APPROVED BY THE SNCHC STRATEGIC PLANNING COMMITTEE
JULY 20, 2026

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER
STRATEGIC PLANNING COMMITTEE MEETING
January 14, 2025 – 3:00 p.m.
Meeting was conducted via Microsoft Teams

MEMBERS PRESENT:	Jasmine Coca Blanca Macias-Villa
ABSENT:	Scott Black
ALSO PRESENT	Nadine Kienhoefer
LEGAL COUNSEL:	Edward Wynder, Associate General Counsel
CHIEF EXECUTIVE OFFICER:	Randy Smith
STAFF:	Chelle Alfaro, Emily Anelli, Tawana Bellamy, Todd Bleak, Andria Cordovez Mulet, Jacques Graham, Tabitha Johnson, David Kahananui, Fermin Leguen, Cassius Lockett, Anilkumar Mangla, Bernadette Meily, Kimberly Monahan, Luann Province, Alex Rivas, Kim Saner, Felicia Sgovio, Donnie Whitaker, Tiana Wright, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

The Southern Nevada Community Health Center (SNCHC) Strategic Planning Committee Meeting was called to order at 3:03 p.m. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum. 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.

II. PLEDGE OF ALLEGIANCE

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

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

IV. ADOPTION OF THE JANUARY 14, 2025, MEETING AGENDA *(for possible action)*

Ms. Bellamy called for questions or changed to the agenda. There were none.

A motion was made by Member Coca, seconded by Member Macias-Villa, and carried unanimously to approve the January 14, 2025, 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.

Nothing to report.

VI. REPORT / DISCUSSION / ACTION

1. **Nomination of Chair of the Strategic Planning Committee;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Member Coca nominated Member Macias-Villa as chair for the committee.

   A motion was made by Member Coca, seconded by Member Macias-Villa, and carried unanimously to nominate Member Macias-Villa as chair of the Strategic Planning Committee.

2. **Review and Discuss the Strategic Planning Committee Charter and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on January 21, 2025;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Randy Smith, Chief Executive Officer, FQHC provided a review of the proposed Strategic Planning Committee Charter to include the committee's purpose, scope of duties and responsibilities, composition, and cadence of meetings. Mr. Smith inquired if the committee members had any questions on the proposed charter.

   Further to an inquiry from Member Coca, Mr. Smith shared that the committee may need to meet more than twice a year or as necessary to develop a plan.

   Further to an inquiry from Member Coca, Mr. Smith shared the health center has multiple plans and the last strategic plan was approved by the board in 2022. Mr. Smith shared that the health center has participated with the health district to create a one-year and multi-year plan. Mr. Kahananui will present some high-level information about those plans.

   A motion was made by Member Coca, seconded by Member Macias-Villa, and carried unanimously to Accept the Strategic Planning Committee Charter and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on January 21, 2025, as presented.

3. **Receive, Discuss and Accept the Strategic Plan Directional Statement and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on January 21, 2025;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

David Kahananui, Administrative Manager – FQHC, presented the Strategic Plan Directional Statement (Mission, Vision, and Values), the needs assessment and advised of the current and proposed mission, vision, and values.

	Current	Proposed
Mission	The mission of the Southern Nevada Community Health Center (SNCHC) is to serve residents of the 89107 ZIP code area in addition to Clark County residents from other underserved areas with appropriate and comprehensive outpatient health and wellness, emphasizing prevention and education in a culturally respectful environment.	To provide patient-centered primary health care services to the underserved community with an emphasis on integrated, high-quality, and affordable care in a culturally respectful environment.
Vision	It is the Southern Nevada Community Health Center's vision to contribute to the development of healthy communities in which health disparities are diminished and there is access to health care for all.	Reducing health disparities in the community by empowering patients to achieve their best possible health through equitable access to comprehensive care.
Values	• Delivering quality care with dignity, equality, sensitivity, professionalism, and respect. • Maintaining high ethical and professional standards. • Being a culturally competent organization. • Practicing continuous quality improvement. • Operating cost effectively and efficiently. • Providing a work environment conducive to positive attitudes, personal satisfaction, and growth. • Incorporating leadership principles at every level of the Community Health Center.	• Commitment • Accountability • Respect • Excellence • Service Adopted from the Southern Nevada Health District's values and they are part of the employee's performance evaluation.

Chair Macias-Villa commented that she likes that the zip code was removed from the mission statement to make it broader for Southern Nevada and the overall proposed changes are cleaner and the values are one-word statements.

Member Coca commented that she agrees with Chair Macias-Villa and likes the proposed directional statement.

A motion was made by Member Coca, seconded by Member Macias-Villa, and carried unanimously to Accept the Strategic Plan Directional Statement and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on January 21, 2025, as presented.

4. **Receive, Discuss and Accept the Strategic Plan Goals for CY25 – CY27 and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on January 21, 2025;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the Strategic Plan Goals for CY25 – CY27.

1) **Increase Access to services (# of unduplicated patients and visits) by 3%.**

a) Increase # of patients seen per Provider per day by 3%.
   i) Remove barriers to integrated service provision.
   ii) Optimize operational efficiencies.
b) Optimize and expand services at the Fremont location – SHC/RW/RH/Dental.
c) Grow and share cloud-based services (HIE, Healow, Virtual Visits).
d) Capital Outlay Strategies for expanding access in 2025 –
   i) Build a dental clinic at Fremont and develop an operational plan.
   ii) Open and optimize integrated care workflow at BH Center at Decatur.

2) Improve Financial Sustainability
a) Increase Revenue.
   i) Improve the number of Medicaid visits by 5% YOY.
b) Improve accuracy of budgeting and revenue projections.

3) Improve Quality
a) Pursue Patient Centered Medical Home (PCMH) accreditation.
b) Maintain HRSA Compliance.
c) Ensure/enhance IT/Cyber-security.
d) Accelerate communication of current needs assessment, benchmark, and production data for timely decision-enhancing execution.

4) Strengthen Workforce
a) Improve Team OVS Survey Scores.
b) Sustain Employee Engagement Committee efforts to enhance workforce experience.
   i) Develop and Sustain Inclusive and Competent Workforce.

Further to an inquiry from Chair Macias-Villa, Mr. Kahananui advised that the access to services goal could be increased from 3% to 5%. Mr. Kahananui further advised the access to service is separate because we receive more revenue through Medicaid visits.

Further to an inquiry from Chair Macias-Villa about the goal to improve the accuracy of budgeting and revenue projections, Mr. Kahananui commented that when the finance department presents to the committee and the board, several enhancements have already been incorporated in reports. Mr. Kahananui further shared that the health center's administrative team works with the finance department to fine tune those reports. Mr. Kahananui advised the financial accuracy has improved within the last couple of years. Mr. Kahananui further advised there are several different aspects of how we can become more accurate, and adjustments are being made to approve accuracy.

Member Coca shared that she would like to see a goal about building partnerships in the community. Member Coca believes that they may assist with getting more Medicaid clients. Member Coca would like to see more partnerships this year and offered to occasionally attend the meetings with Mr. Smith. Member Coca further shared she thinks there needs to be more publicity about the health center, as that may garner more patients and promote more stability.

Mr. Smith appreciated Coca's insight. Mr. Smith advised that Mr. Kahananui would add an objective under Increase Access to service about building partnerships in the community.

A motion was made by Member Macias-Villa, seconded by Member Coca, and carried unanimously to Accept the Strategic Plan Goals for CY25 – CY27, with adding an objective

under Increase Access to Services regarding building partnerships in the community and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on January 21, 2025.

VII. **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 Second Public Comment period was closed the.

VIII. **ADJOURNMENT**

The meeting was adjourned at 4:04 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER
STRATEGIC PLANNING COMMITTEE MEETING
January 14, 2025 – 3:00 P.M.

Meeting will be conducted via Microsoft Teams

NOTICE

Microsoft Teams:
https://events.teams.microsoft.com/event/b87e7c34-89e1-4bbf-bc87-b4f4b6a34208@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 242 716 472#

NOTE:

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

I. CALL TO ORDER & ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state 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 242 716 472#. To provide public comment over the telephone, please press *5 during the comment period and wait to be called on.
- **By email:** public-comment@snchc.org For comments submitted prior to and during the live meeting. Include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment

to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

IV. ADOPTION OF THE JANUARY 14, 2025 MEETING AGENDA *(for possible action)*

V. CONSENT AGENDA: Items for action to be considered by the Southern Nevada Community Health Strategic Planning Committee 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.

VI. REPORT / DISCUSSION / ACTION

1. **Nomination of Chair of the Strategic Planning Committee;** direct staff accordingly or take other action as deemed necessary (for possible action)

2. **Review and Discuss the Strategic Planning Committee Charter and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on January 21, 2025;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **Receive, Discuss and Accept the Strategic Plan Directional Statement and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on January 21, 2025;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **Receive, Discuss and Accept the Strategic Plan Goals for CY25 – CY27 and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on January 21, 2025;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VII. 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.**

VIII. 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 dial (702) 759-1201.

Southern Nevada Community Health Center
Strategic Planning Committee Charter
(As approved by the Governing Board on Month/Date/Year)

Committee Purpose:
The Strategic Planning Committee assists the board with its responsibilities for Southern Nevada Community Health Center's (SNCHC) mission, vision, values and strategic direction.

Scope of Duties and Responsibilities:
The specific responsibilities of the Strategic Planning Committee include:

1. Making recommendations to the full board related to the organization's mission, vision, values, strategic initiatives, major programs and services.
2. Helping management identify critical community needs and strategic issues facing the organization, assisting in analysis of strategic options.
3. Ensuring management has established an effective strategic planning process, including the development of a three-to-five-year strategic plan with time bound measurable goals.
4. Periodically reviewing the mission, vision, values and strategic plan, and recommending changes to the board.
5. Annually reviewing the strategic plan and recommending updates as needed based on changes in the market, community needs, and other factors.
6. Assisting in developing a strategic dashboard of key indicators.
7. Monitoring the organization's performance against measurable targets.

Composition:
The Committee shall be comprised of at least three Board members. In addition, the Chief Executive Officer, and FQHC Administrative Manager, will be subject matter Committee members. The Committee shall determine whether members should undergo any initial or annual training to help them fulfill their Committee responsibilities. The members of the Committee shall serve at the pleasure of the Board.

Meetings:
The Committee shall meet two (2) times per year and as deemed necessary to carry out its responsibilities. Meetings may be called by the Chairman of the Committee or any two members thereof. Meetings shall be held at such time and place as may be specified in the notice of meeting. Meetings will be held and posted consistent with Nevada's Open Meeting Law.

Voting and Quorum:
Voting on Committee matters shall be on a one vote per member basis. At all meetings, a majority of the total number of voting members of the Committee shall constitute a quorum for the transaction of business, and the act of a majority of the members

present at any meeting at which there is a quorum shall constitute the Committee's action or decision.

Committee members who are Community Health Center or Health District staff shall be ex-officio non-voting members. Board members who are not also Committee members may attend Committee meetings but may not vote.

Reports:
All actions authorized or taken by the Committee shall be reported to the Board no later than the next succeeding meeting of the Board.

SNCHC 2025 Strategic Plan

Strategic Framework

Mission Vision Values

Strategic Framework Consists of:

- **Mission Statement** – our purpose for existing
- **Vision Statement** – where we are going
- **Values** – How we intend to conduct our work to fulfill our purpose and get where we are going.

Current Mission, Vision, and Values

Mission

The mission of the Southern Nevada Community Health Center (SNCHC) is to serve residents of the 89107 ZIP code area in addition to Clark County residents from other underserved areas with appropriate and comprehensive outpatient health and wellness, emphasizing prevention and education in a culturally respectful environment.

Vision

It is the Southern Nevada Community Health Center's vision to contribute to the development of healthy communities in which health disparities are diminished and there is access to health care for all.

Values

- Delivering quality care with dignity, equality, sensitivity, professionalism and respect.
- Maintaining high ethical and professional standards.
- Being a culturally competent organization.
- Practicing continuous quality improvement.
- Operating cost effectively and efficiently.
- Providing a work environment conducive to positive attitudes, personal satisfaction and growth.
- Incorporating leadership principles at every level of the Community Health Center.

Proposed Mission, Vision, and Values

Mission

To provide patient-centered primary health care services to the underserved community with an emphasis on integrated, high-quality, and affordable care in a culturally respectful environment.

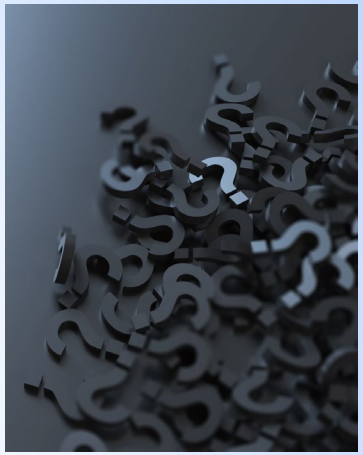
Vision

Reducing health disparities in the community by empowering patients to achieve their best possible health through equitable access to comprehensive care.

Values

- Commitment
- Accountability
- Respect
- Excellence
- Service

Questions Suggestions, and/or Ideas?



SOUTHERN NEVADA Community HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Needs Assessment Considerations:

The following needs assessment data supports the strategic plan for 2025:

According to the Health Resources and Services Administration, the Clark County Health Professional Shortage Area (HPSA) scores are:

- The Primary Care HPSA is 21/25.
- The Mental Health HPSA is 20/25.
- The Dental HPSA score is 17/26.

According to the Unmet Needs Score Map Tool:

- 19 ZCTAs in the metro Las Vegas area of Clark County have an unmet needs score between 81-100
- 17 ZCTAs in the metro Las Vegas area of Clark County have an unmet needs score of 61-80.

According to the Nevada Health Workforce Research Center, the 2024 Clark County Health Rankings state:

- 14.4 % of Clark County, Nevada residents under the age of 65 are uninsured,
- There are 242,743 uninsured residents that are not served by health centers.
- The ratio of population to primary care physicians is 1,831:1.
- The ratio of population to other primary care providers is 919:1.
- The ratio of population to dentists is 1,495:1.
- The ratio of population to mental health providers is 417:1

According to the Health Center Program GeoCare Navigator's 2023 UDS Data for the ZIP Code Tabulation Area's (ZCTA) where current SNCHC patients reside in Clark County, NV:

- There are 2,196,524 residents in the identified area.
- There are 704,111 (32.06%) residents experiencing low income.
- Only 8.61% of the residents experiencing low income (60,624) are utilizing available health center services, meaning
- There are 643,487 low-income residents who have not found access to a health center for services yet.

According to the 2022 US Census Bureau data, 12.9% of Clark County, Nevada lives in poverty.

According to the Nevada Department of Health and Human Services Division of Public and Behavioral Health:

- Nevada ranks 42nd in the nation on a variety of health indicators.
- There are 52,644 families in Clark County, Nevada living below poverty.
- The top three regional health priorities for Clark County, NV are:
    - Access to Care
    - Mental Health
    - Substance Use

SNCHC Access Data Trends Show

- The current average number of patients seen per day at SNCHC per provider is 9.2:
    - Primary care = 12.3 patients per provider per day.
    - Family Planning = 9.7 patients per provider per day.
    - Ryan White = 9.4 patients per provider per day.
    - Behavioral Health = 4.7 visits per provider per day.
    - SHC = 10.9 visits per provider per day.

2024 SNCHC UDS Data Show

- The total number of unduplicated Pts = 11,500
- The total number of pt visits = 27,566
- The total number of Medicaid empaneled pts at the end of December of 2024 = 908.
- The total number of Medicaid Visits conducted in 2024 = 3,908
- The total number of patients seen in 2024 reporting being at or below 200% of the FPL = 9,203/11,500 or 80.02%.
- The total number of patients seen in 2024 who were insured by Medicaid = 2,277/11,500 or 19.8%.
- The total number of patients seen in 2024 who were uninsured = 6,088/11,500 or 52.94%.
- The total number of Mental Health Services provided in 2025 was 1,483 among 550 unduplicated patients.

Goal 1: Increase Access to services (number of unduplicated patients seen and visits conducted) by 3%.

Objectives:

a) *Increase # of patients seen per Provider per day by 3%.*
b) *Optimize and expand services at the Fremont location – SHC/RW/RH/Dental.*
c) *Grow and share cloud-based services (HIE, Healow, Virtual Visits).*
d) *Capital Outlay Strategies for expanding access in 2025 – Dental and BH Center Buildout and service lines.*

Goal 1 – Objective A: Increase # of patients seen per Provider per day by 3%.				
Activity	Specific Activities	Person(s) Responsible	Benchmark / Measure / Timeline	Update/Progress
1. Remove barriers to integrated service provision and optimize the operational efficiencies to maximize access to services.	a. Create/implement/and leverage internal marketing opportunities to appropriately increase the number of internal integrated care referrals. b. Create/implement/and leverage internal marketing opportunities to become the medical home for patients receiving SNHD services but are not yet primary care patients. (Immunizations, TB, Refugee, & SHC) c. Optimize number of patient visits scheduled to increase the quantity of patient visits conducted per provider per day. d. Reduce no show rate/maximize access on patient schedule. e. Use quality improvement, personnel, and technology resources to optimize access to care. f. Increase the number of Medicaid empaneled patients assigned to SNCHC providers by 5%. ○ Covered in Goal 2, Objective A, Activity 1.	CEO, Ops Managers, Admin Manager, Admin Analyst, QMC, Billing Manager, Pharmacy Manager, BH Manager, SHC Manager, Medical Director, and other divisional teams.	2025 Unduplicated Pt Count for CY 2025 goal = 11,845, which reflects a growth of 3% YOY. CY 2025 Pt visit count goal = 28,393, which reflects a growth of 3% YOY.	

Goal 1 – Objective B: Optimize and expand services at the Fremont location – SHC/RW/RH/Dental				
Activity	Specific Activities	Person(s) Responsible	Benchmark / Measure / Timeline	Update/Progress
1. Collaborate with SHC, Dental Consultant / Dentist, and BH Manager to optimize operational workflows and procedures.	a. Ensure the IT/Cyber-security, and EMR functionality is conducive to appropriately documenting in patient charts, billing for services, and tracking statistical progress and results. b. Ensure all necessary credentialing is completed for new service lines, to ensure services are reimbursable. c. Continue meeting regularly with billing for revenue cycle collaboration and optimization of credentialing process and needs. d. Create/implement/and leverage internal marketing opportunities to appropriately increase the number of internal integrated care referrals. e. Create/implement/and leverage external marketing opportunities get the word out about the new service lines. f. Create and implement a work plan for each new service line with the help of SMEs and test workflows with team.	CEO, Ops Managers, Admin Manager, Admin Analyst, QMC, Revenue Cycle Manager, Pharmacy Manager, BH Manager, SHC Manager, Medical Director, Dental Consultant, Chief Information Officer, Informatics Scientist, Informatics Supervisor, AZARA Help Desk, IT Manager, eCW help desk	Establish method of tracking and reporting site specific UDS data through AZARA by end of March 2025. Verify that all credentialing is complete or at least underway prior to services being provided. All should be completed by September 2025. Draft workplans for each new service line with the expertise of collaborators and feedback from staff by May 2025. Implement new workflows by end of June 2025.	

Goal 1 – Objective C: Grow and share cloud-based services e.g., HIE, Healow, Virtual Visits.				
Activity	Specific Activities	Person(s) Responsible	Benchmark / Measure / Timeline	Update/Progress
1. Research, identify, create, implement, and test workflows and opportunities to increase patient and team utilization and efficiency of cloud-based services, care	a. Verify ongoing IT/Cyber-security, and EMR functionality is conducive to appropriately conducting patient-interfacing activities through HIPAA compliant practices. b. Research, identify, create, implement, and test workflows to conduct interfacing communication with the patients in between visits, and to ensure timely action is taken on communication when a message is sent or received to or from patients, or referred providers.	Chief Information Officer, Informatics Scientist, Informatics Supervisor, AZARA Help Desk, IT Manager, eCW help desk, Admin Supervisor, QMC, Admin Manager,	Create a regular IT check-in meeting to review any potential or past issues. Close 50% of the number of empaneled-patient care gaps identified by insurance companies by the end of the year.	

coordination, and other virtual activities, such as the Health Information Exchange, Healow, Insurance Portals, and Virtual Visits.	c. Research, identify, create, implement, and test workflows to conduct pre-visit planning that includes use of AZARA, HIE, care coordination with other providers, test results, insurance portal or other quality care gap data, and internal care integration. d. Research, identify, create, implement, and test workflows to support growth in the number of virtual visits, especially for medication refill appointments and other simple follow up visits. e. Create/implement/and leverage internal and external marketing opportunities get the word out about the technological services provided.	Admin Analyst, Operations Managers, Medical Director	Increase number of virtual visits by 5%. Create an internal/external workflow to market/promote technological support systems and processes to existing and potential patients.	

Goal 1 – Objective D: Capital Outlay Strategies for expanding access in 2025 – Buildout and Optimize Dental and BH Center service lines.

Activity	Specific Activities	Person(s) Responsible	Benchmark / Measure / Timeline	Update/Progress
1. Build a dental clinic at Fremont and develop an operational plan.	a. Engage Chief Facilities Officer on architect, construction, and buildout plans. b. Work with appropriate SNHD team members and Dental Consultant/Dentist to organize the layout design, operational workflow, timeline, budget, EMR, Billing credentialing, and IT setup needed to operate the dental clinic. c. Research, identify, create, implement, and test workflows to provide integrated dental services. d. Track progress with regular meetings. e. Create/implement/and leverage internal and external marketing opportunities get the word out about the dental clinic. f. Facilitate the Dental PPS rate process with Nevada State Medicaid.	Chief Facilities Officer, Facilities Manager, Chief Information Officer, Informatics Scientist, Informatics Supervisor, AZARA Help Desk, IT Manager, eCW help desk, FQHC CEO, Dental Consultant / Dentist, Admin Supervisor, QMC, Admin Manager, Admin Analyst, Operations Managers, Medical Director, Revenue Cycle Manager	Set up regular meetings to collaborate and follow up on progress of project. Complete buildout and operationalization of Dental clinic at Fremont by June 30, 2025, for service provision beginning July 1, 2025. Develop an internal/external marketing program to promote upcoming dental services. Deploy the marketing program in the neighborhood and inside all FQHC clinics one month prior to opening.	

2. Open and optimize integrated care workflow at BH Center at Decatur.	a. Increase number of unduplicated patients and services provided by 5% YOY. b. Test and refine workflows to provide integrate mental/behavioral health services. c. Track progress with regular meetings. a. Create/implement/and leverage internal and external marketing opportunities get the word out about Behavioral Health Center.	FQHC CEO, Admin Supervisor, QMC, Admin Manager, Admin Analyst, Operations Managers, Medical Director, BH Manager	Increase the number of unduplicated patients who received mental health services at SNCHC YOY by 5%. 2025 CY Goal = 578 Increase the number of mental health services provided at SNCHC YOY by 5%. 2025 CY Goal = 1,558	

Goal 2: Improve Financial Sustainability.

Objectives:

a) Increase Revenue.

b) Improve accuracy of budgeting and revenue projections.

Goal 2 – Objective A: Increase Revenue.				
Activity	Specific Activities	Person(s) Responsible	Benchmark / Measure / Timeline	Update/Progress
1. Improve financial stability of payor mix by increasing the number of Medicaid patient visits by 5%.	a. Build trust with Medicaid insurance organizations. ○ Work with insurance provider representatives to develop a working collaborative relationship. ○ Work with QMC/QWG and clinical teams to optimize the quality P4P metrics and reporting required by insurance providers to become a preferred provider to increase the number of patients being empaneled to SNCHC. ○ Organize and deploy an ongoing campaign to outreach to empaneled patients to establish care. ○ Close quality care gaps identified by the empanelment documentation, and any other gaps identified during patient visits. ○ Ensure there is available access on the patient schedule to see empaneled patients. b. CHW CCM services –	Informatics Scientist, Informatics Supervisor, AZARA Help Desk, IT Manager, eCW help desk, Admin Supervisor, QMC, Admin Manager, Admin Analyst, Operations Managers, Medical Director	Increase the number of SNCHC's CY 2025 Medicaid Visits by 5% YOY. Goal = 4,104 Increase the number of SNCHC's CY 2025 unduplicated Medicaid patients by 5% YOY. Goal = 2,391	

	○ provide services to free up more provider space on the patient schedule. ○ Leverage internal workflows and community partnerships to ensure uninsured patients are assisted in applying for Medicaid and other SDOH services. c. PrEP expansion – Pharmacist provide services to free up more provider space on the patient schedule. d. Ongoing revenue cycle meeting review of Medicaid payor activity.			

Goal 2 – Objective B: Improve accuracy of budgeting and revenue projections.				
Activity	Specific Activities	Person(s) Responsible	Benchmark / Measure / Timeline	Update/Progress
1. Improve accuracy of budgeting and revenue projections.	a. Set up regular Business Office meetings to review: ○ Financial spend down schedule updates with the FQHC Accountant. ○ Actual spending versus budget. ○ Update payer mix data. b. Update revenue projection workbook.	Informatics Scientist, Informatics Supervisor, AZARA Help Desk, IT Manager, eCW help desk, Admin Supervisor, QMC, Admin Manager, Admin Analyst, FQHC Accountant, Financial Analyst	Goal = No grant dollars unspent. Goal = Meet or exceed budgeted expenses Goal = Current revenue projections for clinic services are off by 25.88%. Improve accuracy of revenue projection to 15% or less.	

Goal 3: Improve Quality.

Objectives:

a) Pursue Patient Centered Medical Home (PCMH) accreditation.

b) Maintain HRSA Compliance.

c) Ensure/enhance IT/Cyber-security.

d) Accelerate communication of current needs assessment, benchmarks, and production data for timely decision-enhancing execution.

Goal 3 – Objective A: Pursue Patient Centered Medical Home (PCMH) accreditation.				
Activity	Specific Activities	Person(s) Responsible	Benchmark / Measure / Timeline	Update/Progress
1. Consult with NVPCA SME on PCMH accreditation process, complete requirements, and submit application.	a. Set up regular meetings and progress reviews with the NVPCA PCHM consultant to discuss: ○ Collaborate with FQHC team to determine which PCMH criteria will be pursued for compliance. b. Work with QMC/QWG, IT, Informatics, clinical, and administrative teams to implement and test the workflows and processes to comply with selected required and elected PCMH criteria. c. Using the PDSA Cycle method, refine workflows and procedures to create a culture of PCMH compliant practices. d. Document and track electronic recorded evidence of adherence to selected required and elected PCMH criteria for ○ Demonstrate to NCQA SNCHC is compliant ○ Presentation to the Leadership team for issues that need correction or celebration. e. Submit PCMH application. f. Receive PCMH accreditation.	Informatics Scientist, Informatics Supervisor, AZARA Help Desk, IT Manager, eCW help desk, Admin Supervisor, QMC, Admin Manager, Admin Analyst, Operations Managers, Medical Director, FQHC CEO, Revenue Cycle Manager, Pharmacy Manager, BH Manager, SHC Manager, Medical Director, Dental Consultant, Chief Information Officer, NVPCA Consultant, Quality Work Group	Commit to becoming a PCMH and begin the accreditation process by meeting with the NVPCA Consultant by March 2025. Determine the required and selected PCMH criteria that SNCHC will comply with by May of 2025. Develop, implement, test, and refine workflows and procedures to comply with and have evidentiary support for PCMH regulations by November 2025. Submit the PCMH application to NCQA by December of 2025. Receive PCMH accreditation by April of 2026.	

Goal 3 – Objective B: Maintain HRSA Compliance.				
Activity	Specific Activities	Person(s) Responsible	Benchmark / Measure / Timeline	Update/Progress
1. Health Center Program compliance.	a. Continue adhering to HRSA requirements for Federally Qualified Health Center designation. ○ The annual Patient Target is 9,980 minimum. ▪ 95%, or 9,482 is the threshold. ○ Submit Catchment Area CIS after 2024 UDS report is submitted, if necessary. ○ Successfully complete and correct any findings from the on-site visit in February 2025. b. Continue adhering to FTCA requirements for FTCA redeeming. ○ Quarterly Risk Assessments need to be completed and presented. ○ The annual risk management report needs to be presented to the board. ○ Risk mgmt. training needs to be completed by all clinical staff for OB and other clinical risk factors, and HIPAA compliance. ○ The Risk Manager must complete annual risk management training. c. Work with QMC/QWG, IT, Informatics, clinical, and administrative teams to implement and test workflows and processes to comply with required reporting and quality requirements. d. Continue pursuing and obtain the new PPS rate.	Informatics Scientist, Informatics Supervisor, AZARA Help Desk, IT Manager, eCW help desk, Admin Supervisor, QMC, Admin Manager, Admin Analyst, Operations Managers, Medical Director, FQHC CEO, Revenue Cycle Manager, Pharmacy Manager, BH Manager, SHC Manager, Medical Director, Dental Consultant, Chief Information Officer, NVPCA Consultant, Quality Work Group, CFO, Financial Analyst, Associate General Counsel	Provide services for 9,980 or more unduplicated patients in CY 2025. Conduct and complete the HRSA on-site visit for compliance in February 2025 and work to have no findings listed on the NOA. Update HRSA EHB form 5b service sites and form 5a required and additional services as needed. Submit redeeming FTCA application for redeeming by June 27, 2025. Submit 2024 UDS report by February 15, 2025. Acquire final PPS Rate by June 2025.	

Goal 3 – Objective C: Ensure/enhance IT/Cyber-security.				
Activity	Specific Activities	Person(s) Responsible	Benchmark / Measure / Timeline	Update/Progress
1. Conduct regular checks on cyber-security threats, issues, challenges, training, and incidents.	a. Set up regular meetings with IT to determine ○ If there were any cyber incidents, or near misses that could have been prevented. ○ If training on process enhancement, accuracy, or other pertinent issues is necessary. ○ If data is accurate and consistent throughout eCW, CAREWare, and AZARA. b. Work with QMC/QWG, IT, Informatics, clinical, and administrative teams to implement and test workflows and processes to comply with required reporting and quality requirements. c. Upcoming migrations, updates, or changes to existing or new software or hardware.	Informatics Scientist, Informatics Supervisor, AZARA Help Desk, IT Manager, eCW help desk, Admin Supervisor, QMC, Admin Manager, Admin Analyst, Operations Managers, Medical Director, FQHC CEO, Revenue Cycle Manager, Pharmacy Manager, BH Manager, SHC Manager, Medical Director, Dental Consultant, Chief Information Officer, Quality Work Group	Regular meetings are set up at least bi-annually to review potential or existing cyber-security issues. Help Desk tickets being submitted within a week of discovering problems with systems, reporting, accuracy, or other data issues. PDSA cycles being created and regularly reviewed until the desired outcome is achieved.	

Goal 3 – Objective D: Accelerate communication of current needs assessment, benchmarks, and production data for timely decision-enhancing execution.				
Activity	Specific Activities	Person(s) Responsible	Benchmark / Measure / Timeline	Update/Progress
1. Obtain accurate data as quickly as possible each month to have a greater impact on leadership's decision-making capacity.	a. Request data for the next five weeks' worth of reports due, and for the previous month. b. Verify accuracy of data by cross checking multiple data sources and anecdotal operational information.	Informatics Scientist, Informatics Supervisor, AZARA Help Desk, IT Manager, eCW help desk, Admin Supervisor, QMC, Admin Manager, Admin Analyst, Operations Managers, Medical Director, FQHC CEO, Revenue Cycle Manager, Pharmacy Manager, BH Manager, SHC Manager, Medical Director, Dental Consultant, Chief Information Officer, Quality Work Group	By the 5th of the month, request data for the prior month, and for any reports that are due in the next 5 weeks. Help Desk tickets being submitted within a week of discovering problems with systems, reporting, accuracy, or other data issues.	
2. Organize and share data promptly with those who have the most involvement in affecting change and improvement.	a. As soon as the data has been verified, organize the data into a report for the leadership team and send to Tawana. b. Disseminate data to all pertinent parties that need the data to make better decisions. c. Work with QMC/QWG, IT, Informatics, clinical, and administrative teams to implement and test PDSA cycles for improved results.	Informatics Scientist, Informatics Supervisor, AZARA Help Desk, IT Manager, eCW help desk, Admin Supervisor, QMC, Admin Manager, Admin Analyst, Operations Managers, Medical Director, FQHC CEO, Revenue Cycle Manager, Pharmacy Manager,	Send verified data to leadership team and Tawana for monthly reporting on or before the 8th of the month. All pertinent decision-makers need to have actionable data by the 10th of each month, so change can affect 2/3 of the month, which should affect monthly trends.	

		BH Manager, SHC Manager, Medical Director, Dental Consultant, Chief Information Officer, Quality Work Group	PDSA cycles being created and regularly reviewed until the desired outcomes are achieved.	

Goal 4: Strengthen Workforce.

Objectives:

a) Improve Team OVS Survey Scores.

b) Sustain Employee Engagement Committee efforts to enhance workforce experience.

Goal 4 – Objective A: Improve Team OVS Survey Scores.				
Activity	Specific Activities	Person(s) Responsible	Benchmark / Measure / Timeline	Update/Progress
1. Obtain at least two sets of OVS survey results each year to track results.	a. Have at least 80% of the FQHC team participate in the OVS survey at least once per year. b. Have a secondary sampling survey conducted after the first OVS survey to track the progress of results.	Admin Supervisor, QMC, Admin Manager, Admin Analyst, Operations Managers, Medical Director, FQHC CEO, Pharmacy Manager, BH Manager, SHC Manager, Medical Director, Dental Consultant / Dentist, Quality Work Group, HR Business Partner, EEC, FQHC Team, HR	80% of FQHC Team participate in the OVS survey at least once per year. Subsequent survey conducted among a sampling of the team within the calendar year to track trends.	
2. Organize and share OVS results promptly with the team and those who have the most involvement in	a. Results will be presented to the leadership, and then to the FQHC Team at a Staff Meeting. b. Leadership will take steps to improve issues that are clearly objective c. Employee Engagement Committee (EEC) will organize a subsequent meeting with the team members to discuss	Admin Supervisor, QMC, Admin Manager, Admin Analyst, Operations Managers, Medical Director, FQHC CEO, Pharmacy	Results of the OVS survey to be presented to FQHC leadership within 30 days of the results being posted.	

affecting change and improvement.	results with the team members to understand why the team answered OVS questions the way they did. d. EEC to solicit feedback from the team on how to improve the OVS scores without creating budgetary challenges or operational barriers to care for patients. e. EEC will report the findings of the team's feedback regarding the OVS survey results to leadership within a month of the OVS survey results being available with a proposed plan to improve results.	Manager, BH Manager, SHC Manager, Medical Director, Dental Consultant / Dentist, Quality Work Group, HR Business Partner, EEC, FQHC Team, HR	Results of the OVS survey to be shared with the rest of the FQHC team within 60 days of the results being posted. EEC reports to the leadership team what their findings are, and their recommendations on what to do to improve the scores within 90 days.	

Goal 4 – Objective B: Sustain Employee Engagement Committee efforts to enhance workforce experience.				
Activity	Specific Activities	Person(s) Responsible	Benchmark / Measure / Timeline	Update/Progress
1. The Employee Engagement Committee will monitor the effect of their efforts to improve the OVS scores.	a. Once OVS survey results are received, and employee feedback has been received and shared with the leadership team, the Employee Engagement Committee (EEC) will plan events, recognition, or other activities that are most likely to engage the team and improve the OVS scores and the FQHC's culture. b. EEC will use OVS survey results to identify any training and/or development needs for the team to improve inclusivity, safety and security, enhance the work experience, and/or develop and enhance skill sets. ○ EEC will work with appropriate SNHD professionals, if possible, to provide training and development, where appropriate.	Admin Manager, Operations Managers, Medical Director, FQHC CEO, Pharmacy Manager, BH Manager, SHC Manager, Medical Director, Dental Consultant / Dentist, HR Business Partner, EEC, FQHC Team, HR	OVS survey results to be discussed at every monthly EEC meeting to track progress and efforts being made to improve scores measuring the team's experience. EEC will seek leadership's approval of all communication with and for the team. EEC organizes at least one development focused training for the team during 2025.	
2. The EEC will research, develop,	a. The EEC will use its list of planned events, recognition, and other activities, consult with HR on what kind of	Admin Supervisor, QMC, Admin Manager,	EEC will present to the leadership team what their	

implement, and execute ways to finance the projects, events, and recognition they wish to conduct for the next year.	budget HR has for them, and then estimate how much more funding is needed for the calendar year. b. Once the amount needed has been identified, the EEC will seek ways to financially support their needs sustainability.	Admin Analyst, Operations Managers, Medical Director, FQHC CEO, Pharmacy Manager, BH Manager, SHC Manager, Medical Director, Dental Consultant / Dentist, Quality Work Group, HR Business Partner, EEC, FQHC Team, HR	plan for sustainability is by the end of March 2025.	