Frame, Tabitha Johnson, Cassius Lockett, Cassondra Major, Bernadette Meily, Brennen O’Toole, Yin Jie Qin, Justin Tully, Felicia Sgovio, Merylyn Yegon

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

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:32 p.m. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum.

#### II. **PLEDGE OF ALLEGIANCE**

#### III. **RECOGNITION**

##### 1. **Southern Nevada Community Health Center**

2024 Community Health Quality Recognition (CHQR) Badges – Access Enhancer, Health Disparities Reducer and Advancing HIT for Quality – Health Resources & Services Administration (HRSA)

The Chair recognized the Southern Nevada Community Health Center for being awarded three Community Health Quality Recognition Badges by HRSA, (1) Access Enhancer, (2) Health Disparities Reducer, and (3) Advancing Health Information Technology for Quality. These badges recognize Health Center Program awardees that have made notable achievements in the areas of access, quality, health equity, health information technology, and social risk factors screening using Uniform Data System (UDS) data from the most recent reporting period. Many thanks to the employees of the health center for your steadfast commitment to providing quality primary health care services to our community. On behalf of the Southern Nevada Community Health Center's Governing Board, congratulations for this well-deserved recognition.

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

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

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

- V. ADOPTION OF THE SEPTEMBER 17, 2024 MEETING AGENDA** *(for possible action)*

Chair Melendrez called for questions and there were none.

*A motion was made by Member Black, seconded by Member Castro and carried unanimously to approve the September 17, 2024 Meeting Agenda, as presented.*

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

- 1. APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** August 20, 2024 *(for possible action)*
- 2. Approve Credentialing and Privileging of Provider Sarah Hall, APRN II;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approval of the After-Hours Coverage System Policy and Procedure;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
- 4. Approval of the Patient Satisfaction Survey System Policy and Procedure;** *direct staff accordingly or take other action as deemed necessary (for possible action)*

Ms. Bellamy advised the job title on item 2, should be APRN I not APRN II.

Chair Melendrez called for questions and there were none.

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

## VII. REPORT / DISCUSSION / ACTION

### Recommendations from the September 16, 2024 Finance and Audit Committee Meeting

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

Donnie Whitaker, Chief Financial Officer presented the July 2024 Year to date Financial Report, unaudited, as of July 31, 2024 with the following highlights. Ms. Whitaker advised there were recommendations made by the committee and staff that she would mention during the presentation.

#### **Revenue**

- General Fund revenue (Charges for Services & Other) was \$2.64M compared to a budget of \$2.34M, a favorable variance of \$300K.
- Special Revenue Funds (Grants) was \$687K compared to a budget of \$655K, a favorable variance of \$32K.
- Total Revenue was \$3.31M compared to a budget of \$3M, a favorable variance of \$331K.

#### **Expenses**

- Salary, Tax, and Benefits is \$1.16M compared to a budget of \$1.14M, an unfavorable variance of \$20K.
- Other Operating Expense is \$2.83M compared to a budget of \$2.02M, an unfavorable variance of \$815K.
- Indirect Cost/Cost Allocation is \$727K compared to a budget of \$639K, an unfavorable variance of \$88K.
- Total Expense is \$4.72M compared to a budget of \$3.80M, an unfavorable variance of \$921K.

**Net Position:** was negative \$1.39M compared to a budget of negative \$801K, an unfavorable variance of \$591K.

Ms. Whitaker further reviewed the following and noted the changes the Finance and Audit Committee recommended.

- Revenue and Expenses by Department (graphical diagram)
- Revenue by Department
- Expenses by Department
- Patient Encounters by Department
  - 48% year over year growth
  - FY2024 Total: 2,157
  - FY2025 Total: 3,200
- Patient Encounters by Clinic

Member Coca thanked Ms. Whitaker for making the changes.

Chair Melendrez called for questions and there were none.

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

*Heard out of order.*

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

Mr. Smith advised of the following upcoming board activities:

- Conflict of Interest/Disclosure
- Committee Assignments
- CY25 Board Meetings Calendar
- Board Officer positions
- Board Retreat
- Strategic Planning Committee

Mr. Smith shared that Chair Melendrez has been an amazing board chair and provided a brief description of the term limits for the officer roles of the chair and vice-chairs. Mr. Smith shared that Chair Melendrez role as chair will expire soon and that he could be nominated to continue, others may express interest or be nominated by someone. Mr. Smith further shared that the Nominations Committee would need to meet and the recommendations from that meeting would be voted on at the October meeting.

Chair Melendrez commented that it has been a great honor to serve as chair of the board and that he would continue to serve as a member whether he was chair or not. Chair Melendrez shared that the board put in place the idea to have members serving in the vice chair roles be prepped to step into the chair role with training, support and mentoring involved by the previous chair.

There was further discussion between Chair Melendrez and Member Feliz-Barrows regarding interest in the chair role. Member Macia-Villa commented that she likes the idea of having the vice chair roles be mentored to potentially serve as chair and believes it would be an amazing opportunity.

Mr. Smith provided an update to the Governing Board Retreat. Mr. Smith thanked Member Black for offering to host the retreat at North Las Vegas City Hall. Mr. Smith shared that there is a big event happening at North Las Vegas City Hall that may make it difficult to have a good retreat. Member Black shared that ordinarily the space would have worked however their police department has their big Halloween Trunk or Treat happening the same day and it would be a logistical nightmare. Mr. Smith further shared that an alternative location would be UNLV's University Gate Way Building. Chair Melendrez commented that it would be at the School of Public Health Gate Way Building, which is across the street from UNLV. Chair Melendrez will confirm the location, as a staff or facility member must be present for after-hours events.

**REPORT / DISCUSSION / ACTION**

SNCHC Governing Board

**2. Receive, Discuss and Approve the Chief Executive Officer’s Report of Accomplishments and Identification of Goals for FY25;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, Chief Executive Officer presented the Chief Executive Officer’s Report of Accomplishments for FY24 and Identification of Goals for FY25. Mr. Smith shared the following highlights from the FY24 accomplishments.

- As of June 30, 2024, 10,335 unique patients served in the health center.
  - 95% year-over-year increase
- As of June 30, 2024, 24,032 provider visits were conducted.
  - 95% year-over-year increase
    - Medical: 21,639
    - Behavioral Health: 1,864
    - Pharmacist: 253
    - Dietician: 276
- As of June 30, 2024, 15,977 unique patients served in the pharmacy.
- As of June 30, 2024, 23,479 prescriptions were filled.

Mr. Smith continued to provide additional highlights of the CEO FY24 accomplishments.

Mr. Smith reviewed the Goals and Opportunities for FY24.

<b>Goals and Opportunities for FY24</b>	
<b>Maintained, Met or Made Progress</b>	<b>Not Started</b>
<ul style="list-style-type: none"> <li>• Increase the number of unique patients serviced.</li> <li>• Improve daily operations and clinical performance results.</li> <li>• Optimize and expand services at the Fremont Location.</li> <li>• Enhance integration of Sexual Health Clinic services.</li> <li>• Build the Behavioral Health clinic at the Decatur Location.</li> <li>• Develop Oral Health program at the Fremont Location.</li> <li>• Enhanced Refugee Services.</li> <li>• Maintain HRSA Compliance.</li> <li>• Improve financial stability – Increase the number of Medicaid patients served.</li> </ul>	<ul style="list-style-type: none"> <li>• Obtain Patient Centered Medical Home (PCMH) accreditation.</li> </ul>

*Chair Melendrez left the meeting at 3:14 p.m.*

Mr. Smith shared the Proposed Goals and Opportunities for FY25.

<b>Proposed Goals and Opportunities for FY25</b>
<ul style="list-style-type: none"> <li>• Pursue Patient Centered Medical Home (PCMH) accreditation.</li> <li>• Increase the number of unique patients serviced by 3%.</li> <li>• Improve daily access to care (visits) by 3%.</li> <li>• Optimize and expand services at the Fremont location – Sexual Health Clinic/Ryan White /Refugee Health.</li> </ul>

- Improve financial stability – Increase the number of Medicaid patients served.
- Enhance integrated Behavioral Health services and optimize new clinic at Decatur.
- Build a dental clinic at Fremont and develop an operational plan.
- Maintain Health Resources and Services Administration (HRSA) Compliance.

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

*A motion was made by Member Coca, seconded by Member Breen, and carried unanimously to approve the Chief Executive Officer's Report of Accomplishments for FY24 and Identification of Goals for FY25, as presented.*

Member Coca commented that we should be proud of what has been done, as those were great accomplishments. Mr. Smith thanked Member Coca for the compliment.

**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)*

Vice Chair Feliz-Barrow called for board reports.

Member Coca shared that Chair Melendrez will be honored in September or October by the School of Public for the work he has done in his role at UNLV.

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

- CEO Comments

Mr. Smith advised the board of the HRSA requirements of the Chief Executive Officer annual review, the evaluation process and timeline. Mr. Smith further advised of the evaluation tool which includes four scored questions, each weighted, and two non-scored questions.

- CY23 Clinical Performance Measures

Mr. Smith provided an overview and update on the CY23 Clinical Performance Measures. Mr. Smith reviewed the year over year comparison for preventative, chronic disease and maternal and childhood health measures.

- CY23 Nevada FQHC Comparison Report

Mr. Smith provided an update on the CY23 Nevada FQHC Comparison Report.

Mr. Smith further provided an update on the following:

- August Access Report (visits only conducted by a licensed independent practitioner)
- Unduplicated Patients and Visit Counts
- 2024 Medicaid Visits – Actuals vs. Goal
- Medicaid Patients Empaneled
- Administrative Updates
  - HRSA Operational Site Visit tentatively scheduled for quarter one of CY25.

- HRSA New Access Point application due on September 30, 2024.
- Construction of the new Behavioral Health Clinic at Decatur is anticipated to be complete by September 23, 2024.
- Architectural plans for the Dental Clinic at Fremont are in review.
- Medical Director recruitment ongoing.
- New Family Medicine Doctor will start in October 2024.
- The annual employee evaluation process is underway.
- Employee Recognitions:
  - On the Spot Awards
    - 11 employees recognized.
  - Exemplary Service
    - One employee recognized.

There were no further questions or comments.

**X. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) August 2024 Operations Reports

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

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

**XII. ADJOURNMENT**

The Vice Chair adjourned the meeting at 3:51 p.m.

Randy Smith  
Chief Executive Officer - FQHC

/tab

## AGENDA

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

September 17, 2024 – 2:30 p.m.

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

## NOTICE

### Microsoft Teams:

<https://events.teams.microsoft.com/event/0a912eb2-a1ca-4acb-aa12-96e851033ac3@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 608 878 854#

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### NOTE:

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

### II. PLEDGE OF ALLEGIANCE

### III. RECOGNITION

#### 1. Southern Nevada Community Health Center

- 2024 Community Health Quality Recognition (CHQR) Badges – Access Enhancer, Health Disparities Reducer and Advancing HIT for Quality – Health Resources & Services Administration (HRSA)

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

- **By Teams:** Use the Teams link above. You will be able to provide real-time chatroom messaging, which can be read into the record or by raising your hand. Unmute your microphone prior to speaking.



- **By telephone:** Call (702) 907-7151 and when prompted to provide the Meeting ID, enter 608 878 854#. To provide public comment over the telephone, please press \*5 during the comment period and wait to be called on.
- **By email:** [public-comment@snhd.org](mailto: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.

**V. ADOPTION OF THE SEPTEMBER 17, 2024 AGENDA** *(for possible action)*

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

- 1. APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** August 20, 2024 *(for possible action)*
- 2. Approve Credentialing and Privileging of Provider Sarah Hall, APRN II;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approval of the After Hours Coverage System Policy and Procedure;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. Approval of the Patient Satisfaction Survey System Policy and Procedure;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

**VII. REPORT / DISCUSSION / ACTION**

Recommendations from the September 16, 2024 Finance and Audit Committee Meeting

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

SNCHC Governing Board

- 2. Receive, Discuss and Approve the Chief Executive Officer’s Report of Accomplishments and Identification of Goals for FY25;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

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

- CEO Comments
- CY23 Clinical Performance Measures
- CY23 Nevada FQHC Comparison Report

**X. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) August 2024 Operations Reports

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

**XII. ADJOURNMENT**

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

August 20, 2024 – 2:30 p.m.

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

- MEMBERS PRESENT:** Jose L. Melendrez, Chair (*via Microsoft Teams*)  
Donna Feliz-Barrows, Vice-Chair (*in-person*)  
Jasmine Coca, Second Vice-Chair (*in-person*)  
Scott Black (*in-person*)  
Ashley Brown (*in-person*)  
Marie Dukes (*in-person*)  
Sara Hunt (*in-person*)
- ABSENT:** Luz Castro  
Brian Knudsen  
Erin Breen  
Blanca Macias-Villa
- ALSO PRESENT:** Allison Genco, Olivia GrafMank
- LEGAL COUNSEL:** Edward Wyner, Associate General Counsel
- CHIEF EXECUTIVE OFFICER:** Randy Smith
- STAFF:** Andria Cordovez Mulet, Emily Anelli, Tawana Bellamy, Jacques Graham, Fermin Leguen, Cassondra Major, David Kahananui, Merylyn Yegon, Kim Saner, Tabitha Johnson, Bernadette Meily, Justin Tully, Cassius Lockett, Ryan Kelsch, Todd Bleak, Donnie Whitaker

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

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:34 p.m. 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 Oath of Office to Members Brown and Dukes.

Members Brown and Dukes provided a brief introduction of themselves, and both look forward to serving and participating on the board.

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

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

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

- V. ADOPTION OF THE AUGUST 20, 2024 MEETING AGENDA** *(for possible action)*

Chair Melendrez called for questions and there were none.

*A motion was made by Member Feliz-Barrows, seconded by Member Black and carried unanimously to approve the August 20, 2024 Meeting Agenda, as presented.*

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

- 1. APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** July 16, 2024 *(for possible action)*

Chair Melendrez called for questions and there were none.

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

- VII. REPORT / DISCUSSION / ACTION**

Recommendations from the August 19, 2024 Finance and Audit Committee Meeting

- 1. Receive, Discuss and Accept the June 2024 Year to Date and FY24 Year End Financial Reports;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker, Chief Financial Officer presented the June 2024 Year to date and FY24 Year End Financial Reports, unaudited, as of June 30, 2024.

**Summary of Revenue - (June 30, 2024, unaudited)**

- General Fund revenue (Charges for Services & Other) is \$26.7M compared to a budget of \$29.7M, a negative variance of \$3M.
- Special Revenue Fund (Grants) is \$6.6M compared to a budget of \$7.5M, a negative variance of \$900K.

- Total Revenue is \$33.3M compared to a budget of \$37.2M, a negative variance of \$3.9M.

**Summary of Expenses and Net Position - (June 30, 2024, unaudited)**

- Salary, Tax, and Benefit was \$11.8M compared to a budget of \$11.9M, a positive variance of \$100 K.
- Other Operating Expense was \$20.2M compared to a budget of \$24.4M, a positive variance of \$4.2M.
- Indirect Cost/Cost Allocation was \$4.7M compared to a budget of \$5.7M, a positive variance of \$1M.
- Total Expense was \$36.7M compared to a budget of \$42M, a positive variance of \$5.3M.

**Net Position**

- (\$3.3M) compared to a budget of (\$4.8 M), a positive variance of \$1.4M.

Ms. Whitaker further reviewed the following:

- Patient Encounters by Department
  - FY2023: 29,602
  - FY2024: 30,428

Ms. Whitaker noted that there was a transposition of numbers in the FY2023 Patient Encounters Total. Ms. Whitaker advised it was corrected from 29,602 to 29,062.

- Patient Encounters by Clinic
  - Decatur
    - FY2023: 24,915
    - FY2024: 24,039
  - Fremont
    - FY2023: 4,147
    - FY2024: 6,389

Ms. Whitaker advised there was additional information presented to the finance committee that showed the month-to-month activities. Ms. Whitaker advised that information was included in the board's materials.

Further to an inquiry from Mr. Smith regarding the evaluation of the Chief Executive Officer and the final budget to compare FY24 with FY22 and FY23. Ms. Whitaker advised that the entries for this detail should be available next month, but unaudited.

Chair Melendrez called for questions and there were none.

*A motion was made by Member Feliz-Barrows, seconded by Member Black, and carried unanimously to accept the June 2024 Year to Date and FY24 Year End Financial Reports, as presented.*

SNCHC Governing Board

**2. Receive, Discuss and Approve the Submittal of the Grant Application for the New Access Points (NAP) Funding Opportunity (HRSA-25-085);** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, Chief Executive Officer, FQHC presented a Grant Application for the New Access Points (NAP) Funding Opportunity (HRSA-25-085) for board approval for submittal. Mr. Smith shared the following highlights of the grant opportunity.

- HRSA identified priority area in zip code 89103.
- A new clinic site must be open within 120 days of the June 1, 2025 award date.
  - A potential site has been identified.
- Estimated Award Amount: Up to \$650,000/year.
- Period of Performance: June 1, 2025 through May 31, 2026 (1 year).

Member Coca commented that NAP sounds like a great opportunity. Further to an inquiry from Member Coca on the cost to open a new clinic and where would the funding come from, Mr. Smith shared that funding would come from grants and the revenue we expect to generate through the new clinic. Mr. Smith further explained that we would start small and grow into the location with new patients.

*A motion was made by Member Coca, seconded by Member Feliz-Barrows, and carried unanimously to approve the Submittal of the Grant Application for the New Access Points (NAP) Funding Opportunity (HRSA-25-085), as presented.*

**3. Receive, Discuss and Approve the Submittal of a request for Change in Scope to remove the All Saints Episcopal Church (ASEC) as a delivery site;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented an overview of a Change in Scope to remove the All Saints Episcopal Church (ASEC) as a delivery site, effective September 30, 2024. Mr. Smith advised of the rationale for the removal. Mr. Smith shared that he met with the ASEC's leadership on August 6, 2024 to thank them for the partnership and to explain why the changes were being made.

Member Coca commented that there is a contract with ASEC and that money could be used for the future clinic. Mr. Smith advised that is correct. Member Coca further commented that it sounds like a good idea. Mr. Smith advised that we continue to have a good relationship with the church.

Member Black commented that during the early days of COVID-19, when Father Rafael was a board member, he came forward and volunteered his church as a viable source to offer services. Member Black further commented that it was very unconventional, but he was glad that the health center took the unique and innovative approach to engage their willingness to partner because it grew to a viable resource through COVID-19 and beyond. Member Scott thanked ASEC and their leadership for opening their doors and being innovative to make that tangible difference in the community when it was needed.

Further to an inquiry from Member Black, Mr. Smith shared that there is no difference between an access point and a delivery site, they are synonymous and are used interchangeably.

*A motion was made by Member Black, seconded by Member Feliz-Barrows, and carried unanimously to approve the Submittal of a request for Change in Scope to remove the All Saints Episcopal Church (ASEC) as a delivery site, as presented.*

**4. Receive, Discuss and Approve the Submittal of a request for Change in Scope to add Substance Abuse Disorder as a direct service on HRSA Form 5A; direct staff accordingly or take other action as deemed necessary (for possible action)**

Mr. Smith presented the Change in Scope to add Substance Abuse Disorder as a direct service on HRSA Form 5A.

Chair Melendrez called for questions and there were none.

*A motion was made by Member Feliz-Barrows, seconded by Member Black, and carried unanimously to approve the Submittal of a request for Change in Scope to add Substance Abuse Disorder as a direct service on HRSA Form 5A, as presented.*

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

Chair Melendrez asked that everyone save the date to attend the Nevada Minority Health and Equity Coalition Impact Summit on November 15, 2024 at the Cox Pavilion at UNLV.

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

- CEO Comments

Mr. Smith advised the board on the following.

- The July 2024 Access Report only reflects the licensed independent practitioner visits, which is different than what Ms. Whitaker reflects in the financial report. In July, there was a 32% increase in provider visits compared to July 2023.
- Unduplicated Patients – 7,285, 73% to goal of 9,980.
- Visit Count – 13,934, 59.1% to goal of 23,577.
- 2024 Medicaid Visits – 2,660, 93.96% to goal of 2,831.

Further to an inquiry from Member Black regarding people who cannot qualify for Medicaid, Mr. Smith commented that Member Black was correct that they are uninsurable. Mr. Smith advised that there are processes for all patients that have no insurance, work with an eligibility worker or other community partner to see if they qualify for benefits.

Mr. Smith further reviewed the following.

- Medicaid Patients Empaneled – shows current number of patients assigned to the health center from the health plans.
- Administrative Updates
  - National Health Center Week (August 6-9, 2024) celebrated with staff and patients.
    - Employee Engagement Committee planned and coordinated activities for employees on August 6, 2024.
  - Federal Tort Claims Act (FTCA) redeeming application was approved for coverage in CY25.
  - The buildout of the new Behavioral Health Clinic at Decatur is underway. The projected completion date is mid-September.
    - Looking to host an Open House potentially in November.
  - The Dental Clinic architectural drawing was sent to the City for approval.

Further to an inquiry from Member Coca, Mr. Smith shared that some grant funding from SB118 will be used to help support the creation of the new dental clinic, then going forward charges for services through operations will be used to sustain the program.

Mr. Smith continued to review the following administrative updates:

- The Medical Director recruitment is active. Two candidates interviewed on August 15<sup>th</sup>.
- A new APRN begins on August 20<sup>th</sup>.
- Employee annual evaluations will be conducted September 1<sup>st</sup> – October 31<sup>st</sup>.

Mr. Smith further provided an update to Member Feliz-Barrows regarding the Fremont pharmacy being used for community members. Mr. Smith shared that for a community member to fill their prescriptions with our health center, they must be an established patient of Southern Nevada Community Health Center (SNCHC) or Southern Nevada Health District (SNHD).

Member Feliz-Barrows commented that the community is asking for referrals for dental, medical and pharmacy services on Facebook sites. Mr. Smith shared that is one of the reasons why oral health services were identified as an unmet need in our community.

Chair Melendrez commented that last year there was a discussion about the need to market our services in the community, and would we have the staff to service the increase. Mr. Smith advised that from a marketing perspective, we want people to know about the type of resources we have available to them, the other part of marketing is specific to the health plans, so that as we grow in a sustainable way, addressing the payer mix imbalance. Mr. Smith further advised that for capacity, it is multi-factorial, with the existing group of providers and care team we are looking to become more efficient with our time. Mr. Smith believes that we should continue to market and adjust staff accordingly.

Mr. Smith provided a brief overview of the Chief Executive Officer (CEO) annual review process.

Further to an inquiry from Member Feliz-Barrows, Mr. Smith shared that we could provide feedback from his direct report. To get feedback from staff we would need to define the process. There was further discussion regarding the process to gather performance feedback for the CEO. Member Black commented that the current evaluation process and tool seems ready to go and perhaps start with the direct reports and board members this year and think about



expanding it next year to staff. Chair Melendrez commented that was a good recommendation. The other board members agreed.

Mr. Smith shared that Ms. Bellamy will provide the board with the direct report summary, the survey tool and the CEO accomplishments after the September meeting for their review.

Mr. Smith advised the board of the results of the survey for the board retreat. Mr. Smith met with and shared the results with Chair Melendrez, and the intent is to have everyone participate. There was discussion regarding alternate days and times to meet. Member Black offered to host the retreat at North Las Vegas City Hall in the evening with dinner on one of the two days identified by staff. Ms. Bellamy will resend the survey to the board members to establish availability.

**IX. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) July 2024 Operations Reports

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

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

**XI. ADJOURNMENT**

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

Randy Smith  
Chief Executive Officer - FQHC

/tab

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

<b>DIVISION:</b>	<del>Administration</del> <u>FQHC</u>	<b>NUMBER(s):</b>	<del>CHCA-###</del> <u>CHCA-023</u>
<b>PROGRAM:</b>	<del>FQHC</del> <u>Clinical Care Services</u>	<b>VERSION:</b>	1.00
<b>TITLE:</b>	<del>After Hours Coverage System</del> <u>After Hours Coverage</u>	<b>PAGE:</b>	1 of 3
		<b>EFFECTIVE DATE:</b> Click or tap here to enter text.	
<b>DESCRIPTION:</b>	<u>Access to care after normal business hours.</u>		<b>ORIGINATION DATE:</b> New
<b>APPROVED BY:</b>	<b>REPLACES:</b> New		
<b>CHIEF EXECUTIVE OFFICER - FQHC</b>			
Randy Smith, MPA _____		Date _____	

**I. PURPOSE**

To provide continuous care for patients during non-business hours.

**II. SCOPE**

Applies to all clinical ~~W~~workforce members within the scope of their practice ~~(clinical staff)~~.

**III. POLICY**

The Southern Nevada Community Health Center is committed to compliance with Health Resources and Services Administration standards for ~~community health centers including the provision of ensuring access to care after normal business hours~~ hours medical care, information and resources for addressing medical and dental concerns or problems for established patients.

**IV. PROCEDURE**

**A.** Patients calling the ~~The clinic~~ health center telephone after normal business hours includes will hear a recorded message notifying the caller the clinic is closed and if an emergency to call 911. The message provides an option to connect the caller automatically to an after-hours service.

**B.** The after-hours service provides basic clinic information and triage for patient

clinical situations.

~~B. The after hours service forwards calls to appropriate clinical staff.~~

~~4.1. The after hours service will provide data to clinical management regarding usage and disposition.~~

D.C. The after-hours clinical staff assesses patient status and recommends appropriate actions with documentation of actions on the after-hours record. The record includes:

1. Name of the patient or representative making the call
2. Phone number of the caller
3. Name and birth date of the patient
4. Reason(s) for the call
5. Assessment/triage findings
6. Disposition of the call encounter

D. ~~Following standard triage protocols, the after-hours service will contact the health centers assigned on-call provider to convey the patient's concerns and condition as appropriate. If the assigned on-call provider cannot be reached, the back up on-call provider will be contacted. If the back up on-call provider cannot be reached, the health center's medical director will be contacted next. The health center also maintains emergency contacts in the event the on-call provider and their backups are unavailable.~~

E. ~~The on-call provider will engage the patient, take appropriate clinical action, and will document the encounter in the patient's medical record~~

E.F. ~~The documentation from the on-call encounter will be~~ entered in the patient's ~~medical or dental record~~ medical record no later than the ~~on the~~ next business day.

F.G. The after-hours ~~clinical staff~~ service will send the after-hours record of activity to health center ~~clinic staff~~ on the next business day.

H. On the next business day, the ~~assigned health center~~ appropriate clinical staff will check ~~the after-hours activity records from the previous evening/weekend patient status and arrange for an~~ and follows up with the patients and their provider as appropriate appointment as needed. All actions are documented in the patient's medical ~~/dental~~ record.

I. ~~The after-hours service will provides~~ summary reports ~~data to clinical management~~ the health center regarding utilization ~~usage and disposition of services.~~

**G.**

**Additional Sections**

~~Delete if not needed or type Not Applicable~~

**Acronyms/Definitions**

~~Delete if not needed or type Not Applicable~~

**VI.V. REFERENCES**

~~If none, type Not Applicable~~ Not Applicable

**VII.VI. DIRECT RELATED INQUIRIES TO**

~~(Subject Matter Expert Title Community Health Nurse Manager)  
(Department Name FOHC)  
(Department Extension, if applicable)~~

**HISTORY TABLE**

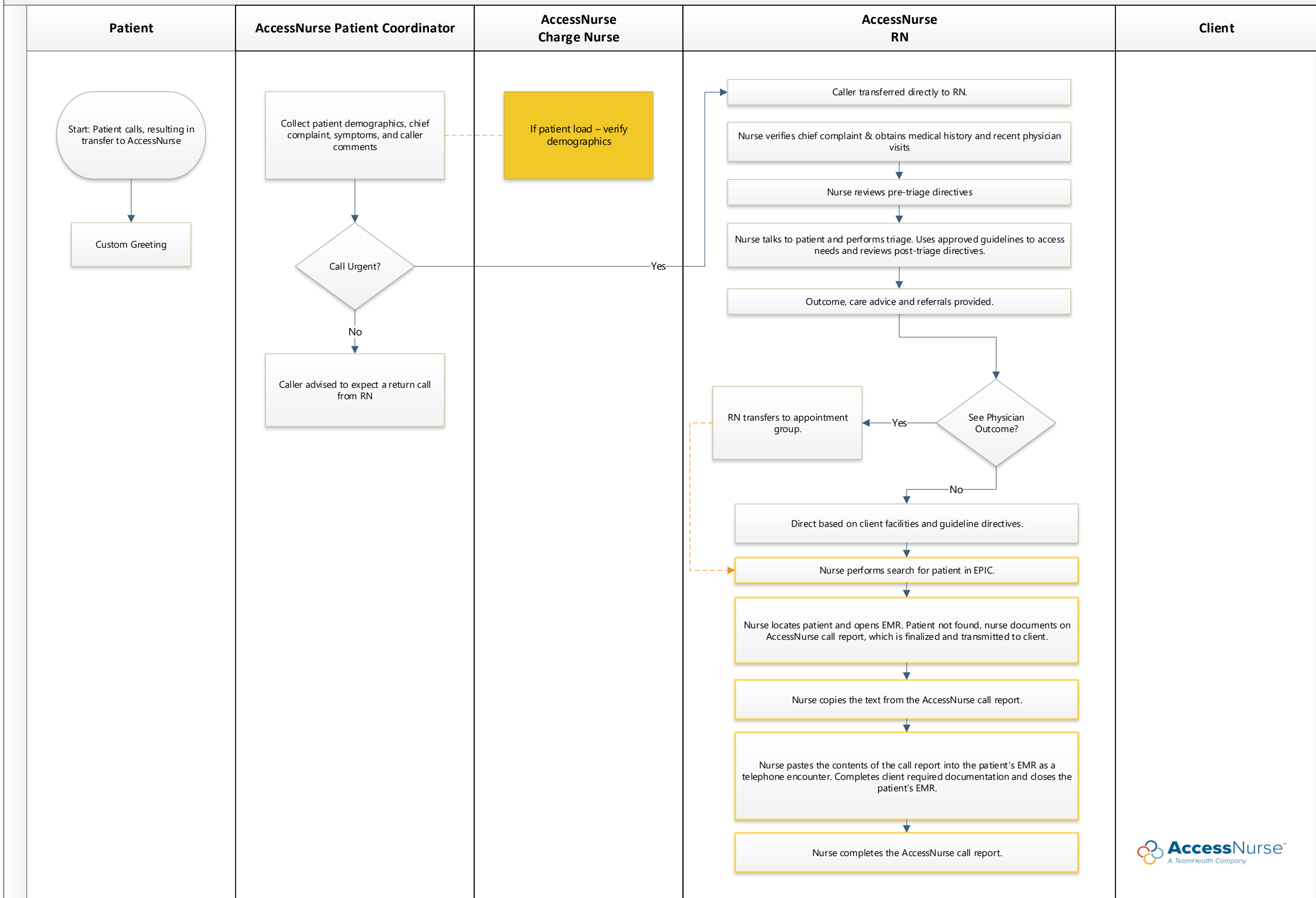
**Table 1: History**

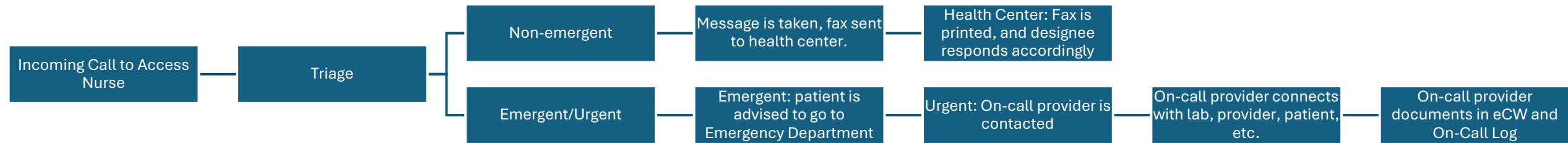
Version/Section	Effective Date	Change Made
Version 0		First issuance, replaces SNCHC-ADM-014-C

**VIII.VII. ATTACHMENTS**

Access Nurse Physician After-Hours Workflow  
SNCHC After Hours Work Flow ~~Not Applicable~~

# AccessNurse Physician After-Hours Workflow (with & without EMR interface)





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

<b>DIVISION:</b>	FQHC	<b>NUMBER(s):</b>	CHCA- ###CHCA- 024
<b>PROGRAM:</b>	Division Wide	<b>VERSION:</b>	1.00
<b>TITLE:</b>	<u>Patient Satisfaction Survey System</u> <u>Patient Satisfaction Survey</u>	<b>PAGE:</b>	1 of 3
		<b>EFFECTIVE DATE:</b> Click or tap here to enter text.	
<b>DESCRIPTION:</b>	<u>Patient satisfaction survey process</u>		<b>ORIGINATION DATE:</b> New
<b>APPROVED BY:</b>			<b>REPLACES:</b> New
<b>CHIEF EXECUTIVE OFFICER - FQHC</b>			
Randy Smith, MPA		Date	

**I. PURPOSE**

Through the patient satisfaction survey process, data ~~is will be~~ gathered to determine how ~~the~~ patients perceives their experience receiving care at the Southern Nevada Community Health Center (SNCHC). ~~operational status and procedures.~~ From this information, the health center's management and quality improvement teams SNCHC can adjust and/or improve its service or discover other opportunities in which to better serve ~~our~~ patient's needs.

**II. SCOPE**

This policy applies to all Workforce members, ~~within the FQHC Division or SNCHC.~~

**III. POLICY**

SNHD is committed to providing patient-oriented health care services. The ~~p~~atient ~~s~~satisfaction ~~s~~urvey Systemprocess provides feedback on how well the health center is doing are in meeting the needs and expectations of ~~our~~ patients and helps to identify areas to target performance improvement activities.

#### IV. PROCEDURE

- ~~A. Program workforce members~~ The health center conducts ss patient satisfaction surveys on an ongoing basis periodically by focusing on directly surveying engaging of all patients in the process. This may include tools such as Survey Monkey, focus groups and/or patient interviews.
- ~~B.~~ Upon checkout, a survey is automatically sent via text or email to the patient based on their communication preferences. Additionally, two reminders are automatically sent to the patient at predetermined intervals encouraging their participation. Front desk staff give a patient satisfaction survey to every patient at every visit. After the patient completes the survey, the patient places it in a secure survey collection box which are located in convenient areas throughout the clinic.
- Patients may access the survey online and submit as instructed.
- ~~D.B.~~ Survey questionnaires will be written in English and Spanish. Workforce members will offer the questionnaire to patients who speak other languages are the survey with the assistance of an interpreter.
- C. Survey questionnaires are available in English and Spanish.
- ~~E.D.~~ Surveys are may be coded in order to obtain data about specific sites, departments, and/or providers.
- E. The Quality Management (QM) Coordinator collects the completed surveys weekly. The QM Coordinator prepares a report of survey findings on monthly basis and presents it to the QM Patient Satisfaction Sub-Committee and to the QM Committee for review. it to the health center's management team.
- F. On an ongoing basis, results of patient satisfaction surveys will be shared with the health center's staff and governing board.
- ~~F.~~ The QM working with the management team quality Management Committee (QMC) will identify themes and trends :-
- ~~a.~~ Reports findings to the SNCHC Board.
- a. Report findings to FQHC leadership and management
- a. to inform process improvement opportunities and PSDA projects. Any process improvement actions taken will be led by the QM with support from the management team. Managers/supervisor discuss findings with clinical staff to provide feedback and identify improvement activities.
- G.
- a. Receives feedback from the SNCHC Board, FQHC leadership & management



~~and clinical staff to identify PSDA projects.~~

**Additional Sections**

~~Delete if not needed or type~~ Not Applicable

**Acronyms/Definitions**

~~Delete if not needed or type~~ Not Applicable

**V. REFERENCES**

Quality Management Plan

**VI. DIRECT RELATED INQUIRIES TO**

~~(Subject Matter Expert Title)~~Quality Management Coordinator  
~~(Department Name)~~FQHC  
~~(Department Extension, if applicable)~~

**HISTORY TABLE**

**Table 1: History**

Version/Section	Effective Date	Change Made
Version 0		First issuance, replaces SNCHC-ADM-C-017

**VII. ATTACHMENTS**

Not Applicable



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

**SNCHC Governing Board Meeting  
September 17, 2024**

# I. CALL TO ORDER & ROLL CALL

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Instructions for public comment are provided to virtual attendees.

## II. PLEDGE OF ALLEGIANCE







### III. RECOGNITION

#### **Southern Nevada Community Health Center**

- 2024 Community Health Quality Recognition (CHQR) Badges – Access Enhancer, Health Disparities Reducer and Advancing HIT for Quality – Health Resources & Services Administration (HRSA)

# IV. FIRST PUBLIC COMMENT

---

A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. **Please clearly state 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.**



# V. ADOPTION OF THE SEPTEMBER 17, 2024 AGENDA

*(for possible action)*

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# MOTION

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*Motion to Adopt the September 17, 2024 agenda, as presented.*



## VI. CONSENT AGENDA:

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

1. **APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** August 20, 2024 *(for possible action)*
2. **Approve Credentialing and Privileging of Provider Sarah Hall, APRN;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Approval of the After Hours Coverage Policy and Procedure;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **Approval of the Patient Satisfaction Survey Policy and Procedure;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

# MOTION

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*Motion to Approve the Consent Agenda, as presented.*

# VII. REPORT / DISCUSSION / ACTION

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# Recommendations from the September 16, 2024 Finance and Audit Committee Meeting

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



# Financial Report

Results as of July 31, 2024

*(Unaudited)*

# Summary of Revenue, Expenses and Net Position (July 31, 2024 – Unaudited)

## Revenue

- General Fund revenue (Charges for Services & Other) is \$2.64M compared to a budget of \$2.34M, a favorable variance of \$300K.
- Special Revenue Funds (Grants) is \$687K compared to a budget of \$655K, a favorable variance of \$32K.
- Total Revenue is \$3.31M compared to a budget of \$3M, a favorable variance of \$331K.

## Expenses

- Salary, Tax, and Benefits is \$1.16M compared to a budget of \$1.14M, an unfavorable variance of \$20K.
- Other Operating Expense is \$2.83M compared to a budget of \$2.02M, an unfavorable variance of \$815K.
- Indirect Cost/Cost Allocation is \$727K compared to a budget of \$639K, an unfavorable variance of \$88K.
- Total Expense is \$4.72M compared to a budget of \$3.80M, an unfavorable variance of \$921k.

**Net Position:** is (\$1.39M) compared to a budget of (\$801K), an unfavorable variance of \$591K.

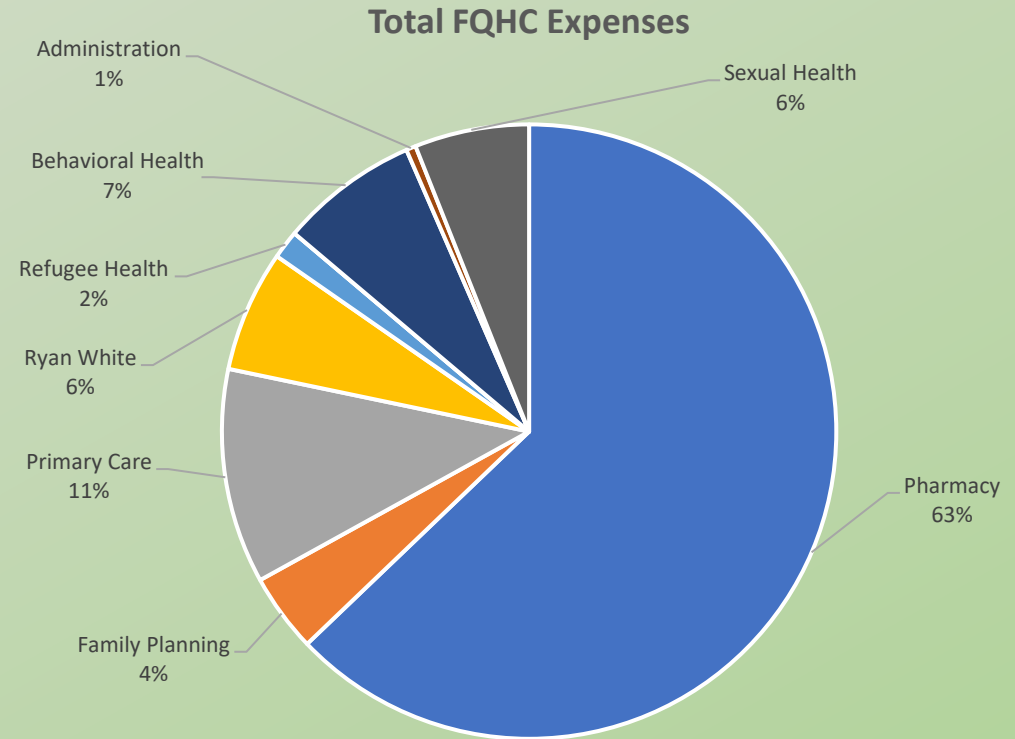
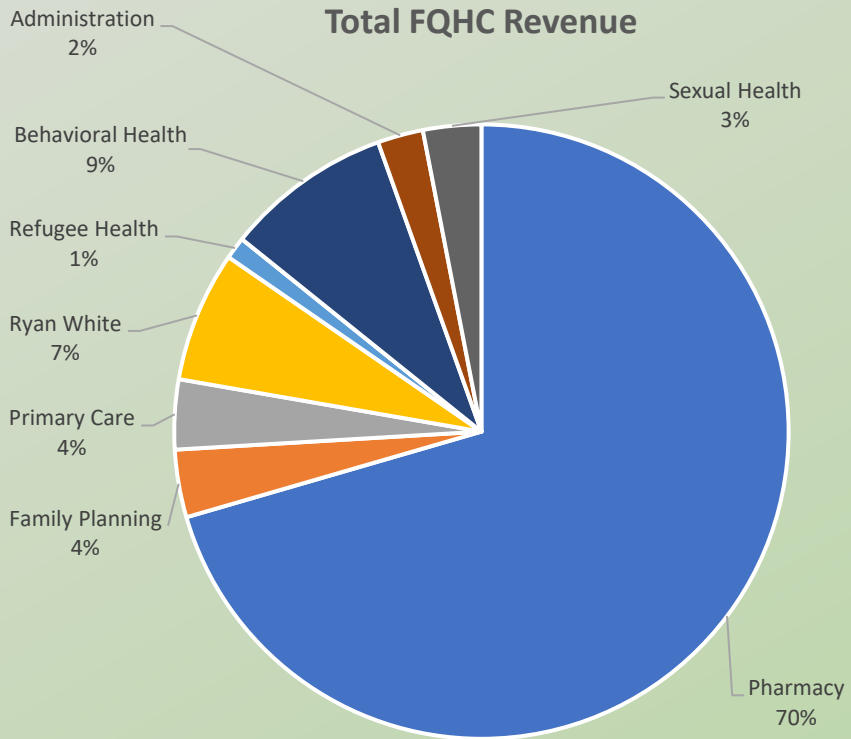
# All Funds/Divisions

Activity	Budget as of July	Actual as of July	Variance Favorable/(Unfavorable)	%
Charges for Services	2,252,641	2,564,079	311,438	14%
Other	92,222	79,992	(12,230)	-13%
Federal Revenue	246,598	423,148	176,550	72%
Pass-Thru Revenue	303,193	224,706	(78,487)	-26%
State Revenue	105,951	39,263	(66,688)	-63%
<b>Total FQHC Revenue</b>	<b>3,000,606</b>	<b>3,331,188</b>	<b>330,582</b>	<b>11%</b>
Salaries	784,323	799,421	(15,098)	-2%
Taxes & Fringe Benefits	359,644	361,640	(1,996)	-1%
<b>Total Salaries &amp; Benefits</b>	<b>1,143,967</b>	<b>1,161,061</b>	<b>(17,094)</b>	<b>-1%</b>
Supplies	1,810,192	2,518,295	(708,103)	-39%
Capital Outlay	76,009	232,000	(155,992)	-205%
Contractual	127,024	83,584	43,440	34%
Travel & Training	5,512	280	5,232	95%
<b>Total Other Operating</b>	<b>2,018,737</b>	<b>2,834,160</b>	<b>(815,423)</b>	<b>-40%</b>
Indirect Costs/Cost	639,021	727,840	(88,819)	-14%
Transfers IN	(58,920)	(50,591)	(8,329)	14%
Transfers OUT	58,920	50,591	8,329	14%
<b>Total Transfers</b>	<b>639,021</b>	<b>727,840</b>	<b>(88,819)</b>	<b>-14%</b>
<b>Total FQHC Expenses</b>	<b>3,801,725</b>	<b>4,723,060</b>	<b>(921,336)</b>	<b>-24%</b>
<b>Net Position</b>	<b>(801,119)</b>	<b>(1,391,872)</b>	<b>(590,754)</b>	<b>74%</b>

NOTES:

- 1) PHARMACY PATIENT ENCOUNTERS DRIVING MAJORITY OF GROWTH; YEAR-OVER-YEAR PATIENT ENCOUNTERS UP BY OVER 1000 PATIENTS ACROSS FQHC.
- 2) FEDERAL HRSA GRANT-FUNDED REIMBURSEMENTS FOR BEHAVIORAL HEALTH CLINIC CAPITAL EXPENSES.
- 3) PHARMACY ENDING INVENTORY BALANCE AS OF JUNE 30, 2024 (1.2M) MAKES UP 49% OF TOTAL SUPPLIES EXPENSE FOR JULY 2024.
- 4) CAPITAL EXPENSES ASSOCIATED WITH CONSTRUCTION OF NEW BEHAVIORAL HEALTH CLINIC.

# Revenues and Expenses by Department





# Revenue by Department

Department	Budget as of July	Actual as of July	Variance Favorable/(Unfavorable)	%
<b>Charges for Services, Other, Wrap</b>				
Family Planning	33,220	7,482	(25,738)	-77%
Pharmacy	2,062,239	2,348,622	286,383	14%
Oral Health (Dental)	-	-	-	0%
Primary Care	42,169	42,668	499	1%
Ryan White	23,042	31,476	8,434	37%
Refugee Health	4,514	11,685	7,171	159%
Behavioral Health	22,983	20,305	(2,678)	-12%
Administration	91,763	79,992	(11,771)	-13%
Sexual Health	64,934	101,840	36,907	57%
<b>OPERATING REVENUE</b>	<b>2,344,863</b>	<b>2,644,071</b>	<b>299,207</b>	<b>13%</b>
<b>Grants</b>				
Family Planning	176,757	111,066	(65,691)	-37%
Oral Health (Dental)	91,488	-	(91,488)	-100%
Primary Care	84,304	79,648	(4,656)	-6%
Ryan White	216,653	197,682	(18,971)	-9%
Refugee Health	18,892	27,024	8,132	43%
Behavioral Health	67,647	271,697	204,050	302%
<b>SPECIAL REVENUE</b>	<b>655,742</b>	<b>687,117</b>	<b>31,375</b>	<b>5%</b>
<b>TOTAL REVENUE</b>	<b>3,000,606</b>	<b>3,331,188</b>	<b>330,582</b>	<b>11%</b>

NOTES:

- 1) INCLUDES REVENUE ADJUSTMENTS FROM JULY 2024.
- 2) SERVICES NOT YET OPERATIONAL IN JULY 2024 (ANTICIPATING GO-LIVE IN Q4 FY25).
- 3) FEDERAL HRSA GRANT-FUNDED REIMBURSEMENTS FOR BEHAVIORAL HEALTH CLINIC CAPITAL EXPENSES.

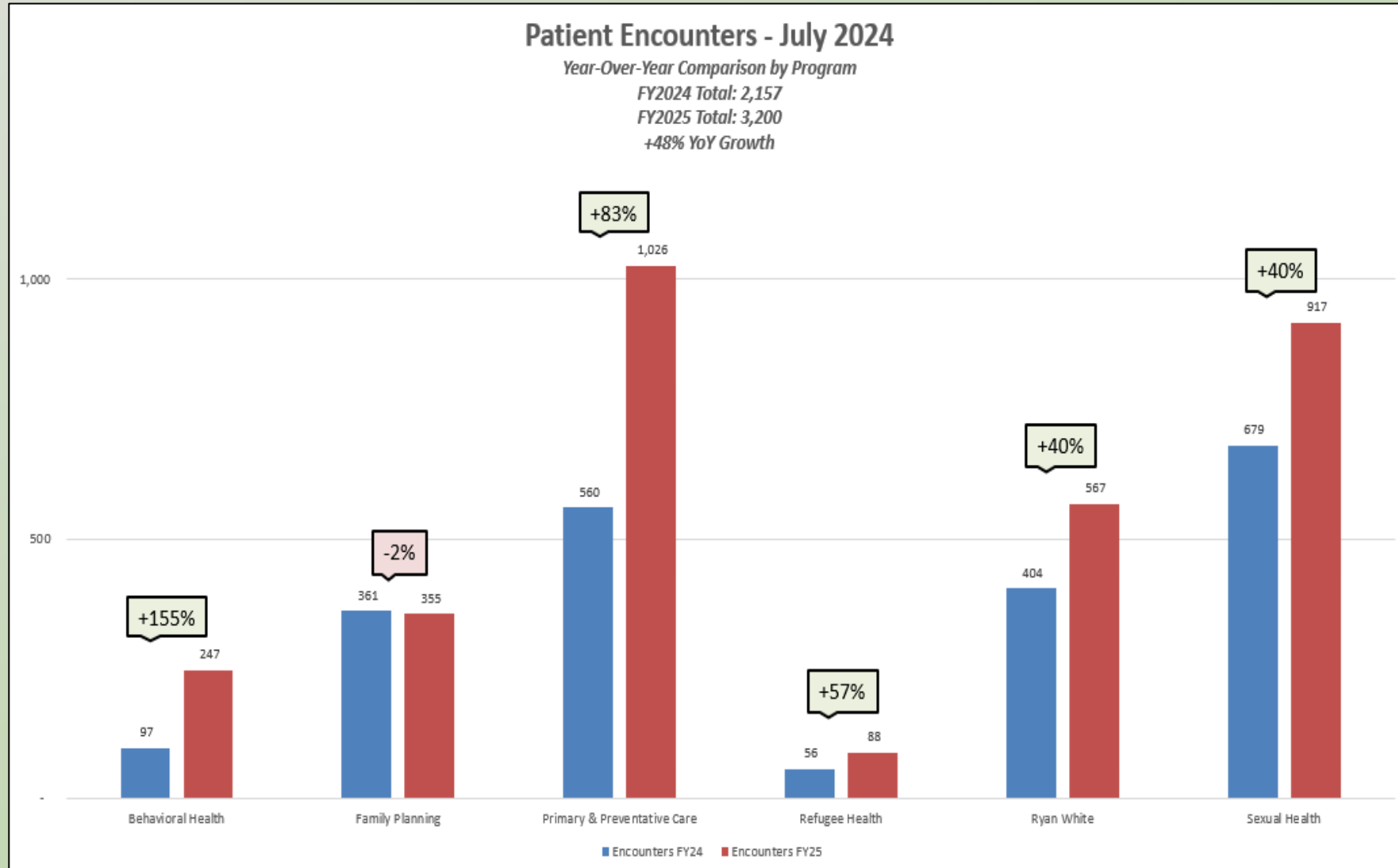
# Expenses by Department

Department	Budget as of July	Actual as of July	Variance Favorable/(Unfavorable)	%
<b>Employment (Salaries, Taxes, Fringe)</b>				
Family Planning	192,653	156,033	36,620	19%
Pharmacy	45,505	55,472	(9,967)	-22%
Oral Health (Dental)	9,450	-	9,450	100%
Primary Care	382,742	404,380	(21,638)	-6%
Ryan White	225,479	237,271	(11,793)	-5%
Refugee Health	15,490	22,195	(6,705)	-43%
Behavioral Health	41,558	58,859	(17,301)	-42%
Administration	9,760	11,055	(1,295)	-13%
Sexual Health	221,330	215,795	5,536	3%
<b>Total Personnel Costs</b>	<b>1,143,967</b>	<b>1,161,061</b>	<b>(17,094)</b>	<b>-1%</b>
<b>Other (Supplies, Contractual, Capital, etc.)</b>				
Family Planning	70,205	8,523	61,682	88%
Pharmacy	1,696,115	2,455,656	(759,541)	-45%
Oral Health (Dental)	66,790	-	66,790	100%
Primary Care	24,706	47,292	(22,586)	-91%
Ryan White	31,666	18,141	13,524	43%
Refugee Health	11,165	37,560	(26,394)	-236%
Behavioral Health	49,774	232,682	(182,909)	-367%
Administration	47,181	9,293	37,888	80%
Sexual Health	21,135	25,013	(3,878)	-18%
<b>Total Other Expenses</b>	<b>2,018,737</b>	<b>2,834,160</b>	<b>(815,423)</b>	<b>-40%</b>
<b>Total Operating Expenses</b>	<b>3,162,704</b>	<b>3,995,220</b>	<b>(832,517)</b>	<b>-26%</b>
Indirect Costs/Cost Allocations	639,021	727,840	(88,819)	-14%
Transfers IN	(58,920)	(50,591)	(8,329)	14%
Transfers OUT	58,920	50,591	8,329	14%
<b>Total Transfers &amp; Allocations</b>	<b>639,021</b>	<b>727,840</b>	<b>(88,819)</b>	<b>-14%</b>
<b>TOTAL EXPENSES</b>	<b>3,801,725</b>	<b>4,723,060</b>	<b>(921,336)</b>	<b>-24%</b>

NOTES:

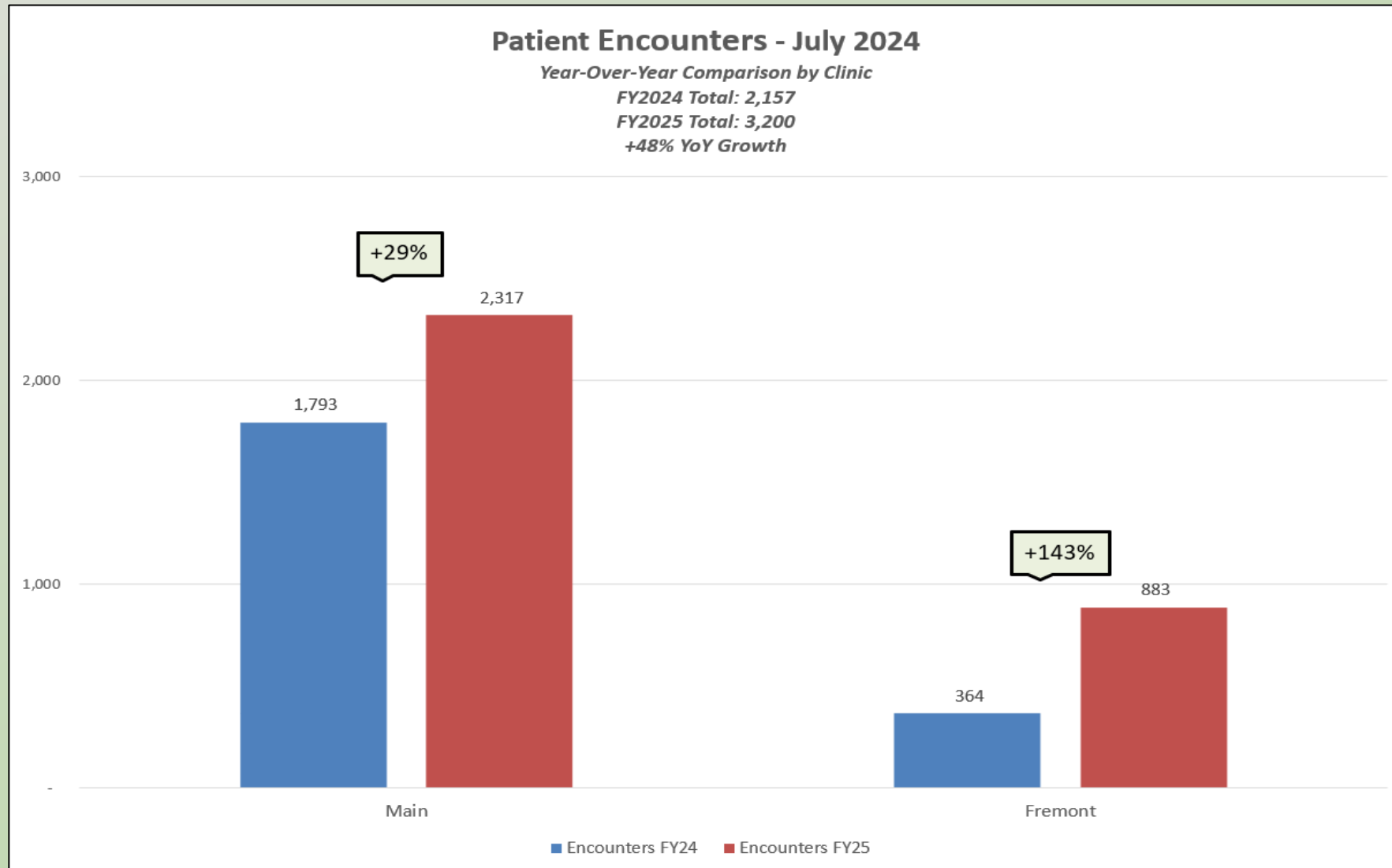
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- 3) FEDERAL HRSA GRANT-FUNDED CAPITAL EXPENSES ASSOCIATED WITH CONSTRUCTION OF NEW BEHAVIORAL HEALTH CLINIC.

# Patients Encounters by Department



NOTE 1: PATIENT ENCOUNTERS INCLUDE VISITS PROVIDED BY LICENSED INDEPENDENT PRACTITIONERS (LIPS) AND NURSES. FY24 AND FY25 SEXUAL HEALTH CLINIC ENCOUNTERS DO NOT INCLUDE SELECT NURSE VISITS THAT ARE NOW PROVIDED IN THE PRIMARY AND PREVENTATIVE CARE DIVISION.  
NOTE 2: ENCOUNTER VOLUME INCREASING DUE TO FILLING AND CREDENTIALLING OF ALL OPEN POSITIONS COMBINED WITH PROCESS IMPROVEMENTS IMPLEMENTATIONS FOLLOWING CONSOLIDATION OF SHC AND RHC UNDER FQHC LEADERSHIP.

# Patients 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.)



Questions?

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# MOTION

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

# SNCHC Governing Board

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**2. Receive, Discuss and Approve the Chief Executive Officer's Report of Accomplishments and Identification of Goals for FY25; direct staff accordingly or take other action as deemed necessary (*for possible action*)**





SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

# SNCHC FY24 Accomplishments

**Randy Smith**  
**Chief Executive Officer**  
**Southern Nevada Community Health Center**

# SNCHC FY24 Accomplishments

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1. As of June 30, 2024, 10,335 unique patients served in the health center.
  - 95% year-over-year increase
2. As of June 30, 2024, 24,032 provider visits were conducted.
  - 95% year-over-year increase
    - Medical: 21,639
    - Behavioral Health: 1,864
    - Pharmacist: 253
    - Dietician: 276
3. As of June 30, 2024, 15,977 unique patients served in the pharmacy.
4. As of June 30, 2024, 23,479 prescriptions were filled.

# SNCHC FY24 Accomplishments

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1. Awarded a new three-year Health Center program grant by HRSA through the Service Area Competition process.
2. Created and filled a new FQHC CEO/Project Director position.
3. The FQHC CEO joined the Board of Directors for the Nevada Primary Care Association.
4. Established a new health center organizational structure.
5. Created and implemented new Site-Specific Operations Managers at each location to oversee and manage day-to-day operations.
6. Created and filled a new FQHC Administrative Manager position.

# SNCHC FY24 Accomplishments

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7. Established a FQHC Business Office to manage strategic planning, budget creation and monitoring, financial forecasting, grant spend downs, grant applications, grant deliverables, risk management, Medicaid empanelment and compliance, HRSA compliance, FTCA compliance, contracts, and FTE timecard allocations.
8. Three Community Health Center Quality Recognition Badges awarded by HRSA for CY23.
  - Access Enhancer, Health Disparities Reducer, and Advancing HIT Quality.
9. Successfully completed Ryan White A and B program audits with no findings.
10. Added pharmacy services and a new pharmacist to the Fremont Public Health Center.
11. Hired and onboarded a new Behavioral Health Manager.
12. New integrated behavioral health workflows created and implemented.
13. Improved performance for depression and anxiety screenings.

# SNCHC FY24 Accomplishments

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14. New medical doctors, mid-level providers, and behavioral health professionals hired and onboarded.
15. Added substance use disorder professionals and services.
16. Incorporated the Sexual Health Clinic into the FQHC Division.
17. Added All Saints Episcopal Church as an approved service site location for the FQHC.
18. Transitioned the Refugee Health Clinic to the Fremont Public Health Center and assumed day-to-day operations of the program.
19. Expanded access to care with the addition of early morning appointments.
20. Implemented new no-show software program to help SNCHC maximize appointment availability.

# SNCHC FY24 Accomplishments

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21. Successfully transitioned the health center's electronic health record to a newer version and migrated data hosting to a cloud server.
22. Received FTCA initial deeming and redeeming for medical malpractice insurance coverage.
23. Established a new health center wide training program and tracking process.
24. Added a new obstetric clinical training for all clinical team members.
25. Updated credentialing and privileging processes for clinical staff.
26. Assigned a new Risk Manager for the health center.
27. New risk incident reporting processes and documentation created.

# SNCHC FY24 Accomplishments

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28. New risk incident tracking and communication processes implemented.
29. Key performance indicator reporting process for monthly leadership meetings established.
30. Preferred empanelment status with HPN Medicaid achieved.
31. Increased the number of empaneled Medicaid patients from 286 to 1146.
32. Designed and refined a new calculation model for forecasting revenue.
33. Improved financial stability by increasing revenue and reducing expenditures, resulting in beating exceeding financial performance compared to the original FQHC fiscal 2023-2024 budget.
  - Total revenue for FY24 is \$33.3 million, representing a 30% year-over-year increase.
34. Implemented a new Sliding Fee Discount schedule.
  - Total sliding fee adjustments for 2023 equal \$2.8 million, an increase of 12% year-over-year.

# Goals/Opportunities for FY24



Obtain Patient Centered Medical Home (PCMH) accreditation



Increase the number of unique patients serviced



Improve daily operations and clinical performance results



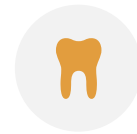
Optimize and expand services at the Fremont Location



Enhance integration of Sexual Health Clinic services



Build the Behavioral Health clinic at the Decatur Location



Develop Oral Health program at the Fremont Location



Enhanced Refugee Services



Maintain HRSA Compliance



Improve financial stability – Increase the number of Medicaid patients served



# Proposed Goals/Opportunities for FY25



Pursue Patient Centered Medical Home (PCMH) accreditation



Increase the number of unique patients serviced by 3%



Improve daily access to care (visits) by 3%



Optimize and expand services at the Fremont location – SHC/RW/RH



Improve financial stability – Increase the number of Medicaid patients served



Enhance integrated Behavioral Health services and optimize new clinic at Decatur



Build a dental clinic at Fremont and develop an operational plan



Maintain HRSA Compliance

# Thank you!

# Questions?

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Randy Smith  
Chief Executive Officer

# MOTION

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*Motion to approve the Chief Executive Officer's Report of Accomplishments and Identification of Goals for FY25, as presented.*

## VIII. BOARD REPORTS

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



# IX. CEO COMMENTS & STAFF REPORTS

Randy Smith, Chief Executive Officer - FQHC



# Chief Executive Officer Annual Review Committee

- HRSA required activity.
  - The health center Governing Board is responsible for assessing the achievement of project objectives.
  - The Governing Board is responsible for evaluating the performance of the Chief Executive Officer (CEO) of the Southern Nevada Community Health Center.
  - The Executive Director Annual Review Committee will evaluate performance and provide feedback and support to the Governing Board and the CEO as a part of the CEO's Annual Evaluation process.
-

# Evaluation Process and Timeline

- The evaluation tool, staff's input and the health center's FY24 accomplishments will be emailed to board by Tawana in September following the Governing Board meeting.
- Survey responses will be tracked and organized by Tawana and David.
- Survey results will be provided to the Executive Director Annual Review Committee.
- The Committee will meet to review the evaluation results, FY24 accomplishments, proposed FY25 goals, and will provide a recommendation to the full board.
- The evaluation and FY25 goals will be reviewed by the Governing Board at the October meeting with a request to approve its acceptance.

# Executive Director Annual Review Process



SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT



# Evaluation Tool

- **Four (4) Scored Questions - Scoring Guide**
  - 1 - Poor
  - 2 - Fair
  - 3 - Good
  - 4 – Outstanding
  
- **Two (2) Non-Scored Narrative Questions**
  - General Strengths
  - Areas for Growth
  
- **Weight of Each Question**
  - Question 1 – Weighted 20% of overall score
  - Question 2 – Weighted 50% of overall score
  - Question 3 – Weighted 10% of overall score
  - Question 4 – Weighted 20% of overall score

# Q1: CEO ensures that the agency has a long-range strategy which achieves its mission, and toward which it makes consistent timely progress through:

- Providing Leadership in Program development and org plans with BOD.
- Meets or exceeds program goals in quantity and quality.
- Evaluates how well goals and objectives have been met.
- Demonstrates quality of analysis and judgment in program planning, implementation, and evaluation.
- Shows creativity, and initiative in developing new programs.
- Maintains and utilizes a working knowledge of significant developments and trends in the field (such as healthcare legislation, public health concerns, health disparities, other disease and healthcare issues in communities served).

## Q2: Administration and Human Resource Management:

- Divides and assigns work effectively, delegating appropriate levels of freedom and authority.
- Establishes and makes use of an effective management team.
- Maintains appropriate balance between administration and programs.
- Ensures that job descriptions are developed, and that regular performance evaluations are held and documented.
- Ensures compliance with personnel policies and state and federal regulations on workplaces and employment.
- Ensures that employees are licensed and credentialed as required.
- Recruits and retains a diverse staff.
- Ensures that policies and procedures are in place.
- Encourages staff development and education.
- Maintains a climate which attracts, keeps, and motivates a diverse staff of top-quality people.

## Q3: When representing the organization in the communities the CEO:

- Serves as an effective spokesperson for the agency; represents the programs and point of view of the organization to the agencies, organizations and the general public.
- Establishes sound working relationships and cooperative arrangements with community groups and organizations.
- Welcomes and pursues opportunities to share organizational objectives and perspectives in local, regional, and national forums as strategically appropriate.

## Q4: The CEO exhibits sound knowledge of the financial management of the organization through the following demonstrated activities:

- Assures adequate control and accounting of all funds, including developing and maintaining sound financial practices.
- Works with the staff, Finance Committee, and the board in preparing a budget; sees that the organization operates within budget guidelines.
- Maintains official records and documents, and ensures compliance with federal, state, and local regulations and reporting requirements (such as annual information returns, payroll withholding and reporting, etc.).
- Executes legal documents appropriately.
- Assures that funds are disbursed in accordance with contract requirements and donor designations.

# Two Open Ended Questions

- General strengthens
- Areas for improvement



# Questions

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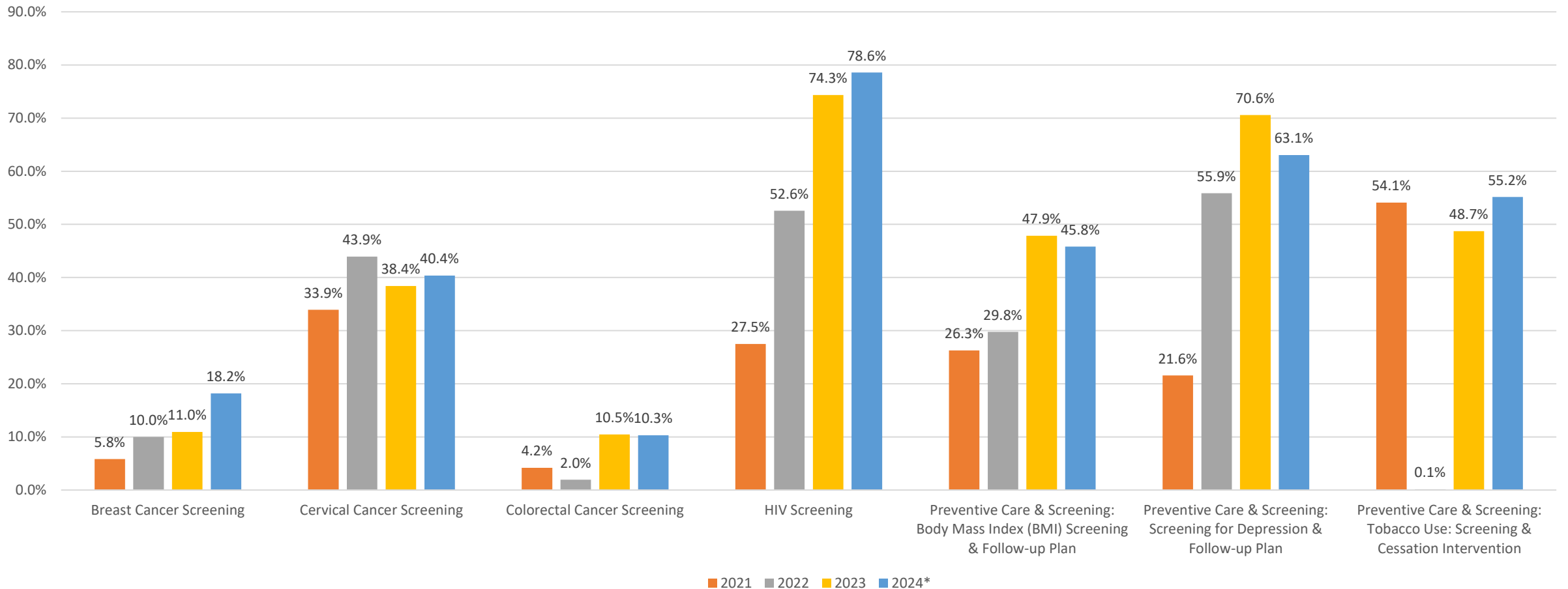
# CY23 Clinical Performance Measures

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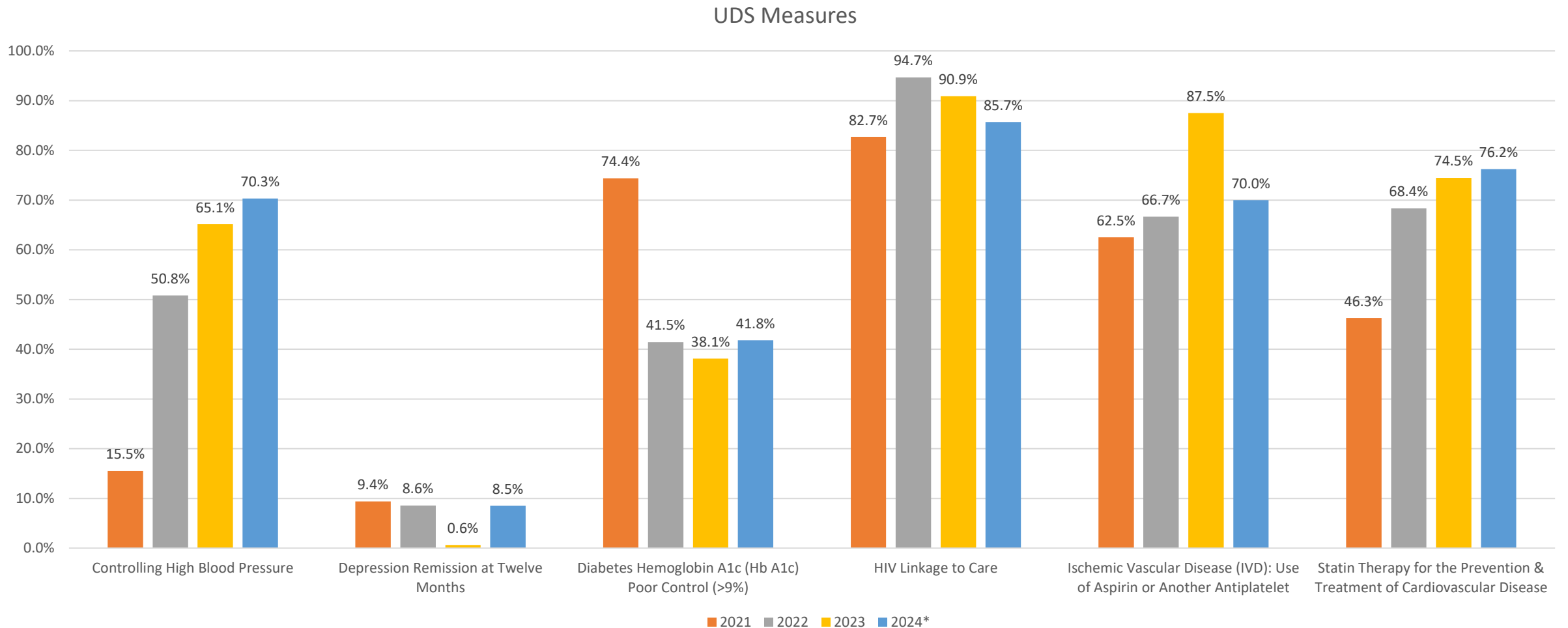


# YoY Comparison – Prevention

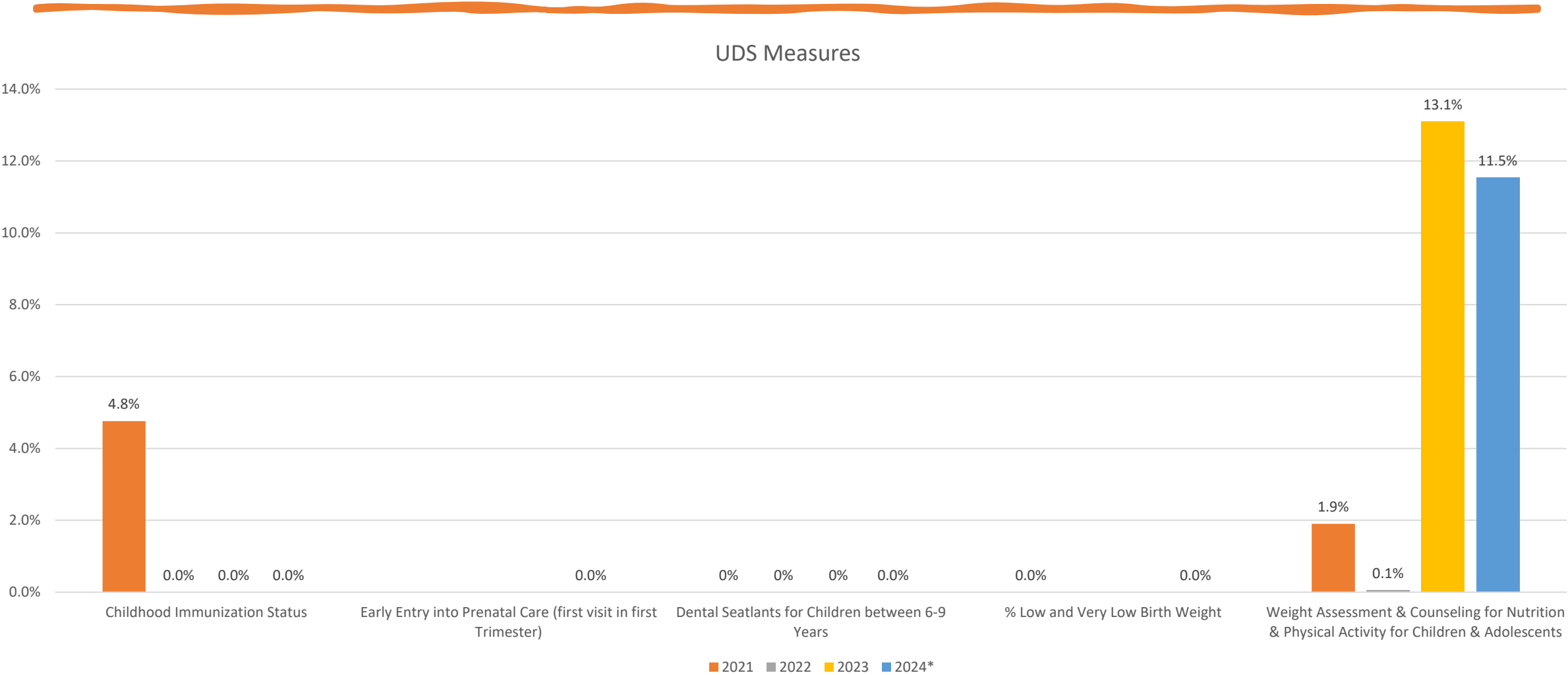
## UDS Measures



# YoY Comparison – Chronic Diseases



# YoY Comparison – Maternal & Childhood



# CY23 – FQHC Nevada Comparison Report

CY23 - FQHC Nevada Comparison Report

	Community Health Alliance*	First Person Care Clinic	First Med Health & Wellness Center	Hope Christina Health Center Corp	Nevada Health Centers#	Northern Nevada HIV Outpatient Program, Education & Services*	Southern Nevada Health District	Southern Nevada Health District CY22	Southern Nevada Health District CY21
<b>Quality Measures</b>									
<b>Prenatal Health</b>									
Early Entry Into Prenatal Care (first visit in first trimester)	3					1	1		1*
Low Birth Weight	4								
<b>Preventive Health Screening &amp; Services</b>									
Cervical Cancer Screening	3	4	2	3	3	3	4	3	4
Breast Cancer Screening	2	4	2	3	2	1	4	4	4
Weight Assessment & Counseling for Nutritional & Physical Activity for Children & Adolescents	2	1	1	1	2	2	4	4	4
Body Mass Index (BMI) Screening & Follow-Up Plan	1	2	1	1	1	2	4	4	4
Adults Screened for Tobacco Use & Receive Cessation Intervention	2	3	1	1	2	3	4	4	4
Colorectal Cancer Screening	3	4	2	3	3	2	4	4	4
Childhood Immunization Status	3				4	2			
Screening for Depression & Follow-Up Plan	1	1	1	1	2	2	3	4	4
Depression Remission at Twelve Months	4	1	1	3	4	4	4	3	4
Dental Sealants for Children between 6-9 Years	2				1				
HIV Screening	2	4	1	2	3	1	1	2	4
<b>Chronic Disease Management</b>									
Statin Therapy for the Prevention & Treatment of Cardiovascular Disease	1	4	1	2	4	2	3	4	4
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	4	2	1	4	4	2		4	4
Controlling High Blood Pressure	1	4	1	3	4	1	2	4	4
Diabetes Hemoglobin A1c Poor Control	1	1	3	2	3	2	4	4	4
HIV Linkage to Care							3	2	
<b>Total First Quartile</b>									
	5	4	9	4	2	4	2	0	1*
<b>Total Patients Serviced</b>									
	27,619	9,837	4,987	6,516	43,694	14,169	9,863	6,343	7,050
<b>Cost per Patient</b>									
	\$ 1,242.48	\$ 535.25	\$ 2,451.68	\$ 1,463.78	\$ 1,330.68	\$ 3,668.23	\$ 3,399.65	\$ 3,262.77	\$ 2,464.01

\*Northern Nevada

#Northern & Southern Nevada

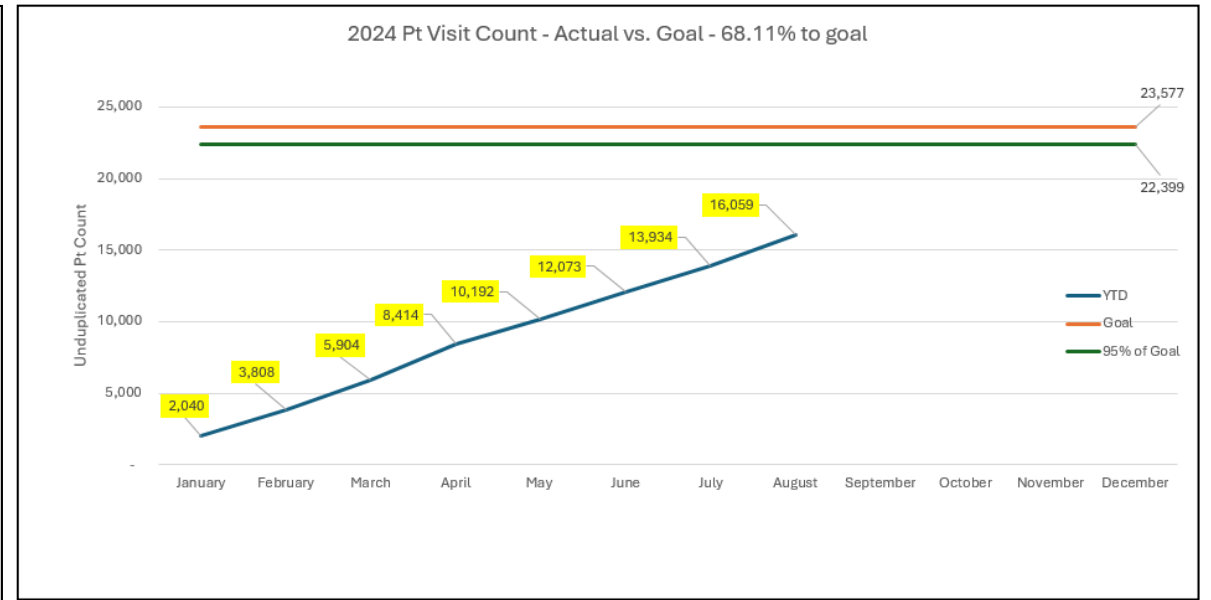
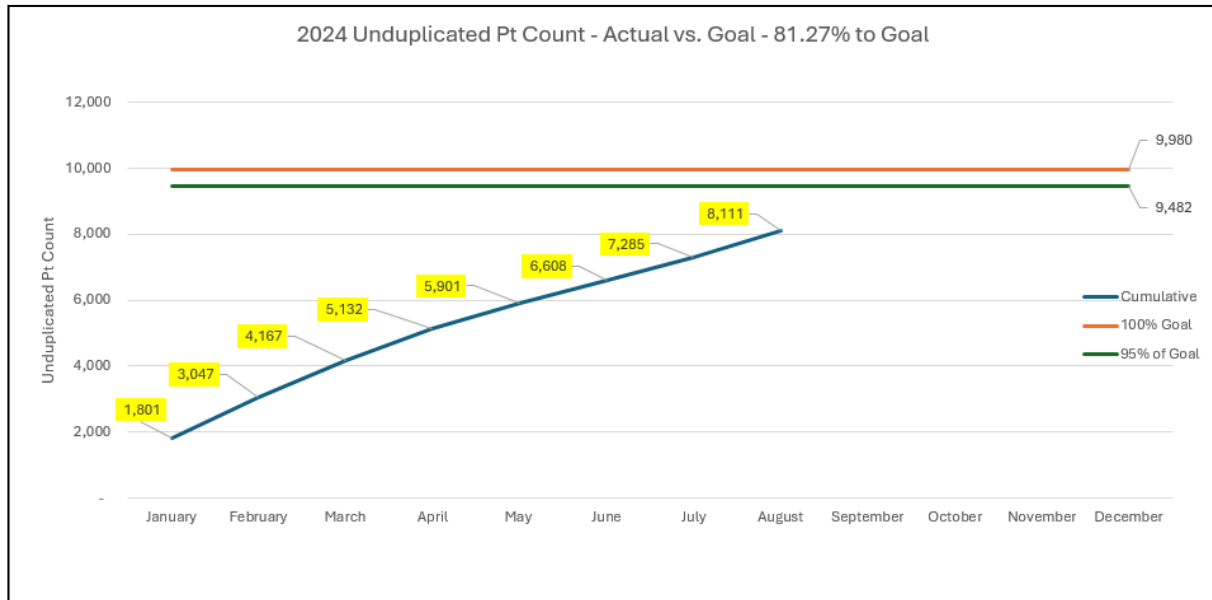
# August Access Report

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Facility	Program	AUG '25	AUG '24	AUG YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	537	461	14%	1150	825	28%
Fremont	Family Health	396	191	52%	662	319	52%
<b>Total</b>	<b>Family Health</b>	<b>933</b>	<b>652</b>	<b>30%</b>	<b>1812</b>	<b>1144</b>	<b>37%</b>
Decatur	Family Planning	165	155	6%	291	295	-1%
Fremont	Family Planning	121	144	-19%	233	264	-13%
<b>Total</b>	<b>Family Planning</b>	<b>286</b>	<b>299</b>	<b>-5%</b>	<b>524</b>	<b>559</b>	<b>-7%</b>
Decatur	Sexual Health	500	620	-24%	1079	1131	-5%
Fremont	Sexual Health	122			231		
ASEC	Sexual Health	45	142	-216%	113	253	-124%
<b>Total</b>	<b>Sexual Health</b>	<b>667</b>	<b>762</b>	<b>-14%</b>	<b>1423</b>	<b>1384</b>	<b>3%</b>
Decatur	Behavioral Health	130	155	-19%	254	259	-2%
Fremont	Behavioral Health	132			262		
<b>Total</b>	<b>Behavioral Health</b>	<b>262</b>	<b>155</b>	<b>41%</b>	<b>516</b>	<b>259</b>	<b>50%</b>
Decatur	Ryan White	212	230	-8%	497	453	9%
Fremont	Ryan White	28			44		
<b>Total</b>	<b>Ryan White</b>	<b>240</b>	<b>230</b>	<b>4%</b>	<b>541</b>	<b>453</b>	<b>16%</b>
<b>FQHC Total</b>		<b>2388</b>	<b>2098</b>	<b>12%</b>	<b>4816</b>	<b>3799</b>	<b>21%</b>

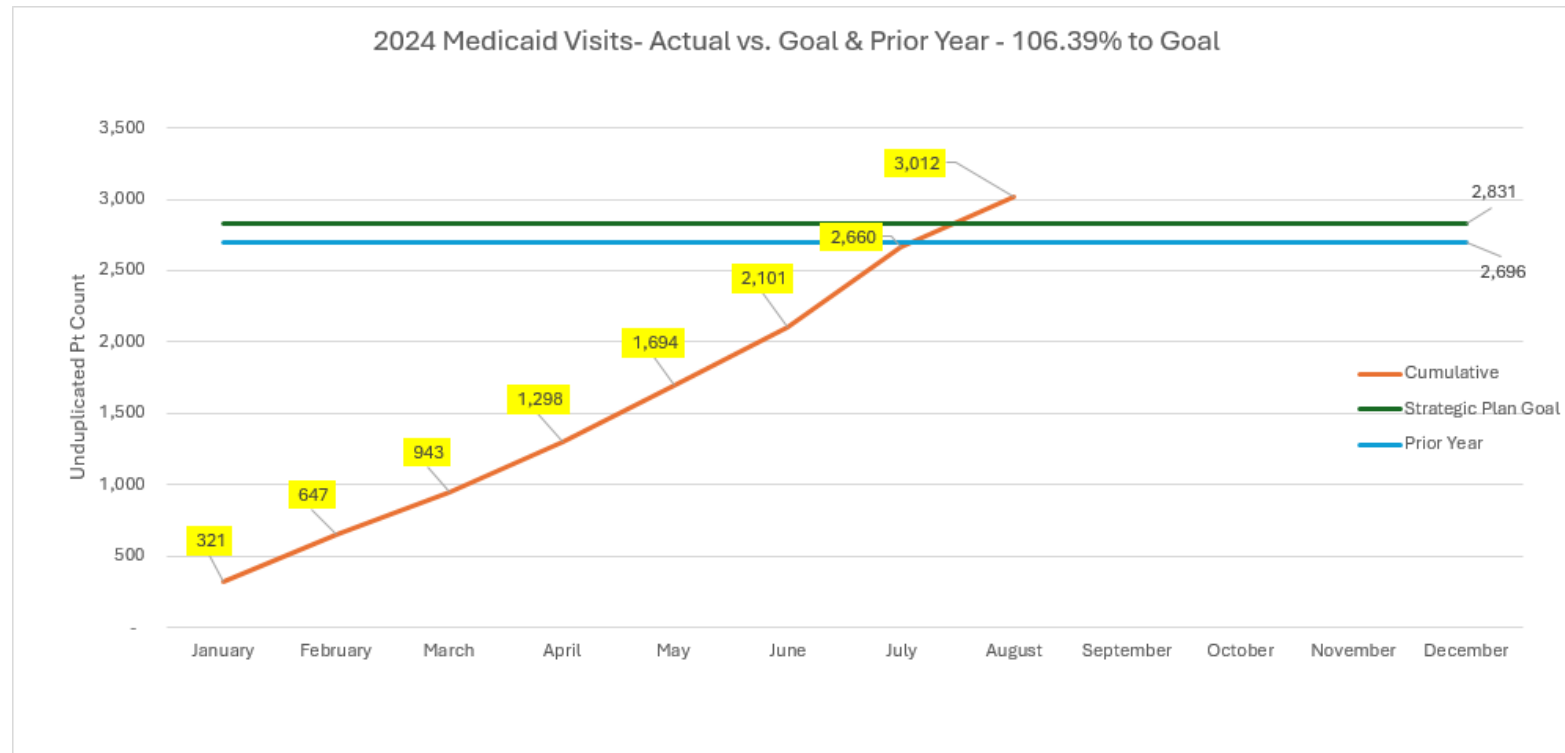
# Unduplicated Patients & Visit Count

August 2024 - Unduplicated Patients: 1,961

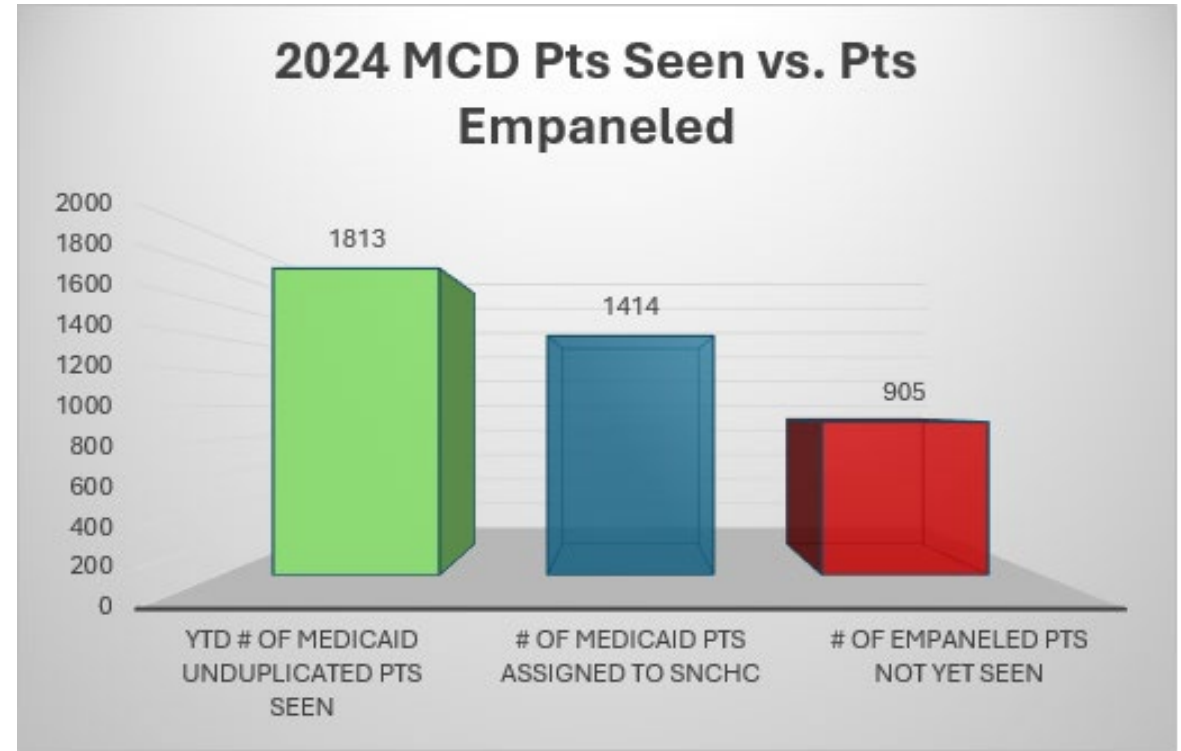
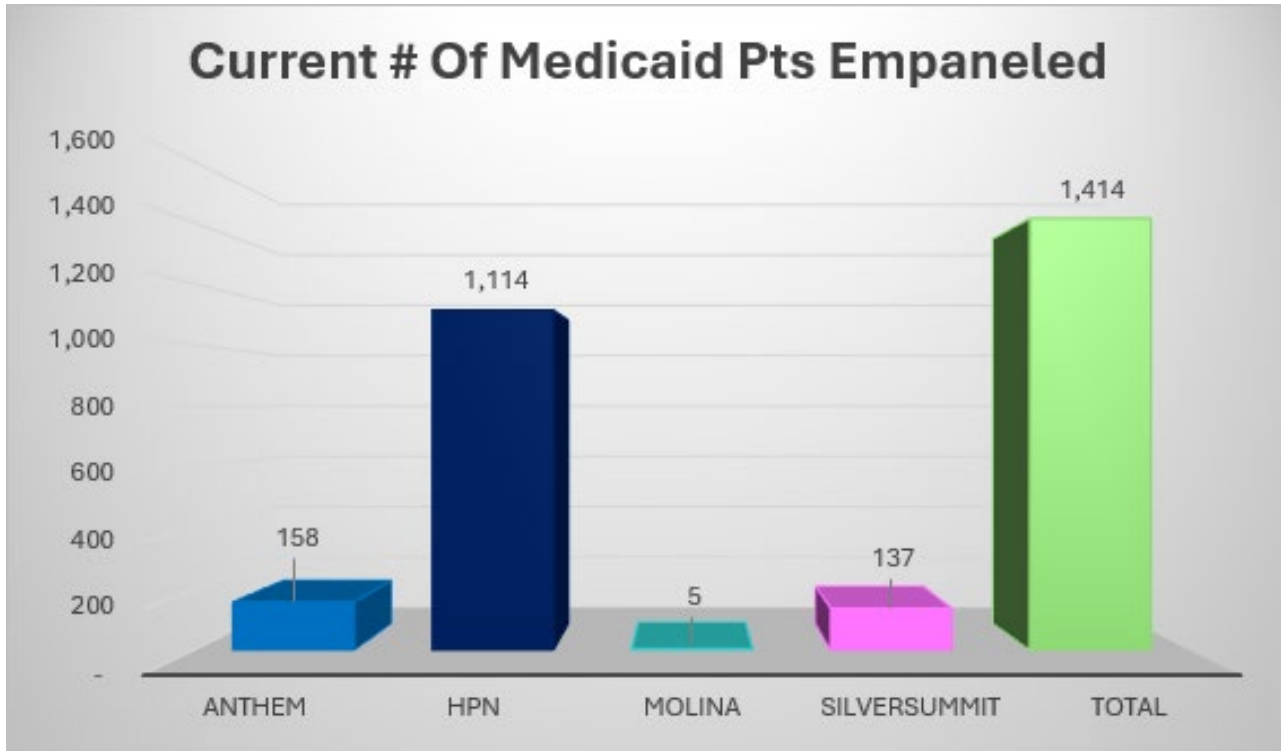


# 2024 Medicaid Visits – Actuals vs. Goal

The goal to increase Medicaid visits over previous year by 5% has now been exceeded.



# Medicaid Patients Empaneled





# Administrative Updates

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- HRSA Operational Site Visit tentatively scheduled for Q1 of CY25.
- HRSA New Access Point application due on 9/30/24.
- Construction of the new Behavioral Health Clinic at Decatur is anticipated to be complete by 9/23/24.
- Architectural plans for the Dental Clinic at Fremont are in review.
- Medical Director recruitment ongoing.
- New Family Medicine Doctor begins 10/7/24.
- The annual employee evaluation process is underway.
- Employee Recognitions:
  - On the Spot Awards
    - 11 employees recognized.
  - Exemplary Service
    - One employee recognized.

# Upcoming Board Activities

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Conflict of Interest/Disclosure

Committee Assignments

CY25 Board Meetings Calendar

Board Officer positions

Board Retreat

Strategic Planning Committee

# Officer Terms and Committee Membership

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## Board Officers (Chair, 1<sup>st</sup> Vice Chair & 2<sup>nd</sup> Vice Chair)

- Two-year terms
- Chair - (Jose Melendrez) expiring
- **Interest/Nomination for the Chair role?**
- Nominations Committee meeting
- Vote at the October Governing Board meeting

## Committees Sign Ups

- Tawana send committee grid, including meeting date/time
- Identify desired committees to participate on, would like at least three members for each committee
- Review and finalize at the October Governing Board meeting

# 2025 Governing Board Meeting Schedule

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- Currently meet the third (3<sup>rd</sup>) Tuesday of the month at 2:30 p.m.
- Survey will be sent to board members to confirm this schedule will work for calendar year 2025.



# Governing Board Retreat

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Scheduled: October 30, 5-8 p.m.

Location:

- **North Las Vegas City Hall**

- Food will be provided, compliments of Board Member Scott Black and City of North Las Vegas.
- Big event happening during the same time, maybe difficult to have a good retreat.

**OR**

- **UNLV, University Gate Way Building, GTW 268 & 268**

- Food will be provided.

# X. INFORMATIONAL ITEMS

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Community Health Center (FQHC) August 2024 Operations Reports



## XI. SECOND PUBLIC COMMENT

A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. **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.

# XIII. ADJOURNMENT

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Thank You.



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

**AT THE SOUTHERN NEVADA HEALTH DISTRICT**



## MEMORANDUM

**Date:** September 17, 2024

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

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

Fermin Leguen, MD, MPH, District Health Officer *FL*

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

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

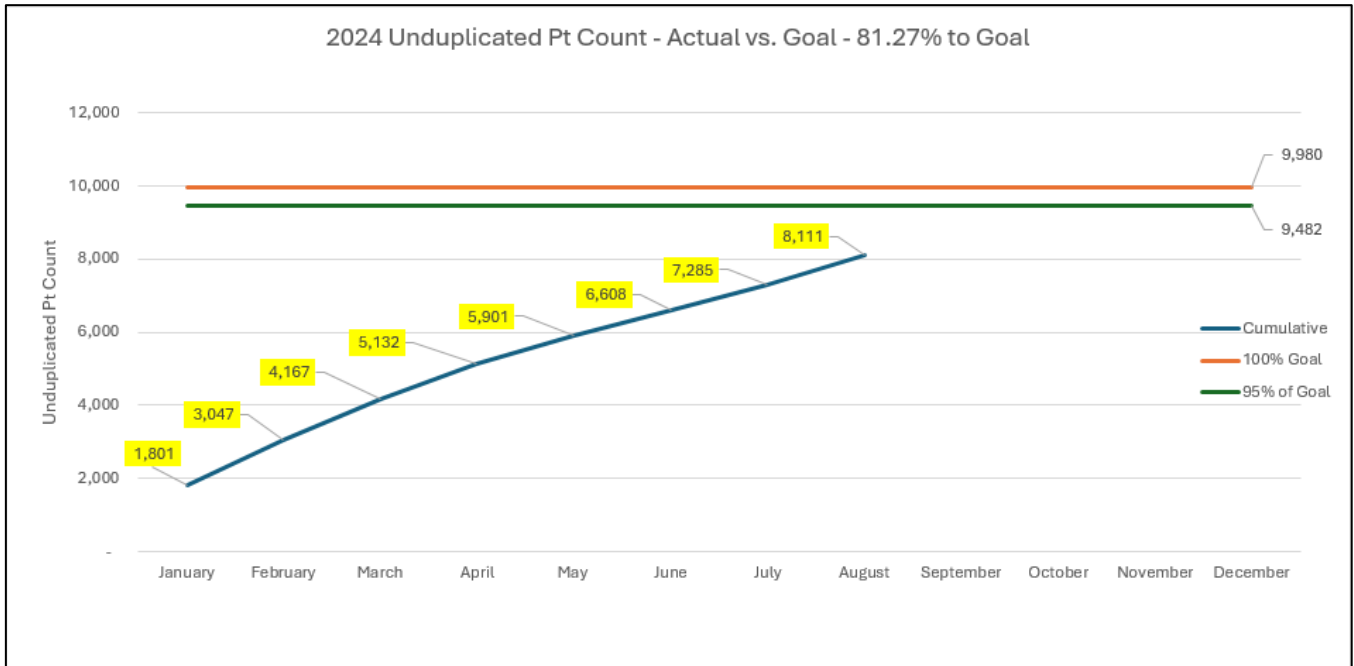
### August Highlights

#### Administrative

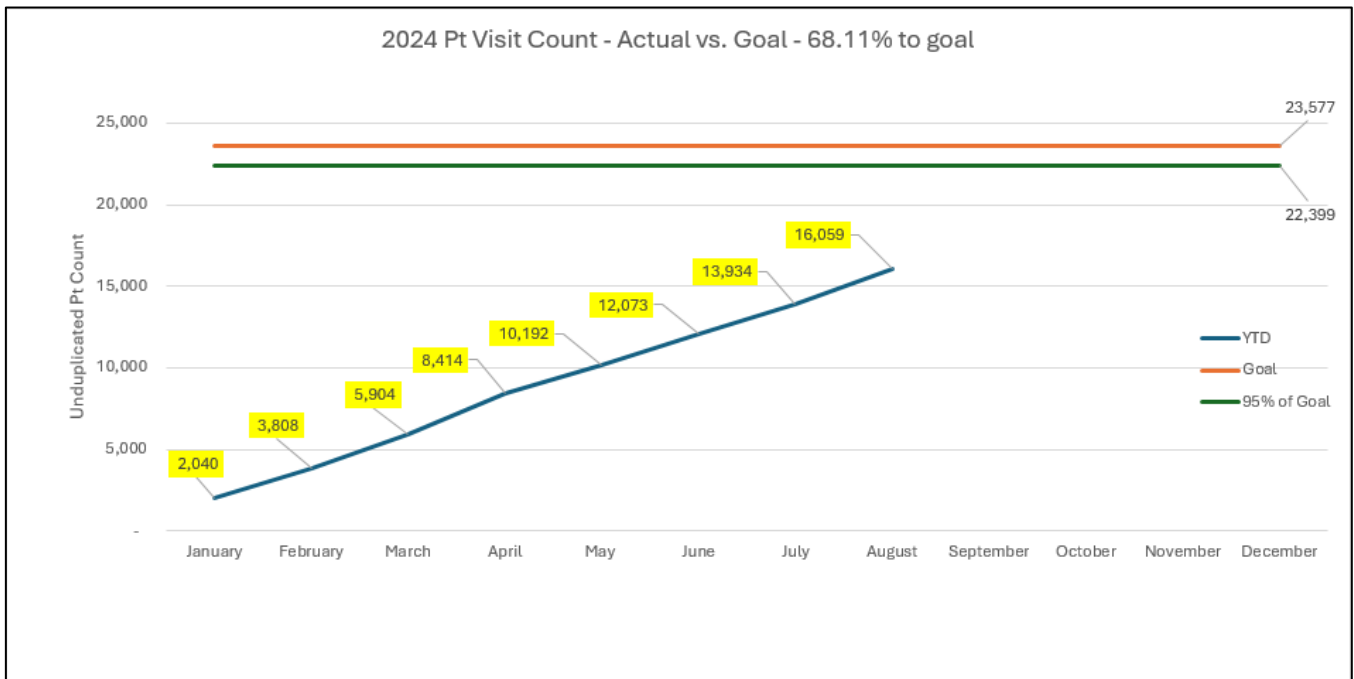
- Three HRSA Community Health Center Quality Recognition badges were awarded to the health center.
  - Access Enhancer
  - Health Disparities Reducer
  - Advancing HIT for Quality
- HRSA Operational Site Visit tentatively scheduled for Q1 of CY25.
- HRSA New Access Point application due on 9/30/24.
- Construction of the new Behavioral Health Clinic at Decatur is anticipated to be complete by 9/20/24.
- Architectural plans for the Dental Clinic at Fremont are in review.
- Medical Director recruitment ongoing.
- New Family Medicine Doctor begins 10/7/24.
- The annual employee evaluation process is underway.
- Employee Recognitions:
  - On the Spot Awards
    - 11 employees recognized.
  - Exemplary Service
    - One employee recognized.

## Access

**Unduplicated Patients through August of 2024 = 81.27% to annual goal of 9,980 unduplicated patients:**



**Patient Visits through August of 2024 – 68.11% to goal of 23,577 patient visits:**



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

Facility	Program	AUG '24	AUG '23	AUG YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	537	461	14%	1,150	825	28%
Fremont	Family Health	396	191	52%	662	319	52%
<b>Total</b>	<b>Family Health</b>	<b>933</b>	<b>652</b>	<b>30%</b>	<b>1,812</b>	<b>1144</b>	<b>37%</b>
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Fremont	Sexual Health	122			231		
ASEC	Sexual Health	45	142	-216%	113	253	-124%
<b>Total</b>	<b>Sexual Health</b>	<b>667</b>	<b>762</b>	<b>-14%</b>	<b>1,423</b>	<b>1,384</b>	<b>3%</b>
Decatur	Behavioral Health	130	155	-19%	254	259	-2%
Fremont	Behavioral Health	132			262		
<b>Total</b>	<b>Behavioral Health</b>	<b>262</b>	<b>155</b>	<b>41%</b>	<b>516</b>	<b>259</b>	<b>50%</b>
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Fremont	Ryan White	28			44		
<b>Total</b>	<b>Ryan White</b>	<b>240</b>	<b>230</b>	<b>4%</b>	<b>541</b>	<b>453</b>	<b>16%</b>
<b>FQHC Total</b>		<b>2,388</b>	<b>2,098</b>	<b>12%</b>	<b>4,816</b>	<b>3,799</b>	<b>21%</b>

**Pharmacy Services**

	Aug-23	Aug-24		FY24	FY25		% Change YOY
<b>Pharmacy Services</b>	1,457	1,393	↓	2,671	2,806	↑	5.1%
<b>Client Encounters (Pharmacy)</b>	2,021	2,253	↑	3,702	4,570	↑	23.4%
<b>Prescriptions Filled</b>	31	59	↑	67	102	↑	52.2%
<b>Client Clinic Encounters (Pharmacist)</b>	21	25	↑	36	55	↑	52.8%
<b>Financial Assistance Provided</b>	1	12	↑	1	26	↑	2500.0%

- A. Dispensed 2,253 prescriptions for 1,393 clients.
- B. Pharmacist completed 59 client clinic encounters.
- C. Assisted 25 clients to obtain medication financial assistance.
- D. Assisted 12 clients with insurance approvals.

### **Family Planning Services**

- A. The Family Planning program continues to ramp up access to services. Quality improvement initiatives focused on scheduling practices, operational throughput, and clinical documentation are ongoing. Additional focus on sexual health services has enabled the health center's family planning providers to increase access capacity to support the overflow of patients seeking same day services through the Sexual Health Clinic. The health center projects an increase in Family Planning service utilization throughout FY25.

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

- A. The Ryan White program received 53 referrals between August 1<sup>st</sup> and August 31<sup>st</sup>. There was one (1) pediatric client referred to the Medical Case Management program in August and the program received two (2) referrals for pregnant women living with HIV during this time.
- B. There were 695 total service encounters in the month of August provided by the Ryan White program (Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator). There were 445 unduplicated clients served under these programs in August.
- C. The Ryan White ambulatory clinic had a total of 439 visits in the month of August: 16 initial provider visits, 172 established provider visits including 27 tele-visits (established clients). There were 29 nurse visits and 222 lab visits. There were 72 Ryan White services provided under Behavioral Health by the licensed behavioral health providers and the Psychiatric APRN during the month of August and 47 unduplicated clients served. There were 18 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in August.
- D. The Ryan White clinic continues to implement the Rapid StART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were 10 patients seen under the Rapid StART program in August.

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

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 1,202 unique services to 810 unduplicated patients for the month of August. There were 18 unduplicated patients seen at the All-Saints.
- B. Episcopal Church (ASEC) Outreach Clinic. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- C. The FQHC-SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the PPC- Sexual Health and Outreach Prevention Programs (SHOPP) with the Gilead FOCUS grant to expand express testing services for

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

- D. The FQHC-SHC staff continues to be available to see patients for Mpox evaluation and referral for vaccine.
- E. One Medical Assistant is continuing orientation in FQHC-SHC.

### Refugee Health Program (RHP)

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

Client required medical follow-up for Communicable Diseases	-
Referrals for TB issues	7
Referrals for Chronic Hep B	2
Referrals for STD	3
Pediatric Refugee Exams	20
Clients encounter by program (adults)	63
Refugee Health screening for August 2024	63
<b>Total for FY24-25</b>	<b>129</b>

### Eligibility and Insurance Enrollment Assistance

The Eligibility Workers submitted a total of 21 applications for the month of August.

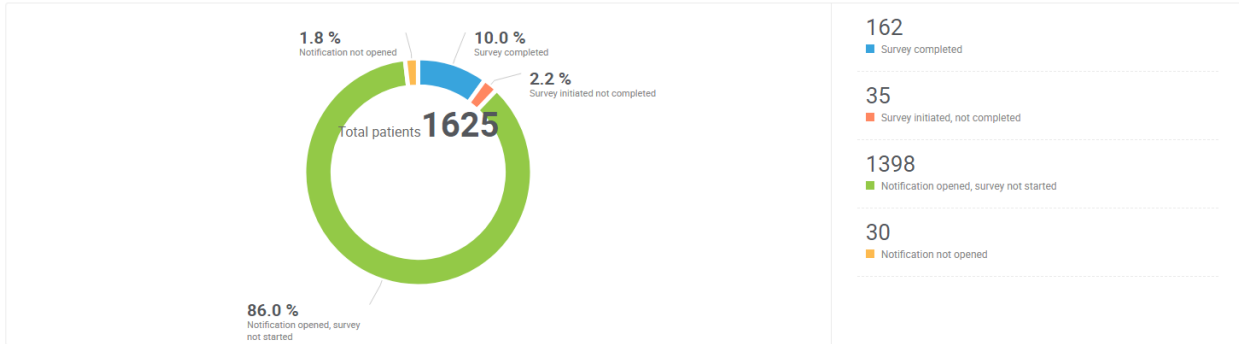
Applications	Status
16	Approved
2	Denied
3	Pending

### Patient Satisfaction: See attached survey results.

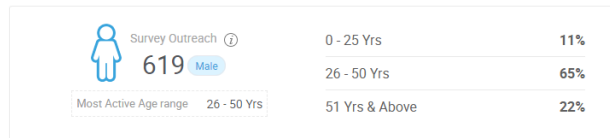
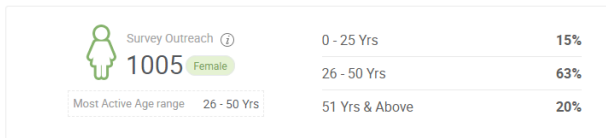
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

# Southern Nevada Community Health Center Patient Satisfaction Survey – August 2024

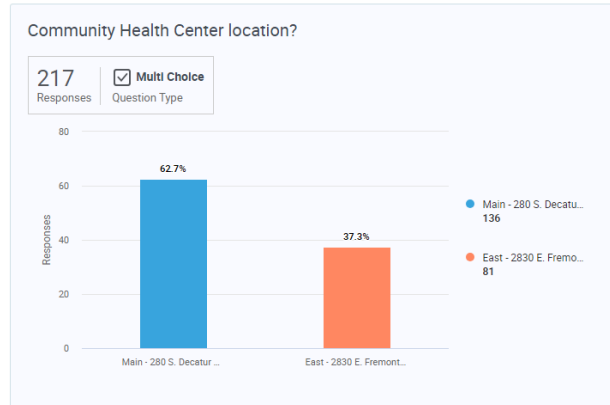
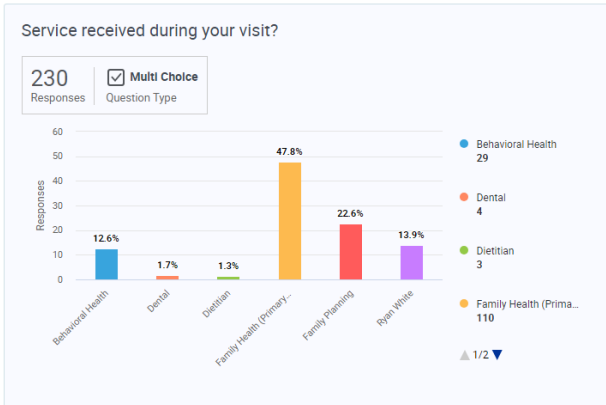
## Overview



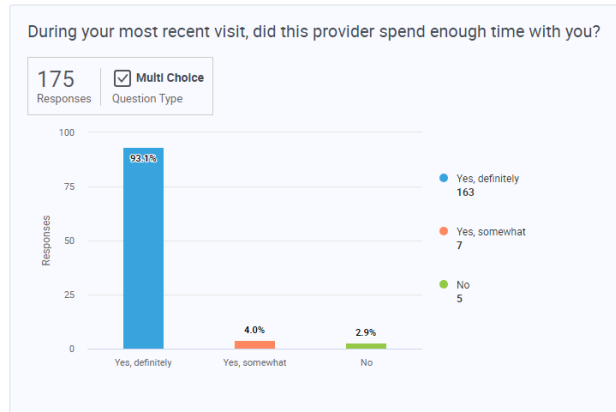
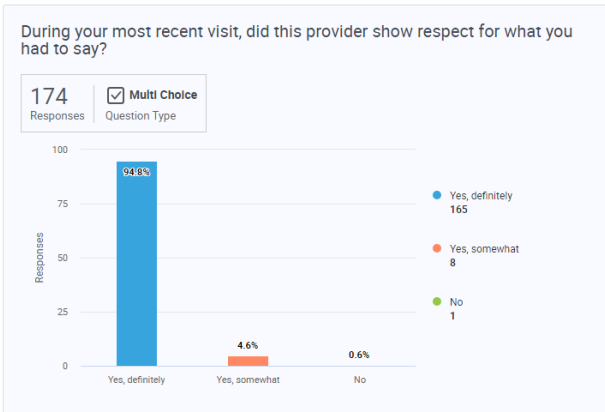
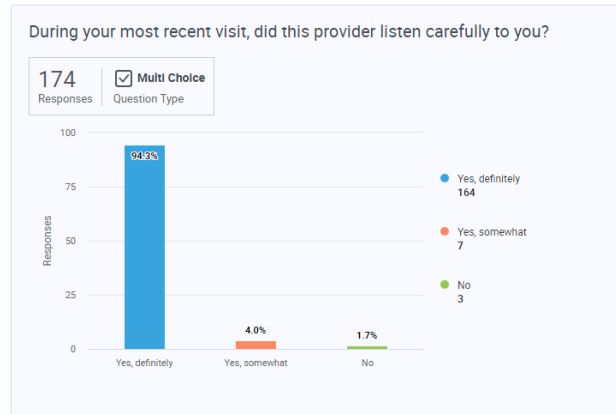
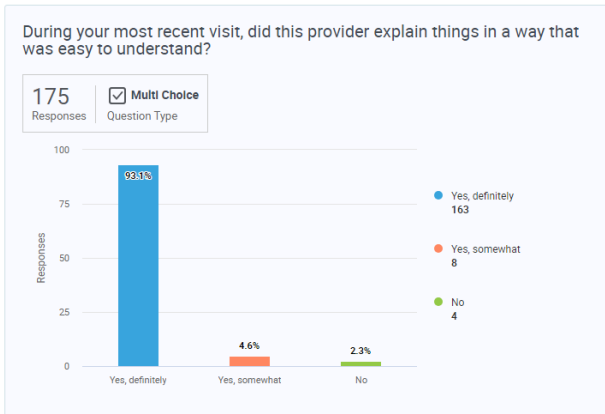
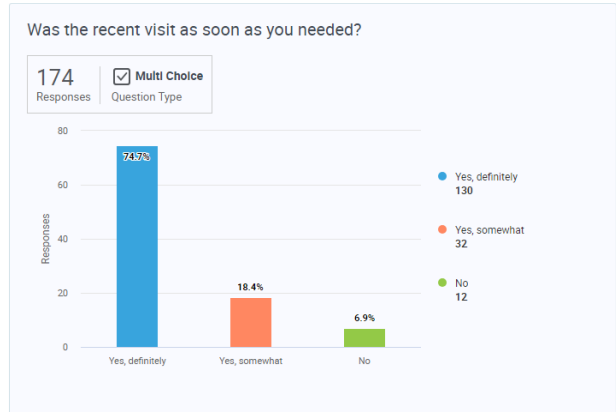
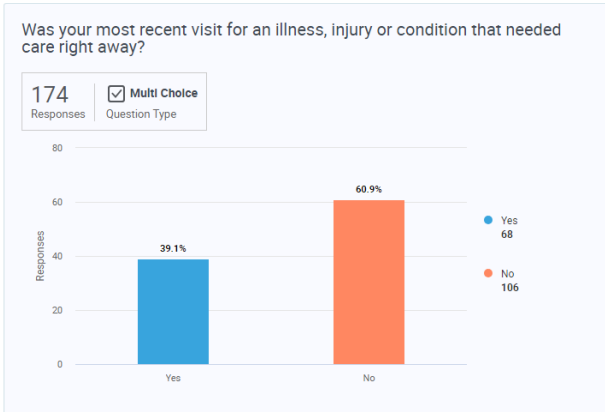
### Gender



## Service and Location

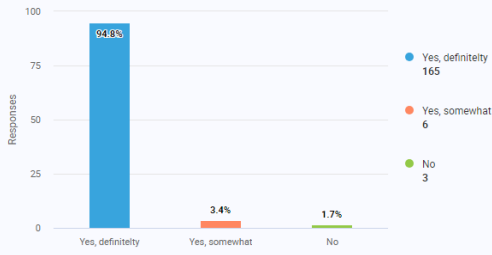


## Provider, Staff, and Facility



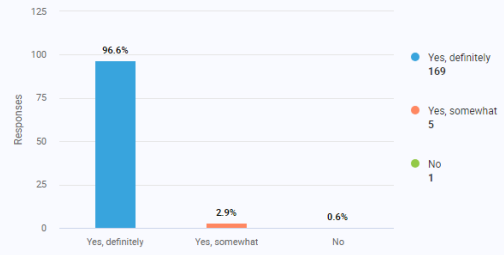
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

174 Responses  Multi Choice Question Type



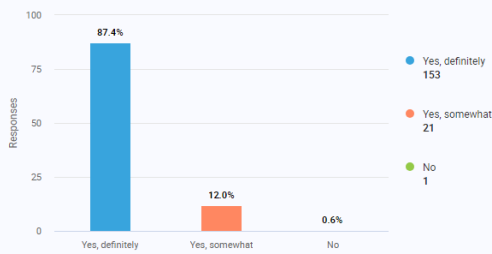
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

175 Responses  Multi Choice Question Type



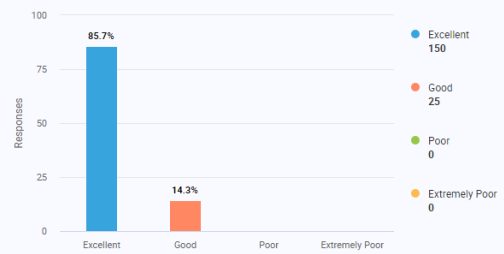
Thinking about your recent visit, was it easy to schedule an appointment?

175 Responses  Multi Choice Question Type



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

175 Responses  Multi Choice Question Type



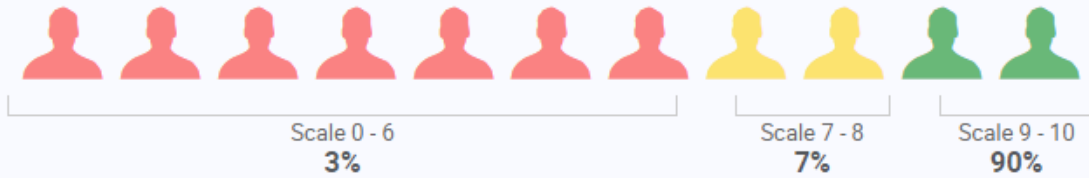


How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?

174  
Responses

123 Numbers  
Question Type

87 | Net Promoter Score (NPS)



5  
Scale 0 - 6

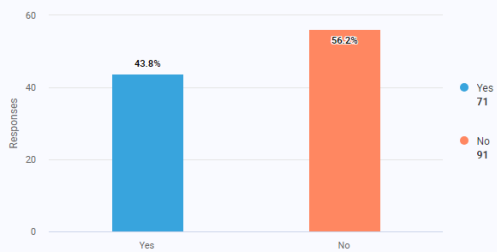
13  
Scale 7 - 8

156  
Scale 9 - 10

## General Information

Do you have health insurance?

162 Responses  
Multi Choice Question Type



How did you hear about us?

183 Responses  
Multi Choice Question Type

