



MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING
February 18, 2025 – 2:30 p.m.
Meeting was conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT:

Donna Feliz-Barrows, Chair
Jasmine Coca, First Vice Chair
Sara Hunt, Second Vice Chair
Scott Black
Erin Breen
Ashley Brown
Marie Dukes
Blanca Macias-Villa
Jose L. Melendrez

ABSENT:

Luz Castro
Brian Knudsen

ALSO PRESENT

LEGAL COUNSEL:

Edward Wyner, Associate General Counsel

CHIEF EXECUTIVE OFFICER:

Randy Smith

STAFF:

Emily Anelli, Tawana Bellamy, Todd Bleak, Donna Buss, Robin Carter, Andria Cordovez Mulet, Tabitha Johnson, David Kahananui, Cassius Lockett, Cassondra Major, Bernadette Meily, Yin Jie Qin, Kim Saner, Felicia Sgovio, Justin Tully, Merylyn Yegon, Donnie (DJ) Whitaker

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:31 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

Member Coca joined the meeting at 2:33 p.m.
Member Macias-Villa joined the meeting at 2:33 p.m.

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

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

IV. ADOPTION OF THE FEBRUARY 18, 2025, MEETING AGENDA *(for possible action)*

Chair Feliz-Barrows called for questions or changes to the agenda. There were none.

A motion was made by Member Melendrez, seconded by Member Hunt, and carried unanimously to approve the February 18, 2025, meeting agenda, as presented.

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

- 1. APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** January 21, 2025 *(for possible action)*
- 2. Approve the Initial Credentialing and Privileging of Provider Robin Carter, DO;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- ~~**3. Approve the CHCA-029 Collaborative Planning and Community Engagement Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*~~
- ~~**4. Approve the CHCA-030 Community Education, Participation and Engagement Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*~~
- ~~**5. Approve the CHCA-032 Quality Management Program Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*~~

Items V.3, V.4 and V.5 were removed from the Consent Agenda for further discussion.

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

VI. REPORT / DISCUSSION / ACTION

Items V.3, V.4 and V.5 from the Consent Agenda:

- 3. Approve the CHCA-029 Collaborative Planning and Community Engagement Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. Approve the CHCA-030 Community Education, Participation and Engagement Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

- 5. Approve the CHCA-032 Quality Management Program Policy;** direct staff accordingly or take other action as deemed necessary (for possible action)

Further to an inquiry from Member Hunt, Randy Smith, CEO advised that the Collaborative Planning and Community Engagement and Community Education, Participation and Engagement policies existed under the Family Planning program and predated the FQHC. Mr. Smith further advised the requirements in the two policies were updated in preparation of an upcoming Family Planning program site visit. Mr. Smith further advised the Quality Management Program policy is an existing policy and was updated in preparation of the HRSA site visit.

Chair Feliz-Barrows called for a motion on Consent Agenda items V.3, V.4 and V.5.

A motion was made by Member Black, seconded by Member Hunt, and carried unanimously to approve Items V.3, V.4 and V.5 from the Consent Agenda, as presented.

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

Donnie (DJ) Whitaker, Chief Financial Officer, presented the December 2024 Year to Date Financial Report, unaudited through December 31, 2024.

Revenue

- General Fund revenue (Charges for Services & Other) is \$16.93M compared to a budget of \$14.07M, a favorable variance of \$2.86M.
- Special Revenue Funds (Grants) were \$3.35M compared to a budget of \$3.93M, an unfavorable variance of \$587K.
- Total Revenue was \$20.28M compared to a budget of \$18.00M, a favorable variance of \$2.28M.

Expenses

- Salary, Tax, and Benefits was \$6.83M compared to a budget of \$6.86M, a favorable variance of \$31K.
- Other Operating Expense was \$13.67M compared to a budget of \$12.11M, an unfavorable variance of \$1.56M.
- Indirect Cost/Cost Allocation was \$3.90M compared to a budget of \$3.83M, an unfavorable variance of \$70K.
- Total Expense was \$24.40M compared to a budget of \$22.81M, an unfavorable variance of \$1.59M.

Net Position: was negative \$4.12M compared to a budget of negative \$4.81M, a favorable variance of being less negative by \$684K overall.

Ms. Whitaker further provided an overview of the following:

- Revenue and Expenses by Department
- Patient Encounters by Department
- Patient Encounters by Clinic
- Year to Date by Month (by Department and by Type)

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

A motion was made by Member Melendrez, seconded by Member Black, and carried unanimously to Accept the December 2024 Year to Date Financial Report, as presented.

2. Receive, Discuss and Approve the Augmentation to the Southern Nevada Community Health FY2025 Budget; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Donnie (DJ) Whitaker, Chief Financial Officer, presented the Augmentation to the Southern Nevada Community Health Center's FY2025 Budget, with the following highlights:

Revenues

- FY2025 Adopted Budget Revenue was \$36.7M
- FY2025 January Budget Augmentation Revenue was \$41.8M.

Revenues – General Fund:

- Total *Charges for Services revenue was augmented to \$31.4M, which is an increase of \$4.4M compared to \$27.0M from adopted budget. The major component of Charges for Services revenue is Pharmacy, which continues to increase and was projected at \$29.1M compared to \$24.7M from the adopted budget.

Revenues – Special

- Federal grants revenue increased from \$7.9M to \$8.1M due to new or adjustments of existing grants under Ryan White, Primary Health, and Refugee Health departments.

Expenditures

- FQHC FY2025 combined expenditures augmented budget was \$51.6M compared to \$46.3M from adopted budget.
- General Fund Pharmacy expenses were projected at \$29.5M, 71% of total FQHC expenses of \$41.8M. Pharmacy medication expenses increased from \$20.2M to \$23.9M, a \$3.7M increase to align with actuals that have been trending higher than original budget.
- Total salaries and benefits for General & Grants funds were \$14.1M, an increase of \$420K from the adopted budget of \$13.7M. This includes the adjustment for the negotiated Cost of Living and Merit increases.
- Total salaries and benefits represent 28% of total FQHC expenditures. More than 37% of Personnel expenses are supported by grants.

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

A motion was made by Member Hunt, seconded by Member Melendrez, and carried unanimously to approve the Augmentation to the Southern Nevada Community Health Center FY2025 Budget, as presented.

3. Receive, Discuss and Approve CHCA-031 Incident Reporting Policy; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the CHCA-031 Incident Reporting Policy.

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

A motion was made by Member Coca, seconded by Member Melendrez, and carried unanimously to approve CHCA-031 Incident Reporting Policy, as presented.

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

Chair Feliz-Barrows called for board reports. There were none.

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

- CEO Comments

Mr. Smith introduced Robin Carter, D.O., the new Chief Medical Officer and Medical Director. Ms. Carter provided a brief introduction about herself and medical background.

Mr. Smith provided the following HRSA Health Center Program updates:

- The HRSA Operational Site Visit (OSV) scheduled for February 25, 2025 – February 27, 2025, has been postponed. A new review date has not been announced by HRSA.
- SNCHC was able to access the Payment Management System (PMS) to execute drawdown requests and receive payments for qualifying grant expenditures.
- SNCHC's CY24 UDS report was submitted on February 13, 2025.
- HRSA Behavioral Health Technical Assistance engagement scheduled for March 2025 (virtual only).
- CY26 FTCA application open.
- NVPCA established regular meetings to communicate updates to FQHCs.
- NACHC established a weekly Federal Action Support Team Call.

Mr. Smith further shared some administrative and operational updates with the following highlights:

- Training provided to staff regarding the District's policy for interacting with law enforcement and HIPPA requirements.
- Community resources updated for immigration services.
- Family Planning CY24 FPAR 2.0 annual report due 2/28/25.
- Family Planning Title X site visit scheduled for September 2025.
- Family Planning rebranding to Sexual and Reproductive Health
- A dentist has been brought on as a temporary employee to assist with the development of the health center's oral health program. Construction of the Fremont dental clinic anticipated to begin in May.
- CY25 – 27 Strategic goals:
 - **Increase Access to Service**
 - Year-over-year increase in number of visits provided – CY24 increase 13% from CY23.
 - Amplified focus on same day/walk-in, overbooking, and integrated care
 - Significant No-Shows impacting operations (ranging from 30% - 40%)
 - Below benchmark performance with respect to the number of visits conducted per provide per hour compared to other NV FQHCs (CY23)
 - **Improve Financial Sustainability**
 - Through operations and not grants

- A balanced payer mix is essential.
 - CY24 UDS = 55% uninsured

Chair Feliz-Barrows commented that we may not have a Medicaid or Medicare systems soon and inquired if there have been discussions about it. Mr. Smith advised the Health Center program is designed to serve Medicaid patients, if it were to go away, it would be hard for any health center to continue being a viable institution. Mr. Smith shared that he is trying to keep staff focused on what is known today and what we can control.

Further to an inquiry from Chair Feliz-Barrows, Mr. Smith shared that he has heard from staff that some of the patients have expressed concerns about coming to the health center for appointments. Mr. Smith further shared that to ensure clients receive care, staff is encourage to use telehealth and offer access to medication sent by mail or courier.

Further to an inquiry from Member Hunt, Mr. Smith advised that JBS is the company providing behavioral health technical assistance.

Further to an inquiry from Member Hunt, Mr. Smith advised that he has not had conversations with other health center CEOs about what they are doing. Mr. Smith shared that our process meets the mission to reduce barriers to care and the reason for the sliding fee is to reduce the financial barrier to care, but the process for how a patient qualifies is different from health center to health center.

Further to an inquiry from Member Hunt, Mr. Smith advised that our government affairs advocacy team is the Nevada Primary Care Association, and the health center also receives legislative support from the health district.

Further to an inquiry from Member Hunt, Mr. Smith advised that we could provide a legislative update at a future meeting to include what would be in the best interest of the health center.

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) January 2025 Monthly Report

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 Chair closed the Second Public Comment period.

XII. ADJOURNMENT

The Chair adjourned the meeting at 3:36 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

AGENDA

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
GOVERNING BOARD MEETING
February 18, 2025 – 2:30 p.m.**

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

NOTICE

Microsoft Teams:

<https://events.teams.microsoft.com/event/32a59d12-7fa1-4d0a-931b-303d050969ed@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 931 849 112#

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 931 849 112#. To provide public comment over the telephone, please press *5 during the comment period and wait to be called on.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

IV. ADOPTION OF FEBRUARY 18, 2025 AGENDA *(for possible action)*

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

1. **APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** January 21, 2025 *(for possible action)*
2. **Approve the Initial Credentialing and Privileging of Provider Robin Carter, DO;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Approve the CHCA-029 Collaborative Planning and Community Engagement Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **Approve the CHCA-030 Community Education, Participation and Engagement Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **Approve the CHCA-032 Quality Management Program Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VI. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Accept the December 2024 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
2. **Receive, Discuss and Approve the Augmentation to the Southern Nevada Community Health FY2025 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Receive, Discuss and Approve CHCA-031 Incident Reporting Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

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

- CEO Comments

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) January 2025 Monthly Report

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

XI. **ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify the Administration Office at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District’s Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact the Administration Office at 280 S. Decatur Blvd, Las Vegas, NV, 89107 or (702) 759-1201.

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

January 21, 2025 – 2:30 p.m.

Meeting was conducted In-person and via Microsoft Teams

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107

Red Rock Trail Rooms A and B

MEMBERS PRESENT:

Donna Feliz-Barrows, Chair
Jasmine Coca, First Vice Chair
Sara Hunt, Second Vice Chair
Scott Black
Erin Breen
Marie Dukes
Blanca Macias-Villa
Jose L. Melendrez

ABSENT:

Ashley Brown
Luz Castro
Brian Knudsen

ALSO PRESENT

Cade Grogan

LEGAL COUNSEL:

Edward Wyner, Associate General Counsel

CHIEF EXECUTIVE OFFICER:

Randy Smith

STAFF:

Chelle Alfaro, Emily Anelli, Tawana Bellamy, Todd Bleak, Donna Buss, Andria Cordovez Mulet, Brian Felgar, Tabitha Johnson, David Kahananui, Ryan Kelsch, Cassius Lockett, Cassondra Major, Anilkumar Mangla, Jonas Maratita, Kimberly Monahan, Desiree Petersen, Justin Tully, Kim Saner, Felicia Sgovio, Donnie Whitaker, Lourdes Yapjoco

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. 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. RECOGNITION

1. Southern Nevada Health District – 2024 Employee of the Year

- Desiree Petersen

The Chair recognized Desiree Petersen for being selected as the 2024 Southern Nevada Health District Employee of the Year. Ms. Petersen is a Community Health Worker, providing essential wrap around services in the Southern Nevada Community Health Center. On behalf of the Southern Nevada Community Health Center's Governing Board, the Chair congratulated Ms. Petersen on 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.

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

- V. ADOPTION OF THE JANUARY 21, 2025, MEETING AGENDA** *(for possible action)*

Chair Feliz-Barrows called for questions or changes to the agenda. There were none.

A motion was made by Member Black, seconded by Member Breen, and carried unanimously to approve the January 21, 2025, 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:** December 10, 2024 *(for possible action)*
- 2. Approve the Update to CHCA-001 Grants Management Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approve the Update to CHCA-003 Patient Collections Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. Approve the Update to CHCA-007 Legislative Mandate Review Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- ~~**5. Approve the Update to CHCA-017 Ongoing Professional Evaluation – Peer Review Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*~~
- ~~**6. Approve the CHCA-026 Non-Coercive Services Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*~~
- 7. Approve the CHCA-027 Durational Residency/Physician Referral Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- ~~**8. Approve the Updated to CHCA-004 Procurement Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*~~

9. **Approve the CHCA-028 Credentialing and Privileging Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Chair Feliz-Barrows called for questions or changes to the Consent Agenda.

Items IV.5, VI.6 and VI.8 were removed from the Consent Agenda for further discussion.

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

VII. REPORT / DISCUSSION / ACTION

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

5. **Approve the Update to CHCA-017 Ongoing Professional Evaluation - Peer Review Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Further to an inquiry from Member Hunt, Mr. Smith advised that Chief Medical Officer (CMO) and the Medical Director are included in the peer view process.

Further to an inquiry from Member Hunt, Mr. Smith advised there are policies in place to assist with the evaluation of the CMO and Medical Director.

A motion was made by Member Hunt, seconded by Member Black, and carried unanimously to Approve the Approve the Update to CHCA-017 Ongoing Professional Evaluation - Peer Review Policy, as presented.

6. **Approve the CHCA-026 Non-Coercive Services Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Further to an inquiry from Member Hunt, Mr. Smith advised it is a new policy to prepare for a family planning site visit later this year.

Further to an inquiry from Member Hunt, Mr. Smith advised the language in the policy is being referenced from HRSA's Title X program documentation.

A motion was made by Member Hunt, seconded by Member Black, and carried unanimously to Approve the CHCA-026 Non-Coercive Services Policy, as presented.

8. **Approve the Updated to CHCA-004 Procurement Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, Chief Executive Officer - FQHC provided an overview of the changes to the CHCA-004 Procurement Policy. Mr. Smith advised the new revisions changed the focus of the policy from a health district perspective to that of the health center. The job titles in the policy were updated to reflect this change.

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

A motion was made by Member Black, seconded by Member Breen, and carried unanimously to Approve the Updated to CHCA-004 Procurement Policy, as presented.

Recommendations from the January 14, 2025 Strategic Planning Committee Meeting

- 1. Review, Discuss and Approve the Strategic Planning Committee Charter;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented an overview of the Strategic Planning Committee Charter.

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

A motion was made by Member Melendrez, seconded by Member Hunt, and carried unanimously to Approve the Strategic Planning Committee Charter, as presented.

- 2. Receive, Discuss and Approve the Strategic Plan Directional Statement;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

David Kahananui, Administrative Manager – FQHC, provided an overview of the Strategic Plan Directional Statement and advised of the new and proposed mission, vision, and values.

Proposed 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.

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

Proposed Values:

- Commitment
- Accountability
- Respect
- Excellence
- Service

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

A motion was made by Member Melendrez, seconded by Member Black, and carried unanimously to Approve the Strategic Plan Directional Statement, as presented.

- 3. Receive, Discuss and Approve the Strategic Plan Goals for CY25 – CY27;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Kahananui presented the Strategic Plan Goals for CY25 – CY27 and advised of the results of the Needs Assessment. Mr. Kahananui further advised of a recommendation from the Strategic Planning committee to add a goal about external marketing and promotional practices under increasing access to services.

- 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.
 - e) Create and implement new external marketing and promotional practices.
 - i) Collaborate with other like-minded individuals and organizations to explore and create opportunities to forge new external community partnerships.
 - ii) Develop, implement, test, and launch new external marketing practices to bolster SNCHC's brand recognition in the community.
- 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.

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

A motion was made by Member Melendrez, seconded by Member Black, and carried unanimously to Approve the Strategic Plan Goals for CY25 – CY27, as presented.

SNCHC Governing Board

- 4. Review, Discuss and Approve the Submission of HRSA Non-Competing Continuous Grant for Health Center Program - Title 10;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented an overview of the Submission of HRSA Non-Competing Continuous Grant for Health Center Program - Title 10.

Further to an inquiry from Member Hunt, Mr. Kahananui advised that an increase in the amount HRSA awards is common, but he does not expect an increase in the third year.

A motion was made by Member Hunt, seconded by Member Melendrez, and carried unanimously to Approve the Submission of HRSA Non-Competing Continuous Grant for Health Center Program - Title 10, as presented.

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

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

Donnie (DJ) Whitaker, Chief Financial Officer presented an unaudited November 2024 Year to Date Financial Report as of November 30, 2024, with the following highlights.

Revenue

- General Fund revenue (Charges for Services & Other) was \$13.85M compared to a budget of \$11.72M, a favorable variance of \$2.13M.
- Special Revenue Funds (Grants) were \$2.69M compared to a budget of \$3.28M, an unfavorable variance of \$590K.
- Total Revenue was \$16.54M compared to a budget of \$15.00M, a favorable variance of \$1.54M.

Expenses

- Salary, Tax, and Benefits was \$5.63M compared to a budget of \$5.72M, a favorable variance of \$90K.
- Other Operating Expense was \$11.59M compared to a budget of \$10.10M, an unfavorable variance of \$1.49M.
- Indirect Cost/Cost Allocation was \$3.27M compared to a budget of \$3.20M, an unfavorable variance of \$70K.
- Total Expense was \$20.50M compared to a budget of \$19.01M, an unfavorable variance of \$1.49M.

Net Position: is (\$3.96M) compared to a budget of (\$4.01M), a favorable variance of \$50K.

Ms. Whitaker further advised of the following:

- Revenue by Department
- Expenses by Department
- Patient Encounters by Department
- Patient Encounters by Clinic

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to Accept the November 2024 Year to Date Financial Report, as presented.

- 6. Review, Discuss and Approve the Quality Management Plan;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented an overview of the Quality Management Plan.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Hunt, and carried unanimously to Approve the Quality Management Plan Report, as presented.

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

Member Hunt thanked Chair Feliz-Barrows for the invitation to deliver donuts to staff at the health centers. Member Hunt further shared she received a tour of the Fremont site. Member Hunt thanked staff for the invitation to behavioral health clinic open house.

Member Breen shared that through donation to her program, she has bright yellow, retro reflective jackets for anyone who works with the population who walk or bicycle out of necessity. Member Breen further shared the jackets help keep people warm and will help those who are most vulnerable at night. Member Breen asked if anyone is interested, they can contact her. Member Coca commented that Catholic Charities would be interested in those jackets.

Chair Feliz-Barrows thanked Mr. Smith and Ms. Bellamy for arranging the donuts and the visit with the staff at each health centers. Chair Feliz-Barrows commented that she would like to do it again this year and will ask the board for donations to be able to do more to show our appreciation to staff.

Mr. Smith commented that another opportunity to appreciate staff and acknowledge our accomplishments would be during the National Health Center week, which occurs in August.

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

- CEO Comments

Mr. Smith shared the following administrative updates.

- HRSA UDS annual report is due on February 15, 2024.
- HRSA FPAR 2.0 annual report is due on February 28, 2025.
- Dr. Robin Carter was hired as SNCHC's New Medical Director (Starts on February 3, 2025).
- Behavioral Health Clinic Open House at Decatur was on January 14, 2025.
- HRSA Behavioral Health Technical Assistance engagement in March 2025.
- HRSA Family Planning Title X site visit in September 2025.

Mr. Smith further shared an update on the HRSA Operational Site Visit.

- Three-day onsite visit: February 25 – 27, 2025.
- Pre-visit phone call with health center leadership on January 28, 2025.
- Documents uploaded by February 11, 2025
- Board participation opportunity.
 - Entrance Conference on February 25, 2025
 - Exit Conference on February 27, 2025
- Board member only session on February 26 at 12 p.m. – It is very important for all available Board members to attend and actively participate in the meeting.

Further to an inquiry Chair Feliz-Barrows, Mr. Smith advised that the entrance and exit conferences can be done on Zoom and are about one hour long.

Mr. Smith shared that Ms. Bellamy will send meeting invites to board members for the entrance and exit conference and the board only meeting.

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) Monthly Reports (Nov 2024 / Dec 2024)

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 Chair closed the Second Public Comment period.

XII. ADJOURNMENT

The Chair adjourned the meeting at 3:52 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab



AT THE SOUTHERN NEVADA HEALTH DISTRICT

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION:	FQHC	NUMBER(s):	CHCA-029
PROGRAM:	Sexual and Reproductive Health Program (SRH)	VERSION:	1.00
TITLE:	Collaborative Planning and Community Engagement	PAGE:	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION:	This policy outlines the requirements for collaborative planning community engagement in Title X funded SRH program	ORIGINATION DATE: New	
APPROVED BY:		REPLACES: New	
CHIEF EXECUTIVE OFFICER – FQHC:			
Randy Smith	Date		

I. PURPOSE

The purpose of this policy is to describe Southern Nevada Community Health Center’s process for ensuring compliance with the expectation to provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community’s needs for family planning services (42 CFR § 59.5(b)(10))

II. SCOPE

Applies to all workforce members involved in the delivery of Sexual and Reproductive Health Program.

III. POLICY

Southern Nevada Health District (SNHD)/Southern Nevada Community Health Center (SNCHC) is committed to an inclusive and collaborative approach in the planning, delivery and evaluation of the sexual and reproductive health services. To the maximum feasible extent, the organization will provide opportunities for participation by individuals and groups broadly representative of all significant elements of the population to be served, including those with knowledge of the community’s sexual and reproductive health needs. This ensures that services are relevant, culturally appropriate and responsive to the diverse needs of the community.

IV. PROCEDURE

- A. A Community Advisory Committee (CAC) will be formed, comprising of individuals broadly representative of the population to be served, including service users, community leaders, representatives from healthcare, education and social organizations and individuals knowledgeable about the community's family planning needs.
- B. The CAC will meet quarterly to provide input on program planning, identify emerging community needs and offer recommendations for improvement.
- C. A community needs assessment will be conducted at least once every three years to identify family planning needs and gaps in service delivery. The assessment process will include community surveys and focus groups, stakeholders' interviews, review of demographic data and health indicators.
- D. Results of the assessment will inform program development and strategic planning.
- E. Feedback from CAC, surveys and assessments will be reviewed by the Program Director and incorporated into program design, ensuring that services remain client-centered and relevant to community needs.
- F. The Program director will review documentation of community engagement activities, including meetings agendas, minutes, attendance records and feedback collected from community members.
- G. All staff involved in the Title X -SRH Program will receive training during initial hire and annual utilizing the Title X Orientation eLearning course <https://www.rhntc.org/resources/title-x-orientation-program-requirements-title-x-funded-family-planning-projects>.
- H. This policy will be reviewed by staff during initial hire and annually. It will be available through the policy portal in Neogov and onsite in binder at the clinics.

V. REFERENCES

Title X Program Handbook, Community Education, Participation, and Engagement #2:

<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=25>

2021 Title X Final Rule 42 CFR § 59.5(b)(10):

<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.5>

VI. DIRECT RELATED INQUIRIES TO

SRH Program Director (FQHC)

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

DRAFT



AT THE SOUTHERN NEVADA HEALTH DISTRICT

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION:	FQHC	NUMBER:	CHCA-030
PROGRAM:	Sexual and Reproductive Health Program (SRH)	VERSION:	1.00
TITLE:	Community Education, Participation and Engagement	PAGE:	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION:	This policy outlines the requirements for community education, participation and engagement as part of Title X funded Sexual and Reproductive Health Program	ORIGINATION DATE: New	
APPROVED BY:		REPLACES: New	
CHIEF EXECUTIVE OFFICER - FQHC:			
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> _____ _____ </div>			
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> Randy Smith Date </div>			

I. PURPOSE

The purpose of this policy is to describe Southern Nevada Community Health Center’s process for ensuring compliance with the expectation to provide for opportunities for community education, participation and engagement to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and to promote continued participation in the project by diverse persons to whom family planning services may be beneficial to ensure access to equitable, affordable and client centered, quality family planning services (42 CFR § 59.5(b)(3))

II. SCOPE

Applies to all workforce members involved in the delivery of Sexual and Reproductive Health Program.

III. POLICY

Southern Nevada Health District (SNHD)/Southern Nevada Community Health Center (SNCHC) is committed to providing comprehensive, accurate and accessible information about sexual and reproductive health services through community outreach and education. The organization will promote community participation in program activities and ensure continuous engagement with local stakeholders to improve service quality and equity.

Community Education, Participation and Engagement

IV. PROCEDURE

A. Community Education:

- a) The program will develop an annual community education plan which outlines goals, target populations, methods and timelines for outreach activities.
- b) Conduct outreach activities through health fairs, community events, schools and local organizations.
- c) Utilize social media, websites, newsletters and printed materials such as brochures and flyers.
- d) Ensure materials are culturally sensitive, linguistically appropriate and compliant with Title X regulations.

B. Programs must encourage and facilitate community involvement and engagement in planning, implementing and evaluating sexual and reproductive health services. This can be achieved through:

- a) Establishing advisory boards or committees that include community members
- b) Conducting surveys to gather feedback on services
- c) Hosting community forums or focus groups to discuss community needs and barriers to care.
- d) Community members will be involved in the evaluation of services to ensure that programs remain relevant and responsive to local needs.

C. The program will maintain documentation of their community education, participation and engagement activities through records of outreach events, educational materials distributed, feedback collected or minutes from advisory board meetings

D. All staff involved in outreach must receive training during initial hire and annually on Title X guidelines. The policy will be made available in Neo gov policy portal and onsite in a binder at the clinics.

V. REFERENCES

Title X Program Handbook, Community Education, Participation, and Engagement #1:

<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=25>

2021 Title X Final Rule 42 CFR § 59.5(b)(3):

<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.5>

VI. DIRECT RELATED INQUIRIES TO

SRH Program Director (FQHC)

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

DRAFT

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

DIVISION:	FQHC	NUMBER(s):	CHCA-032
PROGRAM:	Division Wide	VERSION:	1.00
TITLE:	Quality Management Program Policy	PAGE:	1 of 3
		EFFECTIVE DATE:	Click or tap here to enter text.
DESCRIPTION: Process to ensure quality of clinical and operational services.		ORIGINATION DATE: New	
APPROVED BY: CHIEF EXECUTIVE OFFICER - FQHC		REPLACES: New	
Randy Smith, MPA _____		Date _____	

I. PURPOSE

To establish a formal Quality Management Program (QMP) which includes Quality Improvement/Quality Assurance (QI/QA) activities to ensure the quality, effectiveness, and safety of clinical and operational services throughout the Southern Nevada Community Health Center (SNCHC).

II. SCOPE

This policy applies to all Workforce members working in the SNCHC.

III. POLICY

SNCHC is committed to continuously improving the quality, effectiveness, and safety of services provided to patients. Further, SNCHC is committed to ensuring a safe and productive work environment for all workforce members. SNCHC shall have an ongoing QI/QA system that is aligned with health center policies. The QMP will adhere to the structure and requirements outlined in the SNCHC's board approved Quality Management Plan.

IV. PROCEDURE

- A.** The QMP addresses the following:
1. Clinical quality and utilization of health center services.
 2. Patient satisfaction and patient grievances.
 3. Patient/staff safety and incident reporting.
- B.** Oversight of the QMP is the responsibility of the Chief Medical Officer (CMO)/Medical Director with support from the FQHC Administrative Manager and the Quality Management Coordinator.
1. Quality Management Coordinator is responsible for:
 - a. Facilitating QMP activities while working with the FQHC CEO, CMO/Medical Director, FQHC Administrative Manager and other health center leadership to ensure that:
 - i. Staff have adequate training with current guidelines and standards of care.
 - ii. Evaluation measures are in place such as routine quality-of-care audits, peer review, clinical & operational assessments, and risk identification.
 - b. Organizing and supporting the implementation of QMP activities across the health center.
 2. CMO/Medical Director is responsible for ensuring adherence to evidence-based clinical guidelines and standards of care and providing leadership to ensure implementation of QI/QA policies and standard processes.
 3. The FQHC Administrative Manager serves as the SNCHC's Risk Manager and is responsible for overall activities outlined in the health center's Risk Management Plan and Incident Reporting policy. These responsibilities include activities to assess, track, analyze, and address patient and staff safety/adverse events and implement follow up actions as necessary.
 4. The FQHC Chief Executive Officer is responsible for the implementation of the QMP by ensuring adherence to SNCHC policies, and Health Center program and FTCA requirements.
 5. SNCHC Board of Directors and SNHD Board of Health are responsible for:
 - a. Adopting and evaluating the health center Quality Management Plan and associated QI/QA policies at least once every three years and approving updates (as needed).
 - b. Evaluating the effectiveness of QI/QA activities as well as risk management incident and patient satisfaction trend reports with the

health center’s leadership to support decision making and oversight regarding provision of health center services.

V. REFERENCES

- Quality Management Plan
- Continuous Quality Improvement Program SOP
- Quality Management Plan

VI. DIRECT RELATED INQUIRIES TO

- FQHC CEO
- CMO/Medical Director
- FQHC Administrative Manager
- Quality Management Coordinator

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance, replaces SNCHC-ADM-01 0-A

VII. ATTACHMENTS

Not Applicable

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

DIVISION:	FQHC	NUMBER(s):	CHCA-031
PROGRAM:	Division Wide	VERSION:	1.00
TITLE:	Incident Reporting Policy	PAGE:	1 of 2
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: Documenting, tracking, and responding to actual or potential incidents.		ORIGINATION DATE: New	
APPROVED BY: CHIEF EXECUTIVE OFFICER - FQHC		REPLACES: New	
Randy Smith, MPA _____ Date			

I. PURPOSE

To establish a process for reporting, tracking, analyzing, and responding to actual or potential incidents occurring in the health center.

II. SCOPE

Applies to all Workforce members.

III. POLICY

- A.** The Southern Nevada Community Health Center (SNCHC) is committed to maintaining a safe environment for patients and workforce members, delivering high quality care, providing excellent patient experiences, and improving client outcomes through the proper documentation and review of incidents to initiate process improvement activities and to prevent/mitigate actual or potential risk.
- B.** SNCHC adheres to its core values and evidence-based practices to maintain a safe, productive, and effective environment for patients, caregivers, and workforce members. Training provided to the workforce is designed to improve the identification of actual and potential risks in the health center with the goal of preventing and/or mitigating their occurrence.
- C.** Any workforce member who observes an incident is responsible for reporting it in a timely manner.
- D.** The FQHC Administrative Manager is responsible for tracking, analyzing, and coordinating responses to incidents.

IV. PROCEDURE

- A.** All incidents, including but not limited to formal patient grievances, medical emergencies, medication or vaccine errors, disruptive or abusive behavior by patients, caregivers, or visitors, and employee injuries are required to be reported to supervisors immediately.
- B.** A complete and accurate incident report is required to be submitted to the FQHC Administrative Manager as soon as possible but no later than 24 hours after the incident or the following business. The FQHC Administrative Manager will:
 1. Track, analyze, and coordinate a response to each incident. The response to each incident will vary based on the type, complexity, risk profile, and potential for recurrence.
 2. Coordinate corrective action with appropriate staff.
 3. Ensure appropriate follow up action has been taken.
 4. Finalize the response to each incident by documenting the actions taken.
 5. Create an annual risk management plan with goals that address areas of concern identified through the analysis of incidents.
 6. Provide regular updates on the health center’s progress towards achieving risk management goals to SNCHC’s leadership team and governing board.

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO FQHC Administrative Manager

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance, replaces CS/FQHC-ADM-C-015

VII. ATTACHMENTS

Attachment No. CHCA-031 ATT-A, Incident/Events Action Report

MEMORANDUM

Date: February 18, 2025

To: Southern Nevada Community Health Center Governing Board

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

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

Subject: Community Health Center FQHC Operations Officer Report – January 2025

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

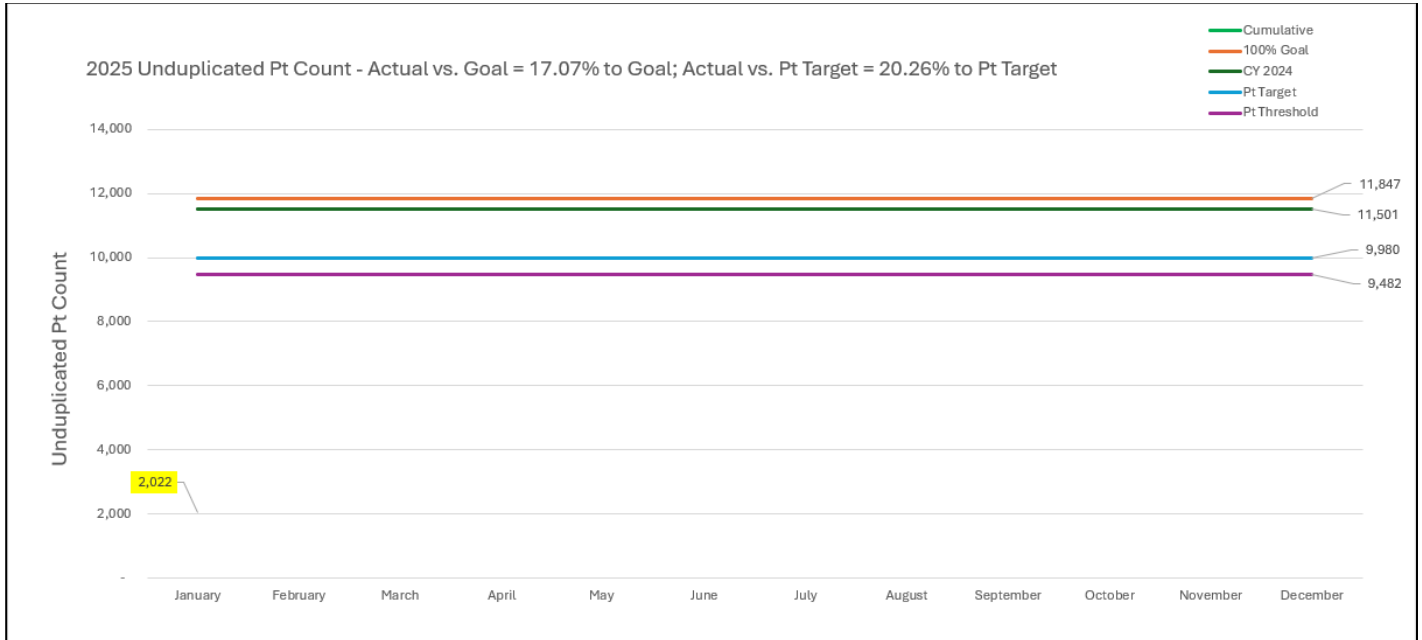
December Highlights

Administrative

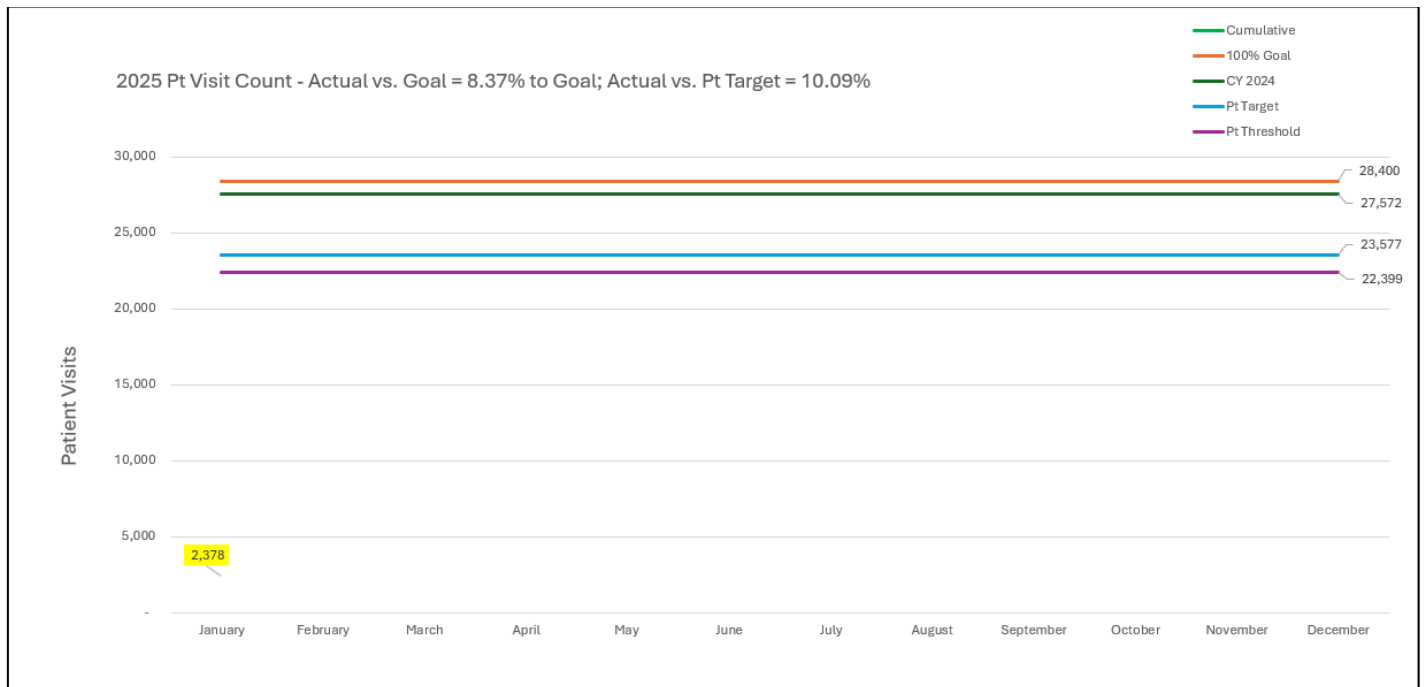
- The health center's new Medical Director started on 2/3/25.
- The HRSA Operational Site Visit (OSV) scheduled for 2/25/25 – 2/27/25 has been postponed. A new review date will be communicated by HRSA.
- HRSA CY24 UDS annual report due 2/14/24.
- HRSA CY24 FPAR 2.0 annual report due 2/28/25.
- HRSA Behavioral Health Technical Assistance engagement in March 2025 (*virtual only*).
- HRSA Family Planning Title X site visit scheduled for September 2025.
- HRSA FTCA redeeming application for CY26 underway.
- A dentist has been brought on as a temporary employee to assist with the development of the health center's oral health program.

Access

Unduplicated Patients – January 2025



Patient Visits Count – January 2025



Provider Visits by Program and Site – January 2025

Facility	Program	JAN			FY25 YTD	FY24 YTD	FY YTD YoY%
		JAN '25	JAN '24	YoY %			
Decatur	Family Health	608	488	20%	3,636	2,703	26%
Fremont	Family Health	417	306	27%	2,085	1,086	48%
Total	Family Health	1,025	794	23%	5,721	3,789	34%
Decatur	Family Planning	177	204	-15%	982	1,008	-3%
Fremont	Family Planning	172	62	64%	854	511	40%
Total	Family Planning	349	266	24%	1,836	1,519	17%
Decatur	Sexual Health	406	585	-44%	3,013	3,960	-31%
Fremont	Sexual Health	144	14	90%	733	14	
ASEC	Sexual Health		132		113	875	
Total	Sexual Health	550	731	-33%	3,859	4,849	-26%
Decatur	Behavioral Health	133	158	-19%	728	881	-21%
Fremont	Behavioral Health	100	0		680	1	
Total	Behavioral Health	233	158	32%	1,408	882	37%
Decatur	Ryan White	253	246	3%	1,442	1,515	-5%
Fremont	Ryan White	31	12		142	12	
Total	Ryan White	284	258	9%	1,584	1,527	4%
FQHC Total		2,441	2,207	10%	14,408	12,566	13%

Pharmacy Services

	Jan-24	Jan-25		FY24	FY25		% Change YOY
Client Encounters (Pharmacy)	1,525	1,392	↓	9,474	9,809	↑	3.5%
Prescriptions Filled	2,154	2,438	↑	13,195	16,304	↑	23.6%
Client Clinic Encounters (Pharmacist)	24	67	↑	214	411	↑	92.1%
Financial Assistance Provided	19	24	↑	121	224	↑	85.1%
Insurance Assistance Provided	17	10	↓	44	68	↑	54.5%

- A. Dispensed 2,438 prescriptions for 1,392 clients.
- B. Pharmacist completed 67 client clinic encounters.
- C. Assisted 24 clients to obtain medication financial assistance.
- D. Assisted 10 clients with insurance approvals.

Family Planning Services

- A. Family Planning program access was up 24% in January and is up 17% year-over-year. Program team administrators and clinical staff are currently engaged in a quality improvement project to increase

access to care with the aim of simplifying the scheduling process and reducing waste in the appointment schedules.

- B. The program is all going through a rebranding process to increase access to care to those most in need and provide more comprehensive sexual health services. This rebranding includes defining the program as sexual and reproductive health services.
- C. The program is scheduled for a comprehensive site visit and audit of program compliance in September 2025. Work to prepare for the audit is under way and will commence in full following the health center's OSV.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 60 referrals between January 1st and January 31st. There were two (2) pediatric clients referred to the Medical Case Management program in January and the program received six (6) referrals for pregnant women living with HIV during this time.
- B. There were 701 total service encounters in the month of January provided by the Ryan White program Linkage Coordinator, Eligibility Workers, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 364 unduplicated clients served under these programs in January.
- C. The Ryan White ambulatory clinic had a total of 492 visits in the month of January: 24 initial provider visits, 218 established provider visits including 16 tele-health visits to established clients. There were 23 nurse visits and 230 lab visits. There were 49 Ryan White encounters in Behavioral Health provided by the License Mental Health Therapist and the Psychiatric APRN during the month of January with a total of 44 unduplicated clients served. Additionally, there were 25 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in January.
- D. The Ryan White clinic continues to use Rapid StART guidelines, 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 eight (8) patients seen under the Rapid StART program in January.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 1,020 unique services to 719 unduplicated patients for the month of January. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- B. 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. The FQHC-SHC refers pregnant patients with syphilis and patients needing complex STI evaluation and treatment to the PPC SHOPP nurse case management program.
- C. The FQHC-SHC staff continues to see patients for Mpox evaluation and referral for vaccine.
- D. The FQHC-SHC providers and RN's completed annual training, Nevada State Data & Security training.

Refugee Health Program (RHP)

Services provided in the Refugee Health Program for the month of January 2025.

Client required medical follow- up for Communicable Diseases	
Referrals for TB issues	7
Referrals for Chronic Hep B	3
Referrals for STD	2
Pediatric Refugee Exams	19
Clients encounter by program (adults)	54
Refugee Health screening for January 2024	73
Total for FY24-25	432

Eligibility and Insurance Enrollment Assistance

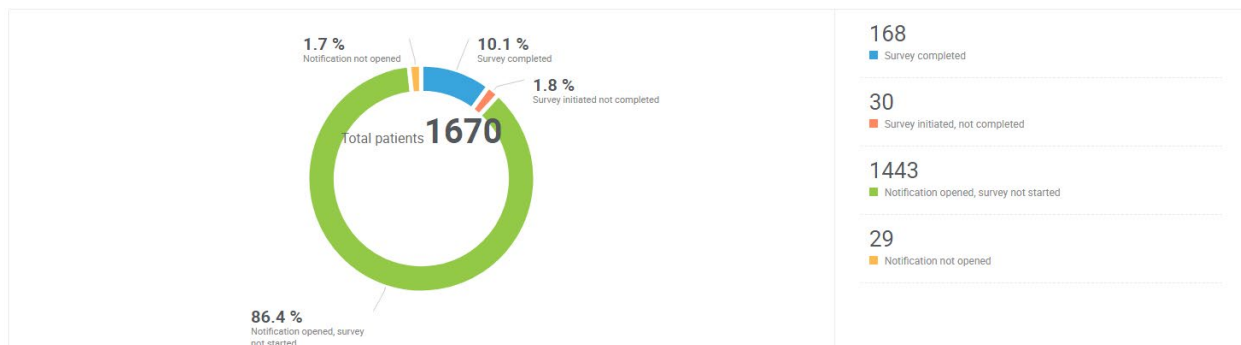
Patients in need of eligibility assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications.

Patient Satisfaction: See attached survey results.

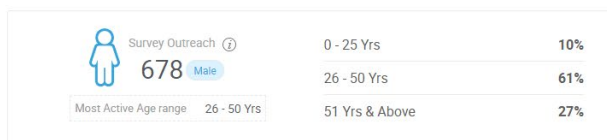
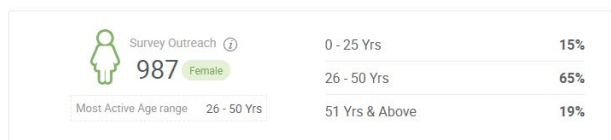
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

Southern Nevada Community Health Center Patient Satisfaction Survey – January 2025

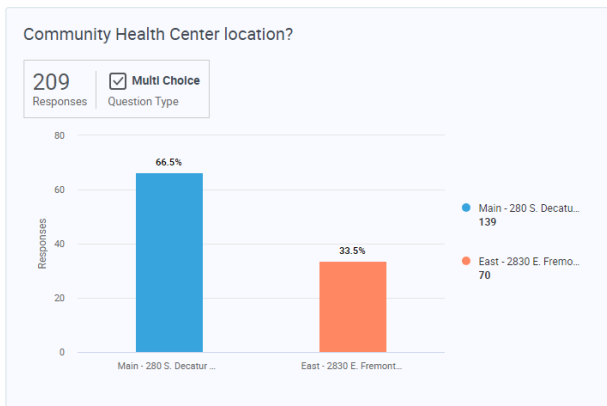
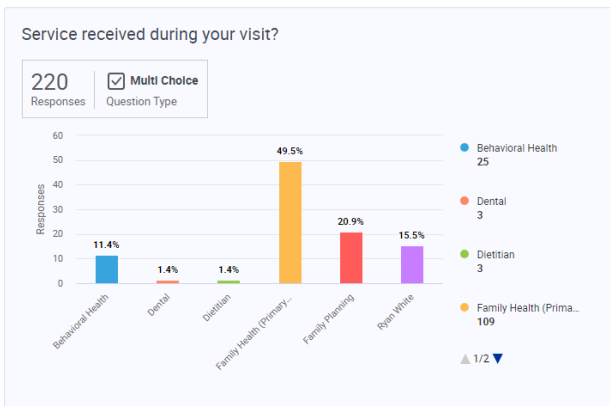
Overview



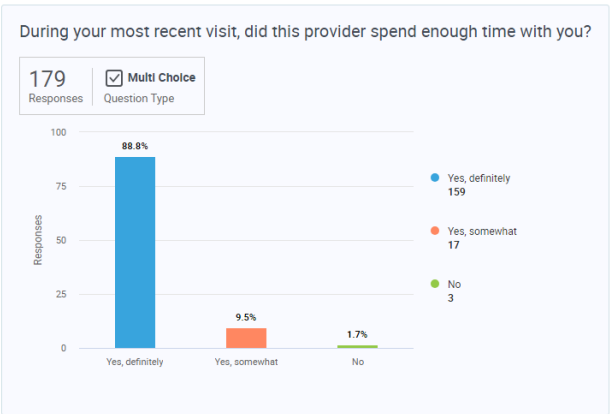
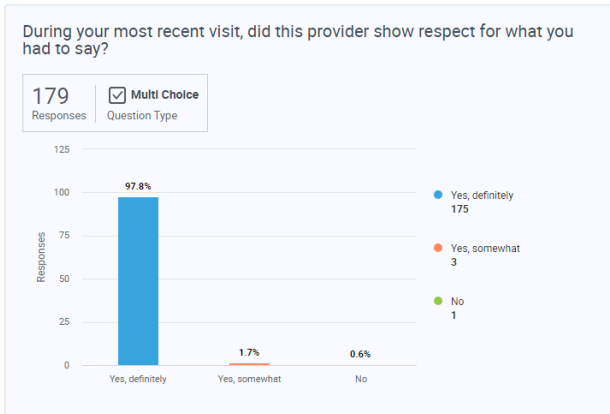
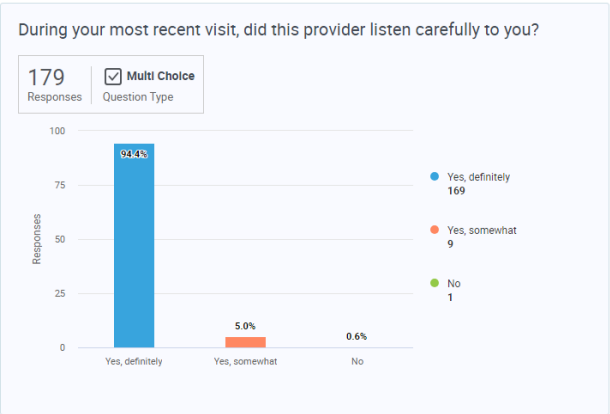
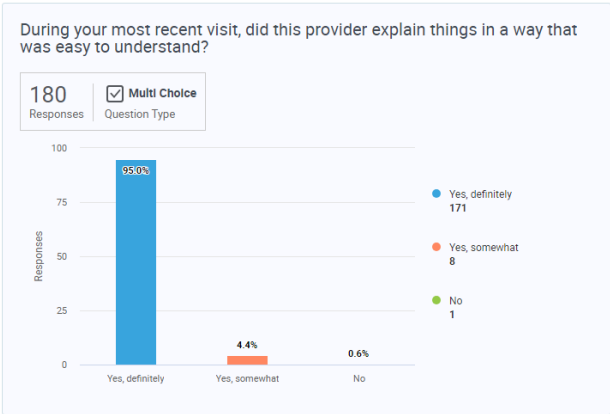
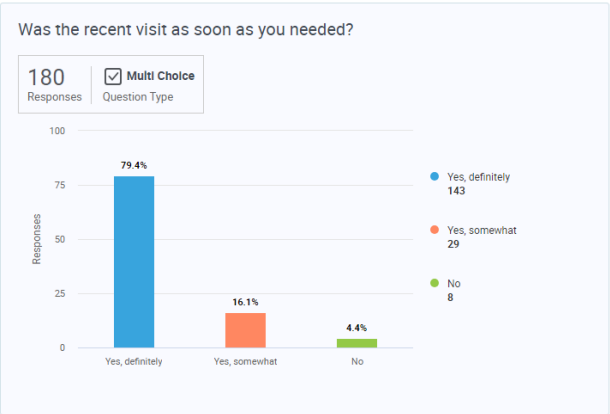
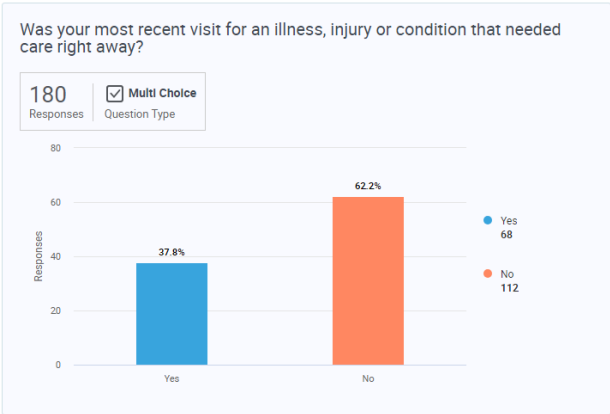
Gender



Service and Location

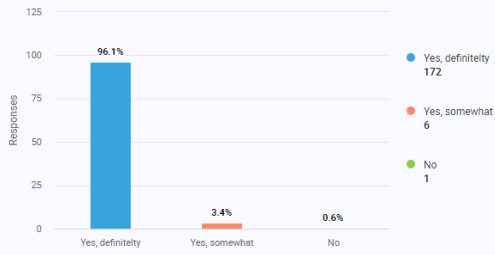


Provider, Staff, and Facility



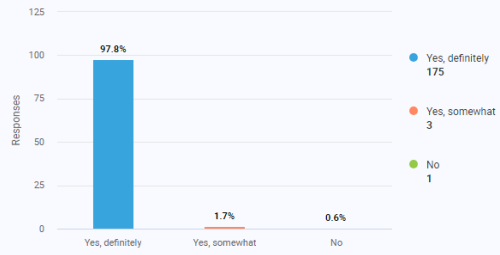
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

179 Responses Multi Choice Question Type



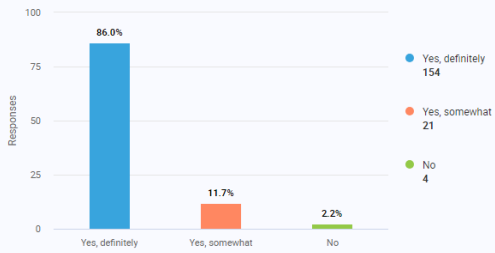
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

179 Responses Multi Choice Question Type



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

179 Responses Multi Choice Question Type



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

179 Responses Multi Choice Question Type





SOUTHERN NEVADA
Community
HEALTH CENTER

SNCHC Governing Board Meeting

FEBRUARY 18, 2025





I. CALL TO ORDER & ROLL CALL

*Instructions for public comment are
provided to virtual attendees.*



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.**



IV. ADOPTION OF THE FEBRUARY 18, 2025 AGENDA *(for possible action)*

Motion to Adopt the February 18, 2025 agenda, as presented.

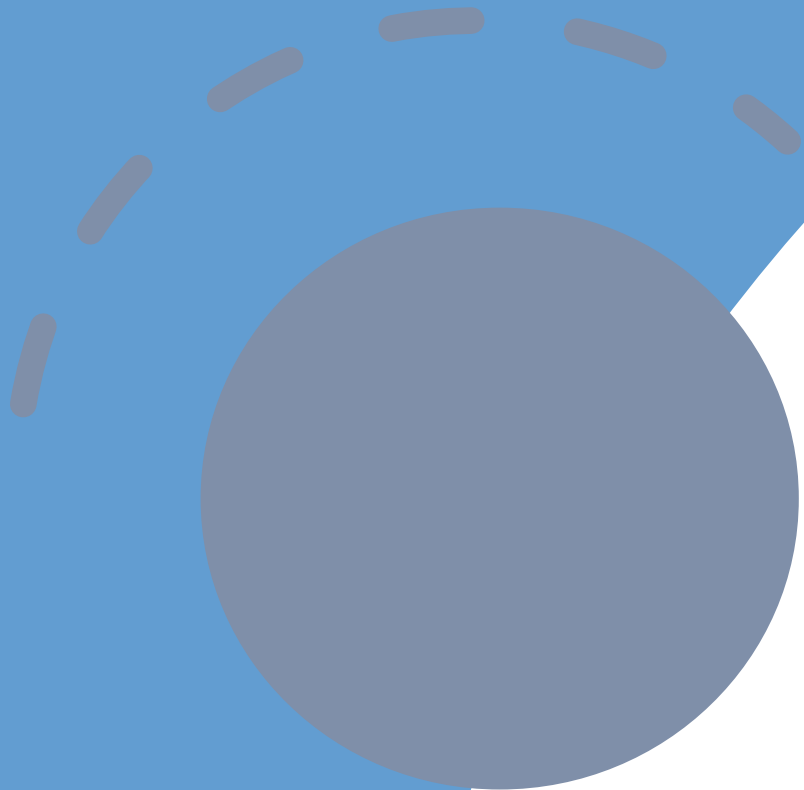
V. CONSENT AGENDA:

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.

- 1. APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** January 21, 2025 *(for possible action)*
- 2. Approve the Initial Credentialing and Privileging of Provider Robin Carter, DO;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approve the CHCA-029 Collaborative Planning and Community Engagement Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. Approve the CHCA-030 Community Education, Participation and Engagement Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 5. Approve the CHCA-032 Quality Management Program Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Motion to Approve the Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

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



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Financial Report
Results as of December 31, 2024

(Unaudited)

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

Revenue

- General Fund revenue (Charges for Services & Other) is \$16.93M compared to a budget of \$14.07M, a favorable variance of \$2.86M.
- Special Revenue Funds (Grants) is \$3.35M compared to a budget of \$3.93M, an unfavorable variance of \$587K.
- Total Revenue is \$20.28M compared to a budget of \$18.00M, a favorable variance of \$2.28M.

Expenses

- Salary, Tax, and Benefits is \$6.83M compared to a budget of \$6.86M, a favorable variance of \$31K.
- Other Operating Expense is \$13.67M compared to a budget of \$12.11M, an unfavorable variance of \$1.56M.
- Indirect Cost/Cost Allocation is \$3.90M compared to a budget of \$3.83M, an unfavorable variance of \$70K.
- Total Expense is \$24.40M compared to a budget of \$22.81M, an unfavorable variance of \$1.59M.

Net Position: is (\$4.12M) compared to a budget of (\$4.81M), a favorable variance of \$684K.

All Funds/Divisions by Type

Budget to Actual

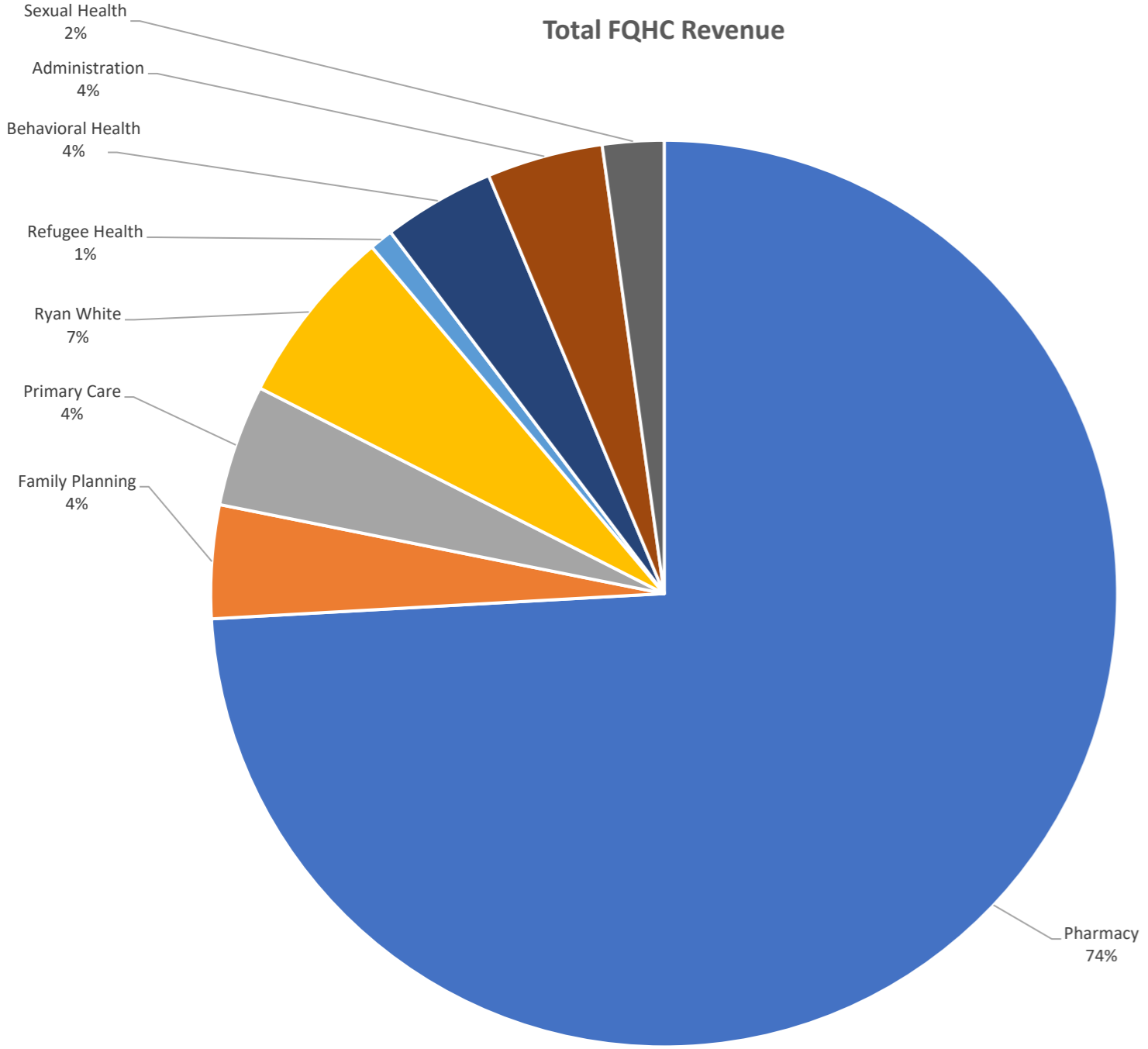
Activity	Budget as of December	Actual as of December	Variance Favorable (Unfavorable)	%
Charges for Services	13,515,846	16,094,143	2,578,297	19%
Other	553,335	839,001	285,666	52%
Federal Revenue	1,479,590	1,751,658	272,068	18%
Pass-Thru Revenue	1,819,157	1,290,277	(528,880)	-29%
State Revenue	635,707	305,231	(330,476)	-52%
Total FQHC Revenue	18,003,635	20,280,310	2,276,675	13%
Salaries	4,705,937	4,724,895	(18,958)	0%
Taxes & Fringe Benefits	2,157,863	2,107,155	50,708	2%
Total Salaries & Benefits	6,863,800	6,832,050	31,750	0%
Supplies	10,861,155	12,442,682	(1,581,527)	-15%
Capital Outlay	456,051	608,318	(152,267)	-33%
Contractual	762,145	597,283	164,862	22%
Travel & Training	33,071	23,976	9,095	28%
Total Other Operating	12,112,422	13,672,259	(1,559,837)	-13%
Indirect Costs/Cost Allocations	3,834,126	3,898,334	(64,208)	-2%
Transfers IN	(353,519)	(400,914)	47,395	-13%
Transfers OUT	353,519	400,914	(47,395)	-13%
Total Transfers	3,834,126	3,898,334	(64,208)	-2%
Total FQHC Expenses	22,810,348	24,402,643	(1,592,295)	-7%
Net Position	(4,806,713)	(4,122,333)	684,380	-14%

NOTES:

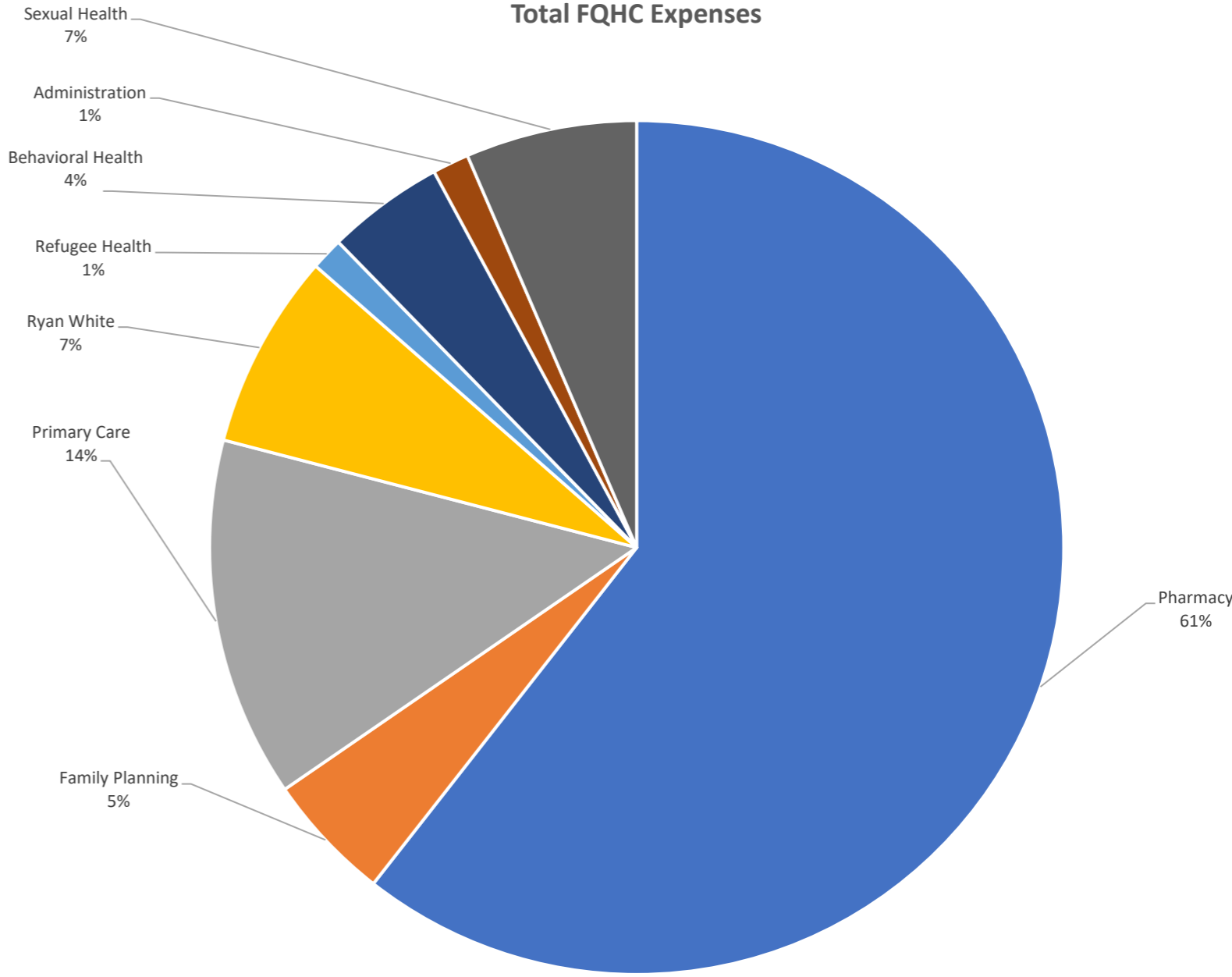
- 1) PHARMACY PATIENT ENCOUNTERS DRIVING MAJORITY OF GROWTH; PATIENT ENCOUNTERS CONTINUE YEAR-OVER-YEAR GROWTH ACROSS FQHC ESPECIALLY WITH ADDITION OF PHARMACY AT FREMONT CLINIC.
- 2) WRAP REVENUE REIMBURSEMENTS ARE CONTINUING TO OUTPACE PROJECTIONS IN FY25.
- 3) DRIVEN BY \$592K IN REIMBURSEMENTS FOR BEHAVIORAL HEALTH CLINIC CAPITAL EXPENSES THROUGH DECEMBER 2024.
- 4) PHARMACY PATIENT ENCOUNTERS DRIVING CORRESPONDING INCREASE IN MEDICATION SUPPLIES EXPENSES PLUS ADDITIONAL PURCHASES FOR SECOND PHARMACY LOCATION AT FREMONT CLINIC.
- 5) CAPITAL EXPENSES ASSOCIATED WITH CONSTRUCTION OF NEW BEHAVIORAL HEALTH CLINIC (\$592K THROUGH DECEMBER 2024).

Percentage of Revenues and Expenses by Department

Total FQHC Revenue



Total FQHC Expenses



Revenues by Department

Budget to Actuals

Department	Budget as of December	Actual as of December	Variance Favorable (Unfavorable)	%
Charges for Services, Other, Wrap				
Family Planning	199,319	94,676	(104,643)	-53%
Pharmacy	12,373,432	15,030,273	2,656,841	21%
Oral Health (Dental)	-	-	-	0%
Primary Care	253,015	246,891	(6,124)	-2%
Ryan White	138,252	105,448	(32,804)	-24%
Refugee Health	27,084	64,793	37,709	139%
Behavioral Health	137,899	108,464	(29,435)	-21%
Administration	550,578	838,981	288,403	52%
Sexual Health	389,602	443,617	54,015	14%
OPERATING REVENUE	14,069,181	16,933,143	2,863,962	20%
Grants				
Family Planning	1,060,544	723,408	(337,136)	-32%
Oral Health (Dental)	548,927	-	(548,927)	-100%
Primary Care	505,827	633,188	127,361	25%
Ryan White	1,299,920	1,185,036	(114,884)	-9%
Refugee Health	113,354	105,241	(8,113)	-7%
Behavioral Health	405,882	700,293	294,411	73%
SPECIAL REVENUE	3,934,454	3,347,166	(587,288)	-15%
TOTAL REVENUE	18,003,635	20,280,310	2,276,675	13%

NOTES:

- 1) PATIENT ENCOUNTERS CONTINUE YEAR-OVER-YEAR GROWTH ACROSS FQHC ESPECIALLY WITH ADDITION OF PHARMACY AT FREMONT CLINIC.
- 2) DENTAL CLINIC PLANNED OPENING IN Q4 FY25.
- 3) WRAP REVENUE REIMBURSEMENTS ARE CONTINUING TO OUTPACE PROJECTIONS IN FY25.
- 4) INCLUDES PAYMENT FOR GRANT-FUNDED REIMBURSEMENTS FOR BEHAVIORAL HEALTH CLINIC CAPITAL EXPENSES (\$592K THROUGH DECEMBER 2024).

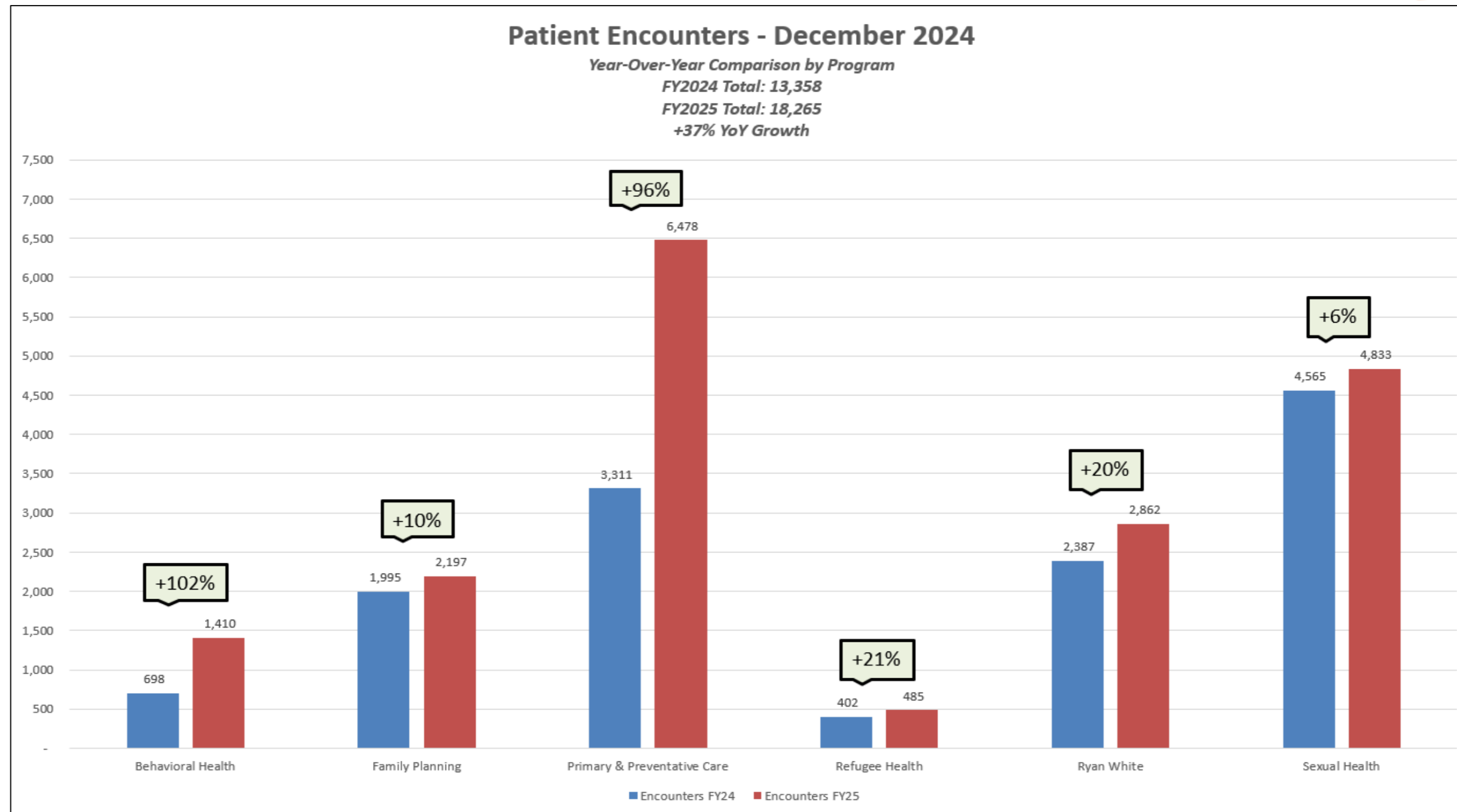
Expenses by Department Budget to Actuals

Department	Budget as of December	Actual as of December	Variance Favorable (Unfavorable)	%
Employment (Salaries, Taxes, Fringe)				
Family Planning	1,155,918	833,363	322,555	28%
Pharmacy	273,031	301,717	(28,686)	-11%
Oral Health (Dental)	56,697	-	56,697	100%
Primary Care	2,296,455	2,615,447	(318,992)	-14%
Ryan White	1,352,872	1,354,393	(1,521)	0%
Refugee Health	92,939	127,316	(34,377)	-37%
Behavioral Health	249,347	305,829	(56,482)	-23%
Administration	58,560	72,355	(13,795)	-24%
Sexual Health	1,327,983	1,221,629	106,354	8%
Total Personnel Costs	6,863,802	6,832,049	31,753	0%
Other (Supplies, Contractual, Capital, etc.)				
Family Planning	421,231	159,555	261,676	62%
Pharmacy	10,176,690	12,118,651	(1,941,961)	-19%
Oral Health (Dental)	400,742	-	400,742	100%
Primary Care	148,234	180,941	(32,707)	-22%
Ryan White	189,994	164,170	25,824	14%
Refugee Health	66,993	124,976	(57,983)	-87%
Behavioral Health	298,643	604,785	(306,142)	-103%
Administration	283,085	210,920	72,165	25%
Sexual Health	126,812	108,262	18,550	15%
Total Other Expenses	12,112,424	13,672,260	(1,559,836)	-13%
Total Operating Expenses	18,976,226	20,504,309	(1,528,083)	-8%
Indirect Costs/Cost Allocations	3,834,126	3,898,334	(64,208)	-2%
Transfers IN	(353,519)	(400,914)	47,395	-13%
Transfers OUT	353,519	400,914	(47,395)	-13%
Total Transfers & Allocations	3,834,126	3,898,334	(64,208)	-2%
TOTAL EXPENSES	22,810,352	24,402,643	(1,592,291)	-7%

NOTES:

- 1) DENTAL CLINIC PLANNED OPENING IN Q4 FY25.
- 2) PHARMACY PATIENT ENCOUNTERS DRIVING CORRESPONDING INCREASE IN MEDICATION SUPPLIES EXPENSES PLUS ADDITIONAL PURCHASES FOR SECOND PHARMACY LOCATION AT FREMONT CLINIC.
- 3) CAPITAL EXPENSES ASSOCIATED WITH CONSTRUCTION OF NEW BEHAVIORAL HEALTH CLINIC (\$592K THROUGH DECEMBER 2024).

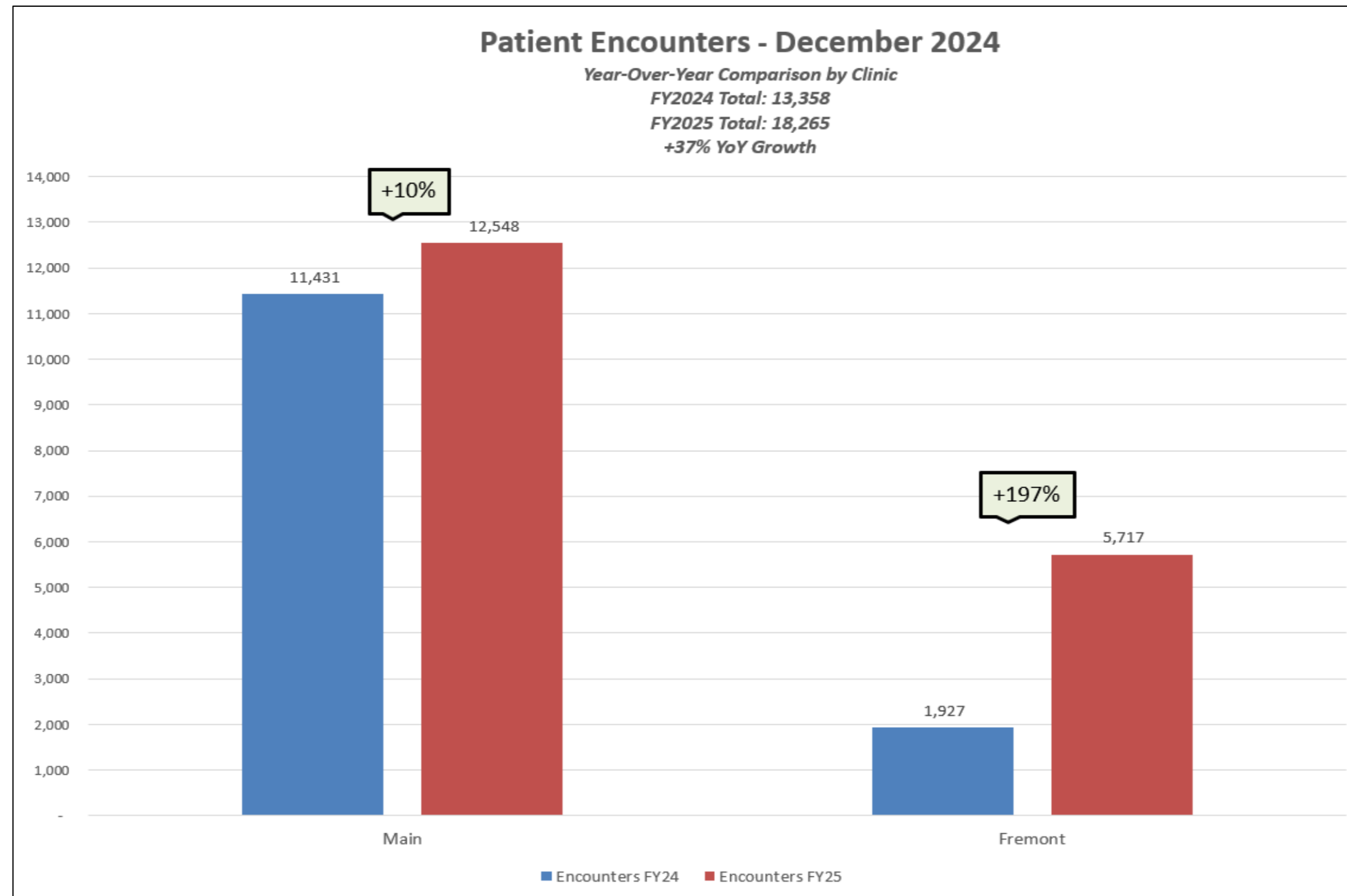
Patient Encounters By Department



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

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

Patient Encounters By Clinic



Financial Report Categorization

Statement Category – Revenue	Elements
Charges for Services	Fees received for medical services provided from patients, insurance companies, Medicare, and Medicaid.
Other	Medicaid MCO reimbursements (the wrap), administrative fees, and miscellaneous income (sale of fixed assets, payments on uncollectible charges, etc.).
Grants	Reimbursements for grant-funded operations via Local, State, Federal, and Pass-Through grants.

Statement Category – Expenses	Elements
Salaries, Taxes, and Benefits	Salaries, overtime, stand-by pay, retirement, health insurance, long-term disability, life insurance, etc.
Travel and Training	Mileage reimbursement, training registrations, hotel, flights, rental cars, and meeting expenses pre-approved, job-specific training and professional development.
Supplies	Medical supplies, medications, vaccines, laboratory supplies, office supplies, building supplies, books and reference materials, etc.
Contractual	Temporary staffing for medical/patient/laboratory services, subrecipient expenses, dues/memberships, insurance premiums, advertising, and other professional services.
Property/Capital Outlay	Fixed assets (i.e. buildings, improvements, equipment, vehicles, computers, etc.)
Indirect/Cost Allocation	Indirect/administrative expenses for grant management and allocated costs for shared services (i.e. Executive leadership, finance, IT, facilities, security, etc.)

Additional Visualizations

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

YTD by Month – December 31, 2024 By Department

Southern Nevada Community Health Center

Year-to-Date Revenues/Expenses by Department
Fiscal Year 2025 as of December 31, 2024

DEPARTMENT	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD TOTALS	YTD AVERAGES
Administration (301)	258,696	124,864	118,728	120,498	101,004	115,191	838,981	139,830
Family Planning (309)	91,661	148,951	135,840	157,890	188,905	154,555	877,802	146,300
Pharmacy (333)	2,383,597	2,574,661	2,339,657	2,489,975	2,352,879	2,889,505	15,030,274	2,505,046
Dental Health (336)	-	-	-	-	-	-	-	-
Primary Care (337)	144,427	157,797	134,070	141,115	220,767	244,511	1,042,687	173,781
Ryan White (338)	177,359	210,374	250,019	216,541	316,051	268,796	1,439,140	239,857
Refugee Health (344)	28,153	9,890	11,929	37,050	71,523	30,166	188,711	31,452
Behavioral Health (345)	280,629	337,075	78,806	45,553	62,009	15,940	820,012	136,669
Sexual Health (350)	101,840	76,971	77,277	102,402	80,309	4,819	443,618	73,936
TOTAL REVENUES	3,466,362	3,640,583	3,146,326	3,311,024	3,393,447	3,723,483	20,681,225	3,446,871
DEPARTMENT	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD TOTALS	YTD AVERAGES
Administration (301)	37,218	73,998	67,276	42,945	68,387	48,056	337,880	56,313
Family Planning (309)	130,361	180,167	163,917	191,449	313,688	256,749	1,236,331	206,055
Pharmacy (333)	2,995,246	2,292,351	2,692,359	1,881,673	2,582,955	2,402,963	14,847,547	2,474,591
Dental Health (336)	-	-	-	-	-	-	-	-
Primary Care (337)	442,767	610,833	531,333	500,494	771,091	736,413	3,592,931	598,822
Ryan White (338)	224,923	320,915	281,139	270,657	432,313	391,653	1,921,600	320,267
Refugee Health (344)	59,154	(5,281)	5,096	88,306	120,049	43,284	310,608	51,768
Behavioral Health (345)	278,625	389,717	90,104	64,958	81,968	75,349	980,721	163,454
Sexual Health (350)	189,325	249,162	241,255	248,806	344,487	302,903	1,575,938	262,656
TOTAL EXPENSES	4,357,619	4,111,862	4,072,479	3,289,288	4,714,938	4,257,370	24,803,557	4,133,926
NET POSITION:	(891,256)	(471,280)	(926,154)	21,735	(1,321,492)	(533,886)	(4,122,333)	(687,056)

YTD by Month – December 31, 2024 *By Type*

Southern Nevada Community Health Center

Year-to-Date Revenues/Expenses by Type

Fiscal Year 2025 as of December 31, 2024

REVENUE TYPE	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD TOTALS	YTD AVERAGES
Charges for Services	2,599,053	2,736,809	2,537,814	2,742,116	2,575,537	2,902,813	16,094,142	1,341,179
Other	258,696	124,864	118,728	120,498	101,004	115,191	838,981	69,915
Contributions	-	-	-	20	-	-	20	2
Intergovernmental	533,730	689,780	450,756	413,874	606,804	652,222	3,347,166	278,931
TOTAL REVENUES	3,391,479	3,551,453	3,107,298	3,276,508	3,283,345	3,670,226	20,280,309	3,380,052
EXPENSE TYPE	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD TOTALS	YTD AVERAGES
Salaries	485,229	707,618	685,316	697,394	1,118,829	1,030,509	4,724,895	787,483
Taxes and Benefits	223,019	316,343	312,100	320,374	460,867	474,452	2,107,155	351,193
Travel and Training	280	4,192	5,219	9,813	3,939	533	23,976	3,996
Supplies	2,518,508	1,890,853	2,242,689	1,605,394	2,192,721	1,992,517	12,442,682	2,073,780
Contractual	119,166	122,427	96,763	103,521	72,099	83,307	597,283	99,547
Property	248,000	327,602	32,716	-	-	-	608,318	101,386
TOTAL EXPENSES	3,594,202	3,369,035	3,374,803	2,736,496	3,848,455	3,581,318	20,504,309	3,417,385
TRANSFER TYPE	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD TOTALS	YTD AVERAGES
Indirect/Cost Allocation	688,533	653,698	658,649	518,277	756,382	622,794	3,898,333	649,722
Transfer In	(74,882)	(89,130)	(39,028)	(34,515)	(110,101)	(53,257)	(400,913)	(66,819)
Transfer Out	74,882	89,130	39,028	34,515	110,101	53,257	400,913	66,819
TOTAL TRANSFERS	688,533	653,698	658,649	518,277	756,382	622,794	3,898,333	649,722
NET POSITION:	(891,256)	(471,280)	(926,154)	21,735	(1,321,492)	(533,886)	(4,122,333)	(687,056)

Questions?



MOTION

*Motion to Accept the December 2024
Year to Date Financial Report, as
presented.*

2. Receive, Discuss and Approve the Augmentation to the Southern Nevada Community Health Center FY2025 Budget;
direct staff accordingly or take other action as deemed necessary (for possible action)

Southern Nevada Community Health Center

Governing Board Meeting
February 2025

- ▶ FY 2025 Budget Augmentation
- ▶ Presented by: Donnie (DJ) Whitaker, CFO

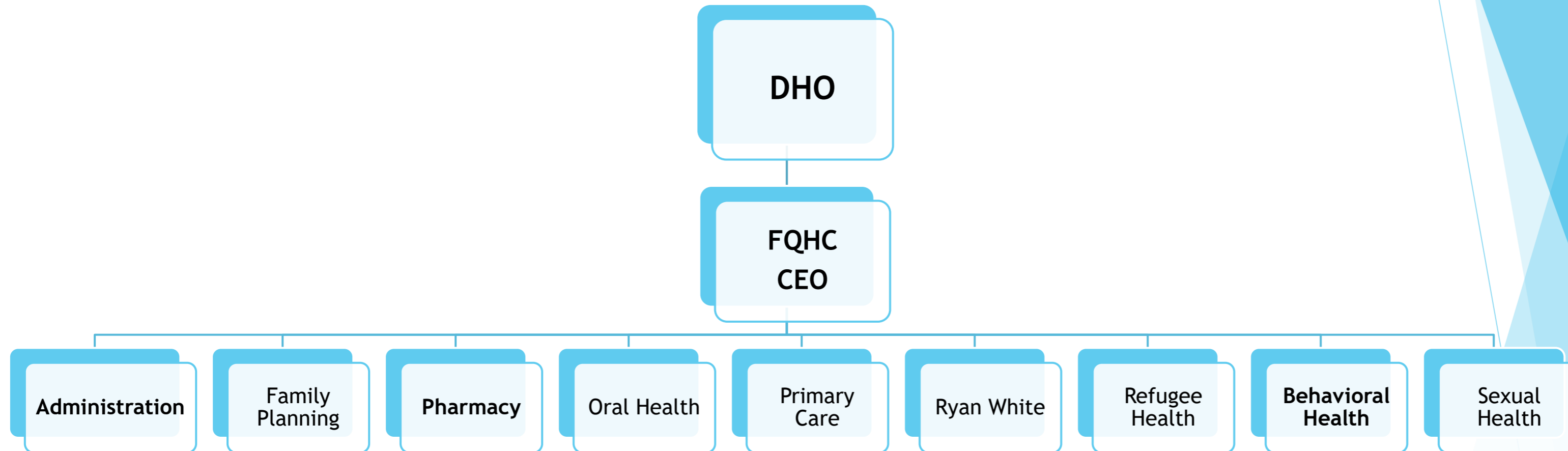
Definition

A “Budget Augmentation” is a procedure for increasing appropriations of a fund with the express intent of employing previously unbudgeted resources of the fund for carrying out the increased appropriations.

Nevada Revised Statute (NRS) 354.626

Unlawful expenditure of money in excess of amount appropriated; penalties; exceptions, states that “No governing body or member thereof, officer, office, department, or agency may, during any fiscal year, expend or contract to expend any money or incur any liability, or enter into any contract which by its terms involves the expenditure of money, in excess of the amounts appropriated for that function, other than bond repayments, medium-term obligation of repayments and any other long-term contract expressly authorized by law.”

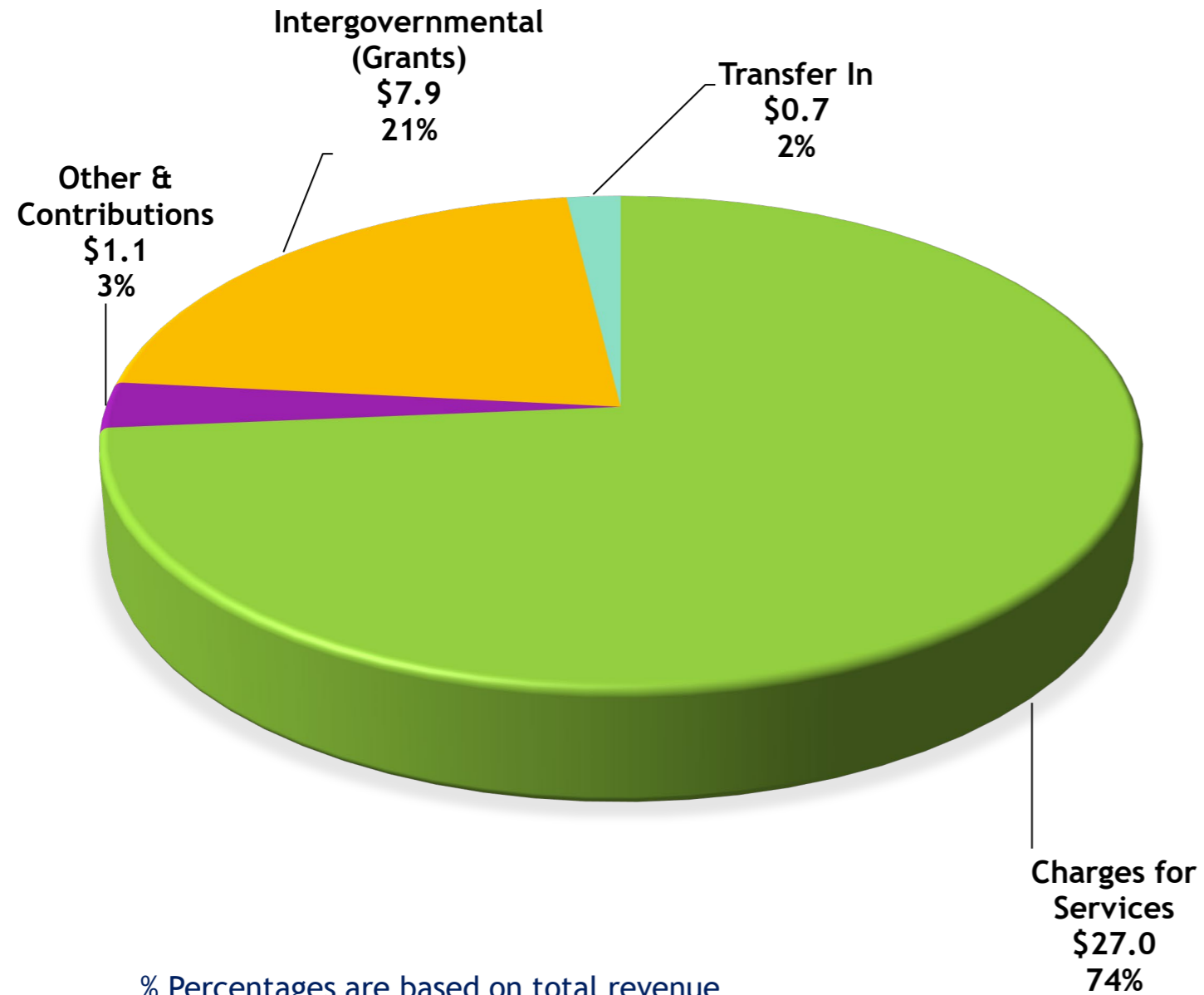
FQHC Division Org Chart



REVENUES

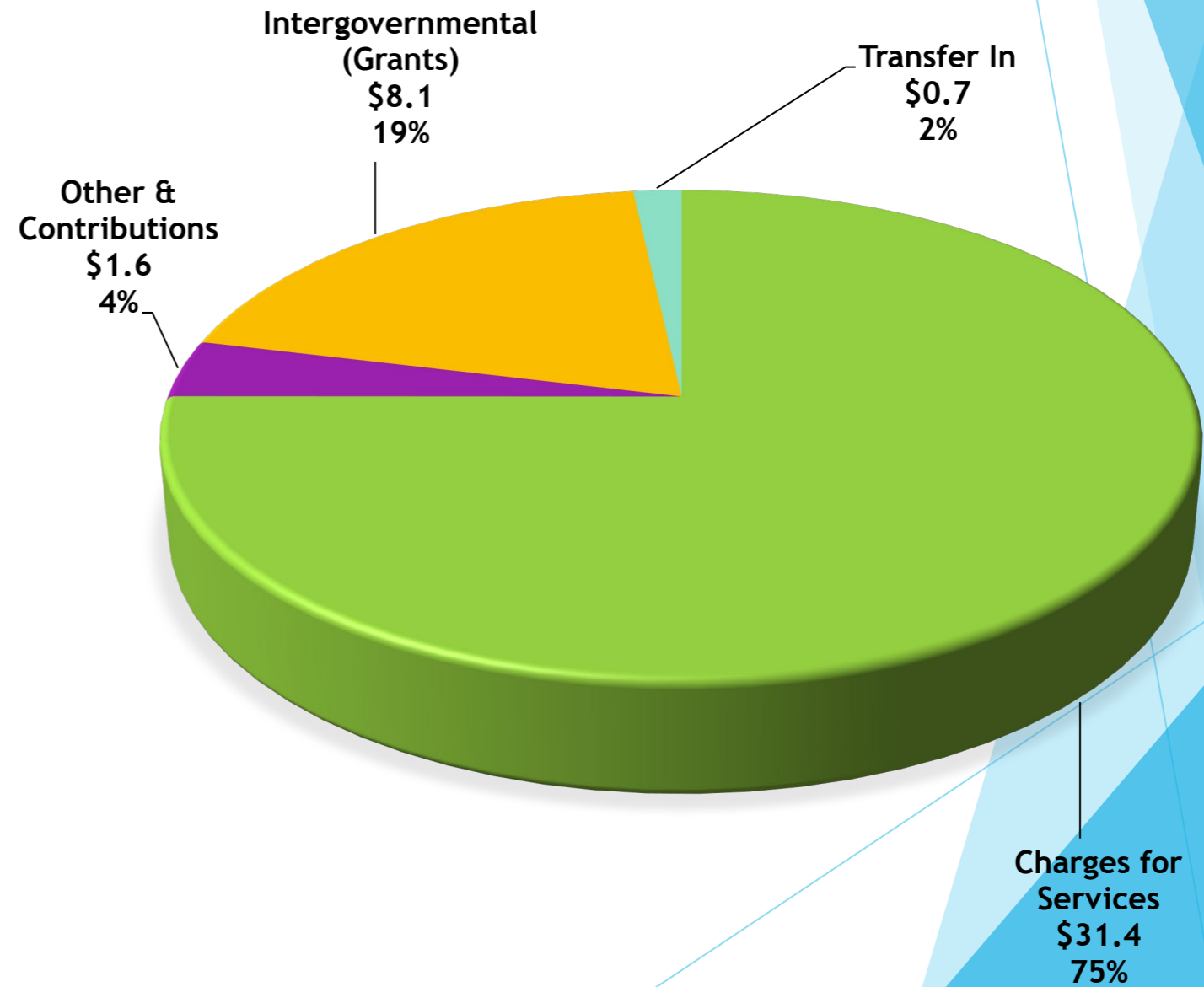
COMBINED REVENUES BY SOURCE - comparison

FY2025 Adopted Budget
Revenue
\$36.7 M



% Percentages are based on total revenue

FY2025 January Budget
Augmentation Revenue
\$41.8 M

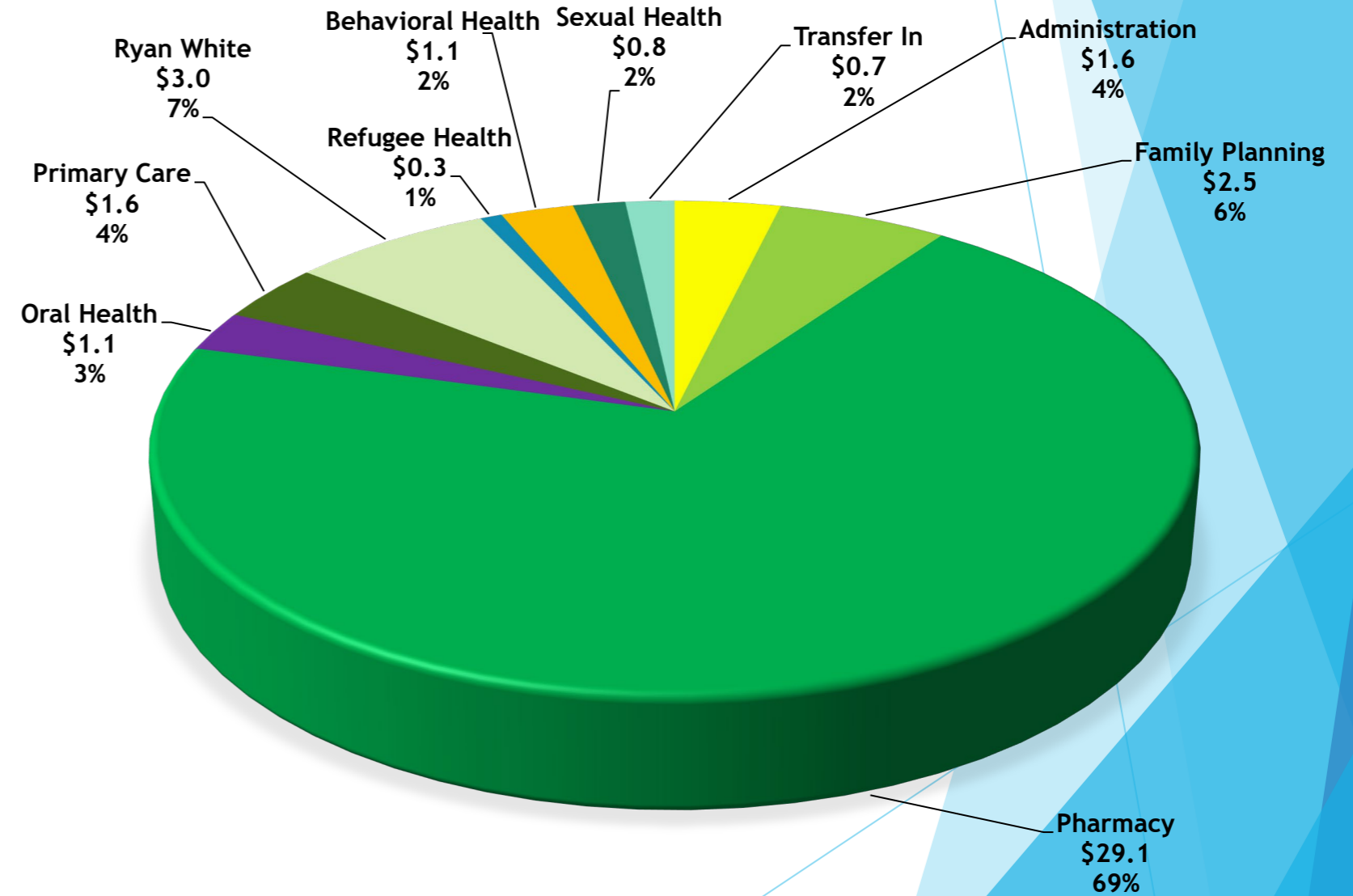
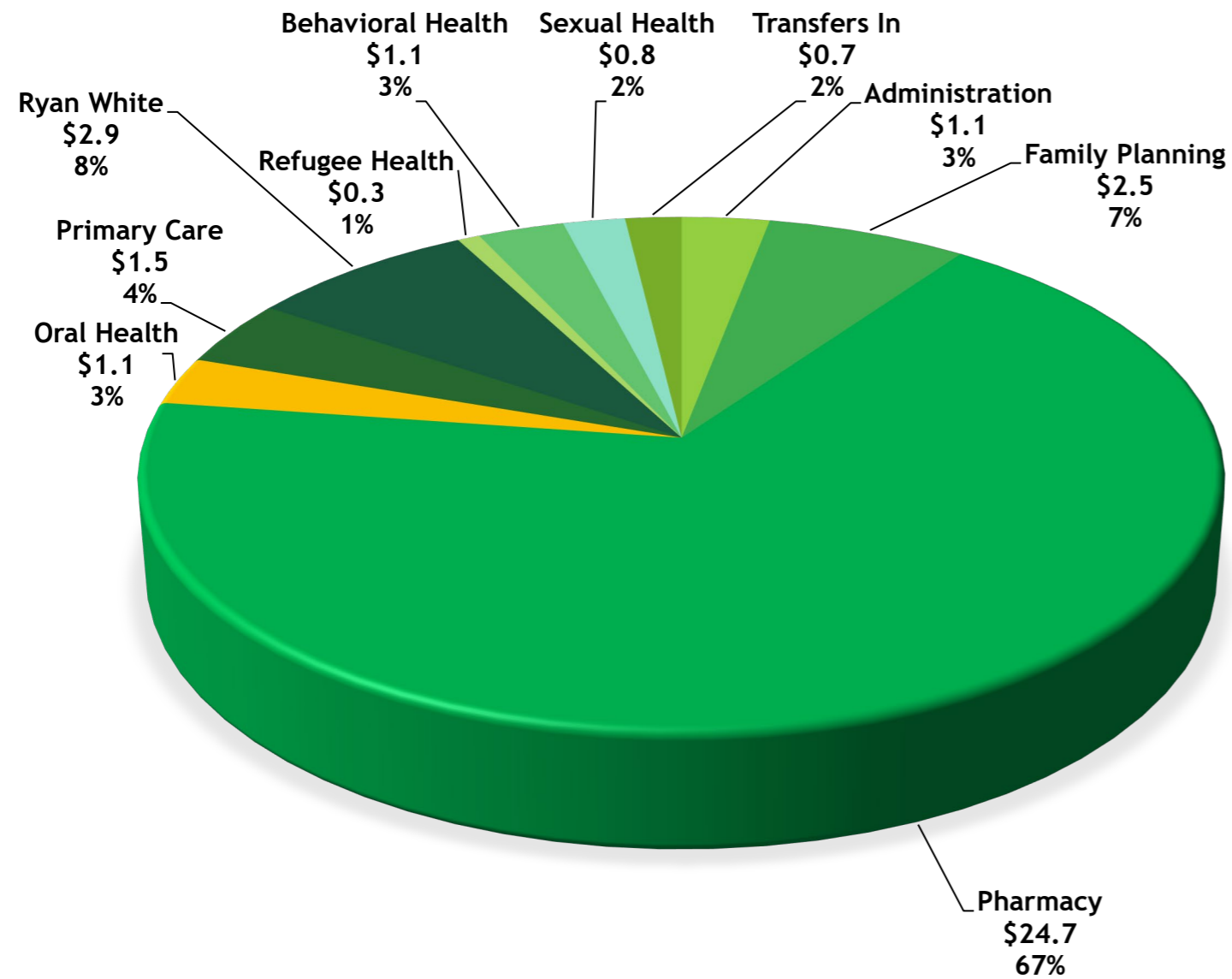


REVENUES

COMBINED REVENUES BY DEPARTMENT - comparison

FY2025 Adopted Budget Revenue
\$36.7 M

FY2025 January Budget Augmentation Revenue
\$41.8 M



% Percentages are based on total revenue
Adopted Revenue reflects Sexual Health budget transfers to PPC Division

REVENUES

GENERAL & SPECIAL REVENUE FUND SUMMARY

General Fund:

Total *Charges for Services revenue is augmented at \$31.4M, which is an increase of \$4.4M compared \$27.0M from adopted budget.

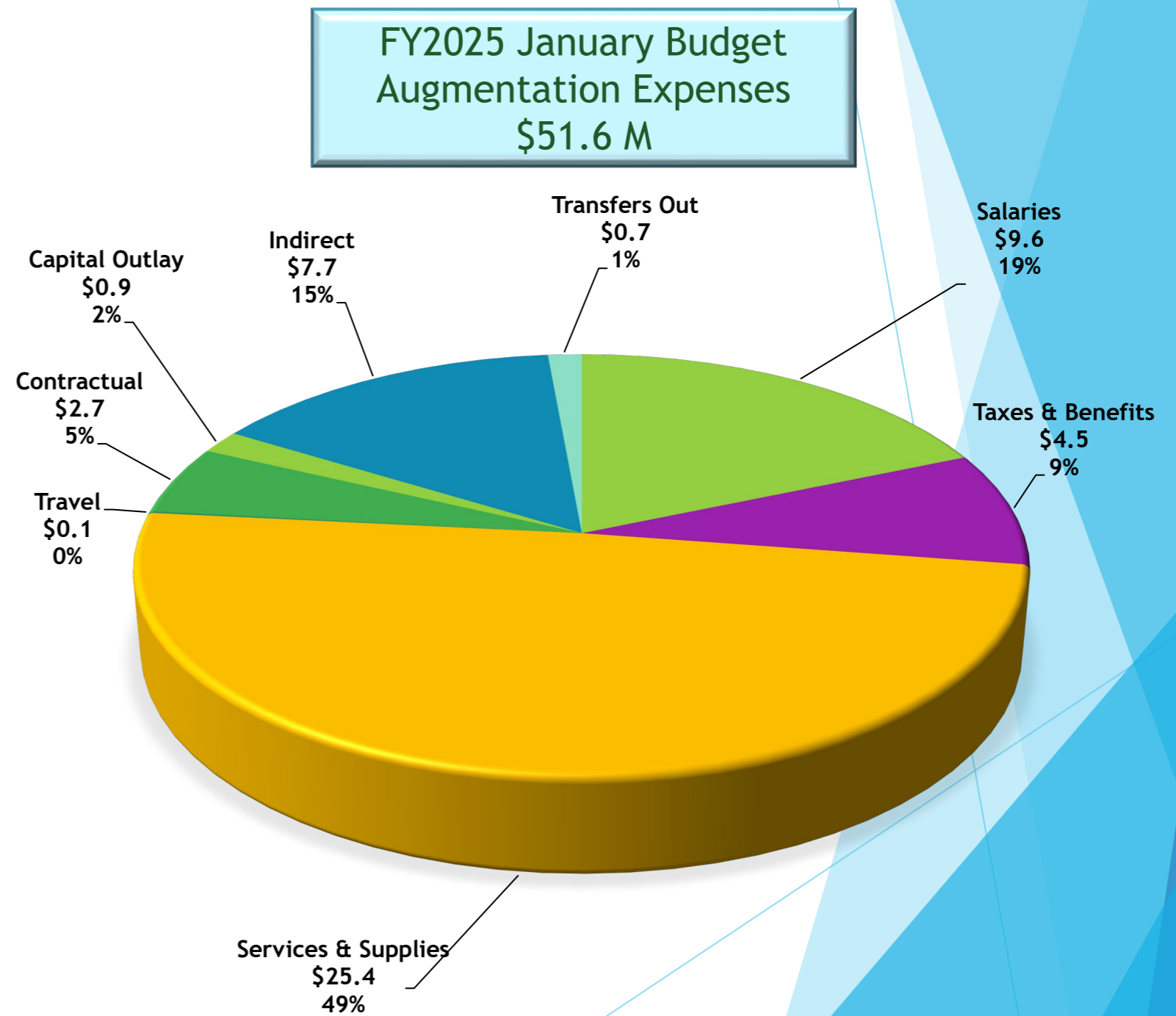
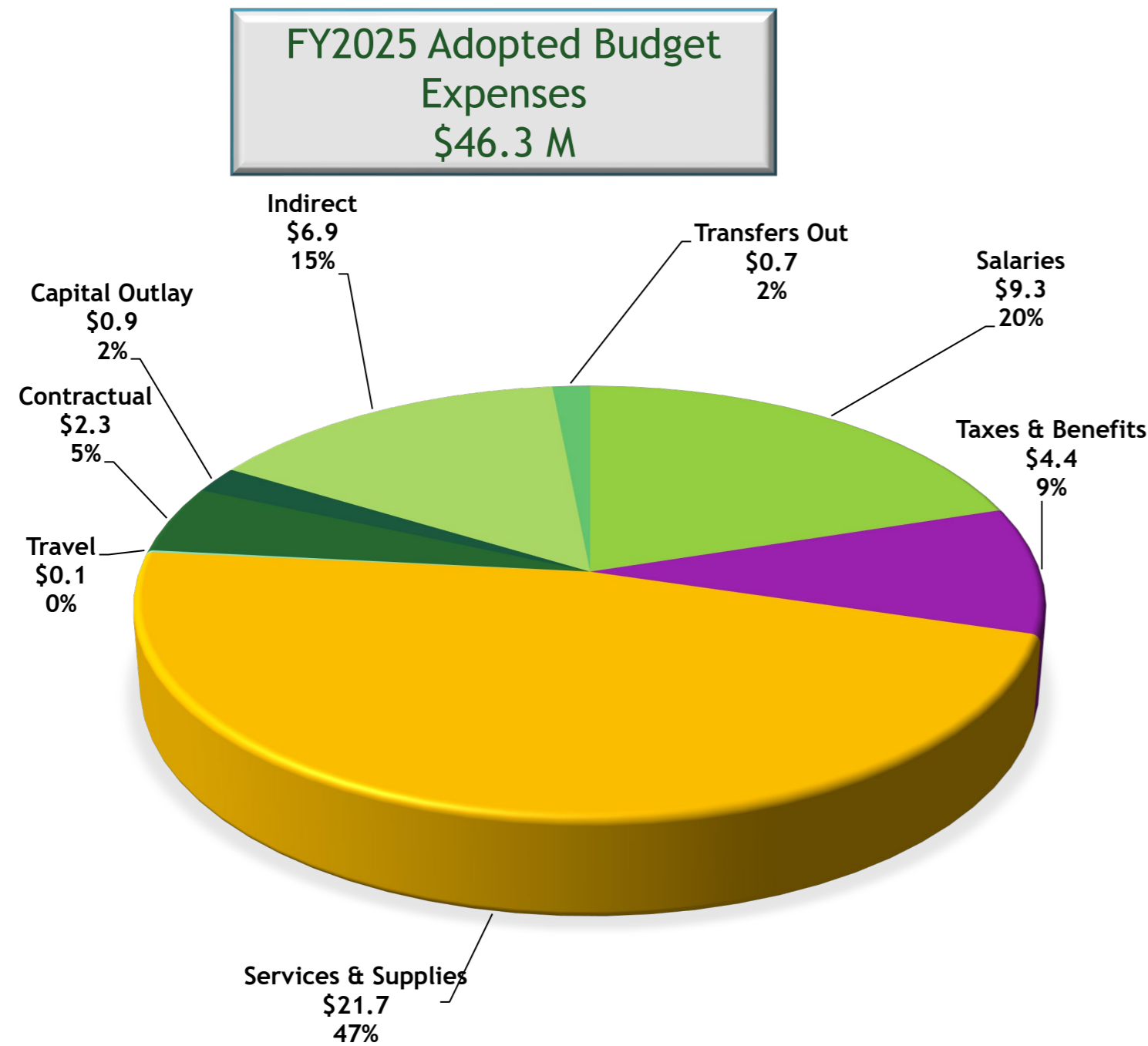
**Major component of Charges for Services revenue is Pharmacy which continues to increase and is now projected at \$29.1M compared to \$24.7M from adopted budget.*

Special Revenue Fund:

Federal (Grants) revenue increased from \$7.9M to \$8.1M due to new or adjustments of existing grants under Ryan White, Primary Health and Refugee Health departments.

EXPENDITURES

COMBINED EXPENSES BY SOURCE - comparison



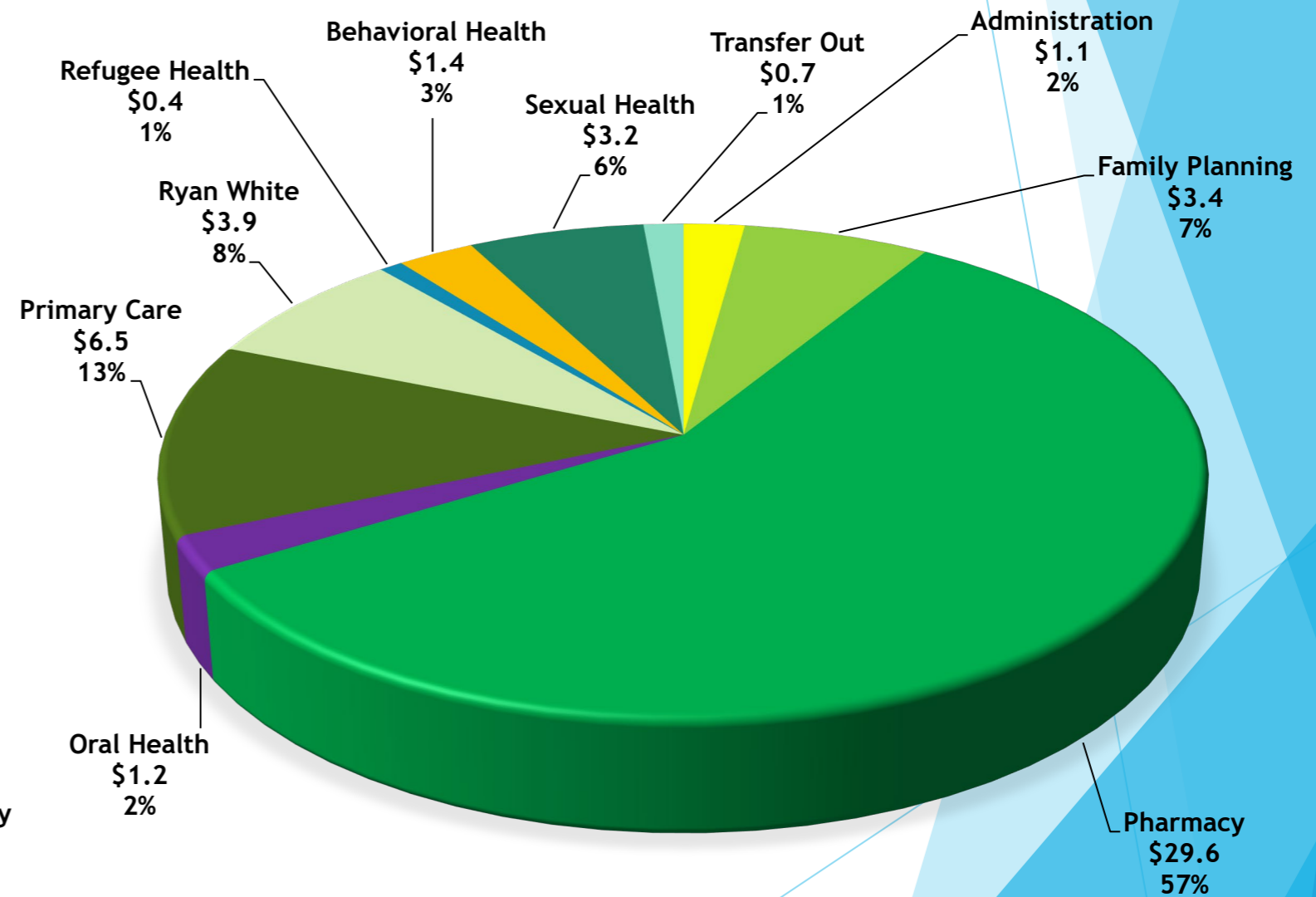
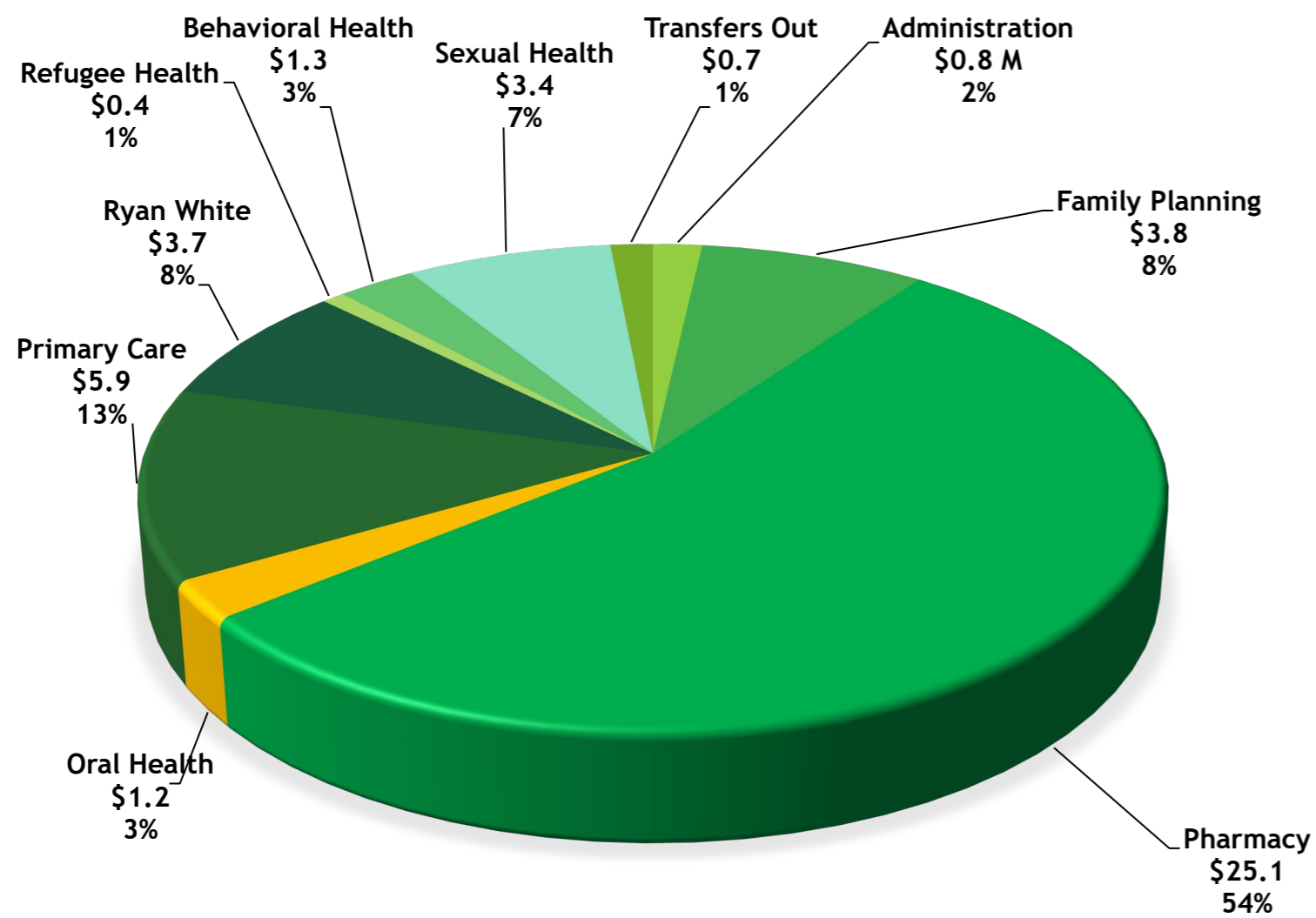
% Percentages are based on total expenses

EXPENDITURES

COMBINED EXPENSES BY DEPARTMENT- comparison

FY2025 Adopted Budget Expenses
\$46.3 M

FY2025 January Budget Augmentation Expenses
\$51.6 M



% Percentages are based on total expenditures

EXPENDITURES

GENERAL & SPECIAL REVENUE FUND SUMMARY



FQHC combined expenditures augmented budget is **\$51.6M** compared to **\$46.3M** from adopted budget.



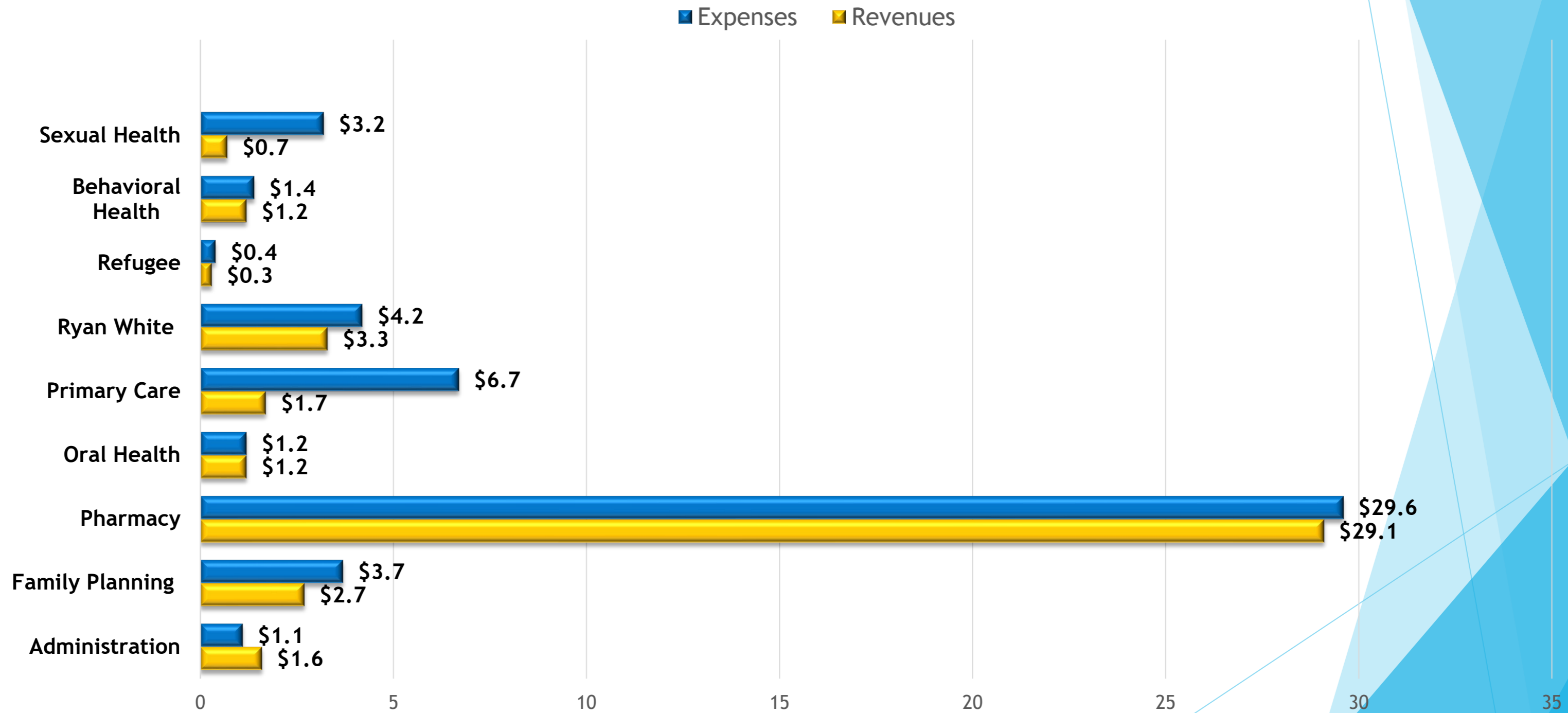
General Fund Pharmacy expenses is projected at **\$29.5M**, **71%** of total FQHC expenses of **\$41.8M**. Pharmacy medication expenses increased from **\$20.2M** to **\$23.9M**, a **\$3.7M** increase to align with actuals which is trending higher than original budget



Total salaries and benefits for General & Grants funds is **\$14.1M**, an increase of **\$420K** from the adopted budget of **\$13.7M**. This includes the adjustment for the negotiated Cost of Living and Merit increases. Total salaries and benefits represent **28%** of total FQHC expenditures. More than **37%** of Personnel expenses are supported by grants.

REVENUES VS. EXPENDITURES

COMBINED FUNDS BY DEPARTMENT



*Amounts are represented in millions

Staffing FY2025

FQHC Total Augmented FTE

SOUTHERN NEVADA HEALTH DISTRICT FY25 FTE COUNT				
DEPARTMENT	2024/2025 ADOPTED	FTE CHANGE	2024/2025 AMENDED	% FTE CHANGE ADOPTED V ESTIMATED
ADMINISTRATION ^{(1),(2)}	12	-1	11	-7%
FAMILY PLANNING	19	0	19	0%
PHARMACY	5	0	5	0%
ORAL HEALTH (DENTAL)	1	1	2	91%
PRIMARY CARE CLINIC ^{(2),(3)}	37	-2	35	-5%
RYAN WHITE ⁽⁴⁾	25	2	27	6%
BEHAVIORAL HEALTH	2	1	3	50%
SEXUAL HEALTH CLINIC	20	0	20	0%
TOTAL	121	1	122	1%

(1) Eligibility Worker and Community Health Worker transferred to Ryan White and Primary Care Clinic, respectively

(2) Clinical Office Supervisor transferred from Primary Care Clinic to Administration

(3) Medical Assistant transferred to Behavioral Health Clinic. New Medical Assistant position expected to be filled by 6/1/2025

(4) 8 new positions funded by pending RWA grant expected to be filled by 6/1/2025



MOTION

*Motion to Approve the
Augmentation to the
Southern Nevada Community
Health Center FY2025
Budget, as presented.*

3. Receive, Discuss and Approve CHCA-031 Incident Reporting Policy; *direct staff accordingly or take other action as deemed necessary (for possible action)*

CHCA-031 Incident Reporting Policy

PURPOSE

To establish a process for reporting, tracking, analyzing, and responding to actual or potential incidents occurring in the health center.

POLICY

- A. The Southern Nevada Community Health Center (SNCHC) is committed to maintaining a safe environment for patients and workforce members, delivering high quality care, providing excellent patient experiences, and improving client outcomes through the proper documentation and review of incidents to initiate process improvement activities and to prevent/mitigate actual or potential risk.
- B. SNCHC adheres to its core values and evidence-based practices to maintain a safe, productive, and effective environment for patients, caregivers, and workforce members. Training provided to the workforce is designed to improve the identification of actual and potential risks in the health center with the goal of preventing and/or mitigating their occurrence.
- C. Any workforce member who observes an incident is responsible for reporting it in a timely manner.
- D. The FQHC Administrative Manager is responsible for tracking, analyzing, and coordinating responses to incidents.



MOTION

*Motion to Approve CHCA-031
Incident Reporting Policy, as
presented.*

VII. BOARD REPORTS

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

VIII. CEO COMMENTS & STAFF REPORTS

RANDY SMITH, CHIEF EXECUTIVE OFFICER - FQHC

Chief Medical Officer/Medical Director

Introducing Robin Carter, D.O.



HRSA - Health Center Program Update

- The HRSA Operational Site Visit (OSV) scheduled for 2/25/25 – 2/27/25 has been postponed. New review dates will be communicated by HRSA.
- SNCHC has been able to access the PMS, execute drawdown requests, and receive payment.
- SNCHC's CY24 UDS report submitted on 2/13/24.
- HRSA Behavioral Health Technical Assistance engagement in March 2025 (virtual only).
- CY26 FTCA application open.
- NVPCA established regular meetings to communicate updates to FQHCs.
- NACHC established weekly Federal Action Support Team Call.

Administrative Updates

- Several meetings with staff to provide updates over the past few weeks.
- Training provided to staff regarding the District's policy for interacting with law enforcement and HIPPA requirements.
- Community resources updated for immigration services.
- Family Planning CY24 FPAR 2.0 annual report due 2/28/25.
- Family Planning Title X site visit scheduled for September 2025.
- Family Planning rebranding to Sexual and Reproductive Health
- A dentist has been brought on as a temporary employee to assist with the development of the health center's oral health program.
 - Construction of the Fremont dental clinic anticipated to begin in May.

Operations

- CY25 – 27 Strategic goals:
 - **Increase Access to Service**
 - Year-over-year increase in number of visits provided – CY24 increase 13% from CY23
 - Amplified focus on same day/walk-in, overbooking, and integrated care
 - Significant No-Shows impacting operations (ranging from 30% - 40%)
 - Below benchmark performance compared to other NV FQHCs (CY23)
 - **Improve Financial Sustainability**
 - Through operations and not grants
 - A balanced payer mix is essential
 - CY24 UDS = 55% uninsured
- *New workflows needed to reduce waste and establish a balanced mix of patients*

IX. INFORMATIONAL ITEMS

- *Community Health Center (FQHC) January 2025 Monthly Report*

X. SECOND PUBLIC COMMENT

A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. **Please clearly state and spell your name for the record.** If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.





SOUTHERN NEVADA

Community

HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

XI. ADJOURNMENT

THANK YOU.