

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

June 17, 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
Sara Hunt, Second Vice Chair
Scott Black
Erin Breen
Ashley Brown
Marie Dukes
Jose L. Melendrez
David Neldberg

ABSENT:

Jasmine Coca, First Vice Chair
Luz Castro
Blanca Macias-Villa

ALSO PRESENT

LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

CHIEF EXECUTIVE OFFICER:

Randy Smith

STAFF:

Emily Anelli, Tawana Bellamy, Todd Bleak, Robin Carter, David Kahananui, Ryan Kelsch, Cassius Lockett, Cassondra Major, Jonas Maratita, Luann Province, Emma Rodriguez, Luscinda Santiago, Kim Saner, Felicia Sgovio, Justin Tully, Donnie (DJ) Whitaker, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

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

III. RECOGNITION

1. Southern Nevada Health District – June Employees of the Month

- Jennifer Loysaga

The Governing Board recognized Jennifer Loysaga, Administrative Assistant, as the Southern Nevada Health District's June Employee of the Month. Ms. Bellamy read an excerpt of her nomination into the record. On behalf of the SNCHC Governing Board, the Chair congratulated Ms. Loysaga.

- 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 JUNE 17, 2025 MEETING AGENDA** *(for possible action)*

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

A motion was made by Member Hunt, seconded by Member Breen, and carried unanimously to approve the June 17, 2025, meeting agenda, as presented.

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

- 1. APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** May 20, 2025 *(for possible action)*

The Chair called for question and there were none.

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

- VII. REPORT / DISCUSSION / ACTION**

- 1. Receive, Discuss and Approve a Change in Scope for Hours of Operation;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, Chief Executive Officer, presented a Change in Scope for Hours of Operation, requesting a formal adjustment to the health center's Tuesday operating hours. Tuesday mornings from 7:00 a.m. to 9:00 a.m. have been dedicated to essential internal team activities, including communicating updates, reporting, employee recognitions, workflow discussions, policy and process reviews, trainings, and team building. During this time, no patient services are provided.

Mr. Smith noted that while the current board-approved hours and the website indicate a 7:00 a.m. start on Tuesdays, this has led to some complaints from patients.

Mr. Smith proposed changing the Health Center's hours of operation on Tuesdays from 7:00 a.m. to 6:00 p.m. to 9:00 a.m. to 6:00 p.m. This change will be formally requested through HRSA via a Change in Scope. If approved, the new hours of operation would be:

- 7:00 a.m. to 6:00 p.m. – Monday, Wednesday, Thursday, and Friday
- 9:00 a.m. to 6:00 p.m. – Tuesday

Member Melendrez joined the meeting at 2:39 p.m.

The Chair called for questions and there were none.

A motion was made by Member Breen, seconded by Member Hunt, and carried unanimously to approve a Change in Scope for Hours of Operation, as presented.

2. Receive, Discuss and Approve the Patient Origin Report and Change in Catchment Area;
direct staff accordingly or take other action as deemed necessary *(for possible action)*

David Kahananui, Administrative Manager, FQHC, presented the Patient Origin Report and a proposed Change in Catchment Area. Mr. Kahananui began with an overview of the CY 2024 UDS Demographic Data, which helps support the determination of the board's consumer member composition. Key demographic insights included:

- Sex: Data was presented for both male and female patients.
- Ethnicity: Only 2.81% of patient ethnicity data was unknown.
- Race: A significant 30.02% of patients either chose not to disclose their race or it was unreported.
- Income:
 - 8.06% of income data (as a percentage of the 2024 Poverty Guideline) was unknown.
 - Approximately 80% of the health center's patient population was at or below 200% of the federal poverty level.

Mr. Kahananui explained that the high rates of unknown or unreported data for race and income were largely due to technical issues and improper data mapping or recording within the system. Mr. Kahananui assured the board that the IT and informatics divisions are actively working to fix these issues, and future reports should show improved data.

Mr. Kahananui also shared data on Primary Payer Source and Special Population, highlighting that 55.13% of the patient population was uninsured.

Mr. Kahananui then addressed the catchment area, noting that HRSA requires health centers to list zip codes where at least 75% of current patients reside, based on the most recent UDS report.

To meet this requirement, Mr. Kahananui recommended the following changes to SNCHC's catchment area, which would encompass 24 zip codes where 75.1% of SNCHC patients currently reside:

- Add zip code 89081 to the Fremont and mobile unit.
- Add zip codes 89129 and 89148 to the Decatur and mobile unit.
- Remove zip codes 89128 and 89146 from the Decatur and mobile unit.

The Chair called for questions and there were none.

A motion was made by Member Hunt, seconded by Member Breen, and carried unanimously to approve the Patient Origin Report and Change in Catchment Area, as presented.

Member Black joined the meeting at 2:46 p.m.

Member Melendrez left the meeting at 2:47 p.m.

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

Donnie (DJ) Whitaker, Chief Financial Officer, presented April 2025 year to date financial report, unaudited results as of April 30, 2025.

Revenue

- General Fund revenue (Charges for Services & Other) was \$29.23M compared to a budget of \$27.47M, a favorable variance of \$1.76M.
- Special Revenue Funds (Grants) were \$5.33M compared to a budget of \$6.78M, an unfavorable variance of \$1.45M.
- Total Revenue was \$34.56M compared to a budget of \$34.25M, a favorable variance of \$314K.

Member Melendrez re-joined the meeting at 2:49 p.m.

Expenses

- Salary, Tax, and Benefits were \$11.56M compared to a budget of \$11.79M, a favorable variance of \$227K.
- Other Operating Expense was \$23.01M compared to a budget of \$23.26M, a favorable variance of \$243K.
- Indirect Cost/Cost Allocation was \$6.56M compared to a budget of \$7.07M, a favorable variance of \$507K.
- Total Expense was \$41.14M compared to a budget of \$42.11M, a favorable variance of \$977K.

Net Position: was negative \$6.58M compared to a budget of negative \$7.87M, a favorable variance of \$1.29M.

Ms. Whitaker presented a detailed review of the budget-to-actuals report for all funds and divisions by type.

Addressing an inquiry from Member Breen regarding a shortfall in state revenue, Ms. Whitaker explained that state revenue fluctuates based on when grants are awarded and how funds are expended. Ms. Whitaker noted that the anticipated revenue included in the budget might be reduced if grants are not fully awarded or do not come through as expected. The team is aware of this as they prepare for budget augmentation.

Ms. Whitaker also reviewed the budget-to-actuals for:

- Percentage of Revenues and Expenses by Department
- Revenues by Department
- Expenses by Department

Ms. Whitaker reported a significant increase in patient encounters: 24,644 for Fiscal Year 2024 and 32,428 for Fiscal Year 2025, representing a 32% year-over-year increase. Ms. Whitaker also provided year-to-date revenue and expenses broken down by department and type.

In response to Member Hunt's question, Ms. Whitaker clarified that the capital expenses for the behavioral health buildout will drop off the budget on June 30, 2025, at the close of the fiscal year. All expenses are cumulative from July 1 to June 30 and will reset on July 1.

Member Breen commended the report, particularly highlighting the remarkable increase in patient numbers at the Fremont location within a single year. Mr. Smith expressed his pride in the team's significant strides over the past year and thanked Member Breen for the recognition.

Member Breen further emphasized the importance of serving this specific patient population, noting the unique needs at the two locations and the potential suffering if the health center was not there. Member Breen suggested the need for public recognition of this vital service.

Member Breen suggested organizing a car seat event for Fremont's patient population who have cars, proposing it could be held in conjunction with a back-to-school event. Mr. Smith is supportive of the idea and asked Ms. Bellamy to collaborate with Member Breen on the details.

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

A motion was made by Member Neldberg, seconded by Member Dukes, and carried unanimously to Accept the April 2025 Year to Date Financial Report, as presented.

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

Chair Feliz-Barrows commented that she would like to discuss with the board members what they would like to do for staff at both locations during the holidays. She would like an agenda item for this added to an upcoming meeting.

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

- CEO Comments

Mr. Smith provided an update on several key areas, including the recent HRSA report, ongoing health center operations, and new program developments.

Mr. Smith reported that the health center received the final OSV report from the Health Resources and Services Administration (HRSA), confirming that all compliance findings have been cleared. Mr. Smith noted that while significant progress has been made, work is still underway on some items outlined in their action plan.

During the HRSA on-site visit, the review team focused on the health center's governance and documentation, specifically examining the Co-Applicant Agreement. This agreement defines the relationship between the Southern Nevada Health District (SNHD) and the Southern Nevada Community Health Center. Mr. Smith explained that public entities like SNHD cannot

independently become a Federally Qualified Health Center (FQHC); a co-applicant agreement is essential for this designation. Mr. Smith emphasized that HRSA wanted to ensure the board was aware the agreement had been reviewed, and no changes were recommended. To maintain ongoing oversight, Mr. Smith committed to reviewing the co-applicant agreement every three years, prior to each HRSA Operational Site visit, to ensure regular board review.

Additionally, Mr. Smith reported that the health center's bylaws are currently being revised. This revision is based on technical assistance provided during the HRSA Operational Site Visit and aims to enhance the document's readability. SNHD's general counsel has provided recommended changes, and Mr. Smith, Mr. Wynder, and Ms. Bellamy are collaboratively reviewing language pertaining to committees and committee charters. Mr. Smith anticipates presenting these recommended changes to the board in July 2025 for potential approval.

Mr. Smith reported the health center is launching a new service, a therapy support group through its Behavioral Health program. This group is designed to support Ryan White patients and will be offered in both English and Spanish. Mr. Smith shared an informational flyer, also available in both languages. While the initial focus is internal, discussions are underway to expand the group more broadly into the community. Patient surveys have been conducted to gather input on preferred discussion topics and educational content for group therapy sessions.

In response to an inquiry from Member Hunt, Mr. Smith indicated that the health center is exploring opportunities to bill insurance for this new service, with the anticipation of generating some revenue.

Mr. Smith highlighted the significant growth of the Pharmacy program. As patient encounters have increased, so has the volume of prescriptions filled by the pharmacy. Mr. Smith noted that the program has reached an "inflection point." With Dr. Lockett's support, Dr. Bleak, the pharmacy manager, will be relieved of day-to-day clinical responsibilities. A new pharmacist will be hired to backfill this position, allowing Dr. Bleak to dedicate more attention to the administrative aspects of the pharmacy.

Mr. Smith confirmed that the health center's HRSA funding appears to be secure. However, he shared that the future of several other areas remains uncertain, and he outlined current plans for each:

- Title X – Family Planning
- Refugee Health
- Medicaid rule changes

Regarding health center operations, Mr. Smith indicated a continued focus on transitioning from siloed programs to a more integrated primary care model. Mr. Smith acknowledged that some staff may not be entirely pleased with these programmatic changes. Chair Feliz-Barrows commented that she welcomes staff to express their feelings at board meetings, emphasizing the board's desire to hear their perspectives. Members Neldberg and Breen echoed this sentiment.

Finally, Mr. Smith shared the Medicaid Dashboard for May 2025 and a flyer detailing Outreach and In-reach Activities.

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

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) April 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 3:32 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

June 17, 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/a12f03d7-c1ee-418c-beab-e2dc5bd82f4e@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 138 020 629#

NOTE:

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

II. RECOGNITION

1. Southern Nevada Health District – June Employee of the Month

- Jennifer Loysaga

III. PLEDGE OF ALLEGIANCE

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

- **By Teams:** Use the Teams link above. You will be able to provide real-time chatroom messaging, which can be read into the record or by raising your hand. Unmute your microphone prior to speaking.
- **By telephone:** Call (702) 907-7151 and when prompted to provide the Meeting ID, enter 138 020 629#. 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.

V. ADOPTION OF JUNE 17, 2025 AGENDA *(for possible action)*

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

- 1. APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** May 20, 2025 *(for possible action)*

VII. REPORT / DISCUSSION / ACTION

- 1. Receive, Discuss and Approve a Change in Scope for Hours of Operation;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Receive, Discuss and Approve the Patient Origin Report and Change in Catchment Area;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Receive, Discuss and Accept the April 2025 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

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

- CEO Comments

X. INFORMATIONAL ITEMS ***(Informational Only)***

- Community Health Center (FQHC) May 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. **See above for instructions for submitting public comment.**

XII. ADJOURNMENT

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

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

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

May 20, 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
Erin Breen
Ashley Brown
Scott Black
Blanca Macias-Villa
Jose L. Melendrez
David Neldberg

ABSENT:

Sara Hunt, Second Vice Chair
Luz Castro
Marie Dukes

ALSO PRESENT

LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

CHIEF EXECUTIVE OFFICER:

Randy Smith

STAFF:

Adriana Alvarez, Emily Anelli, Tawana Bellamy, Todd Bleak, Andria Cordovez Mulet, Tabitha Johnson, Sabine Kamm, Ryan Kelsch, Cassius Lockett, Cassondra Major, Bernadette Meily, Kimberly Monahan, Luann Province, Yin Jie Qin, Wei Ren, Kim Saner, Felicia Sgovio, Donnie (DJ) Whitaker, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:31 p.m., with roll call postponed.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. Southern Nevada Health District – May Employees of the Month

- Yolanda Villalobos
- Christopher Cooper

The Governing Board recognized Yolanda Villalobos, Medical Assistant and Christopher Cooper, Community Health Worker I, as the Southern Nevada Health District's May Employees

of the Month. Ms. Bellamy read an excerpt of their nominations into the record. On behalf of the SNCHC Governing Board, the Chair congratulated Ms. Villalobos and Mr. Cooper.

Heard out of order.

ROLL CALL

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.

IV. OATH OF OFFICE

Ms. Bellamy administered the Oath of Office to Member Neldberg.

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

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

VI. ADOPTION OF THE MAY 20, 2025 MEETING AGENDA *(for possible action)*

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

A motion was made by Member Melendrez, seconded by Member Neldberg, and carried unanimously to approve the May 20, 2025, meeting agenda, as presented.

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

- 1. APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** April 15, 2025 *(for possible action)*
- 2. Approve Updates to CHCA-017 Ongoing Professional Practice Evaluation – Peer Review Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approve the Renewal of Privileges for Providers;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 - Todd Bleak, Pharmacy Services Manager
 - Rithy Khim, Clinical Pharmacist

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

VIII. REPORT / DISCUSSION / ACTION

1. Review, Discuss and Approve the Updates to CHCA-028 Credentialing and Privileging Policy; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, Chief Executive Officer, provided an overview of the updates made to the CHCA-028 Credentialing and Privileging Policy. The revisions were discovered during the HRSA Operational Site Visit (OSV). Mr. Smith shared the revisions pertain to the documentation we collect and review that relate to Other Clinical Staff, like medical assistants, and community health workers.

Mr. Smith advised he would talk about the Credentialing and Privileging Policy again during his comments. Mr. Smith shared that other things were learned during the OSV preparation that will simplify how the work gets done. Mr. Smith further shared the changes are in response to HRSA OSV findings and that the draft policy has been submitted to HRSA to demonstrate we have made the changes that were identified during the site visit.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve Updates to CHCA-028 Credentialing and Privileging Policy, as presented.

2. Review, Discuss and Approve the Sexual and Reproductive Health Clinical Protocols; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Robin Carter, Chief Medical Officer/Medical Director presented the Sexual and Reproductive Health Clinical Protocols and advised the protocols describe every service provided in family planning under Title X.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Breen, and carried unanimously to approve the Sexual and Reproductive Health Clinical Protocols, as presented.

3. Review, Discuss and Accept the CY25 First Quarter Risk Assessment; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dr. Carter presented the CY25 First Quarter Risk Assessment. The tool used for the risk assessment was called ECRI Managing Risks in Ambulatory Care: Clinical Management. Dr. Carter advised that quarterly risk assessments are required for FTCA deeming. Dr. Carter shared that over one hundred different aspects of the ambulatory assessment tool were reviewed to find areas where we may have risk and may need to adjust to help lower our risk.

Dr. Carter further shared the four areas of focus were medication safety, health information management, quality improvement and risk management. Dr. Carter shared the action plan of corrections to the findings in the four areas of focus.

Further to an inquiry from Member Breen, Dr. Carter shared that a near miss is an event that could have happened but was caught before it happened and before any harm is done to a patient.

The Chair called for any additional questions and there were none.

A motion was made by Member Melendrez, seconded by Member Black, and carried unanimously to accept the CY25 First Quarter Risk Assessment, as presented.

4. Review, Discuss and Accept the CY25 First Quarter Risk Management Report; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Felicia Sgovio, Quality Management Coordinator, presented CY25 First Quarter Risk Management Report. Ms. Sgovio provided a brief summary of the CY25 First Quarter Risk Assessment, sharing that with the first quarter risk assessment completed the health center is 100 percent compliance.

Ms. Sgovio further provided an overview of the first quarter incident reporting and peer reviews. The FTCA requires the health center to track the quantity and level of severity of all incidents. Ms. Sgovio shared there were 70 incidents in CY24. In the first quarter of 2025 there were 18 incidents reported, zero were sentinel events and one was high risk. Of the 18 incidents, five required root cause analysis and follow up. Ms. Sgovio further shared the average score of the provider peer reviews completed in the first quarter, which was 95%, and the threshold is 85%.

Ms. Sgovio provided an overview of the compliance for FTCA required annual training. Ms. Sgovio shared that all clinical staff must participate in the five required trainings. At the end of the first quarter, 88.1 percent of the health center's clinical staff completed the annual training required for FTCA. Ms. Sgovio further shared that the risk manager also is required to take two FTCA risk-related training each year and those trainings have been completed.

Ms. Sgovio shared the first quarter risk and patient safety activities with the following highlights:

- Patient satisfaction score averaged 98%.
- Two grievances filed and resolved.
- No pharmacy packaging and labeling errors.
- No HIPAA breaches.
- 41.51% of patients eligible for Pregnancy Intention Screening were screened.
- No pregnant patients have documentation of which trimester they were in when first seen.
- No SNCHC patient who have had a baby this year have birthweight/race data documented for their newborn.
- 97% of LIP/OLCPs were credentialed at the end of the first quarter.

Ms. Sgovio further shared there were no claims reported or filed in the first quarter of 2025.

Member Melendrez commented that the numbers look good.

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

A motion was made by Member Melendrez, seconded by Member Breen, and carried unanimously to accept the CY25 First Quarter Risk Management Report, as presented.

5. Review, Discuss and Accept the First Quarter FQHC Clinical Performance Measures; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Sgovio presented the First Quarter FQHC Clinical Performance Measures, covering prevention, chronic disease, and maternal and childhood health. Ms. Sgovio reviewed the 2025 year-to-date clinical performance measures against the 2024 results and their targets which are from Healthy People 2030. The red numbers on the charts indicate areas that did not meet the goal, though there may still have been year-over-year improvements. Ms. Sgovio also highlighted that HIV Screening, HIV Linkage to Care, and Ischemic Vascular Disease (IVD) - Use of Aspirin or another Antiplatelet all met or surpassed their targets.

Ms. Sgovio advised of maternal and childhood clinical measures, noting a limited amount of available data. The health center is actively working to capture more information in this area. A key challenge to data collection is the absence of both dental as a specialty and an obstetrics provider at the health center.

Ms. Sgovio reviewed the 2023-2024 focus measures and explained that the 2025 measures are being re-evaluated. This is because one of the health center's strategic goals is to pursue Patient-Centered Medical Home (PCMH) accreditation. A requirement for this includes selecting five clinical quality measures across different categories, and the team is currently identifying quality improvement projects.

Ms. Sgovio shared that after the HRSA OSV and the UDS report, the staff discussed the following:

What is working well:

- Integrated care
- Quality Improvement work contributing to year-over-year improvements.

Areas of Opportunity:

- Standardization (workflow)
- Data validation
- Capture more data in the maternal and childhood space.

Next Steps:

- Review and validate data in Azara.
- Improve workflows and increase visits/month.

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

Mr. Smith commented that he was excited to have Ms. Sgovio and Dr. Carter. Our ability to make meaningful progress in the clinical performance measure, hinges on leader focusing on the work. Mr. Smith reminded the board that this information gets reported in the annual UDS report.

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

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to accept the First Quarter FQHC Clinical Performance Measures, as presented.

6. Review, Discuss and Accept the First Quarter Patient Satisfaction Results; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Sgovio presented the First Quarter Patient Satisfaction Results, providing an overview of the year-over-year patient response rates from January 2023 to March 2025. Ms. Sgovio noted a difference in response rates between 2023 and 2025 due to a software change in 2023, making 2024 the first full year of data with the new software.

Ms. Sgovio further reviewed patient responses to survey questions in the following areas:

- Service, location and visit.
- Provider
- Staff, scheduling, and facilities
- Net Promoter Score and comments

Ms. Sgovio explained that the Net Promoter Score (NPS), which measures how likely patients are to recommend the health center to others, is comparable to scoring at other organizations. Patients rate their likelihood on a scale of one to ten, with ten being the best. The health center achieved an NPS of 90, equivalent to an "A" grade. Ms. Sgovio added that patients are encouraged to provide written feedback or suggestions at the end of every survey.

A motion was made by Member Melendrez, seconded by Member Black, and carried unanimously to accept the First Quarter Patient Satisfaction Results, as presented.

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

Donnie (DJ) Whitaker, Chief Financial Officer, presented March 2025 year to date financial report, unaudited results as of March 31, 2025.

Revenue

- General Fund revenue (Charges for Services & Other) was \$26.24M compared to a budget of \$24.72M, a favorable variance of \$1.52M.
- Special Revenue Funds (Grants) were \$4.99M compared to a budget of \$6.10M, an unfavorable variance of \$1.11M.
- Total Revenue was \$31.23M compared to a budget of \$30.82M, a favorable variance of \$404K.

Expenses

- Salary, Tax, and Benefits were \$10.40M compared to a budget of \$10.61M, a favorable variance of \$216K.
- Other Operating Expense was \$20.94M compared to a budget of \$20.93M, an unfavorable variance of \$13K.
- Indirect Cost/Cost Allocation was \$5.97M compared to a budget of \$6.36M, a favorable variance of \$393K.
- Total Expense was \$37.31M compared to a budget of \$37.91M, a favorable variance of \$597K.

Net Position: was negative \$6.08M compared to a budget of negative \$7.08M, a favorable variance of \$1.0M.

Ms. Whitaker further reviewed the budget to actuals for the following:

- All Funds/Divisions by Type
- Percentage of Revenues and Expenses by Department
- Revenues by Department
- Expenses by Department

Ms. Whitaker further reviewed the patient encounters by department and by clinic. The patient encounters for FY2025 were 28,777 compared to this time last year at 21,531. This is a 31 percent growth year over year. Ms. Whitaker also provided an overview of the month-to-month comparison, year-to-date revenues, and expenses by department and by type.

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

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

Member Melendrez shared that the Nevada Minority Health and Equity Coalition (NMHEC), where he conducts health equity work as part of his role at the UNLV School of Public Health, will be changing its name. This change comes because the organization was identified as violating DEI (Diversity, Equity, and Inclusion) principles. Member Melendrez stated that NMHEC will continue its health equity work as much as possible within guidelines.

Member Breen shared that PEDSAFT is hosting a pedestrian forum on May 28, 2025, from 8:30 a.m. – 12:30 at Select Health Conference Room, 6795 South Agilysys Way, Suite 110. They will be looking at community ways to solve our vulnerably road user problems. It is p.m. at. If any is interested in attending, information is available at <https://pedsafe.vegas/forum25>.

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

- CEO Comments

Mr. Smith reported on funding, noting that the health center is actively monitoring potential changes to Title X, Family Planning, and some aspects of the Ryan White program. Staff are working to understand the potential implications for the Ryan White program. The base FQHC grant appears to be stable with flat funding, which supports the program. The team continues to be cautious and conservative with spending.

Governing Board Updates

Mr. Smith reported that the SNCHC Bylaws have been reviewed and updated and will be presented to the board in June for final review and approval.

Mr. Smith also addressed Credentialing and Privileging authority, citing HRSA Compliance Manual Chapter 5 (Clinical Staffing), which states that the health center determines who has

approval authority. Mr. Smith outlined the current process with human resources and the medical director or designee, which includes SNCHC board approval. The current process does not allow staff and the board to have a conversation if there is a need to discuss a discrepancy or judgement call. Mr. Smith shared that conversations like these would not be discussed in a public setting and our current framework does not allow a closed session. HRSA has given us the ability to forego the board's approval.

Mr. Smith's recommendation is to revise the Credentialing and Privileging policy to remove the Governing Board approval requirement and allow the approval to rest with the health center and staff performing that work. Mr. Smith shared that the board's responsibility would continue to be the policy aspect.

Further to an inquiry from Member Melendrez regarding loss of funding from HRSA, Mr. Smith shared the closes thing that would approximate any funding loss would in Title X, which does not actually come from HRSA, it comes from another entity within the Department of Health and Human Services. Mr. Smith further shared the health center received a six-month grant that would take the center through September and not for the full year.

Further to an inquiry from Member Melendrez, Mr. Smith shared that Nevada Primary Care Association continues to be our primary conduit for connecting with our legislators to make sure our case is well heard at the federal and state level.

Chair Feliz-Barrows commented that there should be something in the bylaws that state the board can go into a closed session if it needs to. Mr. Smith advised that he would work with general counsel to look at the Chair's request for closed sessions added to the bylaws.

Further to an inquiry from Member Breen, Mr. Smith shared that a change to the bylaws does not need to be done now.

Mr. Smith advised that a change to the Credential and Privileging policy will also necessitate revising the Quality, Credentialing & Risk Management Committee.

Administrative Update

Mr. Smith reported on the recent HRSA Operational Site Visit (OSV) conducted on April 8-10, 2025, yielded six compliance findings, which the health center has successfully through corrective action submitted on April 30, 2025, and May 7, 2025.

Mr. Smith highlighted positive outcomes from the district-wide Organizational Vital Signs survey, noting this is the third consecutive year it has been used. The 2025 results show positive progress in employee engagement, specifically across all "climate drivers" (such as motivation, trust, and teamwork) and performance outcomes (including retention and productivity) compared to 2024. Mr. Smith noted ongoing initiatives to foster employee engagement, such as an employee-led committee, CEO-led orientations for new staff, and regular employee recognition programs.

Mr. Smith stated there are seven vacant positions currently under a district-wide recruitment freeze. However, recruitment is underway for a new clinical staff physician for the Fremont location.

Mr. Smith mentioned efforts to refine outreach and in-reach workflows and reporting, covering aspects like newly assigned members and care gap closures.

Mr. Smith commented that a new Medicaid dashboard report has also been developed and will be a recurring feature in future monthly board reports.

Further to an inquiry from Member Coca, regarding a baby shower held at the health district, were those invited patients of the health center. Mr. Smith shared that the event was hosted by the Primary and Preventative Care division within the health district. The health center did have a table at the event and noted those are the opportunities the health center tries to take advantage of.

Mr. Smith further advised of the Unduplicated Patient & Patient Visits for April 2025. Noting HRSA Annual Goal of 9,980 unduplicated patients.

- Visits: 3,188
- New Patients: 674
- Unduplicated Patients: 2,535

Mr. Smith shared there was a 21 percent year-over-year increase in Site and Program visits as of April 2025.

	APR '25	APR '24	APR YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
FQHC Total	3,188	2,524	21%	23,046	19,273	16%

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

XI. INFORMATIONAL ITEMS

- Community Health Center (FQHC) April 2025 Monthly Report

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

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

XIII. ADJOURNMENT

The Chair adjourned the meeting at 3:44 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

SNCHC Governing Board Meeting

June 17, 2025



I. CALL TO ORDER & ROLL CALL



Instructions for public comment are provided to virtual attendees.



II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

**Southern Nevada Health District –
June Employee of the Month**

- Jennifer Loysaga





IV. FIRST PUBLIC COMMENT

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

V. ADOPTION OF THE JUNE 17, 2025 AGENDA *(for possible action)*

Motion to Adopt the June 17, 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: May 20, 2025 (*for possible action*)

Motion to Approve the Consent Agenda, as presented.

VII. REPORT / DISCUSSION / ACTION

- 1. Receive, Discuss and Approve a Change in Scope for Hours of Operation;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Change in Scope for Hours of Operation



- Tuesday mornings are utilized to bring teams together weekly for communication, updates, reports, recognition, workflows, policy, process, trainings, expectations and team-building activities.
- There are no patient services being provided between 7:00 AM and 9:00 AM on Tuesday mornings
- To align the Health Center's provision of services and its hours of operation, it is **proposed that we change the Health Center's hours of operation on Tuesdays from 7:00 AM to 6:00 PM to 9:00 AM to 6:00 PM.**
- If approved, this change will be facilitated with HRSA through a Change in Scope request.
- **New hours, if approved would be:**
 - 7:00 AM – 6:00 PM: Monday, Wednesday, Thursday, and Friday
 - 9:00 AM – 6:00 PM: Tuesday

Motion to Approve the Change in Scope for Hours of Operation, as presented.

- 2. Receive, Discuss and Approve the Patient Origin Report and Change in Catchment Area;** direct staff accordingly or take other action as deemed necessary (*for possible action*)



2024 UDS
Patient
Origin
Report

Origin Report

2024 UDS Patient Origin Report

CY 2024 UDS Demographic Data to Support Board Composition

Sex	#	%			Income as a % of the 2024 Poverty Guideline	#	%	80% at or below 200% of the FPG
Male	5,627	48.93%			100% and below	6,725	58.47%	
Female	5,874	51.07%			101-150%	1,534	13.34%	
Total	11,501	100%			151-200%	942	8.19%	
					Over 200%	1,373	11.94%	
Ethnicity	#	%			Unknown	927	8.06%	
Total Hispanic	5,952	51.75%			Total	11,501	100%	
Total Non-Hispanic	5,226	45.44%						
Total Unknown	323	2.81%			Primary Payer Source	#	%	
Total	11,501	100%			Medicaid	2,719	23.64%	
					Medicare	107	0.93%	
Race	#	%			Private Insurance	2,334	20.29%	
Total Asian	519	4.51%			Uninsured	6,341	55.13%	
Total Native Hawaiian/Other Pacific Islander	199	1.73%			Total	11,501	100%	
Black or African American	2,538	22.07%						
American Indian/Alaskan Native	160	1.39%			Special Populations	#	%	
White	4,278	37.20%			Agricultural Workers or Their Family	379	3.30%	
More than one race	354	3.08%			Homeless	662	5.76%	
Unreported/Chose not to disclose race	3,453	30.02%			School-Based Service Site Patients	-	0.00%	
Total	11,501	100%			Veterans	43	0.37%	
					Pts Served At Or Near Public Housing Sites	-	0.00%	

2025 Annual Catchment Area Revision



Health Center Catchment Area Requirement

According to the Health Center Program Compliance Manual, Chapter 3: Needs Assessment, Demonstrating Compliance, a.,

“The health center identifies and annually reviews its service area based on where current or proposed patient populations reside as documented by the ZIP codes reported on the health center’s Form 5B: Service Sites. Also referred to as “catchment area” in the Health Center Program implementing regulation in 42 CFR 51c.102.

In addition, these service area ZIP codes are consistent with patient origin data reported by ZIP code in its annual Uniform Data System (UDS) report (for example, the ZIP codes reported on the health center’s Form 5B: **Service Sites would include the ZIP codes in which at least 75 percent of current health center patients reside, as identified in the most recent UDS report).**”

Patients by Zip Code									
ZIP CODE (A)	HOME/UNINSURED/UNKNOWN OWN	MEDICAID/C HIP/OTHER PUBLIC (C)	MEDICARE (D)	PRIVATE (E)	UNKNOWN	TOTAL PATIENTS (F)	% of Population	Proposed Catchment Area	Existing Catchment Area
99002	20	18	0	9	8	47	0.41%		
99005	10	8	0	9	3	27	0.23%		
99011	55	23	1	24	9	103	0.90%		
99012	33	10	1	15	4	59	0.51%		
99014	66	33	3	37	6	139	1.21%		
99015	29	22	2	21	6	74	0.64%		
99019	10	2	0	0	0	12	0.10%		
99030	285	97	4	54	27	440	3.83%	x	x
99031	159	75	4	73	33	311	2.70%	x	x
99032	165	74	2	57	31	298	2.59%	x	x
99044	9	4	1	13	4	27	0.23%		
99048	9	5	0	2	0	16	0.14%		
99052	40	10	2	19	6	71	0.62%		
99074	42	13	2	40	6	97	0.84%		
99081	82	43	0	34	23	159	1.38%	x	
99084	49	15	4	38	7	106	0.92%		
99086	20	8	0	20	3	48	0.42%		
99101	277	120	7	59	30	463	4.03%	x	x
99102	299	152	1	67	27	519	4.51%	x	x
99103	237	125	1	84	34	447	3.89%	x	x
99104	318	123	6	65	30	512	4.45%	x	x
99106	157	87	1	52	20	297	2.58%	x	x
99107	331	144	11	101	54	587	5.10%	x	x
99108	381	139	7	92	48	619	5.38%	x	x
99109	32	21	0	11	6	64	0.56%		
99110	374	90	3	72	33	539	4.69%	x	x
99113	62	17	1	45	10	125	1.09%		
99115	280	98	4	70	36	452	3.93%	x	x
99117	114	40	2	67	13	223	1.94%	x	x
99118	60	31	2	28	9	121	1.05%		
99119	249	199	6	73	30	527	4.58%	x	x
99120	45	24	1	31	13	101	0.88%		
99121	309	134	3	88	40	534	4.64%	x	x
99122	155	69	0	55	23	279	2.43%	x	x
99123	91	32	1	45	22	169	1.47%	x	x
99127	12	5	0	0	13	17	0.15%		x
99128	77	36	1	37	18	151	1.31%		
99129	75	41	2	44	12	162	1.41%	x	
99130	74	43	1	32	8	150	1.30%		
99131	38	20	0	18	3	76	0.66%		
99134	13	4	2	7	1	26	0.23%		
99135	16	5	0	9	1	30	0.26%		
99138	8	5	0	7	11	20	0.17%		
99139	66	13	0	45	7	124	1.08%		
99141	50	12	1	45	13	108	0.94%		
99142	117	49	1	42	4	209	1.82%	x	x
99143	12	10	0	9	1	31	0.27%		
99144	20	4	1	9	11	34	0.30%		
99145	55	27	1	29	12	112	0.97%		
99146	79	33	0	35	6	147	1.28%		x
99147	95	37	4	74	18	210	1.83%	x	x
99148	96	29	4	55	11	184	1.60%	x	
99149	50	27	1	31	9	109	0.95%		
99156	126	31	0	38	6	195	1.70%	x	x
99166	24	8	1	20	30	53	0.46%		
99169	154	95	0	53	14	302	2.63%	x	x
99178	52	21	1	39	10	113	0.98%		
99183	67	26	0	41	11	134	1.17%		
Other	108	33	3	45		189	1.64%	x	
Unknown	3	0	0	0		3	0.03%		
Total	6341	2719	107	2334	884	11501	100.00%		
	55.13%	23.64%	0.93%	20.29%	7.69%		75.10%		

Catchment Area Proposal for 2025

Current ZIP Codes for Decatur	Current ZIP Codes for Fremont	Current ZIP Codes for Mobile		Proposed ZIP Codes for Decatur	Proposed ZIP Codes for Fremont	Proposed ZIP Codes for Mobile
	89030	89030			89030	89030
89031		89031		89031		89031
89032		89032		89032		89032
					89081	89081
	89101	89101			89101	89101
89102		89102		89102		89102
89103		89103		89103		89103
	89104	89104			89104	89104
89106		89106		89106		89106
89107		89107		89107		89107
89108		89108		89108		89108
	89110	89110			89110	89110
	89115	89115			89115	89115
89117		89117		89117		89117
89119		89119		89119		89119
	89121	89121			89121	89121
	89122	89122			89122	89122
89123	89123	89123		89123	89123	89123
89128		89128				
				89129		89129

[illegible]

Recommendations: Add 89081 to Fremont and Mobile, add 89129 & 89148 to Decatur and Mobile. Remove 89128 & 89146 from Decatur and Mobile. This will result in 24 zip codes making up SNCHC's catchment area, where 75.1% of SNCHC patients reside.

Questions?

Motion to Approve the Patient Origin Report and Change in Catchment Area, as presented.

3. **Receive, Discuss and Accept the April 2025 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 April 30, 2025

(Unaudited)

Summary of Revenue, Expenses and Net Position

(April 30, 2025 – Unaudited)

Revenue

- General Fund revenue (Charges for Services & Other) is \$29.23M compared to a budget of \$27.47M, a favorable variance of \$1.76M.
- Special Revenue Funds (Grants) is \$5.33M compared to a budget of \$6.78M, an unfavorable variance of \$1.45M.
- Total Revenue is \$34.56M compared to a budget of \$34.25M, a favorable variance of \$314K.

Expenses

- Salary, Tax, and Benefits is \$11.56M compared to a budget of \$11.79M, a favorable variance of \$227K.
- Other Operating Expense is \$23.01M compared to a budget of \$23.26M, a favorable variance of \$243K.
- Indirect Cost/Cost Allocation is \$6.56M compared to a budget of \$7.07M, a favorable variance of \$507K.
- Total Expense is \$41.14M compared to a budget of \$42.11M, a favorable variance of \$977K.

Net Position: is (\$6.58M) compared to a budget of (\$7.87M), a favorable variance of \$1.29M.

All Funds/Divisions by Type

Budget to Actual

Activity	Budget as of April	Actual as of April	Variance Favorable (Unfavorable)	%
Charges for Services	26,151,871	28,079,498	1,927,627	7%
Other	1,318,058	1,153,407	(164,651)	-12%
Federal Revenue	2,259,464	2,790,880	531,416	24%
Pass-Thru Revenue	3,179,079	2,046,736	(1,132,343)	-36%
State Revenue	1,340,533	492,679	(847,854)	-63%
Total FQHC Revenue	34,249,005	34,563,200	314,195	1%
Salaries	8,084,553	7,971,071	113,482	1%
Taxes & Fringe Benefits	3,706,702	3,593,093	113,609	3%
Total Salaries & Benefits	11,791,255	11,564,165	227,090	2%
Supplies	21,192,343	21,235,685	(43,342)	0%
Capital Outlay	760,085	608,318	151,767	20%
Contractual	1,245,656	1,145,271	100,385	8%
Travel & Training	59,148	25,244	33,904	57%
Total Other Operating	23,257,232	23,014,518	242,714	1%
Indirect Costs/Cost	7,068,658	6,561,277	507,381	7%
Transfers IN	(609,344)	(703,008)	93,664	-15%
Transfers OUT	609,344	703,008	(93,664)	-15%
Total Transfers	7,068,658	6,561,277	507,381	7%
Total FQHC Expenses	42,117,145	41,139,960	977,185	2%
Net Position	(7,868,140)	(6,576,759)	1,291,381	-16%

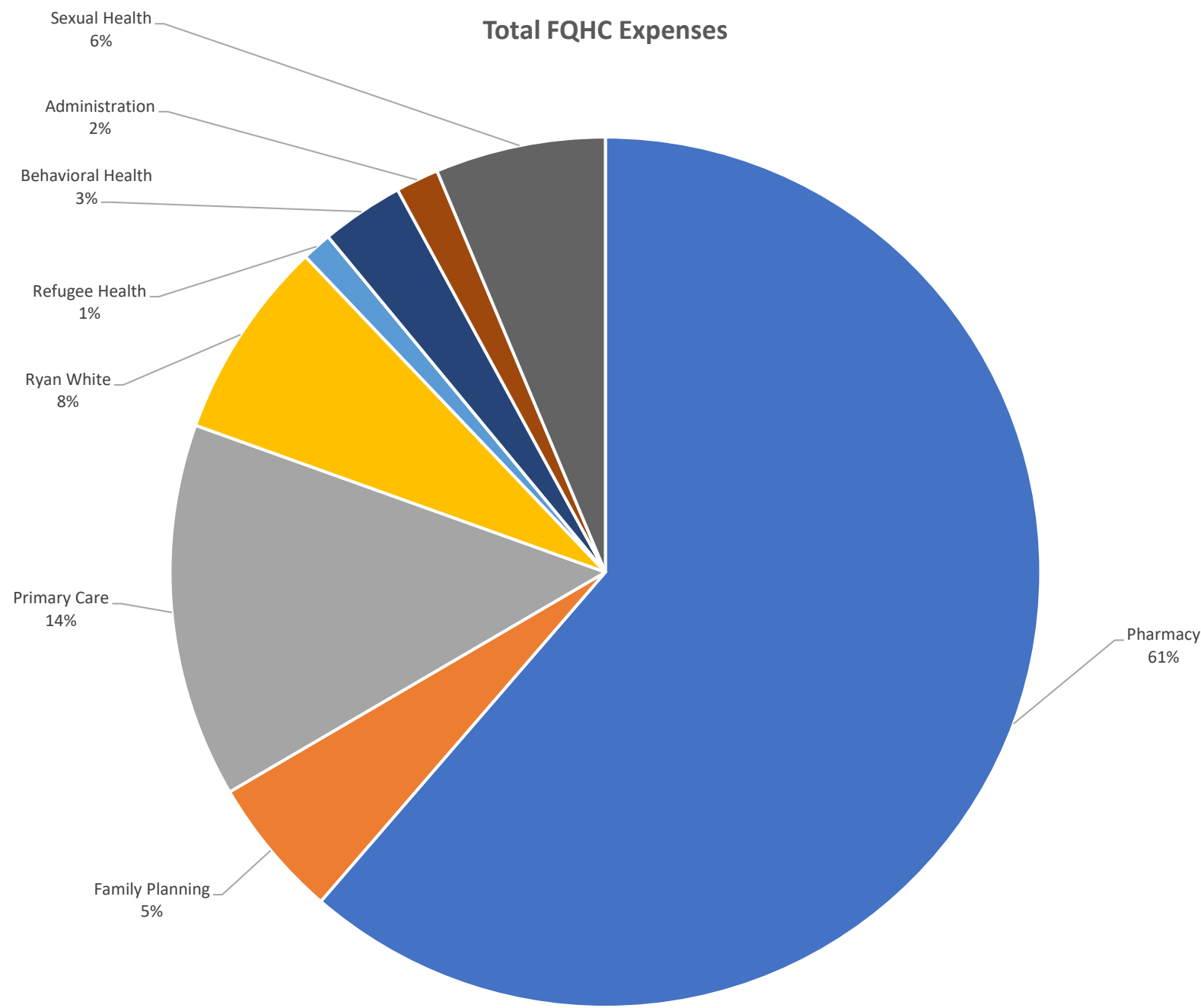
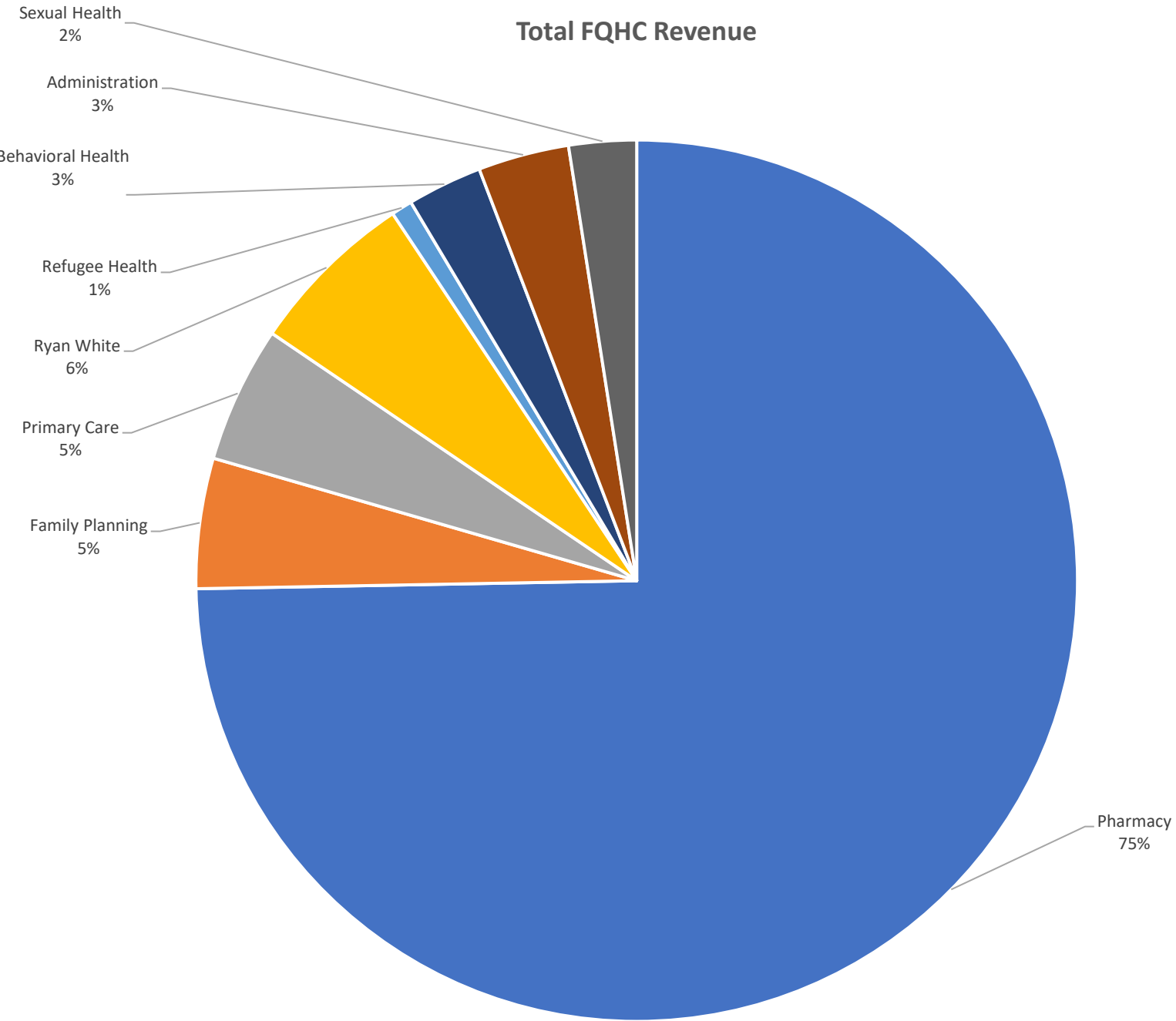
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NOTES:

- 1) PHARMACY PATIENT ENCOUNTERS DRIVING MAJORITY OF GROWTH; PATIENT ENCOUNTERS CONTINUE YEAR-OVER-YEAR GROWTH ACROSS FQHC ESPECIALLY WITH ADDITION OF PHARMACY AT FREMONT CLINIC.
- 2) DRIVEN BY \$592K IN REIMBURSEMENTS FOR BEHAVIORAL HEALTH CLINIC CAPITAL EXPENSES THROUGH APRIL 2025.

Percentage of Revenues and Expenses by Department



Revenues by Department

Budget to Actuals

Department	Budget as of April	Actual as of April	Variance Favorable (Unfavorable)	%
Charges for Services, Other, Wrap				
Family Planning	332,198	263,252	(68,946)	-21%
Pharmacy	24,247,848	25,822,253	1,574,405	6%
Oral Health (Dental)	-	-	-	0%
Primary Care	421,691	568,963	147,272	35%
Ryan White	230,420	244,667	14,247	6%
Refugee Health	45,139	111,544	66,405	147%
Behavioral Health	229,832	212,665	(17,167)	-7%
Administration	1,313,463	1,153,381	(160,082)	-12%
Sexual Health	649,337	856,181	206,844	32%
OPERATING REVENUE	27,469,928	29,232,906	1,762,978	6%
Grants				
Family Planning	1,774,687	1,386,840	(387,847)	-22%
Oral Health (Dental)	915,567	-	(915,567)	-100%
Primary Care	909,743	1,160,049	250,306	28%
Ryan White	2,276,624	1,890,188	(386,436)	-17%
Refugee Health	225,734	156,546	(69,188)	-31%
Behavioral Health	676,721	736,671	59,950	9%
SPECIAL REVENUE	6,779,076	5,330,294	(1,448,782)	-21%
TOTAL REVENUE	34,249,004	34,563,200	314,196	1%

NOTES:

- 1) PATIENT ENCOUNTERS CONTINUE YEAR-OVER-YEAR GROWTH ACROSS FQHC ESPECIALLY WITH ADDITION OF PHARMACY AT FREMONT CLINIC.
- 2) DENTAL CLINIC PLANNED OPENING POSTPONED INDEFINITELY.
- 3) INCLUDES PAYMENT FOR GRANT-FUNDED REIMBURSEMENTS FOR BEHAVIORAL HEALTH CLINIC CAPITAL EXPENSES (\$592K THROUGH APRIL 2025).

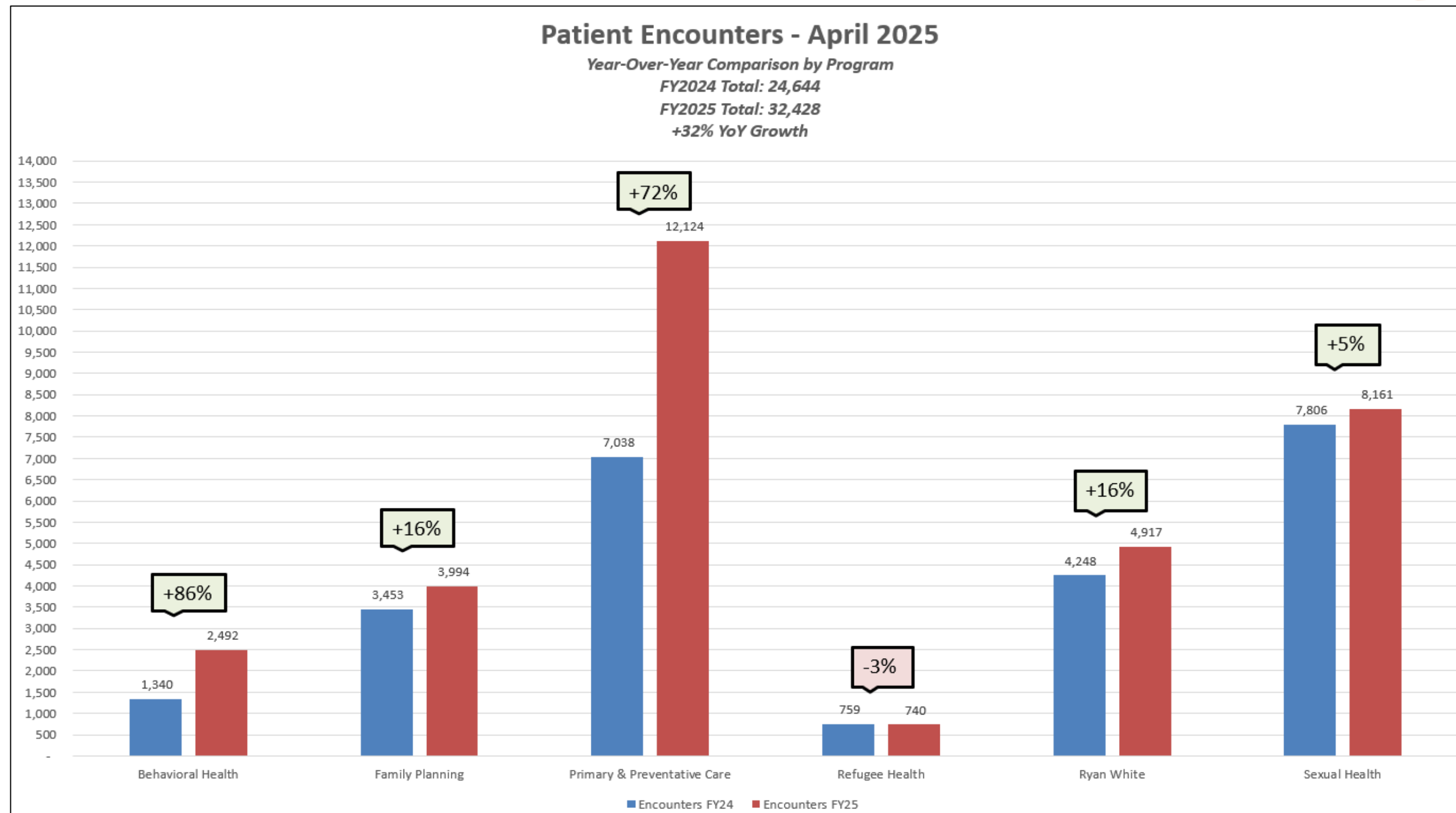
Expenses by Department

Budget to Actuals

- NOTES:
- 1) DENTAL CLINIC PLANNED OPENING POSTPONED INDEFINITELY.
 - 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 APRIL 2025).

Department	Budget as of April	Actual as of April	Variance Favorable (Unfavorable)	%
Employment (Salaries, Taxes, Fringe)				
Family Planning	1,715,689	1,531,755	183,934	11%
Pharmacy	458,159	492,595	(34,436)	-8%
Oral Health (Dental)	95,069	-	95,069	100%
Primary Care	4,255,654	4,489,795	(234,141)	-6%
Ryan White	2,401,119	2,264,088	137,031	6%
Refugee Health	188,363	231,082	(42,719)	-23%
Behavioral Health	486,435	450,000	36,435	7%
Administration	161,802	124,834	36,968	23%
Sexual Health	2,028,966	1,980,015	48,951	2%
Total Personnel Costs	11,791,256	11,564,164	227,092	2%
Other (Supplies, Contractual, Capital, etc.)				
Family Planning	660,136	278,292	381,844	58%
Pharmacy	20,074,594	20,717,645	(643,051)	-3%
Oral Health (Dental)	667,903	-	667,903	100%
Primary Care	246,640	318,041	(71,401)	-29%
Ryan White	316,656	305,237	11,419	4%
Refugee Health	111,654	150,008	(38,354)	-34%
Behavioral Health	495,238	611,459	(116,221)	-23%
Administration	473,058	428,052	45,006	10%
Sexual Health	211,353	205,784	5,569	3%
Total Other Expenses	23,257,232	23,014,518	242,714	1%
Total Operating Expenses	35,048,488	34,578,682	469,806	1%
Indirect Costs/Cost Allocations				
Transfers IN	7,068,658	6,561,277	507,381	7%
Transfers OUT	(609,344)	(703,008)	93,664	-15%
Total Transfers & Allocations	609,344	703,008	(93,664)	-15%
TOTAL EXPENSES	7,068,658	6,561,277	507,381	7%
TOTAL EXPENSES	42,117,146	41,139,959	977,187	2%

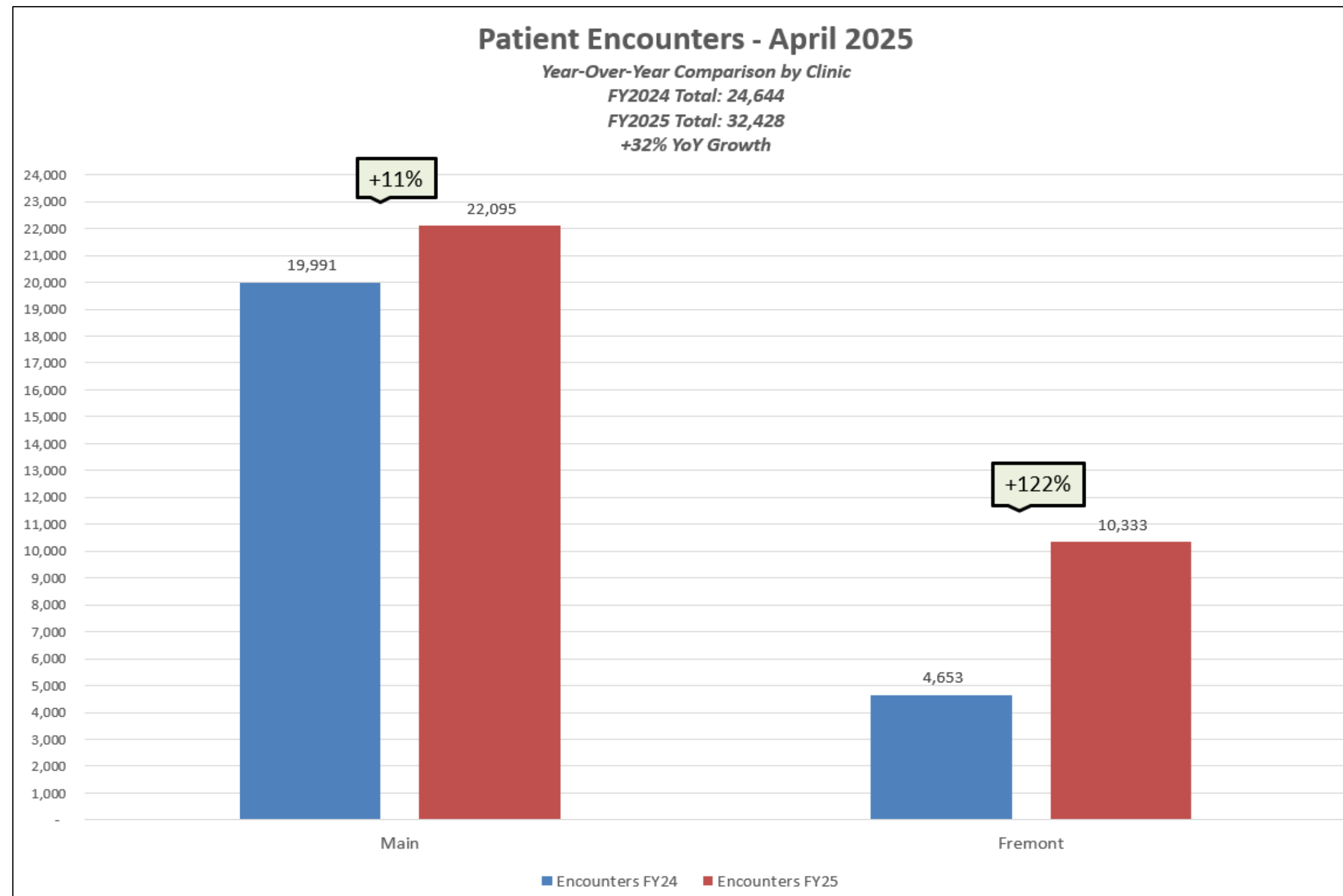
Patient Encounters By Department



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.)

Month-to-Month Comparisons

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

YTD by Month – April 30, 2025

By Department

Southern Nevada Community Health Center

Year-to-Date Revenues/Expenses by Department

Fiscal Year 2025 as of April 30, 2025

DEPARTMENT	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	YTD TOTALS	YTD AVERAGES
Administration (301)	258,696	138,344	104,689	132,184	87,031	85,383	82,651	85,996	87,567	90,842	1,153,382	115,338
Family Planning (309)	91,661	148,951	135,840	158,219	188,905	150,221	192,591	225,819	271,720	201,286	1,765,213	176,521
Pharmacy (333)	2,383,597	2,574,661	2,339,657	2,480,521	2,340,736	2,857,790	2,697,479	2,599,838	2,750,358	2,797,615	25,822,252	2,582,225
Dental Health (336)	-	-	-	-	-	-	-	-	-	-	-	-
Primary Care (337)	144,427	157,797	134,070	142,947	220,767	244,704	372,196	160,262	159,667	200,862	1,937,698	193,770
Ryan White (338)	177,359	210,374	250,019	216,556	316,051	238,301	233,875	243,954	231,665	263,064	2,381,218	238,122
Refugee Health (344)	28,153	9,890	11,929	37,050	71,523	37,138	47,441	40,836	53,504	48,510	385,974	38,597
Behavioral Health (345)	280,629	337,075	78,806	45,788	62,009	25,726	33,488	32,599	31,737	36,434	964,291	96,429
Sexual Health (350)	101,840	76,971	77,277	103,286	80,309	75,454	79,980	114,108	59,670	87,285	856,181	85,618
TOTAL REVENUES	3,466,361	3,654,063	3,132,287	3,316,551	3,367,331	3,714,717	3,739,700	3,503,412	3,645,889	3,725,898	35,266,208	3,526,621
DEPARTMENT	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	YTD TOTALS	YTD AVERAGES
Administration (301)	37,218	73,998	67,276	42,945	68,387	54,220	60,419	76,267	73,631	98,965	653,325	65,333
Family Planning (309)	130,361	180,167	163,917	191,449	313,688	209,375	175,810	182,401	391,845	314,670	2,253,684	225,368
Pharmacy (333)	2,995,246	2,300,613	2,692,537	1,883,199	2,584,559	2,373,762	2,521,087	3,398,120	2,281,005	2,324,966	25,355,093	2,535,509
Dental Health (336)	-	-	-	-	-	-	-	-	-	-	-	-
Primary Care (337)	443,919	610,969	531,333	501,739	777,568	574,161	650,561	576,094	514,837	838,496	6,019,678	601,968
Ryan White (338)	224,923	320,915	281,139	270,657	432,313	328,440	336,282	306,874	318,643	424,453	3,244,640	324,464
Refugee Health (344)	59,154	(5,281)	5,096	88,306	113,973	58,488	47,184	77,980	51,658	73,305	569,862	56,986
Behavioral Health (345)	277,810	389,717	90,104	64,958	81,968	58,191	35,375	26,682	48,255	88,241	1,161,301	116,130
Sexual Health (350)	189,325	249,162	241,255	248,806	344,487	231,021	231,497	240,098	247,041	362,690	2,585,383	258,538
TOTAL EXPENSES	4,357,955	4,120,261	4,072,658	3,292,058	4,716,943	3,887,659	4,058,215	4,884,516	3,926,915	4,525,786	41,842,967	4,184,297
NET POSITION:	(891,594)	(466,199)	(940,371)	24,493	(1,349,612)	(172,942)	(318,515)	(1,381,105)	(281,026)	(799,888)	(6,576,759)	(657,676)

YTD by Month – April 30, 2025

By Type

Southern Nevada Community Health Center

Year-to-Date Revenues/Expenses by Type

Fiscal Year 2025 as of April 30, 2025

REVENUE TYPE	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	YTD TOTALS	YTD AVERAGES
Charges for Services	2,599,053	2,736,809	2,537,814	2,735,959	2,563,395	3,063,850	2,946,396	2,902,400	2,996,906	2,996,916	28,079,498	2,807,950
Other	258,696	138,344	104,689	132,184	87,031	85,383	82,651	85,996	87,567	90,842	1,153,382	115,338
Contributions	-	-	-	20	-	5	-	-	-	-	25	3
Intergovernmental	533,730	689,780	450,756	413,874	606,804	486,440	631,595	446,450	493,935	576,932	5,330,296	533,030
TOTAL REVENUES	3,391,479	3,564,933	3,093,259	3,282,036	3,257,230	3,635,678	3,660,641	3,434,846	3,578,408	3,664,690	34,563,200	3,456,320
EXPENSE TYPE	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	YTD TOTALS	YTD AVERAGES
Salaries	485,229	707,618	685,316	697,394	1,118,829	733,922	753,683	743,038	794,637	1,251,405	7,971,071	797,107
Taxes and Benefits	223,019	316,343	312,100	320,374	460,867	338,833	346,046	343,864	353,570	578,077	3,593,093	359,309
Travel and Training	280	4,192	5,219	9,813	3,939	533	267	546	173	282	25,244	2,524
Supplies	2,518,508	1,899,115	2,242,868	1,605,689	2,193,110	1,998,309	2,086,712	2,826,722	1,960,461	1,904,190	21,235,685	2,123,568
Contractual	119,503	122,563	96,763	105,997	73,716	106,779	122,443	126,765	133,058	137,685	1,145,271	114,527
Property	248,000	327,602	32,716	-	-	-	-	-	-	-	608,318	60,832
TOTAL EXPENSES	3,594,540	3,377,433	3,374,981	2,739,266	3,850,460	3,178,376	3,309,151	4,040,935	3,241,899	3,871,640	34,578,682	3,457,868
TRANSFER TYPE											YTD TOTALS	YTD AVERAGES
Indirect/Cost Allocation	688,533	653,698	658,649	518,277	756,382	630,243	670,006	775,015	617,535	592,938	6,561,277	656,128
Transfer In	(74,882)	(89,130)	(39,028)	(34,515)	(110,101)	(79,039)	(79,058)	(68,566)	(67,481)	(61,208)	(703,008)	(70,301)
Transfer Out	74,882	89,130	39,028	34,515	110,101	79,039	79,058	68,566	67,481	61,208	703,008	70,301
TOTAL TRANSFERS	688,533	653,698	658,649	518,277	756,382	630,243	670,006	775,015	617,535	592,938	6,561,277	656,128
NET POSITION:	(891,594)	(466,199)	(940,371)	24,493	(1,349,612)	(172,942)	(318,515)	(1,381,105)	(281,026)	(799,888)	(6,576,759)	(657,676)

Questions?

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



VIII. BOARD REPORTS

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

IX. CEO COMMENTS & STAFF REPORTS

RANDY SMITH, CHIEF EXECUTIVE OFFICER - FQHC


Governing Board Updates

- Co-Applicant Agreement has been reviewed – no changes
- The health center's bylaws are being revised based on technical assistance provided during the HRSA OSV.

Program & Administrative Updates

- Ryan White Support Group in English and Spanish launching in June.
 - This is a mental/behavioral health support group hosted by our BH Providers.
 - Patients are being surveyed about the type of discussions and education they would like to receive in a group therapy session.
- Pharmacy Operations Update – (Dr. Bleak will present in July)
- Legislative Update – Budget
 - Title X – Family Planning
 - Refugee Health
 - Medicaid rule changes
- Health center operations – continuing the transition from siloed programs to primary care.


Ryan White Support Group Flyer



SOUTHERN NEVADA COMMUNITY HEALTH CENTER

New HIV Support Groups Available

Our Behavioral Health Clinic is now offering weekly, hour-long support groups for patients newly diagnosed with HIV.





EVOLVE

Sessions take place every Tuesday from 2 to 3 p.m. at our Decatur location and are available in both English and Spanish.


Support group sessions provide participants with valuable education and therapeutic skills, while connecting with others facing similar experiences.


Ready to join a support group? Talk to your case manager or a staff member for more information.



 280 S. Decatur Blvd., Las Vegas, NV 89107
2830 E. Fremont St., Las Vegas, NV 89104
702-759-1700 | snchc.org

See our website for a full list of services and call us to schedule an appointment to see a provider.

 **SOUTHERN NEVADA Community HEALTH CENTER**
AT THE SOUTHERN NEVADA HEALTH DISTRICT

 **SNHD**
Southern Nevada Health District



CENTRO DE SALUD COMUNITARIA DEL SUR DE NEVADA

Nuevos grupos de apoyo de VIH disponibles

Nuestra Clínica de Salud del Comportamiento está ofreciendo ahora grupos de apoyo semanales de una hora para pacientes que han sido diagnosticados recientemente con VIH.



EVOLVE

Las sesiones se llevan a cabo todos los martes de las 2 a las 3 p.m. en nuestra ubicación en Decatur y están disponibles tanto en inglés como en español.

Las sesiones de grupos de apoyo proporcionan a los participantes educación y habilidades terapéuticas valiosas, y al mismo tiempo conectan a los participantes con otras personas que enfrentan similares experiencias.

¿Está listo para unirse a un grupo de apoyo? Hable con su coordinador de caso o con un miembro del equipo para obtener más información.



 280 S. Decatur Blvd., Las Vegas, NV 89107
2830 E. Fremont St., Las Vegas, NV 89104
702-759-1700 | snchc.org

Visite nuestro sitio web para obtener una lista completa de servicios y llámenos para programar una cita con uno de nuestros proveedores.

 **CENTRO DE SALUD Comunitario DEL SUR DE NEVADA**
EN EL DISTRITO DE SALUD DEL SUR DE NEVADA

 **SNHD**
Southern Nevada Health District

Facility	Program	MAY '25	MAY '24	MAY YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	756	553	27%	6,739	4,830	28%
Fremont	Family Health	443	375	15%	3,897	2,407	38%
Total	Family Health	1199	928	23%	10,636	7,237	32%
Decatur	Family Planning	165	162	2%	1,744	1,641	6%
Fremont	Family Planning	132	83	37%	1,561	923	41%
Total	Family Planning	297	245	18%	3,305	2,564	22%
Decatur	Sexual Health	530	486	8%	5,165	6,161	-19%
Fremont	Sexual Health	159	81	49%	1,355	208	
ASEC	Sexual Health		139		113	1,349	
Total	Sexual Health	689	706	-2%	6,633	7,718	-16%
Decatur	Behavioral Health	121	153	-26%	1,331	1,419	-7%
Fremont	Behavioral Health	129	116	10%	1,183	236	
Total	Behavioral Health	250	269	-8%	2,514	1,655	34%
Decatur	Ryan White	222	200	10%	2,412	2,395	1%
Fremont	Ryan White	35	16		238	68	
Total	Ryan White	257	216	16%	2,650	2,463	7%
FQHC Total		2,692	2,364	12%	25,738	21,637	16%

Site and
Program visits –
May 2025

Medicaid Dashboard - May 2025

Medicaid MCO	Current # Of Medicaid
Anthem	217
HPN	1,114
Molina	217
SilverSummit	79
Total	1,627

2025 # of MCD Undup Pt Goal	2969
YTD # of MCD Undup Pts Seen	1680
% of Unduplicated Pts to Goal	56.58%
# of Medicaid Pts Assigned to SNCHC	1,627
# of Empaneled Pts Not Yet Seen	?

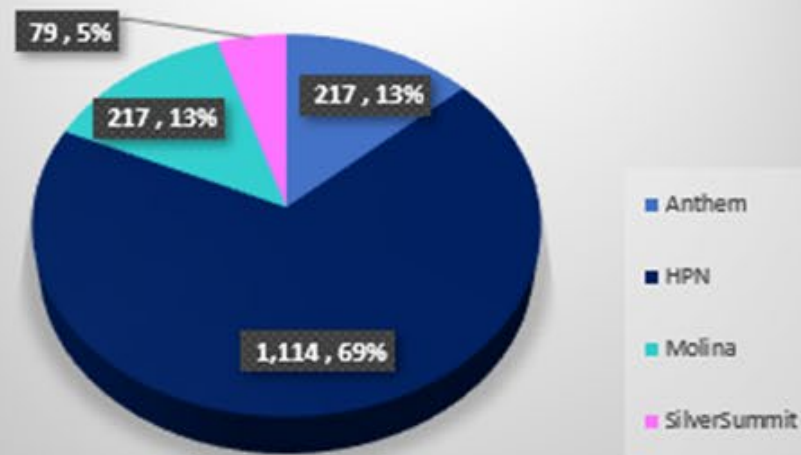
2025 # of MCD Visits Goal	4104
YTD # of MCD Visits Completed	2096
% of Medicaid Pts Visits to Goal	51.07%
Average # of Medicaid visits per undup	1.25

2025 # of Unduplicated MCD Pts Seen	
Anthem	503
HPN	638
Molina	257
SilverSummit	282
Nevada Medicaid	87
Total	1,767

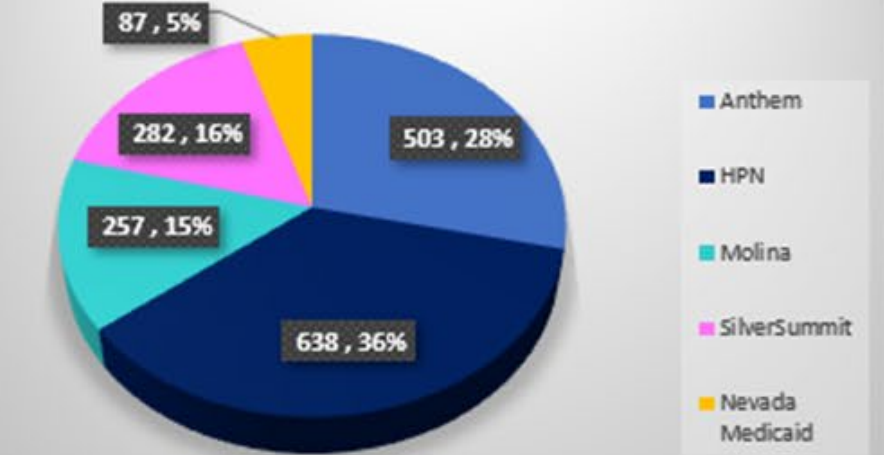
2025 # of Empaneled MCD Pts Seen	
Anthem	?
HPN	?
Molina	?
SilverSummit	?
Nevada Medicaid	?
Total	-

2024	
YTD # of Medicaid Unduplicated Pts Se	2827
# of Medicaid Pts Assigned to SNCHC	920
# of Empaneled Pts Not Yet Seen	474
2024 Goal of Medicaid Visits	2831
YTD # of Medicaid Visits	3908
% of Medicaid Pts Seen to Goal	138.04%
Average # of Medicaid visits per undup	1.38

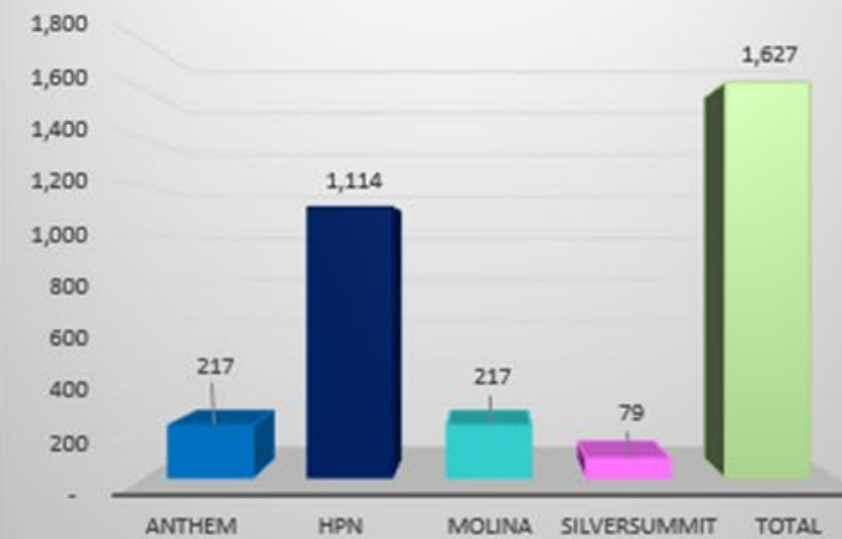
Current # & % Of Medicaid Pts Empaneled (1,627 Total)



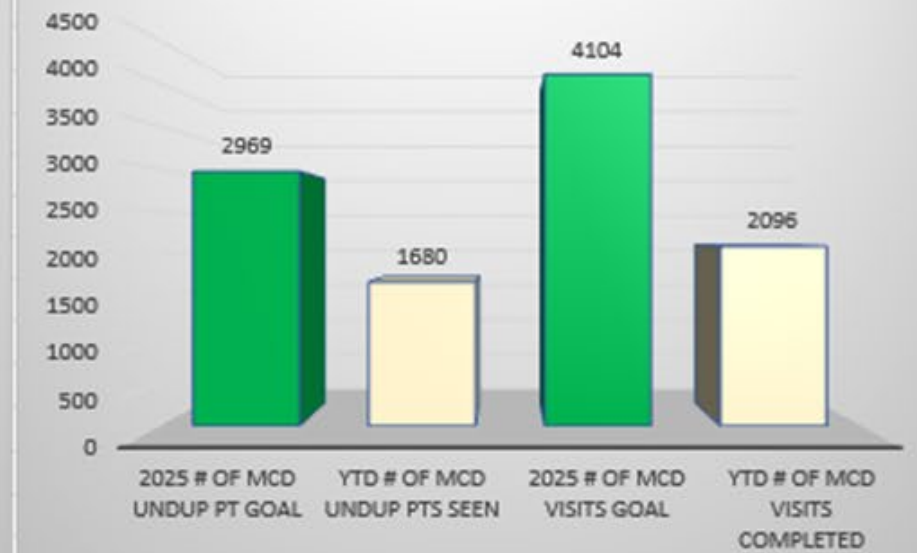
Current # & % Of Unduplicated Medicaid Pts Seen by Payer (1,767 Total)



Current # Of Medicaid Pts Empaneled



2025 MCD Undup Pts & MCD Visits Goals vs Actuals



MCO EMPANELMENT COMPARISON



Outreach and In-reach Activities

SOUTHERN NEVADA COMMUNITY HEALTH CENTER

*Spring
into a
healthier
you!*

PRIMARY CARE

WE OFFER

- Check-ups
- Physicals
- Exams
- Sick Visits
- Asthma Management
- Diabetes Management
- Pediatric Care and more!

NOW ACCEPTING NEW PATIENTS!

We take most major Insurance carriers, as well as Medicaid and Medicare. Don't have Insurance? Ask us about our sliding scale!

We also offer family planning and reproductive health services, HIV care, behavioral health, nutrition services and more!

 280 S. Decatur Blvd., Las Vegas, NV 89107
2830 E. Fremont St., Las Vegas, NV 89104
702-759-1700 | snchc.org

See our website for a full list of services and call us to schedule an appointment to see a provider.

 **Community Health Center**
AT THE SOUTHERN NEVADA HEALTH DISTRICT

 **SNHD**
SOUTHERN NEVADA HEALTH DISTRICT

CENTRO DE SALUD COMUNITARIO DEL SUR DE NEVADA

¡Comienza esta primavera a con una versión más saludable de ti!

CUIDADO PRIMARIO

OFRECEMOS

- Chequeos Médicos
- Exámenes Físicos
- Exámenes Generales
- Visitas para Enfermos
- Manejo de Asma
- Manejo de Diabetes
- Cuidado Pediátrico
- ¡Y más!

¡AHORA ESTAMOS ACEPTANDO NUEVOS PACIENTES!

Aceptamos la mayoría de los seguros médicos, así como Medicaid y Medicare. ¿No tienes seguro? Pregúntanos sobre nuestra escala de precios variables.

¡También ofrecemos servicios de planificación familiar y salud reproductiva, atención del VIH, salud del comportamiento, servicios de nutrición y mucho más!

health, nutrition services and more!

 280 S. Decatur Blvd., Las Vegas, NV 89107
2830 E. Fremont St., Las Vegas, NV 89104
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Visita nuestro sitio web para obtener una lista completa de servicios y llámenos para programar una cita con uno de nuestros proveedores.

 **Centro de Salud Comunitario**
DEL SUR DE NEVADA
EN EL DISTRITO DE SALUD DEL SUR DE NEVADA

 **SNHD**
SOUTHERN NEVADA HEALTH DISTRICT

X. INFORMATIONAL ITEMS

- *Community Health Center (FQHC) May 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. **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

XII. ADJOURNMENT

THANK YOU.

MEMORANDUM

Date: June 17, 2025

To: Southern Nevada Community Health Center Governing Board

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

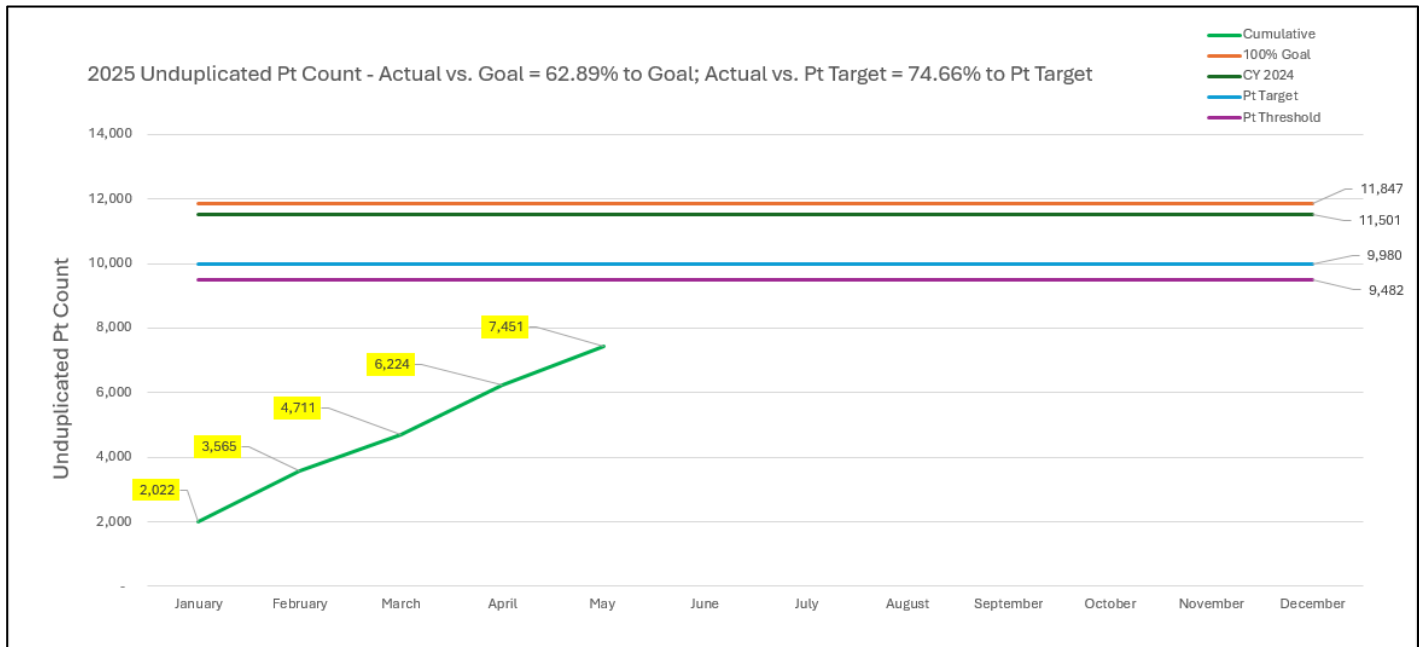
Cassius Lockett, PhD, District Health Officer *CL*

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

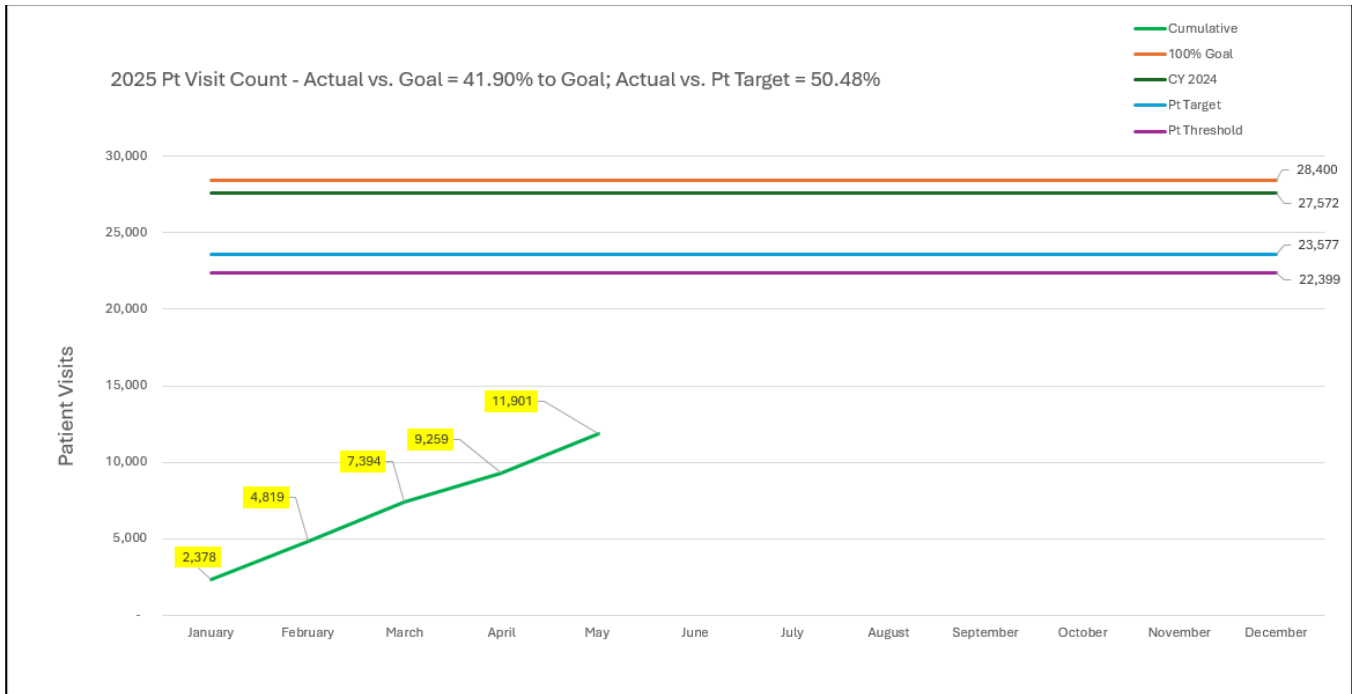
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention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

Access

Unduplicated Patients – May 2025



Patient Visits Count – May 2025



Provider Visits by Program and Site – May 2025

Facility	Program	MAY '25	MAY '24	MAY YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	756	553	27%	6,739	4,830	28%
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Decatur	Sexual Health	530	486	8%	5,165	6,161	-19%
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Decatur	Ryan White	222	200	10%	2,412	2,395	1%
Fremont	Ryan White	35	16		238	68	
Total	Ryan White	257	216	16%	2,650	2,463	7%
FQHC Total		2692	2364	12%	25738	21637	16%

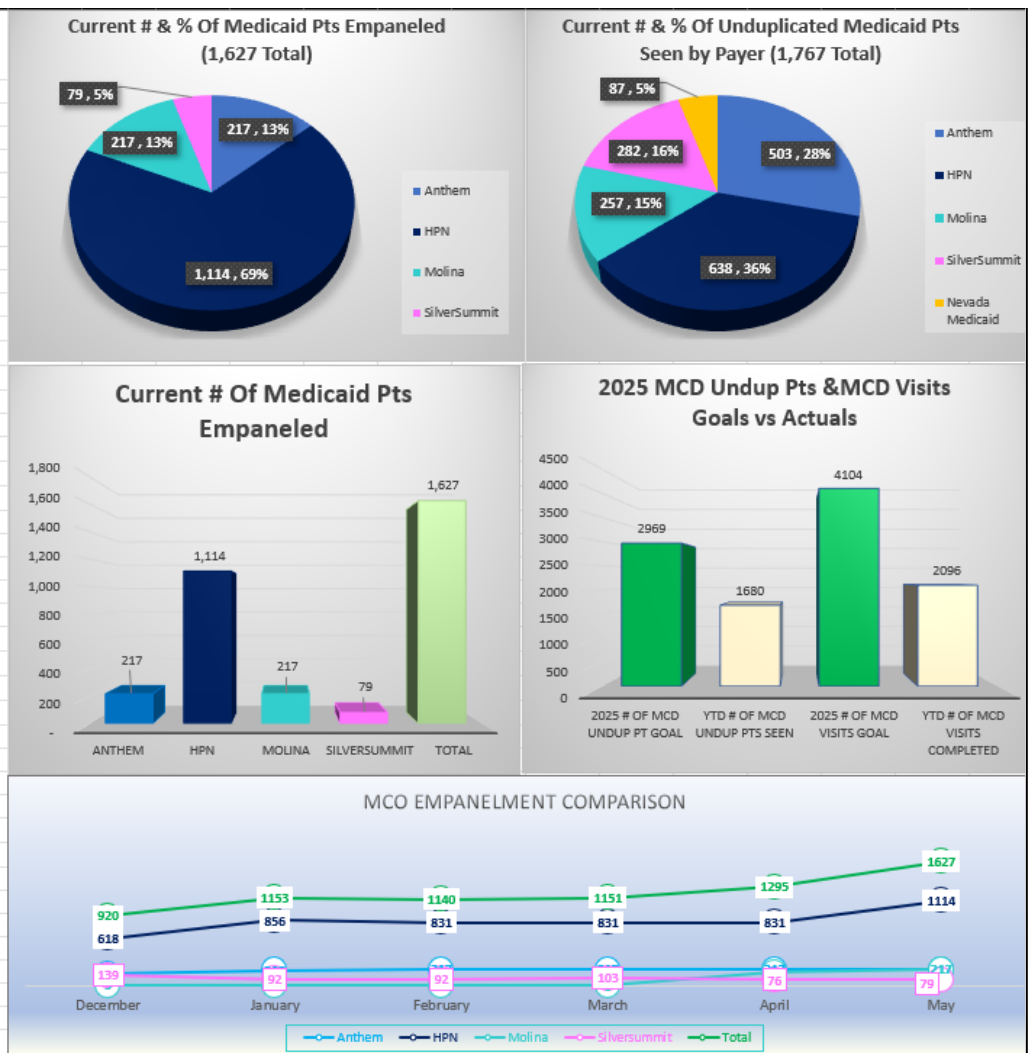
Pharmacy Services

	May-25	May-24		FY25 YTD	FY24 YTD		% Change YOY
Client Encounters (Pharmacy)	1,645	1,303	↑	16,216	14,741	↑	10.0%
Prescriptions Filled	2,838	2,137	↑	27,494	21,524	↑	27.7%
Client Clinic Encounters (Pharmacist)	75	71	↑	720	408	↑	76.5%
Financial Assistance Provided	16	19	↓	360	199	↑	80.9%
Insurance Assistance Provided	6	2	↑	113	64	↑	76.6%

- A. Dispensed 2,838 prescriptions for 1,645 clients.
- B. Pharmacist completed 75 client clinic encounters.
- C. Assisted 16 clients to obtain medication financial assistance.
- D. Assisted 6 clients with insurance approvals.

Medicaid Managed Care Organization (MCO)

Medicaid MCO	Current # Of Medicaid
Anthem	217
HPN	1,114
Molina	217
SilverSummit	79
Total	1,627
2025 # of MCD Undup Pt Goal	2969
YTD # of MCD Undup Pts Seen	1680
% of Unduplicated Pts to Goal	56.58%
# of Medicaid Pts Assigned to SNCHC	1,627
# of Empaneled Pts Not Yet Seen	?
2025 # of MCD Visits Goal	4104
YTD # of MCD Visits Completed	2096
% of Medicaid Pts Visits to Goal	51.07%
Average # of Medicaid visits per undup	1.25
2025 # of Unduplicated MCD Pts Seen	
Anthem	503
HPN	638
Molina	257
SilverSummit	282
Nevada Medicaid	87
Total	1,767
2025 # of Empaneled MCD Pts Seen	
Anthem	?
HPN	?
Molina	?
SilverSummit	?
Nevada Medicaid	?
Total	-
2024	
YTD # of Medicaid Unduplicated Pts Se	2827
# of Medicaid Pts Assigned to SNCHC	920
# of Empaneled Pts Not Yet Seen	474
2024 Goal of Medicaid Visits	2831
YTD # of Medicaid Visits	3908
% of Medicaid Pts Seen to Goal	138.04%
Average # of Medicaid visits per undup	1.38



Behavioral Health Services

- A. During the month of May, two doctoral students from UNLV's School of Public Health: Department of Social & Behavioral Health, began volunteering. They are creating a tool to measure the effectiveness of integrated care currently taking place in the clinic between medical and behavioral health.
- B. Planning is underway to provide a support group to newly diagnosed HIV patients in the Ryan White program. The group will meet bimonthly and will be held in English and Spanish. The group aims to provide education on various topics in addition to providing therapeutic support. The facilitating team has been surveying patients to assist with understanding what topics are most pertinent to them. The group officially launches on June 3, 2025.
- C. For Mental Health Awareness Month, the Behavioral Health Manager was asked to speak on a panel, Salon Talk, and bring awareness to the topic of perimenopause, menopause, heart health, and how it impacts one's health and mental health.

Family Planning Services

- A. Family Planning program access was up 18% in May and is up 22% 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. New appointment templates have been implemented in response to this work. A new lunch break schedule was implemented to increase access to care during the middle of the day. New metrics are being tracked focused on the percentage of appointments scheduled per provider per day as well tracking the third next available appointment by new and established appointments. The data will be used to make additional fine tuning to the appointment schedules.
- B. The program is 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 redefining the program as a provider of sexual and reproductive health services. Health center providers are receiving Family Planning specific training to support this transition.
- C. The program is scheduled for a comprehensive Title X site visit in September 2025. Work to prepare for the audit is under way.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 58 referrals between May 1 through May 31. There were four (4) pediatric clients referred to the Medical Case management in May and the program received one (1) referral for pregnant women living with HIV during this time.
- B. There were 740 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 357 unique clients served under these programs in May.
- C. The Ryan White ambulatory clinic provided a total of 480 visits in the month of May, including 26 initial provider visits, 219 established provider visits including 4 tele-visits (established clients). There were 32 nurse visits and 203 lab visits. There were 45 Ryan White services provided under Behavioral Health by the licensed mental health practitioners and the Psychiatric APRN during the month of May.
- D. The Ryan White clinic continues to provide the Rapid StART services, with a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were 10 patients seen under the Rapid StART Program in May.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC Sexual Health Clinic (SHC) clinic provided 1,378 unique services to 822 unduplicated patients for the month of May. 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 PPC SHOPP for nurse case management services. The FQHC SHC Community Health Nurse team began providing services following the “Nurse Visit for Follow up (HIV) PrEP Therapy” standard operating procedure.
- C. One FQHC SHC provider and the CHN supervisor attended the Pacific AIDS Education and Training Centers Spring 2025 STI update, “A Syndemic Approach to HIV Care and Prevention Symposium”. The CHN supervisor participated as a panelist in the HIV Preexposure Prophylaxis (PrEP) panel discussion. The panel discussed processes, obstacles, strategies for patient retention in care, and lessons learned in establishing successful HIV PrEP services.
- D. There is one CHN vacancy in FQHC SHC due to a resignation.

Refugee Health Program (RHP)

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

Client required medical follow- up for Communicable Diseases	
Refugee Health Screening for Ova and Parasites (positive tests)	2
Referrals for TB issues	3
Referrals for Chronic Hep B	2
Referrals for STD	0
Pediatric Refugee Exams	3
Clients encounter by program (adults)	23
Refugee Health Screening for April 2025	26
Total for FY24-25	630

Outreach/In Reach Activity

Number of events	3 - outreach 0 - in reach
Number of people linked to the clinic	8
Number of people reached	124
Number of hours dedicated to outreach	11

Eligibility and Insurance Enrollment Assistance

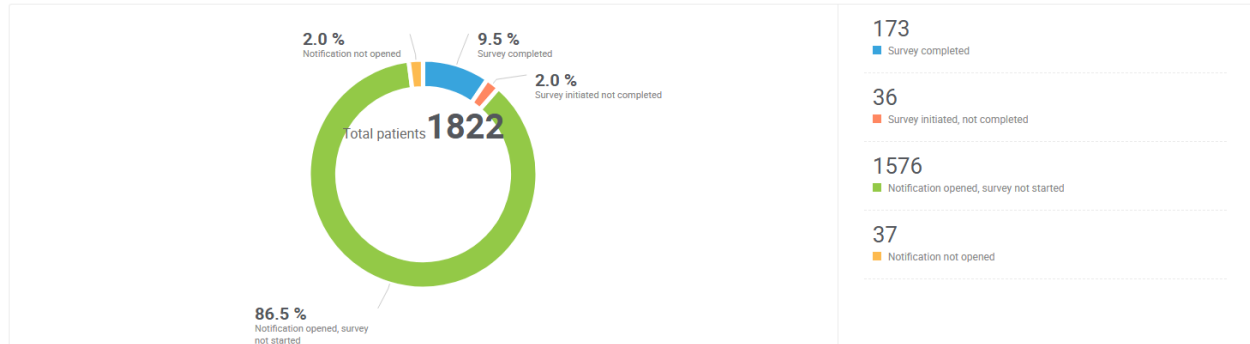
Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of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

Patient Satisfaction: See attached survey results.

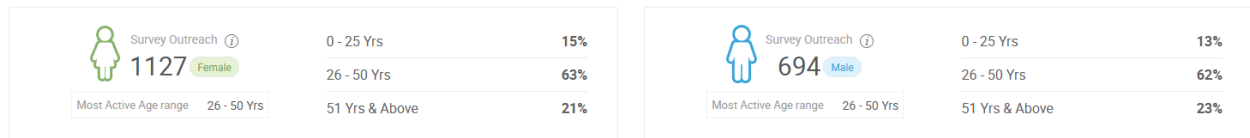
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

Southern Nevada Community Health Center Patient Satisfaction Survey – May 2025

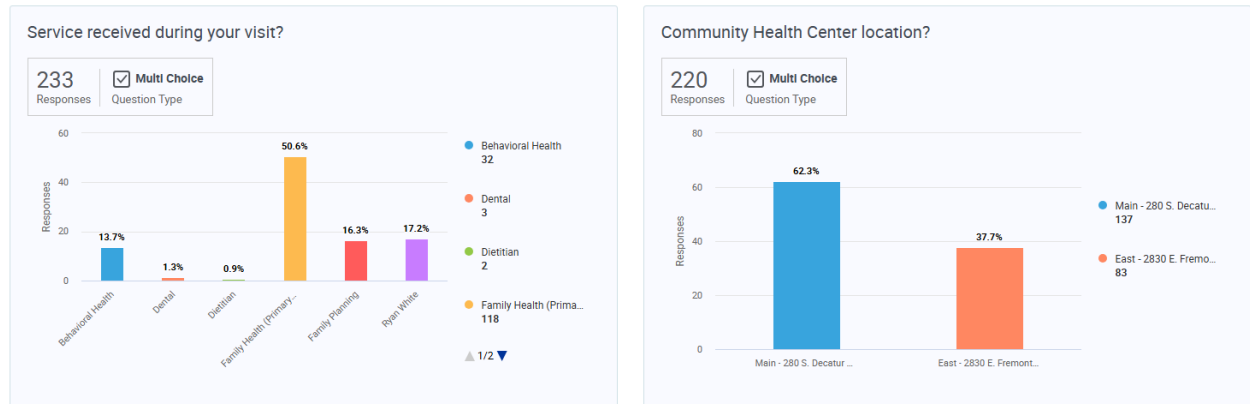
Overview



Gender



Service and Location

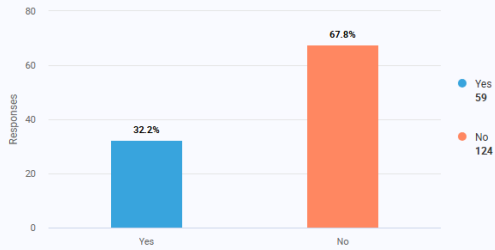


Provider, Staff, and Facility

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

183
Responses

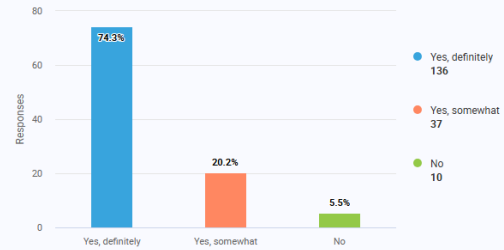
☒ Multi Choice
Question Type



Was the recent visit as soon as you needed?

183
Responses

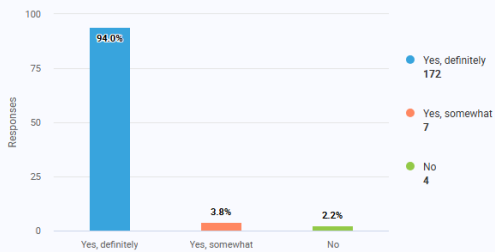
☒ Multi Choice
Question Type



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

183
Responses

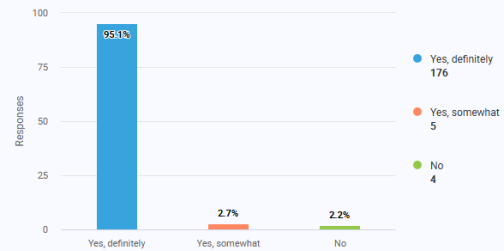
☒ Multi Choice
Question Type



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

185
Responses

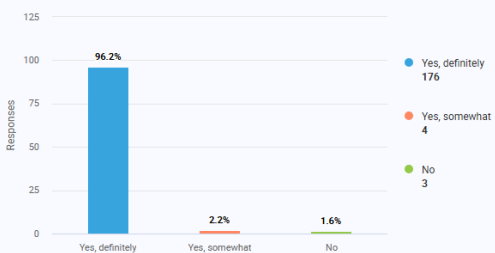
☒ Multi Choice
Question Type



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

183
Responses

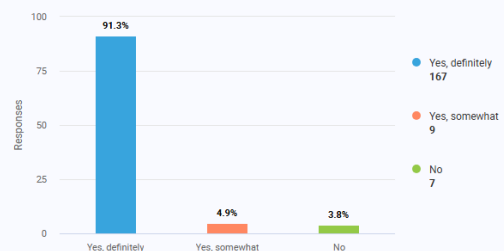
☒ Multi Choice
Question Type



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

183
Responses

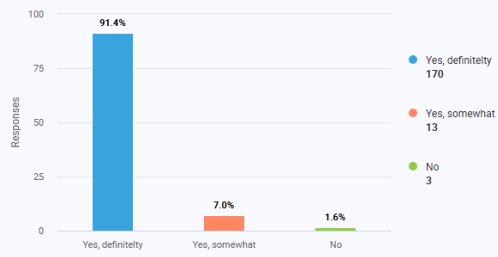
☒ Multi Choice
Question Type



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

186
Responses

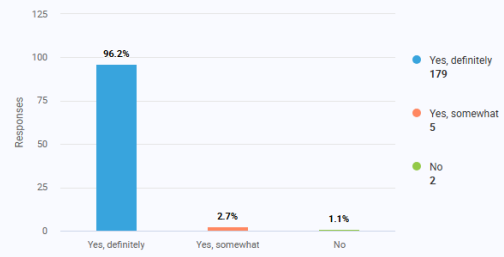
☒ Multi Choice
Question Type



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

186
Responses

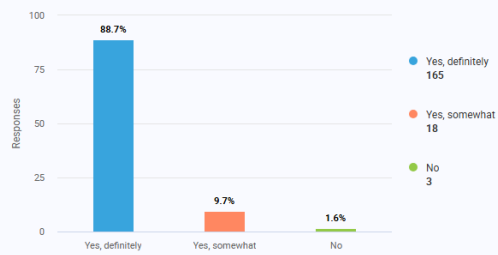
☒ Multi Choice
Question Type



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

186
Responses

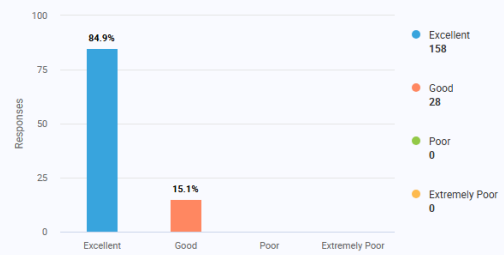
☒ Multi Choice
Question Type



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

186
Responses

☒ Multi Choice
Question Type



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

186

Responses

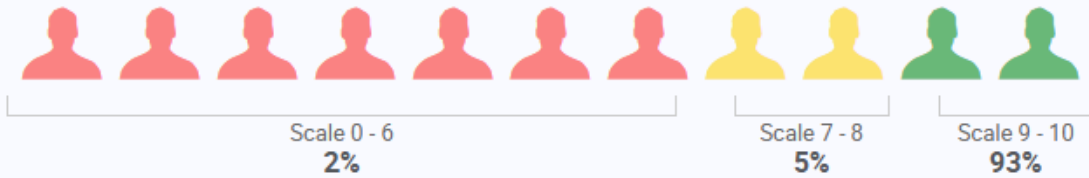
123

Numbers

Question Type

91

Net Promoter Score (NPS)



4

Scale 0 - 6

9

Scale 7 - 8

173

Scale 9 - 10

General Information

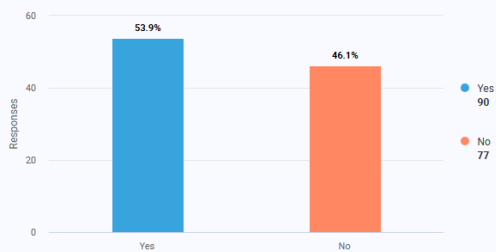
Do you have health insurance?

167

Responses

☒ Multi Choice

Question Type



How did you hear about us?

177

Responses

☒ Multi Choice

Question Type

