



AT THE SOUTHERN NEVADA HEALTH DISTRICT

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

September 22, 2022 – 2:00 P.M.

Meeting will be conducted In-person and via Webex Event

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

- MEMBERS PRESENT:** Brian Knudsen – Chair, Consumer Member (*via Webex*)
Jose L. Melendrez – First Vice-Chair, Consumer Member (*in-person*)
Gary Costa – Community Member, Golden Rainbow (*via Webex*)
Father Rafael Pereira – Community Member, All Saints Episcopal Church (*in-person*)
Erin Breen – Community Member, UNLV Vulnerable Road Users Project (*via Webex*)
Timothy Burch – Second Vice-Chair, Community Member, Clark County (*via Webex*)
- ABSENT:** Scott Black – Community Member, City of North Las Vegas
Scott Garrett – Consumer Member
Duprice Scruggs – Consumer Member
Aquilla Todd – Consumer Member
Lucille Scott – Consumer Member
- ALSO PRESENT:** None
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer (*absent*)
- STAFF:** Tawana Bellamy, Andria Cordovez Mulet, Sherhonda Brathwaite, Cassius Lockett, Randy Smith, Edward Wynder, Cassondra Major, Jacques Graham, Kimberly Monahan, Cory Burgess, Donnie Whitaker, Daniele Dreitzer, Leo Vega

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:06 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call and confirmed quorum.

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 three (3) 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 portion.

IV. ADOPTION OF THE SEPTEMBER 22, 2022 MEETING AGENDA (*for possible action*)

A motion was made by First Vice-Chair Melendrez, seconded by Member Breen, and carried unanimously to approve the September 22, 2022 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: August 25, 2022** *(for possible action)*
2. **PETITION #01-23: Approval of an Interlocal Agreement between Clark County, Nevada and the Southern Nevada Health District to continue and enhance the Rapid stART project under the Ending the HIV Epidemic initiative;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by First Vice-Chair Melendrez, seconded by Father Rafael, and carried unanimously to approve the September 22, 2022 Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

1. **Review, Discuss and Approve the Southern Nevada Community Health Center Decatur Hours of Operation beginning Oct. 3, 2022, from 48.5 hours per week to 40 hours per week with the office closed on Fridays;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, FQHC Operations Officer presented the Decatur hours of operation. Beginning October 3, 2022, Mr. Smith advised that the Decatur site will transition to a 4-day, 10-hours per day work week schedule. The days of operations for Decatur will be Monday thru Thursday, 8 a.m.-6 p.m. The Fremont location is currently operating Tuesday – Friday, 8 a.m.-6 p.m. Together, both sites will provide 50 hours of patient care per week. This will be a modest increase from 48.5 hours per week.

Father Rafael inquired about the rationale for this change. Mr. Smith commented that staff started to transition to a 4/10 schedule in April. Mr. Smith further explained, this will allow the health center to increase access and extend the number of hours of care provided each week.

Member Breen inquired as to the number of patients at the Decatur site that may have transportation issues. Mr. Smith shared that to his knowledge, no transportation survey has been conducted. Antidotally, both sites are located on bus routes and the Health Center can assist patients who have transportation issues through bus vouchers.

Member Breen shared her concern of someone who gets sick on Friday and doesn't have bus fare and inquired about the Health District being open on Friday for someone to get a bus voucher.

Mr. Smith explained the Decatur site will be open on Monday and access will be available when Fremont is closed. The Fremont site will be open on Friday and access will be available when Decatur is closed. Ultimately, this will allow for expansion in access at the Fremont site grows. If bus vouchers are required, patients can coordinate this through a community health worker in advance of the appointment.

Father Rafael inquired how the new hours are being communicated to the community. Mr. Smith shared the communications team is assisting with relaying the information through social media, collateral materials within the Health Center, and patients have been informed about the new site opening.

A motion was made by First Vice-Chair Melendrez, seconded by Father Rafael, and carried unanimously to approve the Southern Nevada Community Health Center Decatur Hours of Operation beginning Oct. 3, 2022, from 48.5 hours per week to 40 hours per week with the office closed on Fridays, as presented.

2. **Approval to remove Bonanza from Scope as a Service Site;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the removal of the Bonanza site from the HRSA Scope of Work as a Service Site. Mr. Smith shared the Fremont location opened August 30, 2022 and staff and services moved from the Bonanza site to Fremont.

A motion was made by Member Garrett, seconded by Father Rafael, and carried unanimously to approve the removal of Bonanza from Scope as a Service Site, as presented.

3. **Approval to renew the Noncompeting Continuation application to renew SNCHC as a FQHC through January 31, 2024;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the Noncompeting Continuation Progress Report application to renew SNCHC as a FQHC through January 31, 2024. Mr. Smith advised the grant has been submitted. The recommended funding is \$966K. The funding period is February 1, 2023 to January 31, 2024, which will conclude our current project period. Next year, instead of doing the Noncompeting Continuation report and grant submission, we will do a Service Area Competition (SAC) application. Mr. Smith explained a SAC is a competitive application and it is possible another health center or a non FQHC looking to become a FQHC can apply for our grant.

A motion was made by First Vice-Chair Melendrez, seconded by Father Rafael, and carried unanimously to approve to renew the Noncompeting Continuation application to renew SNCHC as a FQHC through January 31, 2024, as presented.

4. **Receive, Discuss and Accept the August Operational Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the August Operational Report. The patient count for CY21 was 7,050 and CY22 YTD was 4,564.

Mr. Smith provided an update to the Prospective Payment System (PPS) Wrap Payments. Wrap payment is the difference between our approved PPS rate (\$243) per visit and the amount paid by the health plans. It applies to Medicaid patients who are enrolled in a health plan. Mr. Smith commented that Donna Buss, Revenue Cycle Manager, and her team were successful in working with the state Medicaid office and we will receive \$49K for December 2021 and January 2022. Mr. Smith shared that there's been conversations with the State Medicaid Office to go back to January 2021 to seek reimbursement for those funds.

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Mr. Smith shared that the Health Center received the 2022 Community Health Quality Recognition (CHQR) Badges Award for advancing Health Information Technology (HIT) for Quality.

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Mr. Smith agreed with Father Rafael's position about the finances being a critical piece of understanding the financial performance of the health center and ensuring that we are being good stewards of the funding available to us. Mr. Smith shared the August financial report will be presented at the next meeting.

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Father Rafael commented that we need to have updated financial reports at any board meeting, not one month behind.

A motion was made by First Vice-Chair Melendrez, seconded by Member Breen, and carried unanimously to accept the August Operational Report, as presented.

5. Review and Discuss the SNCHC Governing Board Recruitment Plan Recommendation Ideas; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith reminded the board of the HRSA OSV Compliance findings related to the board member composition. The patient board members as a group needs to represent the health center's patient population in terms of race, ethnicity, and gender and consistent with the patient demographics reported in the health center's UDS report. Mr. Smith shared that to fix this we need to bring in new patient board members. HRSA due date to fix the finding is November 17, 2022. Mr. Smith further explained that failure to fix the finding by November 17, will result in more phases of the progressive disciplinary process, which means we will have 60 days to fix finding. If we fail to fix the finding after that, we will have 30 days. If we cannot fix the finding during the 30 days deadline, we could lose the grant.

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are not ready to take on all the patients that may come. First-Vice Chair Melendrez commented that to help raise awareness, there could be a soft opening that would explain what a community health center is, the services provided and when.

No action required.

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

There were no items raised by the board members.

- VIII. EXECUTIVE DIRECTOR & STAFF REPORTS (Information Only)**

Mr. Smith introduced Donnie (DJ) Whitaker as the new Controller. Ms. Whitaker provided the Governing Board a brief background of her experience with financial reporting.

- IX. 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 portion.

- XIII. ADJOURNMENT**

The Chair adjourned the meeting at 3:17 p.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary/CHC Executive Director

/tab

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Red Rock Trail Rooms A and B**

NOTICE

WebEx Event address for attendees:

<https://snhd.webex.com/snhd/onstage/g.php?MTID=e8b8c58ade61f81f23344922f559e1016>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2551 619 2056](https://snhd.webex.com/snhd/onstage/g.php?MTID=e8b8c58ade61f81f23344922f559e1016)

For other governmental agencies using video conferencing capability, the Video Address is:
25516192056@snhd.webex.com

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 AND 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. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman 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 Webex:** Use the link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Community Health Center employee or by raising your hand during the public comment period, a Community Health Center employee will unmute your connection. Additional instructions will be provided at the time of public comment.
- **By email:** public-comment@snchc.org For comments submitted prior to and during the live meeting. Include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

IV. ADOPTION OF THE SEPTEMBER 22, 2022 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.

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X. ADJOURNMENT

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Tawana Bellamy or Andria Cordovez Mulet in Administration 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 Tawana Bellamy or Andria Cordovez Mulet at 280 S. Decatur Blvd, Las Vegas, NV, 89107 or dial (702) 759-1201.

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ALSO PRESENT: None

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

EXECUTIVE SECRETARY: Fermin Leguen, MD, MPH, District Health Officer (*absent*)

STAFF: Tawana Bellamy, Andria Cordovez Mulet, Sherhonda Brathwaite, Cassius Lockett,
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There were no items raised by the board members.

- VIII. EXECUTIVE DIRECTOR & STAFF REPORTS (Information Only)**

Mr. Smith introduced Donnie (DJ) Whitaker as the new Controller. Ms. Whitaker provided the Governing Board a brief background of her experience with financial reporting.

- IX. 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 portion.

- XIII. ADJOURNMENT**

The Chair adjourned the meeting at 3:17 p.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary/CHC Executive Director

/tab



AT THE SOUTHERN NEVADA HEALTH DISTRICT

TO: SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD

DATE: September 22, 2022

RE: *Approval to amend the Interlocal Agreement CBE NO.605906-21 between Clark County, Nevada and the Southern Nevada Health District for the Rapid stART Project under the End the HIV Epidemic initiative.*

PETITION #01-23

That the Southern Nevada Community Health Center Governing Board *approve to amend the interlocal agreement with Clark County, Nevada to continue and enhance the Rapid stART project under the Ending the HIV Epidemic initiative.*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Office *FL*
Randy Smith, FQHC Operations Officer *RS*
Merylyn Yegon, CHN Supervisor *MCJ*

DISCUSSION:

This amended interlocal agreement with Clark County, Nevada will enhance the existing Rapid stART services. Rapid stART is a key strategy to Ending the HIV Epidemic initiative which aims to reduce the number of the new infections in the United States by 90% by 2030. The objective is early initiation of antiretroviral treatment immediately after a patient is diagnosed with HIV. This project is integrated into the workflow across SNHD and SNCHC Ryan White care services.

FUNDING:

Funding will be through the Ending the HIV Epidemic funds issued by Clark County, Nevada to SNCHC.

AMENDMENT NO. 1
CBE NO. 605906-21
SOUTHERN NEVADA HEALTH DISTRICT RAPID START PROGRAM

THIS AMENDMENT is made and entered into this ____ day of _____ 2022, by and between CLARK COUNTY, NEVADA (hereinafter referred to as “COUNTY”), and SOUTHERN NEVADA HEALTH DISTRICT (hereinafter referred to as “AGENCY”).

WITNESSETH:

WHEREAS, the parties entered into an agreement under CBE Number 605906-21, entitled “Southern Nevada Health District Rapid Start Program” dated December 28, 2021 (hereinafter referred to as AGREEMENT); and

WHEREAS, the parties desire to amend the AGREEMENT.

NOW, THEREFORE, the parties agree to amend the AGREEMENT as follows:

1. Article I: Scope of Work, 3.0 Definitions

To add:

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (HIP-CS) provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. The service provision consists of either or both of the following: 1) Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients, not currently covered by Part B; and 2) Paying cost-sharing (copay, co-insurance, deductible) on behalf of the client for Physician appointments and labs.

Outpatient/Ambulatory Health Services (OAHS) are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

2. Article I: Scope of Work, 5.0 Services, first item

Originally written:

“Respond to any internal and external referrals for Rapid stART services.”

Revised to read:

“Respond to any internal and external referrals for Rapid stART services, including EIS, OAHS and HIP-CS as defined in section 3.0 of this scope of work.”

3. Article I: Scope of Work, 7.0 Performance Outcomes, to be removed in its entirety and replace by

7.0 Performance Outcomes

All outcomes align with COUNTY’s EHE Plan and the Rapid stART Learning Collaborative:

Goal: Increase access to care and improve health outcomes for patients newly diagnosed with HIV and/or patients returning to care.
Measure 1: Linkage to HIV medical care within 7 days
<p>Definition: Percentage of persons with HIV newly diagnosed, new to care, and/or out of care patients who are linked to medical care within 7 days of [time zero].</p> <p>Numerator: Number of persons in the denominator who are linked to HIV medical care within 7 days of [time zero].</p> <p>Denominator: Number of persons with HIV newly diagnosed, new to care, and/or out of care in the reporting period.</p> <p>Exclusions: Patients who died, transferred, moved, or were incarcerated in the reporting period.</p>
Measure 2: Initiation of ART within 7 days
<p>Definition: Percentage persons with HIV newly diagnosed, new to care, and/or out of care who are prescribed HIV antiretroviral therapy within seven days from [time zero].</p> <p>Numerator: Number of persons in the denominator who are prescribed HIV antiretroviral therapy within seven days from [time zero].</p> <p>Denominator: Number of persons with HIV newly diagnosed, new to care, and/or out of care in the reporting period.</p> <p>Exclusions: Patients who died, transferred, moved, or were incarcerated in the reporting period.</p>
Measure 3: Median days to initiation of ART
<p>Definition: The median number of days from [time zero] to initiation of ART for newly diagnosed, new to care, and/or out of care patients.</p> <p>Numerator: not applicable</p> <p>Denominator: Number of persons with HIV newly diagnosed, new to care, and/or out of care who were initiated on ART in the reporting period.</p> <p>Exclusions: Patients who died, transferred, moved, or were incarcerated in the reporting period.</p> <p>Calculation:</p> <ol style="list-style-type: none"> 1. Determine the number of days from [time zero] to initiation of ART for each patient in the denominator

<p>2. Sort the number of days in ascending order</p> <p>3. Determine the middle value</p>
<p>Measure 4: Viral load suppression</p>
<p>Definition: Percentage of persons with HIV newly diagnosed, new to care, and/or out of care with a HIV viral load less than 200 copies/ml at last viral load test by 60 days after initiation of ART.</p> <p>Numerator: Number of persons in the denominator who have an HIV viral load less than 200 copies/ml at last viral load test by 60 days after initiation of ART.</p> <p>Denominator: Number of persons with HIV newly diagnosed, new to care, and/or out of care who initiated ART at least 60 days prior to measurement.</p> <p>Exclusions: Patients who died, transferred, moved, or were incarcerated in the reporting period</p>
<p>Measure 5: Retention in Care</p>
<p>Definition: Percentage of persons with HIV newly diagnosed, new to care, and/or out of care who initiated on ART with at least 1 medical visit in each six-month period at least 90 days apart</p> <p>Numerator: Number of persons in the denominator who had at least 1 medical visit in each six-month period of the reporting period at least 90 days apart.</p> <p>Denominator: Number of persons with HIV newly diagnosed, new to care, and/or out of care who initiated ART in the reporting period</p> <p>Exclusions: Patients who died, transferred, moved, or were incarcerated in the reporting period</p>

<p>Number of unduplicated clients to be served: 100-120</p>	<p>Number of service units to be provided: 600-1000</p>
--	--

Definitions related to Performance Measures:

Rapid stART

- **Rapid stART:** Initiation of HIV ART within 7 days of [time zero]
- **Initiation of ART:** Starter pack provided or ART prescription written
- **Linked to Care:** A kept medical visit
- **Date of Diagnosis:** Positive rapid HIV screening test, Confirmatory HIV test, and/or HIV Viral Load

Patient Category

- **Newly Diagnosed:** Any person with a new positive HIV rapid, confirmatory, or detectable viral load test result within 12 months.
- **New to Care:** Any person diagnosed with HIV greater than 12 months who has not attended a HIV care medical visit.
- **Out of Care:** Any person diagnosed with HIV with previous engagement in primary HIV care who has no medical visit or laboratory test result for greater than 12 months and has agreed to return to care.

Time Zero

<i>Term</i>	<i>Notification Type</i>	<i>Definition</i>
Newly Diagnosed	Internal HIV Testing	Date of diagnosis
	External Testing and/or Referral	Date referral agency notifies provider or date of self-referral

New to Care	Internal Never Linked and/or External Referral	Date of first contact with site
Out of Care	Internal Out of Care	Date of re-contact with or by site and agreement to return to care
	External Referral	Date referral agency notifies provider of agreement to return to care or date of self-referral

4. Article II: Term of Agreement, first sentence

Originally written:

“Commencing from the date of execution of AGREEMENT, the term shall be from July 1, 2021 through February 28, 2023.”

Revised to read:

“The initial term of the AGREEMENT shall be from July 1, 2021 through February 28, 2023, with the option to extend for 3, one-year options.

5. Article III: Price, Payment, and Submission of Invoice, first item, first sentence

Originally written:

“COUNTY agrees to pay AGENCY for performance of services described in this Scope of Work not to exceed the amount of \$309,300.00.”

Revised to read:

“COUNTY agrees to pay AGENCY for performance of services described in this Scope of Work not to exceed the amount of \$1,026,300. “

6. Article III: Price, Payment, and Submission of Invoice, Budget

Originally written:

The table below reflects a budget that corresponds to the scope of work:

Time Period	Amount
July 1, 2021 – February 28, 2022	\$120,300.00
March 1, 2022 – February 28, 2023	\$189,000.00
TOTAL	\$309,300.00

Revised to read:

The table below reflects the total budget for the duration of the contract:

Time Period	Amount
July 1, 2021 – February 28, 2022	
March 1, 2022 – February 28, 2023	
March 1, 2023 – February 29, 2024	
March 1, 2024 – February 28, 2025	
March 1, 2025 – February 28, 2026	
TOTAL AMOUNT not to exceed (for the duration of the Contract)	\$1,026,300

7. The revisions contained herein are effective as of March 1, 2022.

This Amendment No. 1 represents an increase of \$717,000.

Except as expressly amended herein, the terms and conditions of the AGREEMENT shall remain in full force and effect.

COUNTY OF CLARK:

BY: _____
JAMES B. GIBSON, CHAIR
Clark County Commissioners

SOUTHERN NEVADA HEALTH DISTRICT

BY: _____
FERMIN LEGUEN, MD, MPH
District Health Officer/Executive Director

ATTEST:

BY: _____
LYNN MARIE GOYA
County Clerk

APPROVED AS TO FORM:

Steven Wolfson, District Attorney

BY: _____
ELIZABETH A. VIBERT
Deputy District Attorney

APPROVED AS TO FORM:

**THIS DOCUMENT IS APPROVED
AS TO FORM. SIGNATURES TO
BE AFFIXED ACCORDINGLY.**

BY: _____
Heather Anderson-Fintak, Esq.
General Counsel
Southern Nevada Health District



SOUTHERN NEVADA
Community
HEALTH CENTER

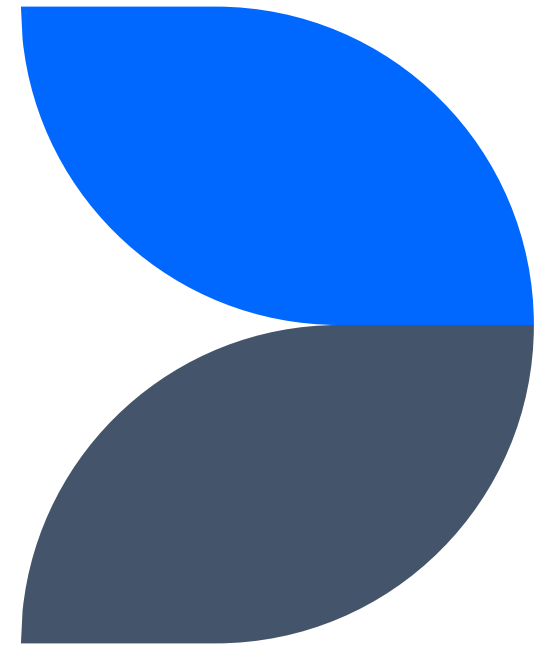
AT THE SOUTHERN NEVADA HEALTH DISTRICT

SNCHC Governing Board Meeting

September 22, 2022

Approval Item: Decatur Hours of Operation

Randy Smith, FQHC Operations Officer



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Decatur Hours of Operation

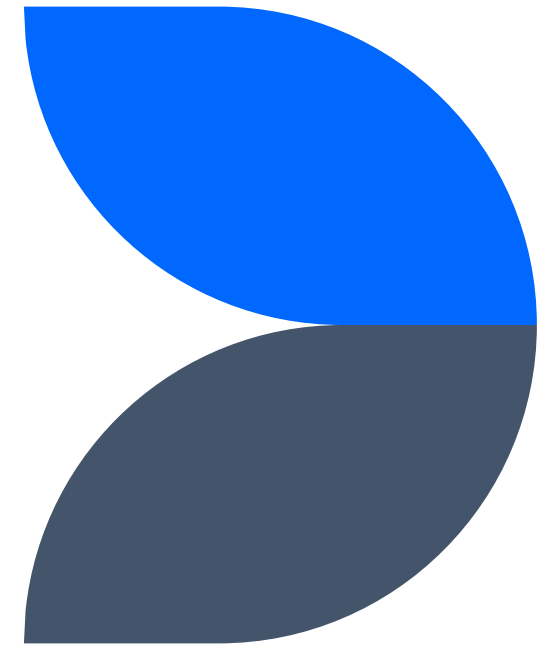
- Beginning 10/3/22 health center operations will transition to a 4-10 schedule - four (4) ten (10) hours days per week.
- **Decatur: Monday – Thursday from 8am – 6pm**
- Fremont: Tuesday – Friday from 8am - 6pm
- Together both sites will provide 50 hours of patient care per week.
- This is a modest increase from 48.5 per week.

Approval requested to change the Decatur hours of operation.



Approval Item: Remove Bonanza from Scope as a Service Site

Randy Smith, FQHC Operations Officer



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Removal of Site

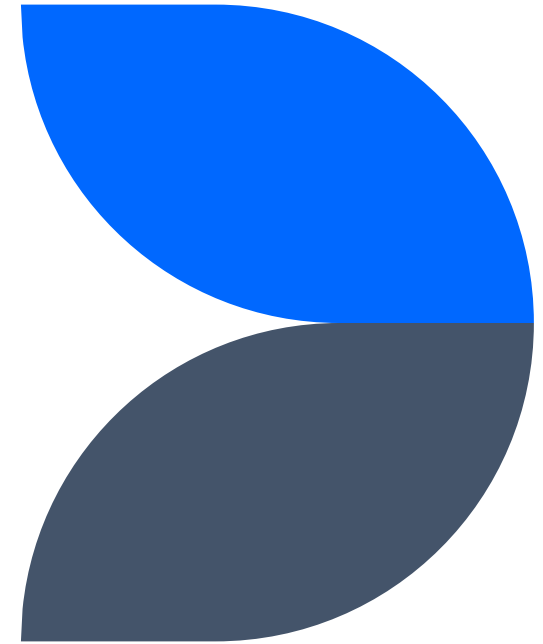
- The Fremont Public Health Center commenced patient care services on August 30, 2022.
- The team previously providing services out of the Bonanza site moved to Fremont.

Approval requested to remove the Bonanza site from the HRSA scope of work.



Approval Item: Renew SNCHC as FQHC Grant through January 31, 2024

Randy Smith, FQHC Operations Officer



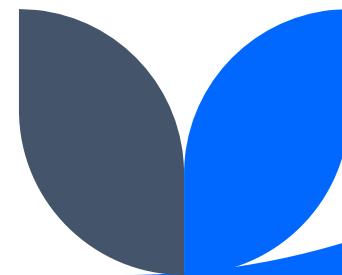
SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Grant Submission

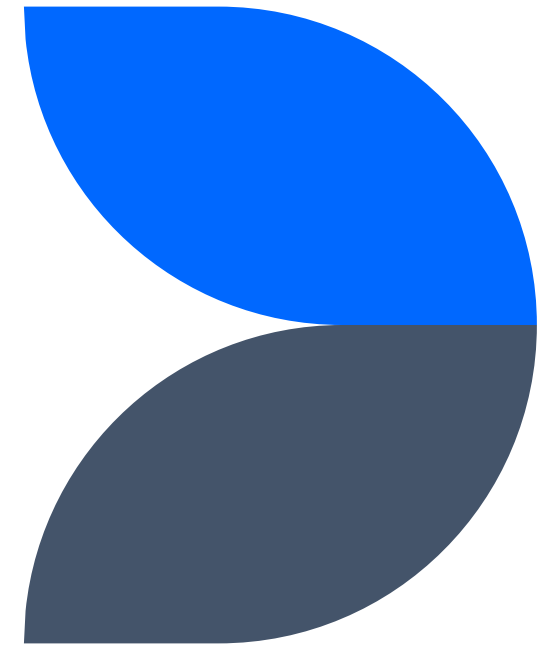
- Noncompeting Continuation (NCC) Progress Report successfully submitted to HRSA on September 7th
- Recommended funding \$966,000
- *Initial grant for \$650,000 in 2019
- Funding period: February 1, 2023 – January 31, 2024
- Next year a Service Area Competition (SAC) application will be needed

Approval requested to submit grant application.



Approval Item: August Operational Report

Randy Smith, FQHC Operations Officer



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Patient Count

- CY21 – 7,050
- CY22 YTD – 4,564



PPS Wrap Payments

- Patients with Medicaid who are enrolled in a health plan
- Wrap payment is the difference between our approved PPS rate per visit (\$243) and the amount paid by the health plan (varies)
- Most of SNCHC's Medicaid patients are enrolled in a health plan
- \$49k - December 21 and January 22
- Conversation with State Medicaid Office to go back to January 21



Fremont Public Health Center

- Operational effective August 30th
- Open House 9/19/22
- Two full-time providers (primary care and family planning)
- COVID and Monkeypox Vaccines
- Lots of room for growth
- Future expansion plans include behavioral health, Ryan White & Dental services
- Medical Director will provide care at this site (Starting 1/23)



Staffing Update

Administrative Analysis starts 10/10/22

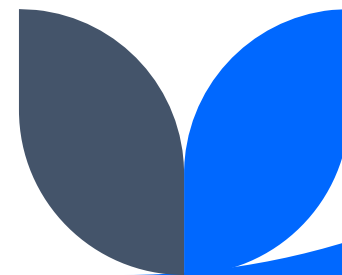
- Grants management, operational data, POC with HR and Finance departments

Senior Administrative Assistant recruitment

- New position for the FQHC, supports the front office
- Patient Registration, Sliding Fee, Call Center, Medical Records
- Cross training for all Administrative Assistants

Mid-level Provider recruitment

- Primary Care & Ryan White



2022 CHQR Badges Award

Community Health Quality Recognition (CHQR)

Advancing Health Information Technology (HIT) for Quality

Recognizes health centers that meet all criteria to optimize HIT services. Health centers must meet the following five criteria:

1. Adopted an electronic health record (EHR) system
2. Offers telehealth services
3. Exchanges clinical information electronically with key providers health care settings
4. Engages patients through health IT
5. Collects data on patient social risk factors

SOUTHERN NEVADA HEALTH DISTRICT, LAS VEGAS, Nevada

3-year project period; end date 01/31/2024 [Service Area Map](#) Total Patients Served: 7,050

Community Health Center Quality Recognition (CHQR) Badges



SNCHC Governing Board Recruitment Plan Recommendation Ideas

Randy Smith, FQHC Operations Officer



HRSA OSV Compliance Findings

- Are patient board members as a group representative of the health center's patient population in terms of race, ethnicity, and gender consistent with the demographics reported in the health center's UDS report?
- No
 - **Of the total of 11 board members, five were verified to be "patients." However, these five "patient" board members (5/11), as a group, do not represent the health center's population by ethnicity and gender. The 2020 UDS shows the following gender mix is served: Male, 41%; Female, 59% (rounded). Yet, the patient segment of the board has a gender mix of: Male, 80%; Female, 20%. The ethnic mix on the "patient segment" of the board is also not consistent with the 2020 UDS. The UDS report indicates that the grantee is serving 36.78% White Hispanics. However, the "patient segment" on the board (per Form 6A) shows there is a 20% White Hispanic representation on the board.**

HRSA OSV Compliance Findings

- For the health center's non-patient board members, do all such board members either live or work in the community where the health center is located?
- No
 - Per Form 6A two “non-patient” board members were NOT marked as living or working in the community. One member was marked with a "NO" in that field, and another had a "blank" in that field.

HRSA Conditions

Program Specific Condition(s)

Due Date: Within 90 Days of Award Issue Date (November 17, 2022)

Board Composition-c. Current Board Composition: Within 90 days, provide updated documentation that the health center governing board is composed of: 1) At least 9 and no more than 25 members; 2) A patient majority (at least 51 percent); 3) Patient board members, who as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender, consistent with the demographics reported in the health center's Uniform Data System (UDS) report; 4) *For those health centers that receive any award/designation under one or more of the special populations subparts*, Representative(s) from or for each of the special population(s); and 5) Non-patient board members representative of the community in which the health center is located, with relevant skills and expertise; and no more than 50 percent of such members earn more than 10 percent of their annual income from the health care industry. Please see Chapter 20: Board Composition of the Health Center Program Compliance Manual (<https://www.bphc.hrsa.gov/programrequirements/compliancemanual/index.html>) for additional information and contact your project officer with any questions, including the applicable components to be addressed. (45 CFR 75.207(a) and 45 CFR 75.371)

HRSA Initial Response: New Board Member Recruitment Plan

Activity	Responsible Party	Commence Date	Completion Date	Status	Notes
Review OSV Findings related to board composition at July 28,2022 Governing Board Meeting.	Randy Smith	7/28/2022	7/28/2022	Completed	Discuss need for additional/new board members that are representative of the Target Population served.
August FQHC All Staff Meeting - Review OSV Findings - Discuss need to identify potential new board members.	Randy Smith	8/11/2022	8/11/2022	Completed	Discuss need for additional/new board members that are representative of the Target Population served.
Engage existing board members and SNCHC providers to identify potential new board members.	Randy Smith	8/1/2022	9/9/2022	In progress	Names and contact information of identified potential board members sent to Tawana Bellamy.
Convene the Nominations Committee to review findings, recruitment plan, application packet, proposed recruitment and by-laws.	Randy Smith Tim Burch	10/3/22	10/3/22	In progress	Review by-laws to include: <ul style="list-style-type: none"> • Member qualifications • Term of office • Term extension • Selection process
Contact prospective board members to conduct introductory phone calls regarding their interest and availability to serve on SNCHC Governing Board.	Tawana Bellamy Providers	9/7/2022	On-going as needed	In progress	Confirm demographic information to ensure fit with board member representation needs. High level overview of board member role.
Host in-person/virtual orientation meeting(s) to further explain time commitment, board member requirements and role of board members.	Randy Smith Tawana Bellamy	9/16/2022	On-going as needed	In progress	Provide overview of the HRSA Health Center program, SNHD and SNCHC.

HRSA Initial Response: New Board Member Recruitment Plan

Activity	Responsible Party	Commence Date	Completion Date	Status	Notes
Obtain applications from prospective patient board members.	Tawana Bellamy	9/19/2022	10/14/2022	In-Progress	<ul style="list-style-type: none"> existing health center patient meets demographic requirements completed orientation capacity to meet time and commitment requirements
Obtain applications from prospective community board members.	Tawana Bellamy	TBD	As needed		<ul style="list-style-type: none"> resides and/or works in the service area selected based on expertise as a group, no more than 10% have their annual income from the health care industry completed orientation capacity to meet time and commitment requirements
Governance Committee review perspective board member applications for consideration for a board appointment.	Governance Committee Randy Smith	10/3/2022	Will likely require multiple meetings	1 candidate	Formal interview and rating candidate rating system. Based on the number of open board seats and rating of candidates, recommendation made to full board.
Present board member candidates recommended by the Governance Committee for approval to the SNCHC Governing Board.	Governance Board Governance Committee	10/27/2022	11/17/2022	2 opportunities	The number of board member candidates approved will be determined by the number needed to ensure the group is representative of the community of served and that the group comprises no less than 51% of the total Governing Board membership.
New board members begin their service on the Governance Board.	Board Chair Dr. Fermin Leguen Randy Smith	11/17/2022	12/2/2022	2 on-boardings	Board member training opportunities to be availed internally and through external resources such as NACHC and the Nevada Primary Care Association.

Proposed Recruitment

Member Name	Gender	Race	Ethnicity
Current	Male	White	Hispanic
Member 1	Female	White/Black/Asian*	Hispanic
Member 2	Female	Black/African American	Non-Hispanic
Member 3	Female	White	Hispanic
Member 4	Female	White	Hispanic
Current/New/?	Male	White	Non-Hispanic
Percentages	34% Male 66% Female	83.33% – White* 16.67% - Black/African American	34% - Hispanic 66% - Non-Hispanic

	Gender	Race/Ethnicity
2021 UDS Data	72% Female	Hispanic – 65% Non-Hispanic – 35% African American – 22% White – 14% Asian – 6%

SNCHC Governing Board By-Laws



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Considerations

- Term limits:
 - Patients = 3 years
 - Community = 2 years
- Office Appointments:
 - 1 year
- New Terms
 - 8 of 11 board members have expiring terms in 2022
 - Board Chair and Vice Chair(s)
- Board size: 9 – 25 members, new members will require changes to existing membership
- One-on-one conversations with board members with expiring terms to determine interest to continue serving
- Decisions regarding several members who are not participating

Questions?



AT THE SOUTHERN NEVADA HEALTH DISTRICT

SNCHC Governing Board Meeting – September 22, 2022

Memorandum

Date: September 22, 2022

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, FQHC Operations Officer *RS*
Fermin Leguen, MD, MPH, District Health Officer *FL*

RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT- AUGUST 2022

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

August Highlights:

- **Operations**
 - Fremont Site opened on August 30th
- **Response to COVID-19**
 - Coordinating the efforts of the NCS
 - Collecting data from FQHC partners for point of care (POC) testing
 - Project Manager for FEMA NCS grant
 - Antiviral medication treatment
 - Vaccine/Behavioral Health grant
 - PPE supply distribution
- **Administrative**
 - HRSA Grant Project Period ends 1/31/2024
 - HRSA Operational Site Visit (OSV) completed 6/28 – 6/30. Overall, the health center demonstrated strong performance, adherence to program requirements and engagement by the Governing Board. One area of non-compliance identified. Corrective action is underway.

COVID-19 Vaccine Clinic Facility: COVID-19 Response

1) NCS Facility was converted into a Health Center COVID-19 vaccination clinic on 5/3/2021.

I. HIV / Ryan White Care Program

- A. The HIV/Medical Case Management (MCM) program received 30 referrals between August 1, 2022 through August 31, 2022. There were 3 pediatric clients referred to the program in August. The program did not receive any referrals for pregnant woman living with HIV during this time.
- B. There were 549 total service encounters in the month of August provided by the Ryan White program (Linkage coordinator, Eligibility workers, Nurse case managers, Community Health workers, Registered Dietitian and Health Educator). There were 229 unduplicated clients served under these programs in August.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

- C. The Ryan White ambulatory clinic had a total of 325 visits in the month of August: 25 initial provider visits, 108 established provider visits, 6 televisits (established clients). There were 18 Nurse visits and 152 lab visits. There were 33 Ryan White clients seen under Behavioral Health by the Licensed Clinical Social Workers and the APRN.
- D. The Ryan White clinic continues to implement the Rapid stART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were 15 patients enrolled and seen under the Rapid stART program in August.
- E. The Ryan White program dietitian continues to provide medical nutritional therapy to clients at SNCHC.

II. Family Planning (FP)

- A. The FP program at East Las Vegas and Decatur Public Health Centers conducted 293 patient visits.

III. Family Healthcare Center

- A. The Family Healthcare Clinic conducted 340 patient visits in August.

IV. Pharmacy Services

- A. Dispensed 1,646 prescriptions for 1,245 clients.
- B. Pharmacist assessed/counseled 49 clients in clinics.
- C. Assisted 9 clients to obtain medication financial assistance.
- D. Assisted zero client with insurance approvals.

V. Eligibility Case Narrative and Eligibility Monthly Report

Eligibility Monthly Report		
August 2022		
Total number of referrals received	815	
Total number of applications submitted	Medicaid/SNAP/TANF: 64	Hardship: 2

Eligibility services are undergoing quality improvement initiatives to enhance workflows and infrastructure. New approaches and processes have been implemented to identify and proactively provide support.

VI. Refugee Health Program

- A. The Refugee Health Program served fifty-five (55) adults in August.

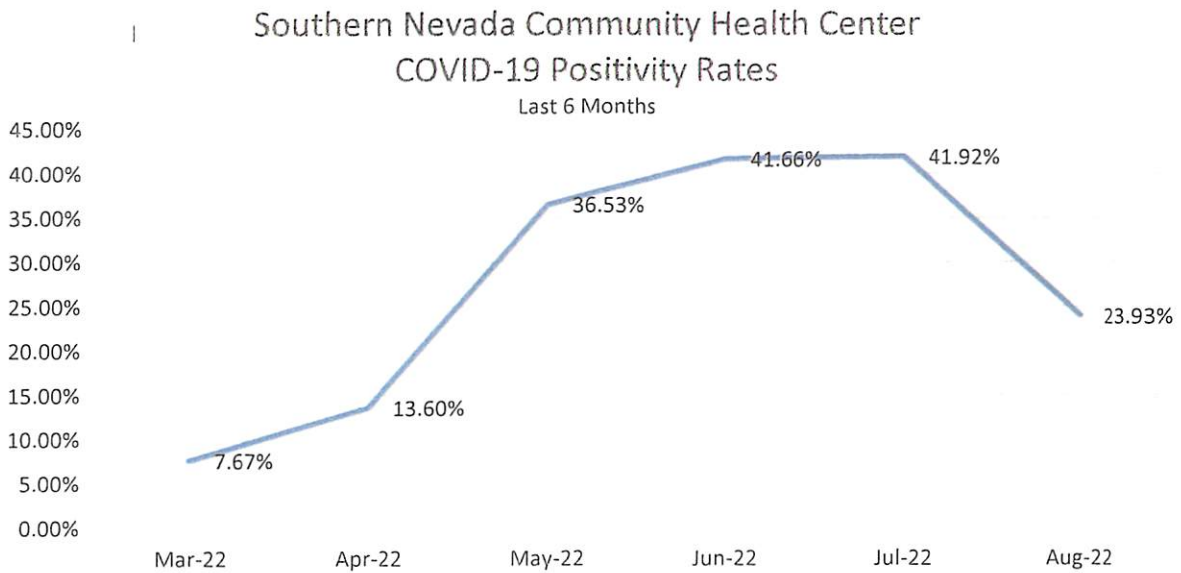
VII. Quality & Risk Management:

Quality

COVID-19 Testing

From April 2020 to August 2022 the Southern Nevada Community Health Center completed 95,504 COVID-19 tests, 1,333 of which were conducted in August of 2022.

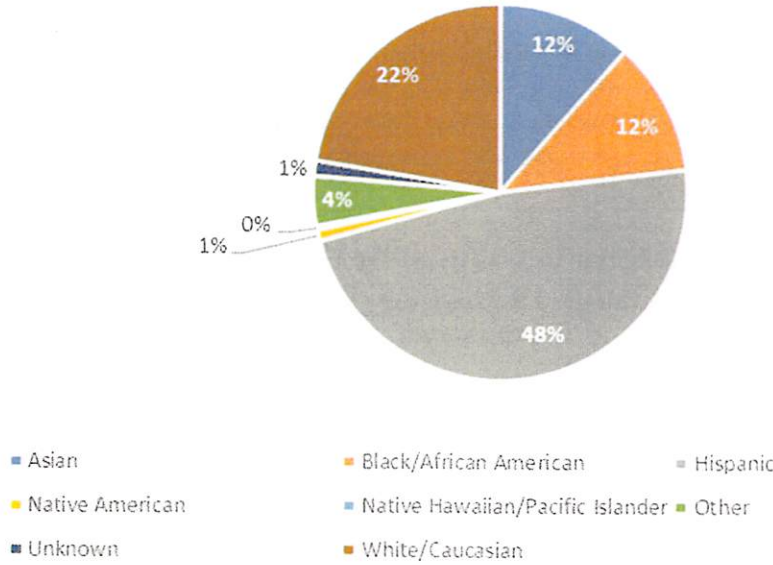
The Health Center and the Southern Nevada Health District continue to remind those who are sick to stay home and if they have been in contact with a person who has COVID-19 or think they have been exposed, they should get tested. SNCHC is also providing antiviral medications for appropriate candidates. The Health Center and Health District also encourage those who are medically appropriate to get the COVID-19 vaccine.



In August 2022, the COVID test positivity rate was 23.93%

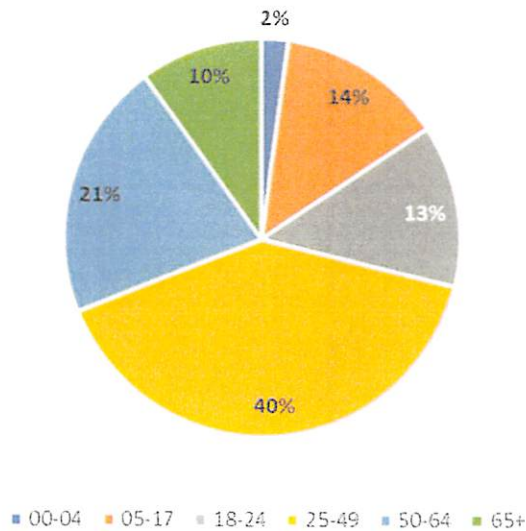
Testing positivity rates broken out by race and ethnicity below:

Southern Nevada Community Health Center
COVID-19 Testing by Race and Ethnicity (Positive Result)
August 2022



Testing positivity rates broken out by age below:

Southern Nevada Community Health Center
COVID-19 Testing by Age Group (Positive Result)
August 2022





COVID-19 Vaccine Program

The Southern Nevada Community Health Center began administering COVID-19 Vaccines on May 3, 2021 as part of HRSA's COVID-19 Vaccine Program. The vaccine site is located at the Southern Nevada Health District main location in the NCS Building. To date, the health center has administered 45,703 COVID-19 vaccinations

Monkeypox

The Southern Nevada Community Health Center administered 3378 Monkeypox doses in the month of August.

Telehealth

The Health Center saw 57 patients via telehealth, 5.14% of the patients that were seen in our clinics.

The Health Center implemented telehealth following the need for modified clinic operations as we continue to navigate the COVID-19 pandemic. The goal of the Health Center is to continue fulfilling its mission to provide safe, quality healthcare to the community amid the COVID-19 public health emergency. Health Center patients are seen by providers via audio (telephone) and video via Healow, an app by eClinicalWorks. We are currently seeing a slight upward trend in COVID-19 positivity rates, and when medically appropriate, telehealth will continue to be offered, even following the COVID-19 pandemic.

Health Center Visits

The Health Center scheduled 1,690 patient appointments in August. Of scheduled patients, 65.68% kept their appointments. There was a 34.32% no-show rate including cancellations.

Risk Management

Health Insurance Portability and Accountability Act (HIPAA):

There were no HIPAA breaches at the Health Center in August.

Exposure Incidents:

There were no exposure incidents at the Health Center in August.

Medical Events:

There were six (6) medical events at the Health Center in August.

Patient Satisfaction:

See Results below.

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



AT THE SOUTHERN NEVADA HEALTH DISTRICT

SNCHC Patient Satisfaction Survey Results for August

1. Service received during your visit?

- 📊 Family Health – 2.2% (English)/ 5.0% (Spanish)
- 📊 Family Planning – 93.3% (English)/ 95.0% (Spanish)
- 📊 Ryan White – 0.0% (English)/ 0.0% (Spanish)
- 📊 Behavioral Health – 4.4% (English)/ 0.0% (Spanish)

2. Southern Nevada Health District (SNHD) location?

- 📊 Main – 100% (English)/ 100% (Spanish)
- 📊 East Las Vegas – 0.0% (English)/ 0.0% (Spanish)

3. Do you have health insurance?

- 📊 Yes – 57.8% (English)/ 5.0% (Spanish)
- 📊 No – 42.2% (English)/ 95.0% (Spanish)

4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?

- 📊 Less than 6 months – 46.7% (English)/ 35.0% (Spanish)
- 📊 6 months to a year – 4.4% (English)/ 15.0% (Spanish)
- 📊 1-3 years – 15.6% (English)/ 0.0% (Spanish)
- 📊 3-5 years – 20.0% (English)/ 15.0% (Spanish)
- 📊 5+ years – 13.3% (English)/ 35.0% (Spanish)

5. How did you hear about us?

- 📊 Friends and/or Family – 60.0% (English)/ 90.0% (Spanish)
- 📊 Referral from another Provider/Resource – 8.9% (English)/ 5.0% (Spanish)
- 📊 Search Engine (e.g., Google) – 8.9% (English)/ 5.0% (Spanish)
- 📊 SNHD Website – 17.8% (English)/ 0.0% (Spanish)
- 📊 Social Media – 0.0% (English)/ 0.0% (Spanish)
- 📊 Postal Mailer - 0.0% (English)/ 0.0% (Spanish)
- 📊 Other Ads – 4.4% (English)/ 0.0% (Spanish)

6. Ease of scheduling an appointment?

- 📊 Excellent – 82.2% (English)/ 85.0% (Spanish)
- 📊 Good – 15.6% (English)/ 15.0% (Spanish)
- 📊 Average – 2.2% (English)/ 0.0% (Spanish)
- 📊 Poor – 0.0% (English)/ 0.0% (Spanish)
- 📊 Terrible – 0.0% (English)/ 0.0% (Spanish)

7. Wait time to see provider?

- 📊 Excellent – 66.7% (English)/ 75.0% (Spanish)
- 📊 Good – 15.6% (English)/ 15.0% (Spanish)
- 📊 Average – 15.6% (English)/ 10.0% (Spanish)
- 📊 Poor – 0.0% (English)/ 0.0% (Spanish)
- 📊 Terrible – 2.2% (English)/ 0.0% (Spanish)



AT THE SOUTHERN NEVADA HEALTH DISTRICT

8. Care received from providers and staff?

- 🗳️ Excellent – 91.1% (English)/ 95.0% (Spanish)
- 🗳️ Good – 8.9% (English)/ 5.0% (Spanish)
- 🗳️ Average – 0.0% (English)/ 0.0% (Spanish)
- 🗳️ Poor – 0.0% (English)/ 0.0% (Spanish)

9. Understanding of health care instructions following your visit?

- 🗳️ Excellent – 88.9% (English)/ 95% (Spanish)
- 🗳️ Good – 11.1% (English)/ 5.0% (Spanish)
- 🗳️ Average - 0.0% (English)/ 0.0% (Spanish)
- 🗳️ Poor - 0.0% (English)/ 0.0% (Spanish)

10. Hours of operation?

- 🗳️ Excellent – 82.2% (English)/ 80.0% (Spanish)
- 🗳️ Good – 17.8% (English)/ 20.0% (Spanish)
- 🗳️ Average – 0.0% (English)/ 0.0% (Spanish)
- 🗳️ Poor - 0.0% (English)/ 0.0% (Spanish)

11. Recommendation of our health center to friends and family?

- 🗳️ Extremely Likely – 88.9% (English)/ 100% (Spanish)
- 🗳️ Somewhat Likely – 8.9% (English)/ 0.0% (Spanish)
- 🗳️ Neutral – 2.2% (English)/ 0.0% (Spanish)
- 🗳️ Somewhat Unlikely – 0.0% (English)/ 0.0% (Spanish)
- 🗳️ Not Very likely – 0.0% (English)/ 0.0% (Spanish)

Health Center Visit Report Summary: August 2022

Southern Nevada Community Health Center Completed Pt

	Provider Visits		Cancelled Visits		No Show Visits		Telehealth Visits						Total Scheduled Patients	
	Count	%	Count	%	Count	%	Audio Visit	%	Televisit	%	Total Telehealth Vis	%	Count	%
Family Health Clinic	340	32.29%	57	3.37%	144	8.52%	36	63.16%	4	7.02%	40	2.37%	581	34.38%
Behavioral Health Clinic*		0.00%		0.00%		0.00%	4	7.02%	2	3.51%	6	0.36%	6	0.36%
Family Planning Clinic	293	27.83%	19	1.12%	117	6.92%	1	1.75%		0.00%	1	0.06%	430	25.44%
Refugee Clinic	71	6.74%	9	0.53%	31	1.83%		0.00%		0.00%	0	0.00%	111	6.57%
Ryan White	349	33.14%	42	2.49%	161	9.53%	3	7.00%	7	12.28%	10	0.59%	562	33.25%
Totals	1053	100.00%	127	7.51%	453	26.80%	44	77.19%	13	22.81%	57	3.37%	1690	100.00%

* Visits included in Family Planning Clinic