



AT THE SOUTHERN NEVADA HEALTH DISTRICT

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

October 27, 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 (in-person)
Jose L. Melendrez – First Vice-Chair, Consumer Member (via Webex)
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)
Scott Black – Community Member, City of North Las Vegas (via Webex)
- ABSENT:** Timothy Burch – Second Vice-Chair, Community Member, Clark County
Lucille Scott – Consumer Member
- ALSO PRESENT:** None
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Tawana Bellamy, Harold Collins, Andria Cordovez Mulet, David Kahananui, Mike Johnson, Cassius Lockett, Edward Wynder, Cassondra Major, Merylyn Yegon, Mark Pasek, Fernando Lara, Donnie Whitaker, 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 2:07 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. **Nevada Primary Care Association Champion of Health Equity and Justice Award**
 - Merylyn Yegon, Community Health Nurse Supervisor

On behalf of the Governing Board, the Chair announced that Merylyn Yegon, Community Health Nurse Supervisor, was awarded the Champion of Health Equity and Justice Award from the Nevada Primary Care Association. Ms. Yegon oversees the COVID-19 and Monkeypox vaccination clinic at the FQHC while also managing the Ryan White HIV/AIDS Care Services team. Her tireless efforts, cheerful personality and can-do attitude make her a well-deserving recipient of this honor. The Governing Board congratulated Ms. Yegon for receiving this recognition.

- #### IV. FIRST PUBLIC COMMENT:
- A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to 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.

V. ADOPTION OF THE OCTOBER 27, 2022 MEETING AGENDA *(for possible action)*

A motion was made by First Vice-Chair Melendrez, seconded by Member Rafael, and carried unanimously to approve the October 27, 2022 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:** September 22, 2022 *(for possible action)*
- 2. Approve Emergency Contraception Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approve Diagnostic and Laboratory Tracking Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

VII. REPORT / DISCUSSION / ACTION

Member Breen joined the meeting at 2:10 p.m.

- 1. Approve Recommendation from the Nominations Committee regarding Composition of the Board to increase allowable Members to 25;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

David Kahananui, Senior FQHC Manager advised that a recommendation from the Nominations Committee is to increase the number of allowable members from 20 to 25 to be in line with the HRSA guidelines.

A motion was made by Chair Knudsen, seconded by Member Father Rafael, and carried unanimously to approve Composition of the Board to increase allowable Members to 25.

- 2. Approve Recommendation from the Nominations Committee regarding the Governing Board Member Terms;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui advised that the currently bylaws state board members will be elected to three (3) years terms for Consumer members and two (2) years for provider and community members. The Nominations Committee recommends all board members be elected to serve three (3) year terms for consistency.

Chair Knudsen commented there were two goals of the committee. 1) To provide consistency with the HRSA guidelines and 2) To ensure there is consistency and we can meet quorum.

A motion was made by Chair Knudsen, seconded by Member Costa, and carried unanimously to approve the recommendation to have all Board Members elected to serve three (3) year terms.

- 3. Approve Recommendation from the Nominations Committee regarding the Governing Board Member Term Limits;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui advised the current bylaws state board members will be limited to three (3) consecutive terms of membership. The committee recommended to remove the term limits to allow board members to serve as long as they have capacity and they have demonstrated consistent participation in board activities.

A motion was made by Chair Knudsen, seconded by First-Vice Chair Melendrez, and carried unanimously to approve the removal of the term limits.

4. **Approve Recommendations from the Nominations Committee regarding the Governing Board Officer Terms and Term of Office;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui advised the current bylaws state the term of each officer is one (1) year and the term of office start July 1 and terminate June 30, or until a successor is elected. The recommendation is to change the officer term to two (2) years and change the term of office to start October 1 to September 30 or until a successor is elected.

Chair Knudsen commented the recommendation was centered around succession planning and making sure there was someone in the officer positions that had knowledge about the organization and had enough training to become board chair.

A motion was made by Chair Knudsen, seconded by Member Black, and carried unanimously to approve to change the officer term to two (2) years and change the term of office to October 1 to September 30.

5. **Approve Recommendation from the Nominations Committee regarding the Governing Board Member Officer Appointments;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui advised the recommendation of officer appointments as follows: Jose Melendrez for Chair and Tim Burch for Second Vice-Chair. The First Vice-Chair will be elected and filled by a new board member later.

A motion was made by Chair Knudsen, seconded by Member Father Rafael, and carried unanimously to approve the recommendation to appoint Jose Melendrez as Chair and Tim Burch as Second Vice-Chair.

6. **Approve Recommendations from the Nominations Committee to Extend Additional Terms to Existing Board Members;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the following board member to have their terms extended: Scott Black, Erin Breen, Tim Burch, Gary Costa, Brian Knudsen, Jose Melendrez, and Father Rafael Pereira.

There were no comments or objections from the board members.

A motion was made by Chair Knudsen, seconded by Member Father Rafael, and carried unanimously to approve recommendations to extend terms for the following board members: Scott Black, Erin Breen, Tim Burch, Gary Costa, Brian Knudsen, Jose Melendrez, and Father Rafael Pereira.

7. **Approve Recommendation from the Nominations Committee to Remove Board Members who are not in Compliance with the approved bylaws;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the bylaw that refer to members who have been absent and or have missed meetings without reasonable excuse. Notice of Intent letters were sent on October 6, 2022 to two (2) board members. Only one was not received. The recommendation is to remove the board members who were not in compliance with the approved bylaws.

Heather Anderson-Fintak, General Counsel read the names into the record - Duprice Scruggs and Aquilla Todd. Aquilla Todd officially responded to the letter and resigned.

A motion was made by Chair Knudsen, seconded by First Vice-Chair Melendrez, and carried unanimously to approve the recommendation to remove the Board Members who are not in Compliance with the approved bylaws.

8. **Approve Recommendation from the Nominations Committee regarding the New Board Member Candidates;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui provided an overview and background for three board member candidates. The recommendation is to move forward with April Allen-Carter, Donna Feliz-Barrows and Luz Castro as new board members to the Health Center's Governing Board.

A motion was made by Chair Knudsen, seconded by Member Father Rafael, and carried unanimously to approve the New Board Members to the Southern Nevada Community Health Center Governing Board, as presented.

SNCHC Governing Board

9. **Approve the Proposed Changes to the Governing Board By-Laws;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Heather Anderson-Fintak, General Counsel advised that the Board has already approved most of the changes to the bylaws. She provided a summary of other changes proposed in the bylaws.

- Cleaned up formatting.
- Changed Board of Directors to Governing Board.
- Removed reference of Provider Member because it was a subset of Community Member.
- Changed officer and member terms and nominating period.
- Updated the standing committee list.
- Updated timeline to review changes to bylaws to seven (7) days.

Chair Knudsen inquired are we in compliance with all the requirements set by HRSA in the findings. Are we able to submit everything we have done to HRSA? Dr. Leguen commented yes.

A motion was made by Chair Knudsen, seconded by First Vice-Chair Melendrez, and carried unanimously to approve the Proposed Changes to the Governing Board By-Laws, as presented.

10. **Accept and Approve the August Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mark Pasek, Financial Analyst presented the FQHC July and August cumulative finance report through August 30, 2022. The cumulative August 2022 Actuals for General Revenue and Special Revenue Funds was \$572,345. The General Fund August 2022 Actual was \$1.1M. The Special Revenue is all of the grant activity. Currently the grant activity for August 2022 is behind because of

processing the collections and reimbursement for the grants, however we anticipate catching up soon.

Mr. Pasek further advised the FY2022 Budget Revenue for Grant Funding was 35% and Non-Grant Funding was 65%. The August Actual Revenue for Grant Funding was 11% and the Non-Grant Funding was 89%. The FY2022 Budget Expense Revenue for Grant Funding was 29% and Non-Grant Funding was 71%. The 2022 August Actual Expenses for Grant Funding was 33% and Non-Grant Funding was 67%.

Mr. Pasek provided an overview of the FQHC Payer Mix from January 1, 2021 to August 31, 2022. He advised that the Payer Mix shows how the FQHC service the community. Self Pay was the largest contributors with 9,771 patient visits and over \$3M in billed charges.

Father Rafael inquired about the financial report being one month in the arrears and will the reports be presented each month for the previous month. Fermin Leguen, MD, MPH, District Health Officer advised that staff are working towards providing the report and have discussed what elements to include in the financial report.

A motion was made by Member Father Rafael, seconded by Chair Knudsen, and carried unanimously to accept the August Financial Report, as presented.

11. **Approve the 2023 Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the 2023 Proposed CHC Meeting Schedule. Chair Knudsen commented that the times are the same as the Las Vegas City Council meetings. First Vice-Chair Melendrez commented that it would be critical to have Chair Knudsen be a part of the meetings as it will help to make the meeting move smoothly.

Dr. Leguen commented this could be postponed to a future meeting.

There was further discussion to include the three (3) new board members and sending another survey to board members with additional dates. Dr. Leguen encouraged board members to participate in the survey so that staff can determine the best time for everyone.

A motion was made by Chair Knudsen, seconded by Member Father Rafael, and carried unanimously to postpone the approval of the 2023 Meeting Schedule until the next meeting.

12. **Review and Discuss the Process for the Annual Executive Director Evaluation;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui provided an overview of the process for the annual Executive Director Evaluation.

No action required.

13. **Highlights from the September Operations Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui provided the following highlights from the September Operations Report:

- Unique patients seen in Sept. 2022: 1076 vs. Sept. 2021: 959.
- YTD patients seen for CY22: 5039 vs. YTD patients seen for CY21: 4280.
- Fremont Public Health Center:
 - 346 patient visits between 9/6/22-10/6/22.
 - 10/4/22: COVID-19 & Monkeypox vaccination services co-located.
 - Future expansion areas: Behavioral Health, Ryan White and Oral Health
- East Las Vegas postcards will be mailed by end of October to 111,347 residents living near the Fremont location.

Ms. Anderson-Fintak presented the Risk Assessment update. The Legal and Liability Risk Management Institute were onsite in September. The representatives reviewed the physical safety of the patients and staff. Ms. Anderson-Fintak shared a list of some to the recommendation from the risk assessment. A crime report analysis was also provided, and the Decatur location was listed as mildly elevated risk and Fremont as moderately elevated risk for crimes. Measures are in place to address the safety of the staff and patients.

No action required.

- 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 Knudsen inquired about access to mental health services. Mr. Kahananui advised there are two (2) Licensed Clinical Social Workers (LCSWs) and a mental health APRN on staff. Their schedules are regularly full, however with the no-show rate, there are opportunities for urgent care service.

Mr. Kahananui commented that the paperwork for the Behavioral Health Center grant is almost finished. Once finalized, construction will begin for the new behavioral health center.

Chair Knudsen shared the City of Las Vegas has partnered with the State of Nevada to build a crisis residential center in the Corridor of Hope. Funding will be about \$20M. The 75-bed facility will be for people who may get picked up by law enforcement who demonstrate a mental health issue. Chair Knudsen advised Mr. Kahananui to contact him if he sees an opportunity to partner with the City of Las Vegas.

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

Dr. Leguen thanked Chair Knudsen for his leadership with the Health Center.

Dr. Leguen introduced Harold (Hal) Collins, the new Administrative Workforce Director. Mr. Collins will oversee Facilities, Security, Health Card Program, Information Technology and Human Resources divisions. Mr. Collins provided a brief background of his work experience.

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

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

- XIII. ADJOURNMENT**

The Chair adjourned the meeting at 2:53 p.m.

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

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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.

Mr. Smith shared the Fremont Public Health Center opened August 30, 2022. There was a great turnout of people at the open house on Sept. 19, 2022. Mr. Smith informed the board members to contact him if they would like to tour the facility. Mr. Smith commented that it felt like going into a medical clinic. The site is currently staffed by two providers. The COVID and Monkeypox vaccines will also be available at Fremont. Future expansion includes Behavioral Health, Ryan White and Dental Services. The Medical Director will start January 2023 and will provide care at Fremont.

Mr. Smith provided a staffing update. An Administrative Analyst will start October 10, 2022 to support grant management operational data and be the point of contact for Human Resources and Finance. Mr. Smith further shared that recruitment is underway for a Senior Administrative Assistant and a Mid-level Provider.

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.

Father Rafael inquired about the monthly financial reports being provided. He would like to have the financial reports presented monthly, updated, and accurate to see how we are doing and what is being approved. Mr. Smith shared that presenting the financial reports one month in the arrears was

an approval item last month because of the desire to move the Governing Board meetings to the third Wednesday. Mr. Smith introduced Donnie (DJ) Whitaker as the new Controller in finance who will help the finance team to see what opportunities are available to be able to present financials monthly. Another part of the decision to present the finance report one month in the arrears, came from the finance staff, as some of the information was incomplete. Part of decision was that if the finance report was provided one month in the arrears, the information provided would be more accurate .

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.

Heather Anderson-Fintak, General Counsel commented that the board approved July's financials last month. The board will hear the August financials next month. The one-month break was to ensure Finance can provide a complete and total accounting to the board. Finance was having to work over-time to get those numbers and they were not as accurate as they could be.

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.

Mr. Smith shared the New Board Recruitment Plan that was provided to HRSA, He informed the board of the activities being done to help recruit new patient board members.

Father Rafael inquired about the board member composition being out of compliance and what is needed to comply. Mr. Smith advised we need females, primarily Hispanic who are patients. Father Rafael commented that we cannot wait to November 17 to get in compliance and that we need to have the desired candidates brought forth to the October meeting.

Mr. Smith shared the Nominations Committee will be meeting on October 3, 2022 and part of the agenda will be to review board candidates for consideration to the Governing Board.

Mr. Smith outlined some things to consider with the current by-laws relating to term, officer appointments, new terms, number of board members and board participation. There were further discussions about terms and term limits and board participation.

Father Rafael inquired about the marketing plan to the Hispanic community and the new Fremont clinic. Mr. Smith commented we need to ensure people in the community know who we are and where we are. Mr. Smith shared operationally, we have a lot of opportunity to improve, and we are limited with the number of providers we have. Mr. Smith explained marketing should go hand in hand with being able to provide services to the community. Father Rafael agreed that we should market when we are prepared. First-Vice Chair Melendrez commented that we cannot promote if we

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

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AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

October 27, 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

NOTICE

WebEx Event address for attendees:

<https://snhd.webex.com/snhd/onstage/g.php?MTID=e705b973c7246c2e0ac56b379357404f6>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2557 868 5072](https://snhd.webex.com/snhd/onstage/g.php?MTID=e705b973c7246c2e0ac56b379357404f6)

For other governmental agencies using video conferencing capability, the Video Address is:
25578685072@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 & ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. Nevada Primary Care Association – Champion of Health Equity and Justice
 - Merylyn Yegon, Community Health Nurse Supervisor

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. 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.

V. **ADOPTION OF THE OCTOBER 27, 2022 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: September 22, 2022** *(for possible action)*
2. **Approve Emergency Contraception Policy;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
3. **Approve Diagnostic and Laboratory Tracking Policy;** *direct staff accordingly or take other action as deemed necessary (for possible action)*

VII. **REPORT / DISCUSSION / ACTION**

Recommendations from the October 3, 2022 Nominations Committee

1. **Approve Recommendation from the Nominations Committee regarding Composition of the Board to increase allowable Members to 25;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
2. **Approve Recommendation from the Nominations Committee regarding the Governing Board Member Terms;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
3. **Approve Recommendation from the Nominations Committee regarding the Governing Board Member Term Limits;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
4. **Approve Recommendations from the Nominations Committee regarding the Governing Board Officer Terms and Term of Office;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
5. **Approve Recommendation from the Nominations Committee regarding the Governing Board Member Officer Appointments;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
6. **Approve Recommendations from the Nominations Committee to Extend Additional Terms to Existing Board Members;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
7. **Approve Recommendation from the Nominations Committee to Remove Board Members who are not in Compliance with the approved bylaws;** *direct staff accordingly or take other action as deemed necessary (for possible action)*
8. **Approve Recommendation from the Nominations Committee regarding the New Board Member Candidates;** *direct staff accordingly or take other action as deemed necessary (for possible action)*

SNCHC Governing Board

9. **Approve the Proposed Changes to the Governing Board By-Laws;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
10. **Accept and Approve the August Financial Report;** direct staff accordingly or take other action as deemed necessary (for possible action)
11. **Approve the 2023 Meeting Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
12. **Review and Discuss the Process for the Annual Executive Director Evaluation;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
13. **Highlights from the September Operations 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. EXECUTIVE DIRECTOR & STAFF REPORTS (*Informational Only*)

X. INFORMATIONAL ITEMS

1. Community Health Center (FQHC) September Operations Report
2. Quality Improvement and Risk Management Activity Report
3. CHC Managed Care Credentialing 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 Chairman 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 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.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

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

DIVISION:	FQHC	NUMBER(s):	CHCA-008
PROGRAM:	Family Planning	VERSION:	1.01
TITLE:	Emergency Contraception	PAGE:	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION:	Emergency contraception use in the family planning clinic.	ORIGINATION DATE: February 1, 2010	
APPROVED BY:		REPLACES: November 10, 2011	
FQHC CHIEF OPERATIONS OFFICER:			

Randy Smith	Date		
DISTRICT HEALTH OFFICER:			

Fermin Leguen MD, MPH		Date	

I. PURPOSE

Emergency Contraception (EC) is to be used to aid in the prevention of an unwanted pregnancy after unprotected intercourse (if a contraceptive method failed or if not using birth control.). It is not a substitute for regular contraception and does not protect against Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) and/or other Sexually Transmitted Infections (STI).

II. SCOPE

This policy applies to all Workforce members within the scope of their practice.

III. POLICY

It is the policy of Southern Nevada Community Health Center (SNCHC) to offer EC to clients who are not seeking pregnancy and have had unprotected intercourse (UPIIC) or birth control failure within the last one hundred twenty (120) hours. Examples include condom failure, multiple missed oral contraceptive pills (OCP) doses (three or more hours late for progestin-only pill), late for Depo-Provera injection, withdrawal method and/or

displaced intrauterine device (IUD)

IV. PROCEDURE

A. Methods of Emergency Contraception

1. Levonorgestrel (LNG) 1.5 mg/1 tablet, a progestin only formula is offered at the Family Planning clinic, in either Generic or Brand, whichever is available through 340B.
 - a. It is 89% effective, if used correctly within seventy-two (72) hours of unprotected intercourse. Studies have shown it may work up to five (5) days or one hundred twenty (120) hours.
2. Ulipristal acetate (UPA) 30 mg/1 tablet, a progesterone agonist/antagonist, is also offered.
 - a. UPA, the most effective EC pill available in the United States (U.S.), is up to 85% effective when used within one hundred twenty (120) hours of unprotected intercourse.
3. The copper IUD (Cu-IUD) is the most effective method of EC, reducing the risk of pregnancy following unprotected intercourse by 99%. Cu-IUD is recommended for patients who desire the use of this method as ongoing contraception.
 - a. Cu-IUD prevents fertilization and may be inserted within five (5) days of unprotected sexual intercourse. If ovulation can be estimated, the Cu-IUD can also be inserted > 5 days after intercourse, but not > 5 days after ovulation.

B. Education Potential Clients on the EC described above.

1. Ascertain last menstrual period (LMP) and last UPIC and contraception history.
2. If LMP is six (6) weeks or greater, pregnancy test is warranted.

C. Contraindications

1. Known pregnancy.
2. Hypersensitivity to any of the pills' components (see package insert).
3. Educate client on possible side effects:
 - a. Generally emergency contraception pills have few and infrequent side effects. Possible side effects may include:
 - i. Nausea, vomiting, headaches, spotting, early or delayed menses, dysmenorrhea, abdominal pain, breast tenderness, fatigue, dizziness.

- ii. If vomiting occurs within two (2) hours of administration, have client call back for further direction to be provided by the Nurse Practitioner. Patient will most likely need another dose.
- iii. Side effects or emergency use of Cu-IUD are similar to those associated with routine placement such as abdominal discomfort and vaginal bleeding and/or spotting.

D. Special Consideration for Prescriber

1. Body Mass Index (BMI): Some data suggests reduced efficacy of LNG in women weighing seventy-five (75) kg or more and/or BMI \geq 26. UPA is more effective in women with a higher BMI. The Cu-IUD is the most effective method for patients who are obese.
2. LNG is most effective if taken within seventy-two (72) hours of unprotected intercourse. UPA is labeled for use up to one hundred twenty (120) hours following intercourse.
3. Consider use of ECP when removing an IUD, if unprotected intercourse has occurred within the last seven (7) days.
4. Although ECP is considered generally safe for use while breastfeeding, the U.S. Medical Eligibility Criteria (MEC) recommends discontinuing breastfeeding/discarding pumped milk for twenty-four (24) hours following use of UPA.
5. Due to UPA's mechanism of action, initiation of progestin-containing contraceptives should occur no sooner than five (5) days after use and a reliable barrier method should be used until next menses.
 - i. Initiation or restart of hormonal contraceptives that contain progestin should be delayed until five (5) days after UPA dose.

E. Patient Education

1. EC will not affect nor terminate an existing pregnancy.
2. ECP has an 89% (not 100%) effectiveness rate. Therefore, if no menses within three (3) weeks, pregnancy test should be done.
3. Clients aged 18 or older should be advised that Levonorgestrel ECP is available without a prescription at local pharmacies as well.
4. EC is not recommended to be used as an ongoing contraceptive method.
5. There are many methods of reversible contraception available thru SNCHC Family Planning clinics- discuss types and how to access services.

6. If client has interest in method not available through SNCHC clinics, discuss availability of those methods in the community.
7. If client has interest in method not available through SNCHC clinics, discuss availability of those methods in the community.
8. Discuss the potential of STI exposure based on history and encourage Syphilis and HIV testing when appropriate.

Acronyms/Definitions

Not Applicable

V. REFERENCES

- A. American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin number 152, September 2015
- B. Plan B One Step (DuraMed Pharmaceuticals) package insert.
- C. Contraceptive Technology 21st edition page 329-356
- D. Ella Product and Prescribing Information

VI. DIRECT RELATED INQUIRIES TO

Community Health Nurse, Supervisor
FQHC, Family Planning

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 1.01		Total rewrite Revised procedure according to ADM-001 Replaces Emergency Contraception (EC) Effective 11/10/2011
Version 0	11/10/2011	First issuance

VII. ATTACHMENTS

Not Applicable



AT THE SOUTHERN NEVADA HEALTH DISTRICT

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION:	FQHC	NUMBER(s):	CHCA-009
PROGRAM:	Division Wide	VERSION:	1.00
TITLE:	Diagnostic and Laboratory Tracking	PAGE:	1 of 5
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: Policy and procedure to track order diagnostic and laboratory tests.		ORIGINATION DATE: Click or tap here to enter text.	
APPROVED BY:		REPLACES: Click or tap here to enter text.	
FQHC CHIEF OPERATIONS OFFICER:			

Randy Smith	Date		
DISTRICT HEALTH OFFICER:			

Fermin Leguen MD, MPH		Date	

I. PURPOSE

It is the policy of Southern Nevada Community Health Center (SNCHC) to track orders for tests, as well as the notification of the results for patients. It is the policy of SNCHC to follow-up in a systematic process for all overdue results.

II. SCOPE

This policy applies to all Workforce members within the scope of their practice.

III. POLICY

To provide and ensure timely communication and review of results from studies of imaging/laboratory orders to patients as well as appropriate documentation in the electronic health records (EHR), which is essential for ensuring safe and effective quality patient centered care.

IV. PROCEDURE

- A. SNCHC endeavors to communicate electronically with testing facilities, including laboratories and imaging facilities. This communication includes both ordering tests and retrieving results.
- B. SNCHC uses an electronic medical record system, eClinicalWorks (eCW), that has bi-directional interface capabilities with certain reference laboratories, such as Southern Nevada Public Health Laboratory (SNPHL), Quest Diagnostics (Quest) and/or Laboratory Corporation of America (LabCorp).
- C. Providers are trained and educated on the process for placing orders and receiving results via eCW. Components of training included:
 - 1. Ordering labs.
 - 2. Electronically submitting orders and printing orders for the patient.
 - 3. Reviewing results by tasks that are created for electronic review and provider signature.
 - 4. Forwarding results notes to clinic staff for patient outreach to discuss results with patients as directed by the provider.
- D. Management of Abnormal Lab Results:
 - 1. Receipt of abnormal lab results through eCW.
 - i. Critical labs are called to either the ordering provider, nurse and/or an on-call provider, if after hours.
 - ii. Abnormal labs are assigned high priority/red in the eCW system. These flags alert the provider of the abnormal results to ensure timely follow-up with the patient.
 - 2. Receipt and management of abnormal in office lab results.
 - i. In-house laboratory tests are performed during the patient's office visit.
 - ii. Results are entered into the patients' medical record by the clinical staff performing the test and the provider has the capability to pull the results into the progress notes.
 - iii. Provider will review, manage and discuss the result(s) with patient, parent or guardian.
- E. Communication of abnormal results, per the provider's order and documentation:
 - 1. Abnormal result is interpreted by physician prior to clinical staff notifying patient, parent or guardian. Notification of abnormal result

to patient/parent/guardian should be attempted within three (3) business days of receipt.

2. Provider will provide clear expectation for following up results and care plan for the clinical staff member when handling abnormal results. Documentation is entered in eCW and is consistent with medical standards of care and legal prudent.
3. A clinical staff member will attempt to contact the patient/parent/guardian by:
 - i. Telephone call: If unsuccessful, after a minimum of three (3) attempts, or telephone number is disconnected or no other emergency contact number documented in eCW, proceed to next step.
 - ii. A clinical staff member will create a letter or certified (depending on result type) in eCW addressed to the patient, parent or guardian, providing one of the following and letter will be translated in the patient's appropriate language prior to mailing:
 - Instructions for follow-up care.
 - Instructions to call staff to discuss the results.
 - Instructions to call to schedule an appointment with provider. Telephone call: If unsuccessful, after a minimum of three (3) attempts, or telephone number is disconnected.

F. Communication of Normal Lab Results:

1. Normal results are reviewed by physician prior to clinical support staff notifying patient, parent or guardian.
2. Communication of normal results will occur by one of the following methods:
 - i. Provider or designated clinical support staff member will outreach to patient, parent or guardian via phone call to discuss normal results.
 - ii. If patient has enrolled in patient portal, lab results will be visible to patient after provider has reviewed results.
 - iii. Provider or clinical staff member will create a normal results letter in eCW, and designated staff member will mail letter to the patient, parent or guardian. Letter will be translated in the patient's appropriate language prior to mailing.

G. Tracking Overdue Lab Results:

1. When a provider places an order for lab(s), a time frame is noted on the lab order for the completion of the study.
2. The *overdue* results folder will contain clinic collected orders that do not have results within seven (7) business days and STAT orders that do not have results with two (2) business days.
3. The Overdue Results report include lab collection orders that do not have results within fourteen (14) business days after the expected completion date and laboratory orders that have expired, one (1) year after the order date.
4. Each business day, a designated staff member will monitor and manage the overdue results for management of overdue stat and clinic collection orders.
 - i. Staff member will check if there is no result for the test. If there is a result, the duplicate order will be cancelled.
 - ii. If no result is found for the test, staff member will create a telephone encounter with reason for call “test reminder” and will contact the patient via telephone to verify if the test was completed. If there is no phone number on file, they will contact patient’s emergency contact.
 - iii. If the patient had the test done at an outside facility, the t results will be request and upon receipt, scanned according to the medical record indexing workflow.
 - iv. If the test has not been completed, staff will ask when the test is scheduled and document. Note, not all tests require an appointment.
 - v. If the patient does not have the test scheduled, staff offer to assist the patient with making the appointment and document.
 - vi. If the patient does not answer the phone, staff leave a message to return call (refer to patient communication consent form). Leave encounter open and route to the ordering providers as well as verbal notification to the provider or designee as assigned.
 - vii. If the patient does not respond, staff will contact again in one (1) business day and document in the encounter. A total of three (3) telephone attempts will occur withing three (3) business days.
 - viii. If the patient does not respond after the third (3rd) phone call, staff will send an overdue letter to the patient.
 - ix. Send a letter to the patient via United States Postal Service (USPS) mail and enclose order slip(s).

- x. If the patient does not respond or refuses the test, staff will notify the providers so there can be further discussion with the patient or the order can be cancelled per the provider.
- 5. On a quarterly basis, a designated staff member will “work” the overdue results report.

Additional Sections

Not Applicable

Acronyms/Definitions

Not Applicable

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

Administrative Assistant Referral Coordinator

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VII. ATTACHMENTS

Not Applicable



BOARD BYLAWS
OF THE
SOUTHERN NEVADA
COMMUNITY HEALTH
CENTER GOVERNING BOARD
(COAPPLICANT BOARD)

SOUTHERN NEVADA COMMUNITY HEALTH CENTER ~~BOARD OF DIRECTORS~~ GOVERNING BOARD

280 S. Decatur Blvd, Las Vegas, NV 89107

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Adopted: October 30, 2019
Amended: January 23, 2020
Amended: June 24, 2021
Amended: October 27, 2022

**BYLAWS OF
THE SOUTHERN NEVADA COMMUNITY HEALTH CENTER
BOARD OF DIRECTORS GOVERNING BOARD**

ARTICLE I: NAME AND OVERVIEW

This body shall be known as the Southern Nevada Health Community Center Governing Board (CHC Board or Board). -The Board shall serve as the independent local co-applicant governing board pursuant to the Public Health Services Act and its implementing regulations. -The Board is organized as designated by the Health Resources and Services Administration's (HRSA) Federally Qualified Health Center (FQHC) guidelines. -The Southern Nevada District Board of Health (District Board) a public entity and political subdivision of the State of Nevada, is the Southern Nevada Health District's (Health District) governing board and shall act as co-applicant with the Board.

ARTICLE II: MISSION

The Board's mission is to serve Clark County residents in underserved areas with appropriate and comprehensive outpatient health and wellness, emphasizing prevention and education in a culturally respectful environment.

ARTICLE III: PURPOSE

The Board is a patient/community-based governing board mandated by HRSA to set health center policy and provide oversight of the FQHC Southern Nevada Community Health Center (CHC). -The CHC designated sites will:

- a) Provide outpatient primary care, behavioral health, and dental services in underserved areas for medically underserved populations.
- b) Deliver high quality primary care, behavioral health, and dental services under conditions meeting the proper standards for the delivery of such care, rendered by competent, credentialed professionals subject to established quality controls.
- c) Provide health care and related services and operate its facilities without regard to age, race, creed, color, national origin, sexual orientation or identity, military status, sex, disability, genetics, or marital status.
- d) Educate the public in the principles of health prevention and promote other projects in the interest of the public's health.
- e) Cooperate with other organizations or governmental agencies engaged in similar or like activities provided that such collaboration neither restricts nor infringes upon the Board's authority or function.
- f) Engage in such other activities as directed by the Board.

ARTICLE IV: BOARD COMPOSITION AND TERMS

Section 1: Composition-

The Board shall be comprised of not less than nine (9) and not more than twenty-five (25) voting members who shall stand for regular elections (Members).- The

Executive Director shall be an ex-officio non-voting member. ~~The initial board shall consist of eleven (11) members and one ex-officio non-voting member.~~ The Members shall serve staggered terms.

Section 2: Member Categories-

- a) Consumer Members: Consumer members are Members who, as a group, represent the individuals being served in terms of demographic factors, such as race, ethnic background, and sex. A majority of the Board (at least 51%) shall be Consumer Members.
- ~~b) Provider Members: Provider members are Members who derive more than ten percent (10%) of their annual income from the health care industry. No more than one-half of all non-Consumer members shall be Provider members; and~~
- b) Community Members: Community Members are representatives of the community and shall be selected for their expertise in relevant subject areas, such as community affairs, local government, legal affairs, trade unions, finance and banking, and other commercial and industrial concerns or social services within the community. No more than one-half of the Community Members may derive more than 10% of their income from the healthcare industry.
- e)

Section 3: Member Qualifications-

All Board members shall meet the following additional minimal qualifications:

- a) Members shall be residents of Clark County, Nevada and at least eighteen (18) years old.
- b) No Member shall be a CHC or Heath District employee, or an immediate family member (i.e., spouse, child, parent, brother, or sister by blood, adoption, or marriage) of such employee.
- c) Members shall participate in appropriate training and educational programs necessary to properly fulfill their responsibilities as Board Members.
- d) Consumer Members must be a current registered CHC patient and must have accessed the health center in the past 24 months to receive at least one or more in-scope service(s) that generate a health center visit.
A legal guardian of a patient who is a dependent child or adult, or a legal sponsor of an immigrant consumer may also be considered a patient for purposes of Board representation.

e)

Section 4: Term of Office-

~~The initial Board shall be selected by the Southern Nevada District Board of Health and hold such office until the first Annual Meeting of the CHC Board. Thereafter, The Governing Board Members will be elected to terms as follows:~~

- a) ~~Consumer~~ Members shall each serve three (3) year terms;
- ~~b) Provider and Community Members shall each serve two (2) year terms; and~~

b) Unless otherwise provided in these Bylaws, a Member shall be limited to three (3) consecutive terms of membership.

↪

Section 5: Term Extensions-

A current or former Member may serve additional terms if the Board determines after careful deliberation and as reflected in the minutes, it is in the best interest of the organization and in furtherance of best practices.

Section 6: Selection-

A nominating committee comprised of CHC officers, the Executive Director, and such other members as the selected by the Board shall meet and present nominees for membership at the annual meeting or as needed to fill Board vacancies. Where appropriate and practical, the committee may interview prospects to ensure compliance with membership requirements. Nominations may be made from the floor. New Board members shall be elected by the full CHC Board.

ARTICLE V: REMOVAL OF MEMBERS

Section 1: Removal-

Any Member may be removed whenever it's in the best interests of the CHC or the Board. ~~will be served.~~ -The Member whose removal is placed in issue shall be given prior notice of his/her proposed removal. -At any meeting where a vote is to be taken to remove a Member, the Member in question may attend and shall be given a reasonable opportunity to be heard. -A Member may be removed by a vote of two-thirds (2/3) of the Board at any official meeting provided there is a quorum for the meeting at which the action is taken.

Section 2: Attendance Requirements-

A Member who has been absent from three (3) consecutive meetings or ~~less~~ more than fifty percent (50%) of regularly scheduled meetings in a twelve (12) month period, without reasonable excuse, duly noted in the minutes of the meeting, shall be subject to removal from the Board.

Section 3: Resignations-

Any Member may resign at any time by giving written notice to the Chair or Board. Such resignation shall take effect at the time specified therein, and if no time is specified in the written resignation, it shall take effect upon receipt by the Chair. Acceptance is not a prerequisite to the effectiveness of any resignation and such resignation shall be irrevocable upon delivery of such notice.

ARTICLE VI: BOARD AUTHORITY AND RESPONSIBILITIES

The CHC Board's responsibilities include providing advice, leadership, and guidance in support of the CHC's mission. -No individual Board Member or group of Members

has the authority to bind the Board or speak on its behalf without express authorization from it setting forth the limited purpose and duration.

Section 1: Responsibilities.

The Board shall be responsible for:

- a) Evaluate, at least annually, the CHC's achievements, the performance of its principal officers, and its compliance with FQHC requirements.
- b) Identify and ensure that it meets its educational and training needs including orientation and training new Board members.
- c) Approve the annual CHC budget, quality of care protocols, and audits.
- d) Adopt, and as needed amend, Bylaws.
- e) Provide financial oversight requiring control of major resource decisions and monitoring financial viability.
- f) Prohibit conflict of interest or appearance of the same by Members, employees, consultants, and those who provide services or goods to the CHC.
- g) Ensure the CHC is operated in compliance with applicable Federal, State, and local laws and regulations; and
- h) Adopt policies necessary ~~and proper~~ for the efficient and effective operation of the CHC, including but not limited to, scope and availability of services, location and hours of services, and quality-of-care audit procedures.
- i) Approve the selection and dismissal of the Executive Director of the CHC who has direct administrative responsibility for the CHC designated sites.
- j) Approve policies identifying the services to be delivered at CHC designated sites and the hours during which services are to be provided.
- k) Approve CHC budget for designated site operations. Such approval shall be completed no later than the June Board meeting. -The budget shall be within appropriations available for such purposes and shall be initially prepared by the person or persons having direct administrative responsibility for the operation of the CHC designated sites or their delegates.
- l) Develop CHC designated site's financial priorities and strategies for major resource utilization.
- m) Conduct an annual evaluation of the effectiveness of CHC designated sites. Such evaluation shall include but not be limited to utilization patterns, provider resources, productivity, patient satisfaction, and achievement of program objectives including performance to budget.
- n) Approve and implement a procedure for hearing and resolving patient grievances consistent with applicable federal, state, and local laws and regulations.
- o) Approve CHC designated site quality of care assessment procedures and metrics.
- p) Ensure CHC designated site is in compliance with federal, state and local laws and regulations.
- q) Approve such other policies as are necessary ~~and proper~~ for the efficient and effective operation of CHC designated sites.

- r) Provide, at least bi-annually, an informational report to the District Board regarding the CHC designated site utilization, productivity, patient satisfaction, achievement of project objectives and financial performance.
- s) Renew and approve the CHC renewal of designation application.

s)

Section 2: Limitations of Authority-

The District Board shall maintain the authority to set general policy of fiscal and personnel matters pertaining to the CHC, including financial management practices, charges and rate setting, and labor relations and conditions of employment. The CHC Board may not adopt any policy or practice or take any action which is inconsistent with these Bylaws or CoApplicant Agreement, or which alters the scope of any Health District policy regarding fiscal or personnel issues.

ARTICLE VII: MEMBER RESPONSIBILITIES

All Members must:

- a) Attend a minimum of nine (9) out of the twelve (12) monthly Board meetings within any twelve-month period calculated on a rolling basis, subject to extenuating circumstances.
- b) Sit on a minimum of one Committee.
- c) Attend three-fourths (3/4) of the committee meetings in a twelve-month (12) period.
- d) Serve without compensation. However, travel and mileage expenses shall be allowable in accordance with any CHC approved reimbursement policies.
- e) Be subject to applicable state and federal Conflict of Interest laws and CHC policies.

e)

ARTICLE VIII: VACANCIES

Member vacancies on the Board or any Committee shall be filled for the unexpired portion of the term in the same manner as provided in the case of the original appointment.

ARTICLE IX: MEETINGS

Section 1: Location-

Meetings of the Members may be held at the main office of the CHC or at such other place as may be designated for that purpose in the notice of the meeting.

Section 2: Open and Public-

All meetings will be conducted consistent with Nevada's Open Meeting Law and generally follow Parliamentary Procedures for the timely and orderly progression of the meeting.

Section 3: Regular and Annual Meetings-

Regular meetings shall take place monthly and may occur more frequently. The first meeting of the new year shall constitute the Annual Meeting at which time elections shall be held for Officers and Directors.

Section 4: Special Meetings-

Special meetings may be held whenever called by the Chair, or any four (4) Members. Notice of the meeting shall state the date, time, place, and purpose of the meeting.

Section 5: Quorum-

Unless otherwise required by law or these Bylaws, a quorum is necessary to conduct business and make recommendations.- A quorum constitutes a majority of Board Members. -Each Member shall be entitled to one (1) vote. Voting must be in person or telephonically; no proxy votes will be accepted.

Section 6: Meetings by Telephone or Teleconference.

Members may participate in a meeting by electronic and teleconference means so long as all persons participating in the meeting can hear each other at the same time and have an opportunity speak.- Such participation shall constitute presence in person at the meeting.

ARTICLE X: OFFICERS, DUTIES, ELECTION, and TERM OF OFFICE

Section 1: Officers-

A Chair, a First Vice Chair, and Second Vice Chair and such other officers the Board deems necessary shall be chosen from among the Board membership.

Section 2: Chair-

The Chair shall preside over, plan, and carry out the agenda for each Board and Executive Committee meeting, and:

- a) May delegate a reasonable portion of his/her duties to the First Vice -Chair, in the event of the Chair's absence, resignation, or inability to perform.
- b) Shall appoint, with the approval of the Board, all standing and special committees of the Board, serve as an ex-officio member of all standing committees, and report annually to the Board on the current state of the CHC and plans for the future.
- c) Shall discharge all other duties as may be required by these Bylaws and from time to time may be assigned by the Board.

e)

Section 3: Vice-Chairs

- a) First Vice Chair
 - 1) Shall assist the Chair in his or her duties as needed.
 - 2) Shall perform the duties of Chair in the latter's absence and shall discharge additional duties that may from time to time be prescribed by the Chair or the Board.
- b) Second Vice-Chair
 - 1) Shall assist the Chair and the First Vice_-Chair in their respective duties as needed.
 - 2) Shall perform the duties of the Chair in the absence of the Chair and First Vice_-Chair and shall discharge additional duties that may from time to time be prescribed by the Chair, the First Vice_-Chair, or the Board.

Section 4: Nomination, Election, and Term of Office.

a) Officers shall be elected annually by the Board. At each Annual Meeting, and at other times when vacancies occur, the Nominations Committee shall present nominations for the offices of Chair, First Vice_-Chair, and Second Vice_-Chair. Additional nominations may be made from the floor. The term of each office shall be ~~two~~ (12) year, or any portion of an unexpired term thereof. Members may serve in any officer role for a maximum of 4 (four) consecutive terms. Vacancies may be filled, or new offices created and filled, at any Board meeting. ~~A term of office for an officer shall start July-October 1,~~ and shall terminate ~~June-September 30,~~ or until a successor is elected.

a)

Section 5: Board Member Elections

~~a) Not less than sixty (60) days prior to each Annual Meeting, the Board shall elect a Nominating Committee of at least three (3) directors to receive recommendations for new board members from management, current CHC Board Members, the Board of Health, and/or the public.~~

b)a) The Nominating-Nominations Committee shall determine the number of vacancies for the following year, review all nominations received, and nominate the number of nominees equal to the number of vacancies. In so doing, the Nominating-Nominations Committee shall take into account the requirements concerning the composition of the Board as set forth in Article IV herein.

~~c) At least thirty (30) days, but not less than fourteen (14) days before each Annual Meeting, the Nominating Committee shall submit their list of nominees to the Chair and the Board. Additional nominations may be made from the floor.~~

d)b) At the Annual Meeting, each vacancy shall be filled by majority vote of the directors voting, except that no nominee may be elected if the effect of such election would be to cause the composition of the Board to be in violation of the requirements contained in Article IV.

ARTICLE XI: COMMITTEES

Section 1: Committees Generally-

All Board Committees shall exercise such power and carry out such functions as are designated by these Bylaws or as delegated by the Board. ~~Such committees shall be advisory only and subject to the control of the Board. At each Annual Meeting and as otherwise needed, the Board may appoint other committees as circumstances warrant. There shall be no limitation on the length of time individuals may serve as members of a committee. All actions taken by any Committee shall be reported at the next meeting of the Board and shall be binding upon the Board only when approved by formal Board vote.~~

Section 2: Standing Committees-

Standing committees shall consist of the Executive Committee, Finance and Audit Committee, Quality, Credentialing & Risk Management Committee, and Nominations Committee.

Section 3: Special Committees-

Special committees may be appointed by the Chair with the approval of the Board for such special tasks as circumstances warrant. ~~A special committee shall limit its activities to the accomplishment of the task for which it is appointed and shall have no power to act except such as is specifically conferred by action of the Board~~ Membersef Directors. ~~Upon completion of the task for which appointed, such special committee shall stand discharged.~~

Section 4: Executive Committee-

Committee membership consists of the CHC's Chair, the Executive Director, the Health District's DistrictChief Health Officer, at least one (1) Member who is also a consumer member, and such other persons appointed by the Board. ~~The designation of such Executive Committee and the delegation of authority to it shall not operate to relieve the Board or any individual Member of any responsibility imposed on it or him/her by law, by the CHC, or these Bylaws. The Executive Committee shall coordinate the activities of all Board committees, may take action on behalf of the Board in emergencies on which the full Board will subsequently vote, and perform such other duties as prescribed by the Board.~~

Section 5: Finance and Audit Committee-

The Finance Committee shall be composed of the Chief Financial Officer and at least three (3) Board Members appointed by the Board. All members shall have the right to vote. The duties and responsibilities of the Finance Committee shall be:

- a) To develop and recommend financial policy to the Board;

- b) To review the CHC's annual budgets and to make recommendations thereon to the Board;
- c) To review the CHC's monthly financial statements appraise the CHC's operating performance, and make recommendations to the Board on both current and long-term fiscal affairs;
- d) To advise the Board on methods and procedures which will ensure the financial policies and budgets adopted by the Board ~~of Directors~~Members are carried out;
- e) To review and advise the Board on financial feasibility of projects, acts and undertakings referred to it by the Board;
- f) To review and report to the Board on all internal and external audits; and
- g) To perform other functions as requested by the Board.
- h) To approve selection of and compensation paid to the CHC 's independent auditors.
- i) To review the results of the CHC 's independent audit, including significant reporting issues and findings, and, if necessary, recommend corrective action to the Board.
- j) To oversee the CHC 's compliance program.
- k) To review the results of internal audits and compliance monitoring activities and to recommend corrective action to the Board when necessary.

Section 6: Nominations Committee~~;~~

The ~~N~~ominations Committee shall present nominations for Board vacancies and for the offices of Chair, First Vice-Chair, and Second Vice-Chair at each Annual Meeting and at other times when vacancies occur in the offices. The Nominations Committee shall also provide a recommendation to the Board regarding the number of Board members.

Section 7: Quality, Credentialing & Risk Management Committee

Section 8: Executive Director Annual Review Committee

ARTICLE XII: INDEMNIFICATION

- a) The CHC, to the extent legally permissible, indemnify each person who may serve or who has served as a CHC Director against all costs and expenses reasonably incurred by or imposed upon him or her in connection with or resulting from any action, suit, or proceeding to which he or she may be a party by reason of his or her being or having been a Director, except: ~~i~~1) in connection with an action, suit or proceeding by or in the right of the CHC in which the Director or Officer was adjudged liable to the CHC, ~~ii~~2) in any action, suit or proceeding charging improper personal benefit to the Director or Officer, whether or not involving an action in his or her official capacity, in which the Director or Officer was adjudged liable on the basis that personal benefit was improperly received, or ~~iii~~3) in relation to any other such matters as to which he or she shall finally be adjudicated in such action, suit, or proceeding to have acted in bad faith and to have been liable by reason of willful misconduct in the performance of his or her duty as Director or Officer.
- a)

b) Costs and expenses of actions for which this Article provides indemnification shall include, among other things, attorney's fees, damages, and reasonable amounts paid in settlement. -The duty to indemnify is conditioned upon full cooperation by the Director or Officer in the defense of the action and any action against the CHC based upon the same act or omission and in the prosecution of any appeal.

b) _____

ARTICLE XIII: CONFLICT OF INTEREST AND ETHICS

A conflict of interest is a transaction with the CHC in which a Member has a direct or indirect economic or financial interest. Conflict of interest or the appearance of conflict of interest by Members, employees, consultants, and those who furnish goods or series to the CHC must be declared. Members, including all Committee Members shall:

- a) Declare any potential conflicts of interest by completing a conflict of interest declaration form (see Appendix "A").
- b) Comply with all federal and state conflict of interest laws.
- c) Decline to participate in a discussion of or vote on a matter where a conflict of interest exists for that Member.
- d) In addition to the requirements imposed by these Bylaws, be subject to all applicable state and federal conflict of interest laws and the rule and reporting requirements.

d)

ARTICLE XIV: GENERAL PROVISIONS

Section 1: Patient Rights.

The Board shall respect patient confidentiality, patient rights, and will comply with CHC polices.

Section 2: Fiscal Year.

The fiscal year of this CHC shall end on June 30 of each year.

Section 3: Medical Care and Its Evaluation.

The Board, in conjunction with the CHC's Executive Director, shall provide for a continuing review and appraisal of the quality of professional care rendered in the CHC whether by contracting for evaluation or otherwise.

Section 4: Adoption and Amendments.

These Bylaws may be amended by a majority vote of a quorum of the Board at any regular or special meeting; provided that, in the case of any amendment, written notice of the amendment shall have been submitted to each Member at least ~~thirty~~ seven (~~30~~7) days prior to the meeting.

Section 5: Preservation of Confidential Information.

The Board has adopted policies and will comply with all federal and state laws and regulations regarding the protection of confidential, privileged or proprietary information and all such provisions shall apply to all Members both during committee service and thereafter.

ARTICLE XV: WINDING UP AND DISSOLUTION

These Bylaws are conditional upon the granting of the application for classification of this CHC as a Federal Qualified Health Center and the maintenance of such classification. In the event such classification does not occur within a reasonable time or is revoked, these Bylaws shall become ineffective and the CHC shall wind up and dissolve.

~~REDACTED~~

~~Scott Black~~Brian Knudsen, Chair
Southern Nevada Health Community Health Center

Date

APPENDIX "A" CONFLICT OF INTEREST

Conflict of Interest. Defined as an actual or perceived interest by the Southern Nevada Community Health Center Member which results or has the appearance of resulting in person, organizational, or professional gain.

Duty of Loyalty. The Southern Nevada Community Health Center Board Members must be faithful to the organization and can never use information obtained in his/her position as a Board Member for personal gain.

Responsibility of Board Members:

1. A Board member must declare and explain any potential conflicts of interest related to:
 - a. Using his/her Board appointment in any way to obtain financial gain for the Member's household or family; or, for any business with which either the Member or the Member's household or family is associated; and
 - b. Taking any action on behalf of the Board, the effect of which would be to the Member's household or family's private financial gain or loss.
2. No Member shall vote in a situation where a personal conflict of interest exists for that Member.
3. No Member shall be a CHC or Heath District employee, or an immediate family member (i.e., spouse, child, parent, brother, or sister by blood, adoption, or marriage) of such employee.
4. Any Member may challenge any other Member(s) as having a conflict of interest by the procedures outlined in the Board's Bylaws, Article XIII, Conflict of Interest.

As a Member of the Southern Nevada Community Health Center's Governing Board, my signature below acknowledges that I have received, read, and had an opportunity to ask clarifying questions regarding these conflict of interest requirements. -I understand that any violation of these requirements may be grounds for my removal from the Board. -I further understand that I may be subject to all other applicable state and federal conflict of interest requirements in addition to the provisions set forth in these Bylaws.

Print Name

Board Member's Signature

Date

Southern Nevada Health District - FQHC

Financial Report

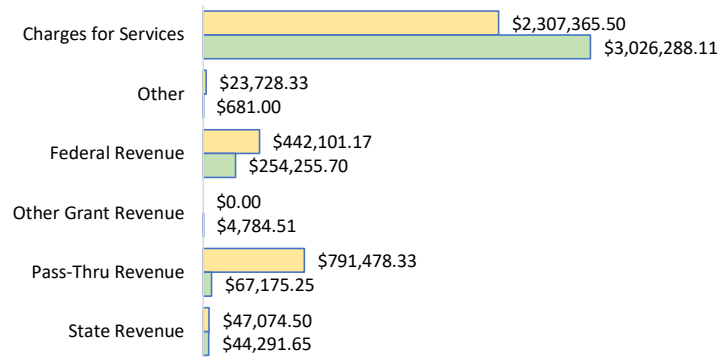
Year to Date – August 31, 2022

FQHC Division Level

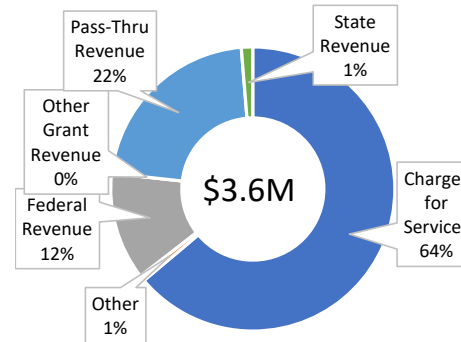
FQHC - Division, Combined Funds	August 2022 - Budget	August 2022 - Actual	Variance	+/- %
Revenues				
Charges for Services	2,307,365.50	3,026,288.11	718,922.61	31.2%
Other	23,728.33	681.00	(23,047.33)	-97.1%
Federal Revenue	442,101.17	254,255.70	(187,845.47)	-42.5%
Other Grant Revenue	-	4,784.51	4,784.51	0.0%
Pass-Thru Revenue	791,478.33	67,175.25	(724,303.08)	-91.5%
State Revenue	47,074.50	44,291.65	(2,782.85)	-5.9%
Total Revenue	\$ 3,611,747.83	\$ 3,397,476.22	\$ (214,271.61)	-5.9%
Expenses				
Salaries	1,079,790.50	771,108.98	308,681.52	28.6%
Taxes & Fringe Benefits	458,910.67	295,941.65	162,969.02	35.5%
Travel & Training	15,478.50	15,002.03	476.47	3.1%
Total Personnel Costs	1,554,179.67	1,082,052.66	472,127.01	30.4%
Supplies	1,740,451.33	1,370,164.01	370,287.32	21.3%
Capital Outlay	13,909.17	-	-	0.0%
Contractual	170,704.33	241,982.72	(71,278.39)	-41.8%
Other	-	-	-	0.0%
Total Other Operating	1,925,064.83	1,612,146.73	312,918.10	16.3%
Indirect Costs/Cost Allocations	954,348.33	130,930.84	823,417.49	86.3%
Transfers IN	(237,677.00)	(104,560.52)	(133,116.48)	56.0%
Transfers OUT	230,324.83	104,560.52	125,764.31	54.6%
Total Transfers & Allocations	946,996.17	130,930.84	816,065.33	86.2%
Net Position	\$ (814,492.83)	\$ 572,345.99	\$ 1,386,838.82	242.3%

FQHC Division Level

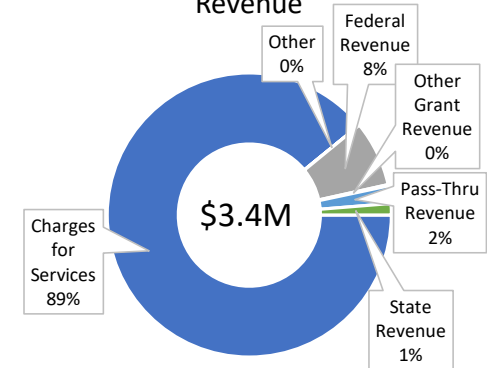
FQHC Revenues
Budget vs Actual



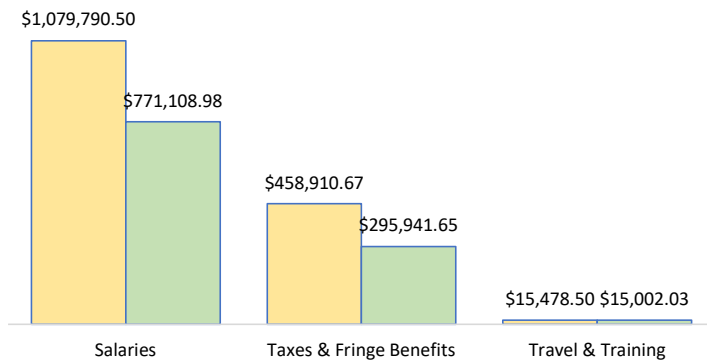
August 2022 Budget -
Revenue



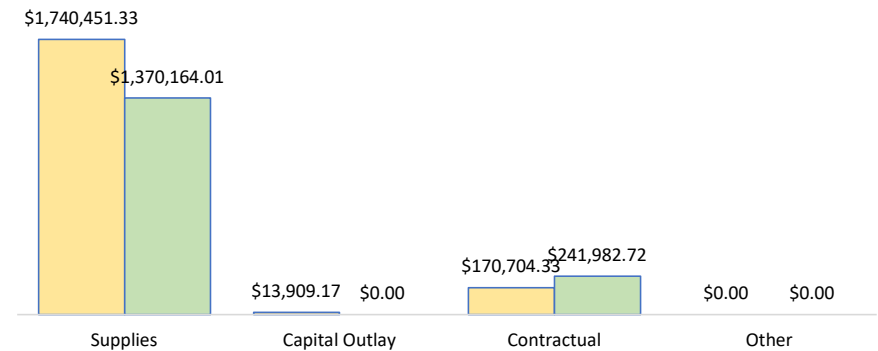
August 2022 Actual -
Revenue




Personnel Related Expense
Budget vs Actual



Other Operating Expenses
Budget vs Actual





FQHC
General
Fund

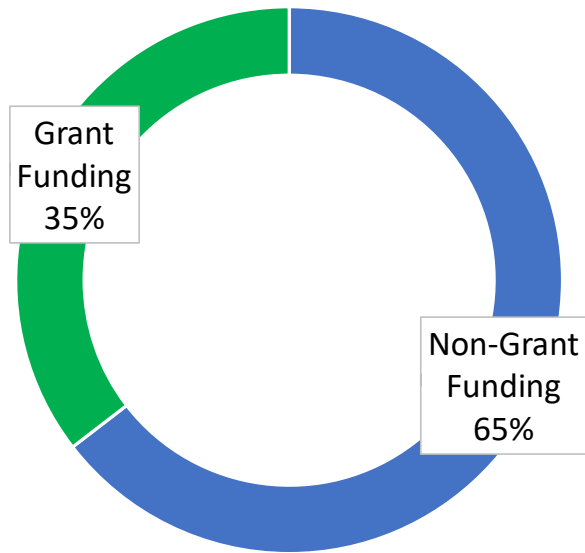
FQHC - Division, General Fund	August 2022 - Budget	August 2022 - Actual	Variance	+/- %
Revenues				
Charges for Services	2,307,365.50	3,026,288.11	718,922.61	31.2%
Other	23,728.33	681.00	(23,047.33)	-97.1%
Total Revenue	\$ 2,331,093.83	\$ 3,026,969.11	\$ 695,875.28	29.9%
Expenses				
Salaries	369,039.83	305,986.73	63,053.10	17.1%
Taxes & Fringe Benefits	156,841.67	115,027.43	41,814.24	26.7%
Travel & Training	7,818.83	257.65	7,561.18	96.7%
Total Personnel Costs	533,700.33	421,271.81	112,428.52	21.1%
Supplies	1,612,198.67	1,318,977.66	293,221.01	18.2%
Capital Outlay	1,666.67	-	1,666.67	100.0%
Contractual	100,773.00	56,487.59	44,285.41	43.9%
Other	-	-	-	0.0%
Total Other Expenses	1,714,638.33	1,375,465.25	339,173.08	19.8%
Indirect Costs/Cost Allocations	666,923.17	-	666,923.17	100.0%
Transfers IN	-	-	-	0.0%
Transfers OUT	230,324.83	104,560.52	125,764.31	54.6%
Total Transfers & Allocations	897,248.00	104,560.52	792,687.48	88.3%
Net Position	\$ (814,492.83)	\$ 1,125,671.53	\$ 1,940,164.36	172.4%

FQHC Special Revenue

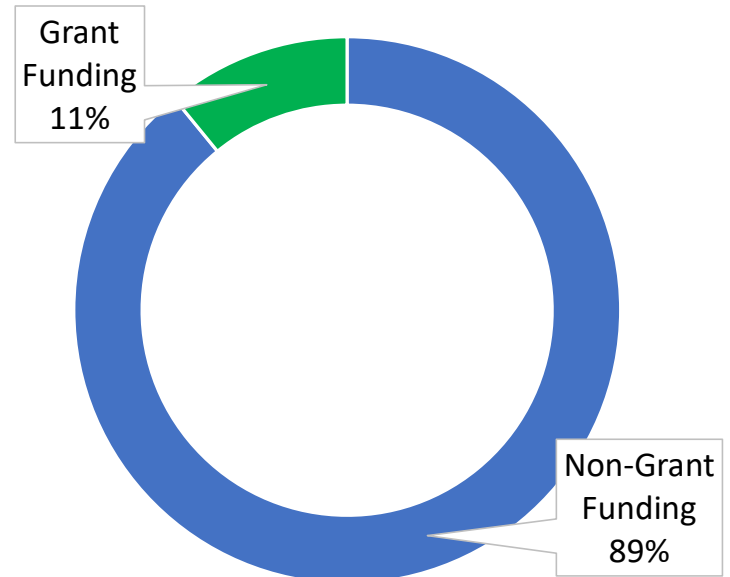
FQHC - Division, Special Revenue		August 2022 - Budget	August 2022 - Actual	Variance	+/- %
Revenues	Grant Funding Sources				
	Federal Revenue	442,101.17	254,255.70	(187,845.47)	-42.5%
	Other Grant Revenue	-	4,784.51	4,784.51	0.0%
	Pass-Thru Revenue	791,478.33	67,175.25	(724,303.08)	-91.5%
	State Revenue	47,074.50	44,291.65	(2,782.85)	-5.9%
	Total Revenue	\$ 1,280,654.00	\$ 370,507.11	\$ (910,146.89)	-71.1%
Expenses					
	Salaries	710,750.67	465,122.25	245,628.42	34.6%
	Taxes & Fringe Benefits	302,069.00	180,914.22	121,154.78	40.1%
	Travel & Training	7,659.67	14,744.38	(7,084.71)	-92.5%
	Total Personnel Costs	1,020,479.33	660,780.85	359,698.48	35.2%
	Supplies	128,252.67	51,186.35	77,066.32	60.1%
	Capital Outlay	12,242.50	-	12,242.50	100.0%
	Contractual	69,931.33	185,495.13	(115,563.80)	-165.3%
	Other	-	-	-	0.0%
	Total Other Expenses	210,426.50	236,681.48	(26,254.98)	-12.5%
	Indirect Costs/Cost Allocations	287,425.17	130,930.84	156,494.33	54.4%
	Transfers IN	(237,677.00)	(104,560.52)	(133,116.48)	56.0%
	Transfers OUT	-	-	-	0.0%
	Total Transfers & Allocations	49,748.17	26,370.32	23,377.85	47.0%
	Net Position	\$ 0.00	\$ (553,325.54)	\$ (553,325.54)	

FQHC – Revenue by Fund

FY2022 Budget Revenue

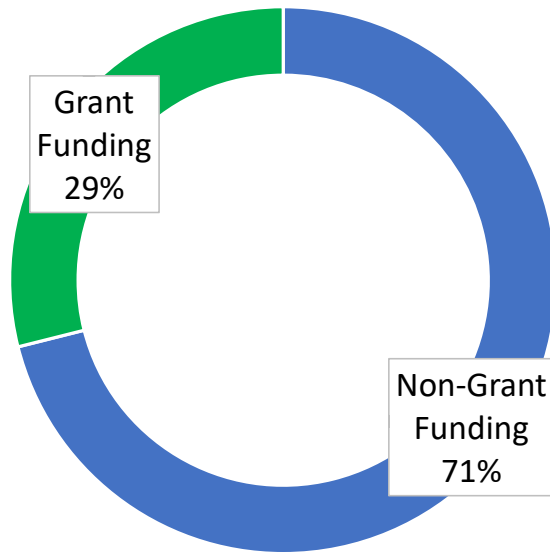


August Actual Revenue

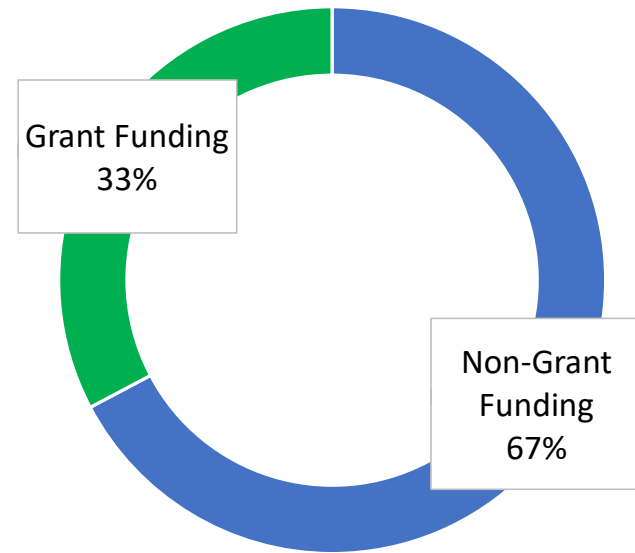


FQHC – Expenses by Fund

FY2022 Expense Revenue

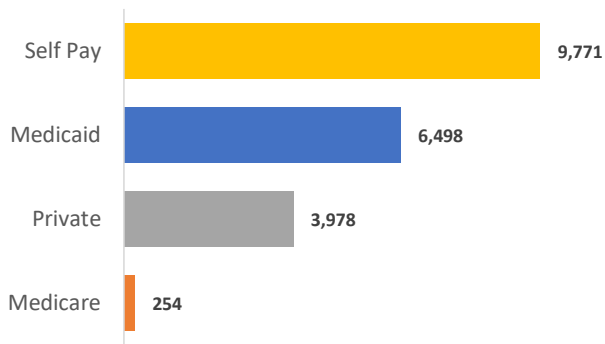


August Actual Expenses

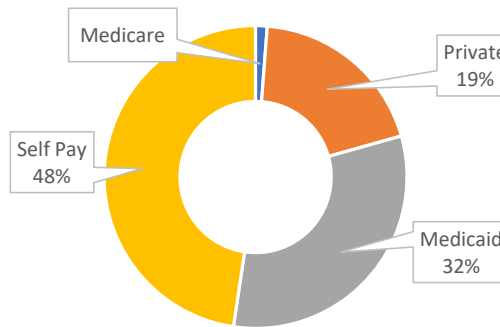


FQHC Payer Mix January 1, 2021 to August 31, 2022

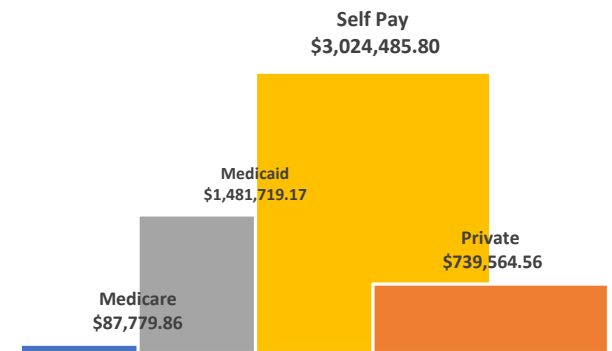
Visits by Payer Type



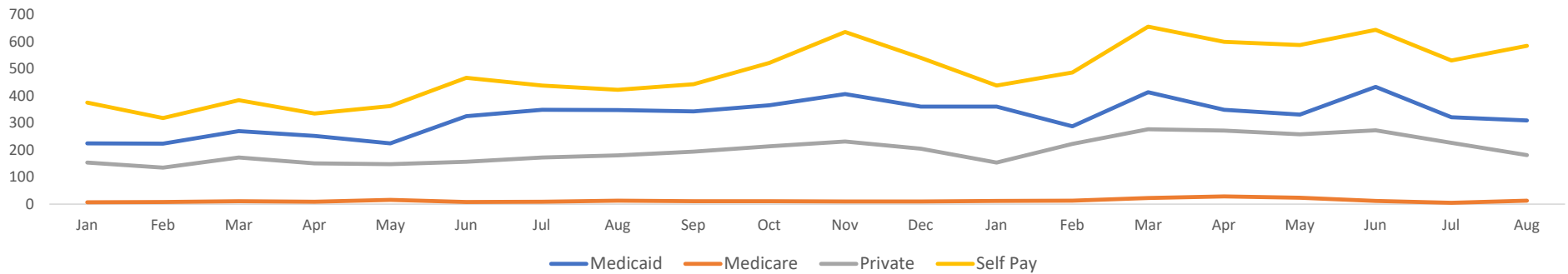
% Payer Mix



Billed Charges by Payer Type



Payer Type per Month





Proposed 2023 CHC Meeting Schedule

All CHC meetings are proposed to occur on the third Wednesday of each month at 11:30 a.m. with exception of the following:

- December 2023 – Wednesday, December 13, 2023 – Second Wednesday in December

Date	Time
January 18, 2023	11:30 a.m.
February 15, 2023	11:30 a.m.
March 15, 2023	11:30 a.m.
April 19, 2023	11:30 a.m.
May 17, 2023	11:30 a.m.
June 21, 2023	11:30 a.m.
July 19, 2023	11:30 a.m.
August 16, 2023	11:30 a.m.
September 20, 2023	11:30 a.m.
October 18, 2023	11:30 a.m.
November 15, 2023	11:30 a.m.
* December 13, 2023	11:30 a.m.*

Memorandum

Date: October 27, 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 - SEPTEMBER 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.

September Highlights:

Operations

- Unique patients seen in Sept. 2022: 1076 vs Sept. 2021: 959
- YTD patients seen for CY22: 5039 vs YTD patients seen for CY21: 4280

Administrative

- Administrative Analyst started October 10, 2022
- 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 response due by 11/17/2022.

COVID-19 Vaccine Clinic Facility: COVID-19 Response

- COVID-19 vaccination clinic now providing services at Fremont and Decatur.

HIV / Ryan White Care Program

- A. The HIV/Medical Case Management (MCM) program received 35 referrals between September 1st through September 30th. There were 5 pediatric clients referred to the program in September. The program received 2 referrals for pregnant women living with HIV during this time.
- B. There were 707 total service encounters in the month of September provided by the Ryan White program (Linkage coordinator, Eligibility workers, Nurse Case Managers, Community Health Workers, Registered Dietitian and Health Educator). There were 279 unduplicated clients served under these programs in September.

- C. The Ryan White ambulatory clinic had a total of 362 visits in the month of September: 25 initial provider visits, 142 established provider visits, 9 televisits (established clients). There were 28 Nurse visits and 158 lab visits. There were 26 Ryan White clients seen under Behavioral Health by the Licensed Clinical Social Workers and the Psychiatric APRN during the month of September.
- 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 12 patients enrolled and seen under the Rapid stART program in September.

Family Planning (FP)

Unduplicated Patients	Sept 2021	Sept 2022		FY 21-22	FY 22-23	
Number of Pt: East LV PHC	162	172	↑	532	330	↓
Number of Pt: Decatur PHC	254	303	↑	693	883	↑

Duplicated Patients	Sept 2021	Sept 2022		FY 21-22	FY 22-23	
Number of Pt: East LV PHC	166	186	↑	585	382	↓
Number of Pt: Decatur PHC	267	317	↑	818	1,046	↑

- A. FP Program services at East Las Vegas and Decatur Public Health Centers served 503 clients: 475 of them were unduplicated.
- B. The East Las Vegas Family Planning Clinic served 186 clients: 172 of them were unduplicated.
- C. The Decatur Family Planning Clinic serviced 317 clients: 303 of them were unduplicated.

Family Healthcare Center

- A. The Family Healthcare Clinic conducted 345 patient visits in September.

Pharmacy Services

Pharmacy Services	Sep-21	Sep-22		FY22	FY23	
Client Encounters (Pharmacy)	1057	1125	↑	2975	3533	↑
Prescriptions Filled	1332	1488	↑	3774	4651	↑
Client Clinic Encounters (Pharmacist)	40	34	↓	105	178	↑
Financial Assistance Provided	4	5	↑	17	24	↑
Insurance Assistance Provided	5	2	↓	9	5	↓

- A. Dispensed 1488 prescriptions for 1125 clients.
- B. Pharmacist assessed/counseled 34 clients in clinics.
- C. Assisted 5 clients to obtain medication financial assistance.
- D. Assisted 2 clients with insurance approvals.

Eligibility Case Narrative and Eligibility Monthly Report

Eligibility Monthly Report		
September 2022		
Total number of referrals received	761	
Total number of referrals inactive/cancelled	9	
Total number of applications submitted	Medicaid only: 43	TANF: 1
	Medicaid/SNAP: 35	SNAP only: 15
	Hardship: 2	

Summary: received and contacted 761 referrals. Submitted 96 applications, 48 were approved, 24 denied, 20 pending and 9 cancelled.

Tuberculosis Clinic/Refugee Health Program

- A. Seven new active adult TB cases were reported by the TB Clinic during this period. There were no new pediatric TB cases.
- B. The Refugee Health Program served 46 adults in September

Quality & Risk Management

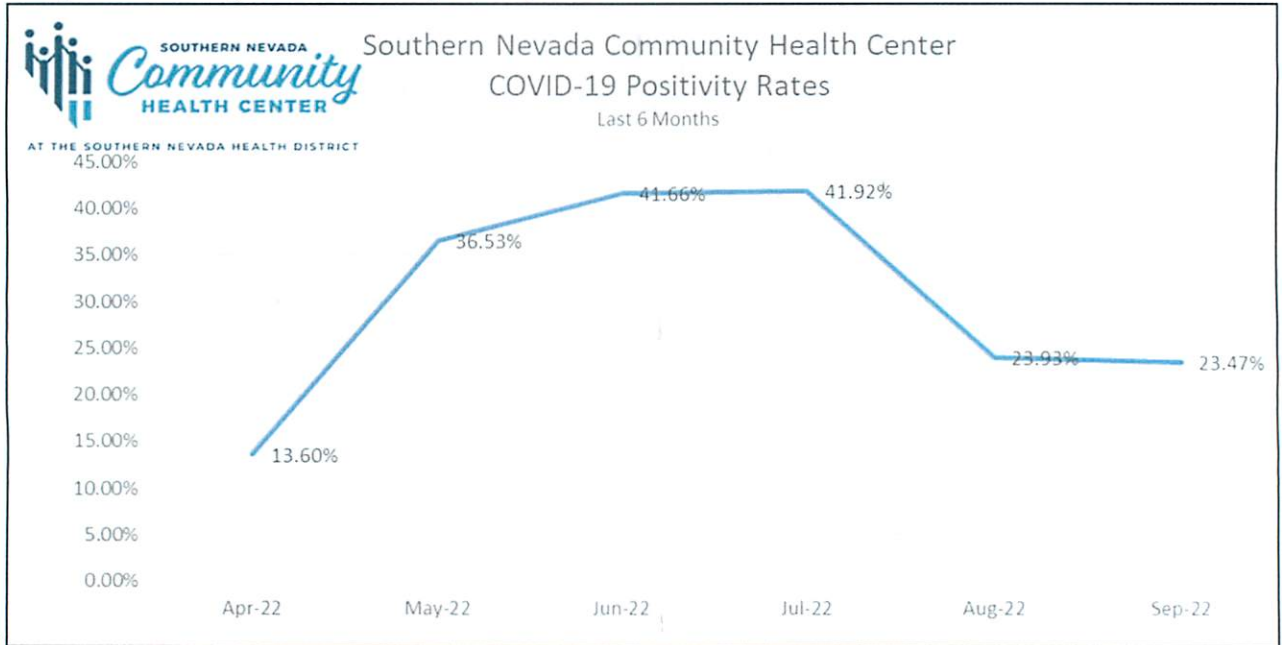
A. Quality

COVID-19 Testing

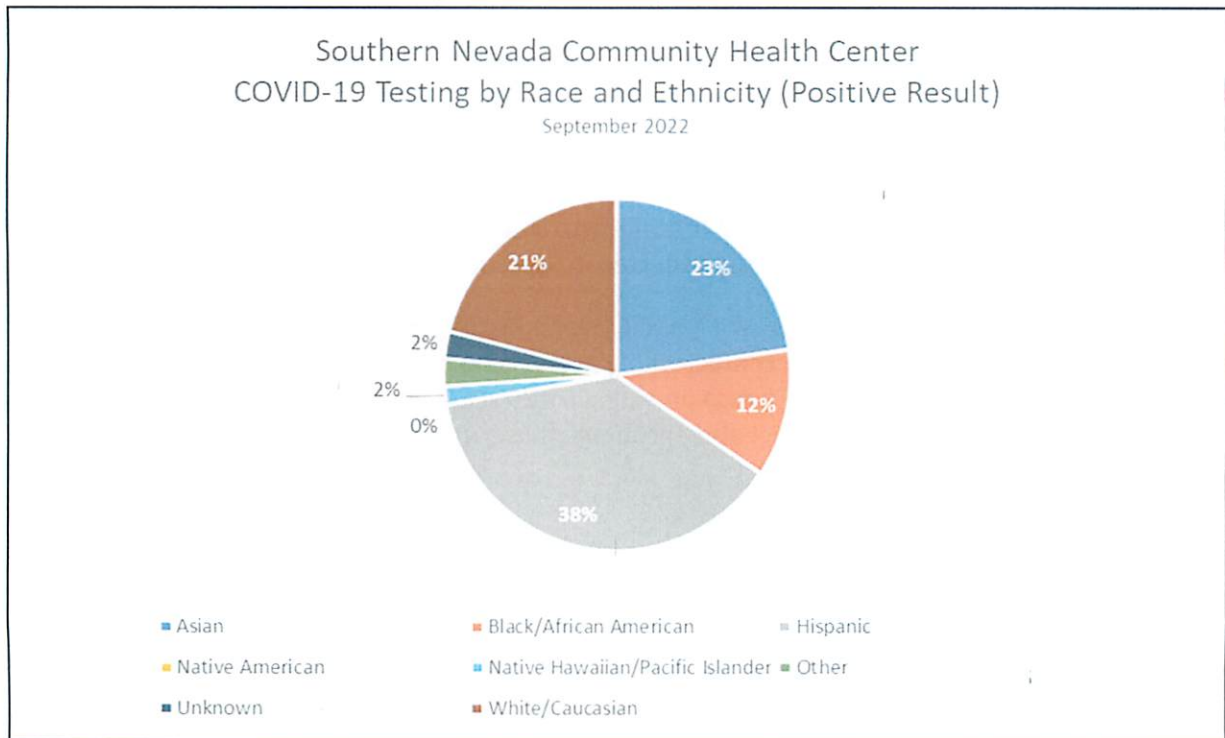
From April 2020 to September 2022 the Southern Nevada Community Health Center completed 96,130 COVID-19 tests, 626 of which were conducted in September of 2022.

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.

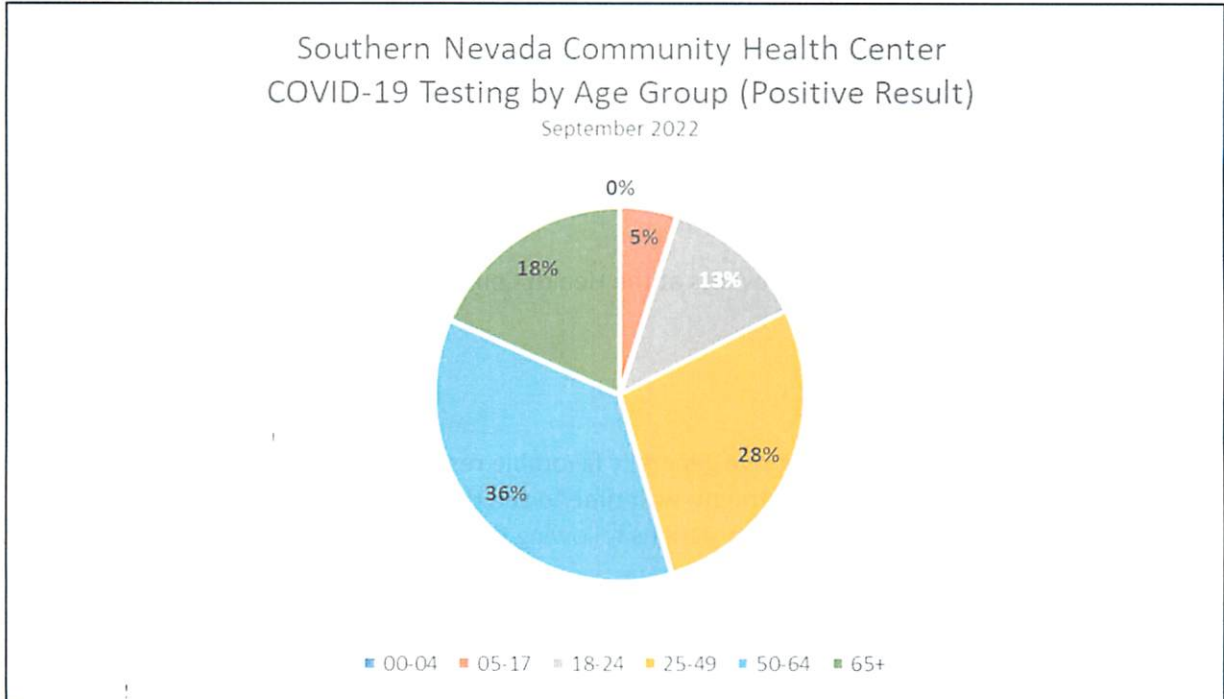
In September 2022, the COVID test positivity rate was 23.47%



Testing positivity rates broken out by race and ethnicity below:



Testing positivity rates broken out by age below:



B. COVID-19 Vaccine Program

The Southern Nevada Community Health Center administered 1107 COVID doses in the month of September.

C. Monkeypox

The Southern Nevada Community Health Center administered 2248 Monkeypox doses in the month of September.

D. Telehealth

The Health Center saw 55 patients via telehealth, 5.01% of the patients that were seen in our clinics.

E. Health Center Visits

The Health Center scheduled 1,660 patient appointments in September. Of scheduled patients, 66.14% kept their appointments. There was a 33.86% no-show rate including cancellations.

Risk Management

Health Insurance Portability and Accountability Act (HIPAA):

- There were no HIPAA breaches at the Health Center in September.

Exposure Incidents:

- There were no exposure incidents at the Health Center in September.

Medical Events:

- There were no medical events at the Health Center in September.

Patient Satisfaction:

- See survey results below.

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

SNCHC Patient Satisfaction Survey Results for August

1. Service received during your visit?
 - Family Health – 36.1% (English)/ 39.0% (Spanish)
 - Family Planning – 60.2% (English)/ 61.0% (Spanish)
 - Ryan White – 3.6% (English)/ 0.0% (Spanish)
 - Behavioral Health – 0.0% (English)/ 0.0% (Spanish)

2. Southern Nevada Health District (SNHD) location?
 - Main – 85.5% (English)/ 91.5% (Spanish)
 - East Las Vegas – 14.5% (English)/ 8.5% (Spanish)

3. Do you have health insurance?
 - Yes – 56.5% (English)/ 6.8% (Spanish)
 - No – 43.4% (English)/ 93.2% (Spanish)

4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?
 - Less than 6 months – 33.7% (English)/ 32.2% (Spanish)
 - 6 months to a year – 21.7% (English)/ 30.5% (Spanish)
 - 1-3 years – 24.1% (English)/ 8.5% (Spanish)
 - 3-5 years – 7.2% (English)/ 11.9% (Spanish)
 - 5+ years – 13.3% (English)/ 16.9% (Spanish)

5. How did you hear about us?
 - Friends and/or Family – 31.3% (English)/ 50.8% (Spanish)
 - Referral from another Provider/Resource – 10.8% (English)/ 8.5% (Spanish)
 - Search Engine (e.g., Google) – 6.0% (English)/ 5.1% (Spanish)
 - SNHD Website – 13.3% (English)/ 0.0% (Spanish)
 - Social Media – 1.2% (English)/ 3.4% (Spanish)
 - Postal Mailer - 0.0% (English)/ 0.0% (Spanish)
 - Other Ads – 37.3% (English)/ 32.2% (Spanish)

6. Ease of scheduling an appointment?
 - Excellent – 87.7% (English)/ 84.7% (Spanish)
 - Good – 8.6% (English)/ 13.6% (Spanish)
 - Average – 2.5% (English)/ 0.0% (Spanish)
 - Poor – 1.25% (English)/ 1.7% (Spanish)
 - Terrible – 0.0% (English)/ 0.0% (Spanish)

7. Wait time to see provider?
 - Excellent – 79.0% (English)/ 83.1% (Spanish)
 - Good – 12.3% (English)/ 15.3% (Spanish)
 - Average – 4.9% (English)/ 1.7% (Spanish)
 - Poor – 2.5% (English)/ 0.0% (Spanish)
 - Terrible – 1.2% (English)/ 0.0% (Spanish)

8. Care received from providers and staff?
 - 🏠 Excellent – 93.8% (English)/ 94.9% (Spanish)
 - 🏠 Good – 6.2% (English)/ 5.1% (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 – 93.8% (English)/ 93.2% (Spanish)
 - 🏠 Good – 6.2% (English)/ 6.8% (Spanish)
 - 🏠 Average - 0.0% (English)/ 0.0% (Spanish)
 - 🏠 Poor - 0.0% (English)/ 0.0% (Spanish)

10. Hours of operation?
 - 🏠 Excellent – 81.5% (English)/ 86.4% (Spanish)
 - 🏠 Good – 13.6% (English)/ 13.6% (Spanish)
 - 🏠 Average – 4.9% (English)/ 0.0% (Spanish)
 - 🏠 Poor - 0.0% (English)/ 0.0% (Spanish)

11. Recommendation of our health center to friends and family?
 - 🏠 Extremely Likely – 90.1% (English)/ 98.3% (Spanish)
 - 🏠 Somewhat Likely – 7.4% (English)/ 1.7% (Spanish)
 - 🏠 Neutral – 0.0% (English)/ 0.0% (Spanish)
 - 🏠 Somewhat Unlikely – 1.2% (English)/ 0.0% (Spanish)
 - 🏠 Not Very likely – 0.0% (English)/ 0.0% (Spanish)
 - 🏠 Extremely Unlikely – 1.2% (English)/ 0.0% (Spanish)

12. Are you visiting today for HIV/AIDS related prevention or treatment services or to received relate information?
 - 🏠 Yes – 9.9% (English)/ 11.9% (Spanish)
 - 🏠 No – 90.1% (English)/ 88.1% (Spanish)

13. Based on your HIV status, at any moment during your visit, did you feel...
 - 🏠 Uncomfortable – 2.5% (English)/ 1.7% (Spanish)
 - 🏠 Not Applicable – 12.3% (English)/ 25.4% (Spanish)
 - 🏠 Other - Write In – 4.9% (English)/ 5.1% (Spanish)
 - 🏠 Did Not Receive HIV/AIDS Related Services – 80.2% (English)/ 67.8% (Spanish)

14. During your visit, did you feel that staff members treated you with care?
 - 🏠 Strongly Agree – 44.4% (English)/ 54.2% (Spanish)
 - 🏠 Agree – 2.5% (English)/ 6.8% (Spanish)
 - 🏠 Disagree – 1.2% (English)/ 0% (Spanish)
 - 🏠 Did Not Receive HIV/AIDS Related Services – 51.9% English)/ 39.0% (Spanish)

15. During your visit, did you feel that staff members treated you with respect?
- 👤 Strongly Agree – 44.4% (English)/ 55.9% (Spanish)
 - 👤 Agree – 3.7% (English)/ 54.2% (Spanish) 5.1%
 - 👤 Did Not Receive HIV/AIDS Related Services – 51.9% (English)/ 39.0% (Spanish)
16. During your visit, did you feel that staff members were supportive?
- 👤 Strongly Agree – 44.4% (English)/ 57.6% (Spanish)
 - 👤 Agree – 3.7% (English)/ 54.2% (Spanish) 3.4%
 - 👤 Did Not Receive HIV/AIDS Related Services – 51.9% (English)/ 39.0% (Spanish)
17. On a scale from 1-5, during your visit, did you feel that any staff interactions negatively or positively impacted your likelihood of remaining in care?
- 👤 Positive – 32.1% (English)/ 42.4% (Spanish)
 - 👤 Mostly Positive – 7.4% (English)/ 13.6% (Spanish)
 - 👤 Disagree – 2.5% (English)/ 3.4% (Spanish)
 - 👤 Did Not Receive HIV/AIDS Related Services – 58.0% English)/ 40.7% (Spanish)
18. Please provide any feedback that can help SNCHC staff reduce HIV/AIDS related stigma and create a more welcoming and supportive environment.
- 👤 Other – Write In – 4.9% (English)/ 6.8% (Spanish)
 - 👤 Did Not Receive HIV/AIDS Related Services – 30.9% English)/ 20.3% (Spanish)
 - 👤 Not Applicable – 64.2% (English)/ 72.9% (Spanish)

Health Center Visit Report Summary – September 2022



	Completed Pt Visits		Cancelled Visits		No Show Visits		Telehealth Visits						Total Scheduled Patients	
	Provider Visits						Audio Visit	Televisit	Total Telehelath Visits					
Family Health Clinic	345	20.78%	65	3.92%	155	9.34%	33	60.00%	9	16.36%	42	2.53%	607	36.57%
Behavioral Health Clinic*		0.00%		0.00%		0.00%	3	5.45%	0	0.00%	3	0.18%	3	0.18%
Family Planning Clinic	254	15.30%	27	1.63%	93	5.60%	0	0.00%	1	1.82%	1	0.06%	375	22.59%
Refugee Clinic	67	4.04%	16	0.96%	26	1.57%	0	0.00%	0	0.00%	0	0.00%	109	6.57%
Ryan White	377	22.71%	41	2.47%	139	8.37%	0	7.00%	9	16.36%	9	0.54%	566	34.10%
Totals	1043	62.83%	149	8.98%	413	24.88%	36	65.45%	19	34.55%	55	3.31%	1660	100.00%

*Visits included in Family Planning Clinic

Memorandum

Date: October 27, 2022

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, FQHC Operations Officer *RS*

RE: QUALITY IMPROVEMENT AND RISK MANAGEMENT NARRATIVE - SEPTEMBER 2022

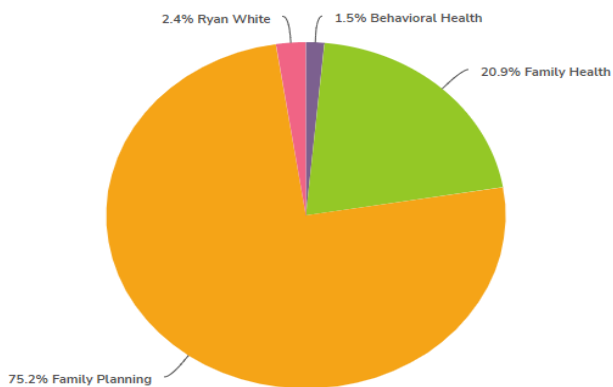
Quality Improvement

- We continue our collaboration with Nevada Primary Care Association (NV PCA) and other Nevada FQHC's on hypertension and diabetes improvement initiative.
- We've entered the last quarter of 2022 for our UDS clinical quality measures.

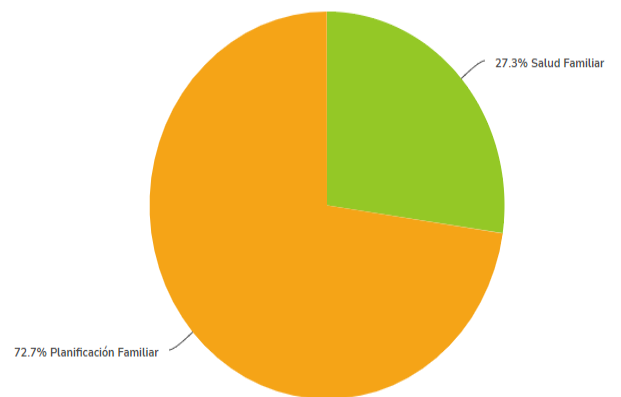
Quality Improvement Activities

- Quality Management Committee Meetings
- Ongoing QI Training
- Tools:
 - AZARA
 - Workflows
- Federal Tort Claims Act (FTCA) Deeming Application
- Patient Centered Medical Home (PCMH) Recognition

Patient Satisfaction Survey (Jul-Sep)



213 English



125 Spanish

Risk Events (Jul-Sep)

- HIPAA Violations: Zero (0)
- Exposure Incidents: Zero (0)
- Patient Complaints: Zero (0)
- Medical Events: Nine (9)
- Medication Errors: One (1)
- Patient Incidents: (2)
 - One (1) discharged from practice

SNCHC Clinical Quality Measures

Clinical Quality Measure	2020 Nevada Percentage	2021 Nevada Percentage	2021 SNCHC Percentage	2022 SNCHC Goal	January	February	March	April	May	June	July	August	September
	Early Entry into Prenatal Care	92.79%	85.90%	0.00%		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Childhood Immunization Status	40.80%	34.21%	4.76%	75.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cervical Cancer Screening	36.45%	40.18%	33.92%	45.00%	40.72%	46.33%	47.89%	47.68%	47.02%	46.55%	46.25%	41.41%	45.40%
Breast Cancer Screening	39.94%	44.44%	5.84%	45.00%							0.00%	0.00%	0.00%
Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents	76.80%	55.90%	1.90%	85.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.50%	0.41%	0.28%	0.33%
Preventive Care & Screening: Body Mass Index (BMI) Screening & Follow-up Plan	76.98%	76.67%	26.27%	75.00%	28.88%	34.87%	35.90%	36.19%	35.69%	35.11%	34.21%	31.15%	33.59%
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	78.48%	82.10%	54.10%	75.00%	45.19%	48.73%	51.40%	53.81%	55.07%	54.07%	1.83%	7.77%	11.85%
Statin Therapy for the Prevention & Treatment of Cardiovascular Disease	72.36%	68.29%	46.29%	70.00%	47.56%	44.87%	46.41%	42.95%	41.03%	39.18%	39.82%	40.04%	39.59%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet		72.92%	62.50%	65.00%	100.00%	100.00%	100.00%	80.00%	80.00%	66.67%	66.67%	66.67%	33.33%
Colorectal Cancer Screening	28.36%	27.06%	4.20%	35.00%	1.71%	2.59%	2.49%	2.89%	2.72%	2.90%	2.68%	2.50%	2.35%
HIV Linkage to Care	72.00%	81.70%	82.71%	60.00%	71.43%	86.67%	80.77%	91.67%	84.44%	92.45%	92.45%	86.59%	92.94%
HIV Screening	30.92%	37.03%	27.50%	75.00%	34.77%	40.74%	43.08%	46.37%	48.46%	50.17%	51.19%	52.25%	54.02%
Preventive Care & Screening: Screening for Depression & Follow-up Plan	72.79%	72.80%	21.58%	72.00%	22.61%	32.11%	36.30%	40.86%	43.56%	47.68%	51.13%	52.52%	54.26%
Depression Remission at Twelve Months	94.90%	12.53%	9.38%	15.00%	0.00%	3.12%	2.44%	2.00%	3.92%	3.77%	4.94%	6.17%	6.10%
Dental Sealants for Children between 6-9 years	64.67%	76.32%	0.00%		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Low Birth Weight	36.40%	10.00%	0.00%		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Controlling High Blood Pressure	58.58%	61.79%	15.51%	65.00%	46.53%	44.82%	46.92%	52.31%	51.28%	52.48%	52.17%	54.23%	52.54%
Diabetes Hemoglobin A1c (HBA1c) Poor Control (>9%)	38.95%	32.17%	74.37%	< 39%	61.22%	54.54%	50.38%	48.70%	51.67%	45.95%	43.86%	43.89%	42.73%



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Memorandum


Date: October 27, 2022

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, FQHC Operations Officer *RS*

RE: CREDENTIALING ACTIVITY WITHIN THE LAST 90 DAYS - SEPTEMBER 2022

Name	Status
Rowena Garcia	Currently Credentialed with all insurances
Debra Garner	Credentialed with SHL
Loretta Jennings	Currently Credentialed with all insurances
Jerrod Libonati	Culinary determined they are unable to credential due to specialty, Credentialed with Intermountain
Elita Pallasigui	Culinary determined they are unable to credential due to specialty, Credentialed with Intermountain, HPN Medicaid, SHL and UHC
Norma Ramirez Rodriguez	Culinary determined they are unable to credential due to specialty, Credentialed with Intermountain
Raquel Tolzmann	No updates
Patricia Waters Decker	No updates
Adrienne Young	No updates



Governing Board
Meeting
October 27, 2022

David Kahananui, Senior FQHC Manager



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Recommendations from the Nominations Committee



#1 - Composition of Board Members

Currently, the bylaws state:

- *The Board shall be comprised of not less than nine (9) and not more than ~~(20)~~ twenty-five (25) voting members who shall stand for regular elections (Members). The Executive Director shall be an ex-officio non-voting member. The Members shall serve staggered terms.*

Recommend to increase the number of allowable members from 20 to 25 to be in line with HRSA guidelines.

Motion to approve Recommendation from the Nominations Committee to increase allowable members to 25.

#2 - Governing Board Member Terms

Currently, the bylaws state:

- *The initial Board shall be selected by the Southern Nevada District Board of Health and hold such office until the first Annual Meeting of the CHC Board. Thereafter, the Governing Board Members will be elected to terms as follows:*
 - Consumer Members shall each serve three (3) year terms;*
 - Provider and Community Members shall each serve two (2) year terms;*

Recommend all board members be elected to serve three (3) year terms for consistency.

Motion to approve Recommendation from the Nominations Committee to have all Board Members elected to serve three (3) year terms.

#3 - Governing Board Member Term Limits

Currently, the bylaws state:

- *Unless otherwise provided in these Bylaws, a Member shall be limited to three (3) consecutive terms of membership.*

Recommend to remove term limits:

- This would allow board members to serve as long they have the capacity and have demonstrated consistent participation in board activities.

Motion to approve Recommendation from the Nominations Committee to remove term limits.

#4 - Governing Board Officer Terms and Term of Office

Currently, the bylaws state:

- *Officers shall be elected annually by the Board. At each Annual Meeting, and at other times when vacancies occur, the Nomination Committee shall present nominations for the offices of Chair, First Vice-Chair, and Second Vice-Chair. Additional nominations may be made from the floor. The term of each office shall be one (1) year, or any portion of an unexpired term thereof. Members may serve in any officer role for a maximum of 4 (four) consecutive terms. Vacancies may be filled, or new offices created and filled, at any Board meeting. A term of office for an officer shall start July 1, and shall terminate June 30, or until a successor is elected.*

Recommendations for Officer Terms:

- Change office term to two (2) years.
- Change term of office to October 1 to September 30 or until a successor is elected.

Motion to approve Recommendations from the Nominations Committee to change the Officer Term to two (2) years and change term of office to October 1 to September 30.

#5 – Governing Board Officer Appointments

Recommendation of Officers Appointments:

- Jose Melendrez – Chair
- Tim Burch – Second Vice Chair

First Vice-Chair to be filled by a new member.

- New Member – First Vice Chair

Motion to approve Recommendation from the Nominations Committee to elect Jose Melendrez as Chair.

Motion to approve Recommendation from the Nominations Committee to elect Tim Burch as Second-Vice Chair.

#6 - Extend Additional Terms to Existing Board Members

- Scott Black
- Erin Breen
- Tim Burch
- Gary Costa
- Brian Knudsen
- Jose Melendrez
- Father Rafael Pereira

Motion to approve Recommendations from the Nominations Committee to extend additional terms to existing board members.

SNCHC Governing Board Members – Term of Service						
Member Category	In-Service Date	Term of Office	Term Expires	Term	Present	Attendance
Consumer	Oct. 30, 2019	3 years	Sept. 2022	1st	8/12	67%
Consumer	Oct. 30, 2019	3 years	Sept. 2022	1st	7/12	58%
Community Member	Dec. 17, 2020	2 years	Nov. 2022	1st	4/12	33%
Consumer	Oct. 30, 2019	3 years	Sept. 2022	1st	7/12	58%
Community Member	Jan. 23, 2020	2 years	Dec. 2021	1st	7/12	58%
Community Member	Oct. 30, 2019	2 years	Sept. 2021	1st	6/12	50%
Consumer	Oct. 30, 2019	3 years	Sept. 2022	1st	3/12	25%
Community Member	Oct. 30, 2019	2 years	Sept. 2021	1st	8/12	67%
Consumer	Jan. 23, 2020	3 years	Dec. 2022	1st	1/12	8%
Consumer	May 27, 2021	3 years	April 2024	1st	1/12	8%
Consumer	Jan. 23, 2020	3 years	Dec. 2022	1st	2/12	17%

#7 - Removal of Board Members

- Non-compliant to Amended Bylaws, Article V, Section 2:
 - “A Member who has been absent from three (3) consecutive meetings or less than fifty percent (50%) of regularly scheduled meetings in a twelve (12) month period, without reasonable excuse, duly noted in the minutes of the meeting, shall be subject to removal from the Board.”
- Notice of Intent to Remove letters were sent on October 6, 2022.
- No responses were received.

Motion to approve Recommendation from the Nominations Committee to Remove Board Members who are not in Compliance with the approved bylaws.

#8 - New Board Member Candidates

Board Member Candidates:

Candidate #1

- MSW, BA in Psychology with a minor in Counseling, AA in Paralegal.
- Has attended and provided Board training for over 20 years; Member of the CARE Coalition BODs
- Believes the unmet health needs of our community are:
 - Competent medical providers with education in diversity and inclusion.
 - Need enough medical providers to give care in a timely manner.

Candidate #2

- BA in Respiratory Therapy and specialize in adult critical care.
- Can provide a prospective to help identify possible community needs/services.
- Feels the biggest need is that the community may not be aware of available services. Need to get the name out there to let the community know what health services are available to them.

Candidate #3

- BA of Science in Pedagogy / Community Health Worker -CSN Certificate
- Serve on Dignity Health St. Rose Community Outreach and Dignity Health Community Health Improvement Committee
- Involved and working in community health for eight (8) years.
- Would like to support any projects that support access to healthcare to all people living in Nevada.
- Unmet Health Needs of our community: lack of resources, services for free for underserved and undocumented, community health education.

#8) Proposed New Patient Board Member Composition

Member Name	Gender	Race	Ethnicity
Current	Male	White	Hispanic
Current	Male	White	Non-Hispanic
Current	Female	African American	Non-Hispanic
New	Female	African American	Non-Hispanic
New	Female	White	Hispanic
New	Female	White	Hispanic
Projected %	66% - Female 34% - Male	66% - White 34% - African American	50% - Hispanic 50% - Non-Hispanic

	Gender	Race/Ethnicity
2021 UDS Data	52% Female	Hispanic – 54% Non-Hispanic – 30% African American – 20% White – 43% (Hispanic & Non-Hispanic) Asian – 6%

Motion to approve Recommendation from the Nominations Committee to elect three new Board Member Candidates to the Governing Board.



SOUTHERN NEVADA
Community
HEALTH CENTER

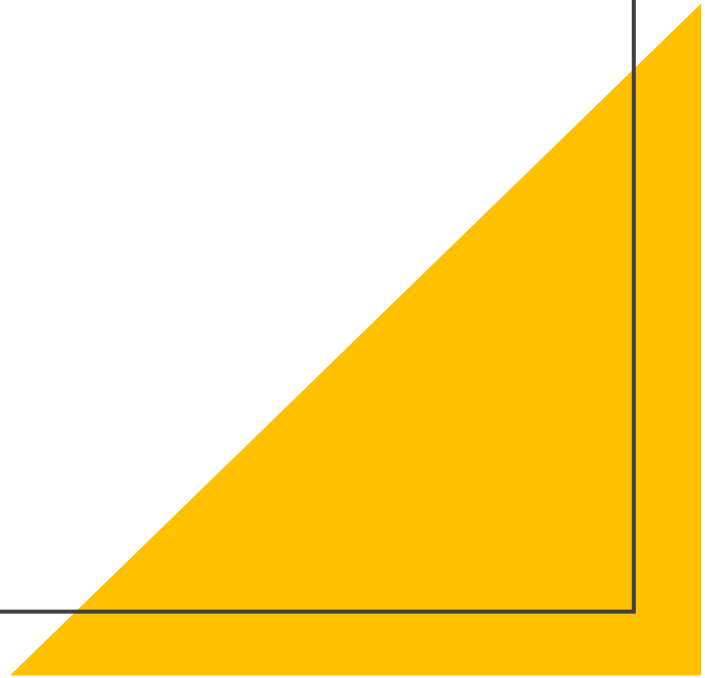
AT THE SOUTHERN NEVADA HEALTH DISTRICT

SNCHC
Governing
Board

#9 - Proposed Changes to the Governing Board Bylaws

Review changes to the bylaws.

[SNCHC Proposed Changes - Governing Board Bylaws](#)



#9 - Proposed Changes to the Governing Board Bylaws

**Motion to approve the Proposed Changes to the
Governing Board Bylaws.**





SOUTHERN NEVADA
Community
 HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

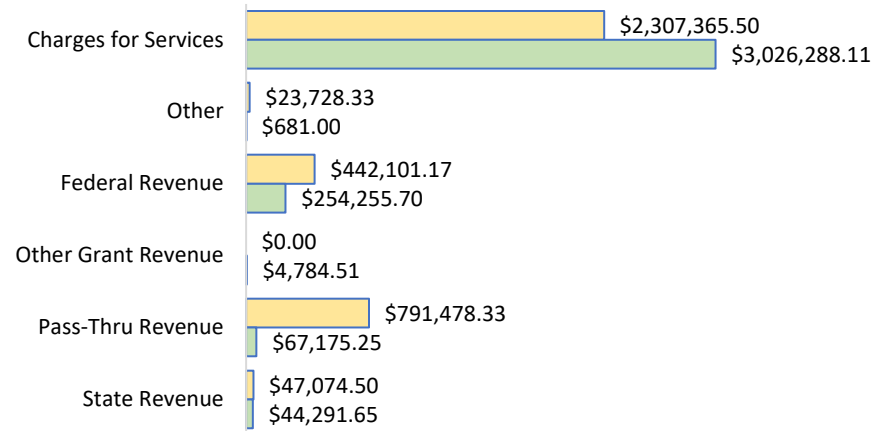
#10 - August Financial Report
 Year to Date – August 31, 2022

FQHC Division Level

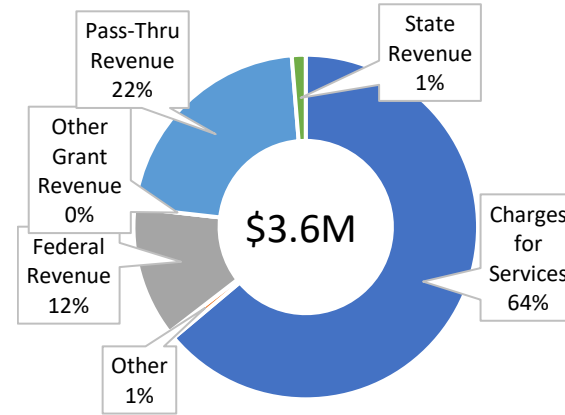
FQHC - Division, Combined Funds	August 2022 - Budget	August 2022 - Actual	Variance	+/- %
Revenues				
Charges for Services	2,307,365.50	3,026,288.11	718,922.61	31.2%
Other	23,728.33	681.00	(23,047.33)	-97.1%
Federal Revenue	442,101.17	254,255.70	(187,845.47)	-42.5%
Other Grant Revenue	-	4,784.51	4,784.51	0.0%
Pass-Thru Revenue	791,478.33	67,175.25	(724,303.08)	-91.5%
State Revenue	47,074.50	44,291.65	(2,782.85)	-5.9%
Total Revenue	\$ 3,611,747.83	\$ 3,397,476.22	\$ (214,271.61)	-5.9%
Expenses				
Salaries	1,079,790.50	771,108.98	308,681.52	28.6%
Taxes & Fringe Benefits	458,910.67	295,941.65	162,969.02	35.5%
Travel & Training	15,478.50	15,002.03	476.47	3.1%
Total Personnel Costs	1,554,179.67	1,082,052.66	472,127.01	30.4%
Supplies	1,740,451.33	1,370,164.01	370,287.32	21.3%
Capital Outlay	13,909.17	-	-	0.0%
Contractual	170,704.33	241,982.72	(71,278.39)	-41.8%
Other	-	-	-	0.0%
Total Other Operating	1,925,064.83	1,612,146.73	312,918.10	16.3%
Indirect Costs/Cost Allocations	954,348.33	130,930.84	823,417.49	86.3%
Transfers IN	(237,677.00)	(104,560.52)	(133,116.48)	56.0%
Transfers OUT	230,324.83	104,560.52	125,764.31	54.6%
Total Transfers & Allocations	946,996.17	130,930.84	816,065.33	86.2%
Net Position	\$ (814,492.83)	\$ 572,345.99	\$ 1,386,838.82	242.3%

FQHC Division Level

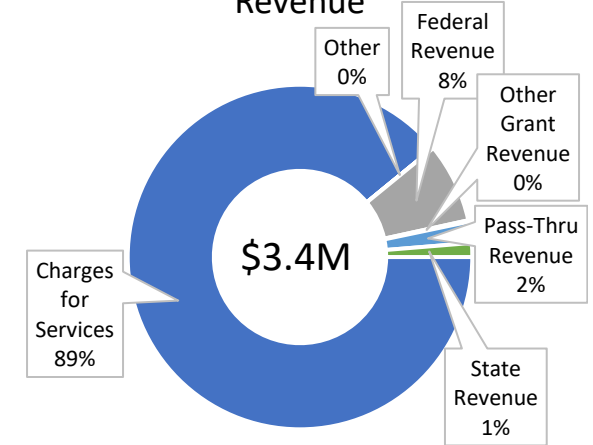
FQHC Revenues
Budget vs Actual



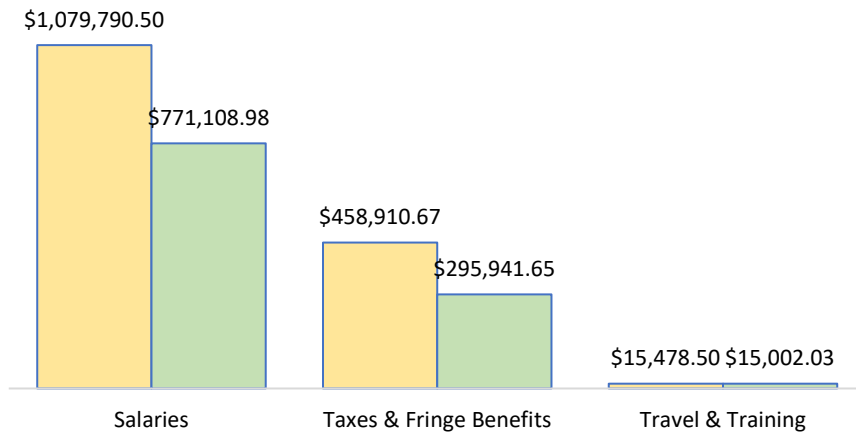
August 2022 Budget -
Revenue



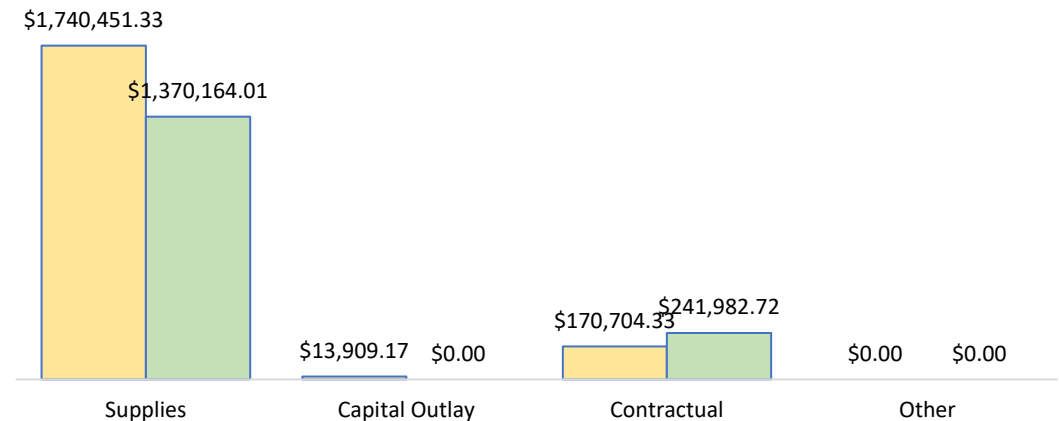
August 2022 Actual -
Revenue



Personnel Related Expense
Budget vs Actual



Other Operating Expenses
Budget vs Actual



FQHC
General
Fund

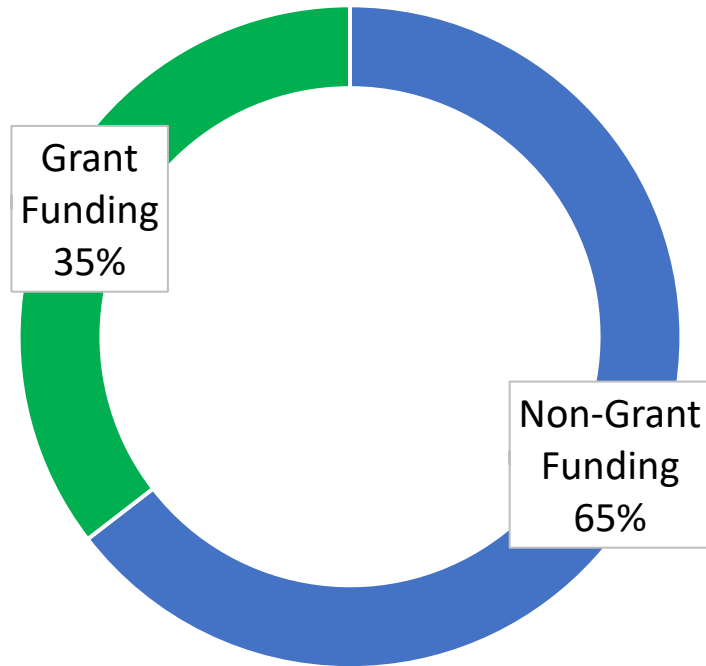
FQHC - Division, General Fund	August 2022 - Budget	August 2022 - Actual	Variance	+/- %
Revenues				
Charges for Services	2,307,365.50	3,026,288.11	718,922.61	31.2%
Other	23,728.33	681.00	(23,047.33)	-97.1%
Total Revenue	\$ 2,331,093.83	\$ 3,026,969.11	\$ 695,875.28	29.9%
Expenses				
Salaries	369,039.83	305,986.73	63,053.10	17.1%
Taxes & Fringe Benefits	156,841.67	115,027.43	41,814.24	26.7%
Travel & Training	7,818.83	257.65	7,561.18	96.7%
Total Personnel Costs	533,700.33	421,271.81	112,428.52	21.1%
Supplies	1,612,198.67	1,318,977.66	293,221.01	18.2%
Capital Outlay	1,666.67	-	1,666.67	100.0%
Contractual	100,773.00	56,487.59	44,285.41	43.9%
Other	-	-	-	0.0%
Total Other Expenses	1,714,638.33	1,375,465.25	339,173.08	19.8%
Indirect Costs/Cost Allocations	666,923.17	-	666,923.17	100.0%
Transfers IN	-	-	-	0.0%
Transfers OUT	230,324.83	104,560.52	125,764.31	54.6%
Total Transfers & Allocations	897,248.00	104,560.52	792,687.48	88.3%
Net Position	\$ (814,492.83)	\$ 1,125,671.53	\$ 1,940,164.36	172.4%

FQHC Special Revenue

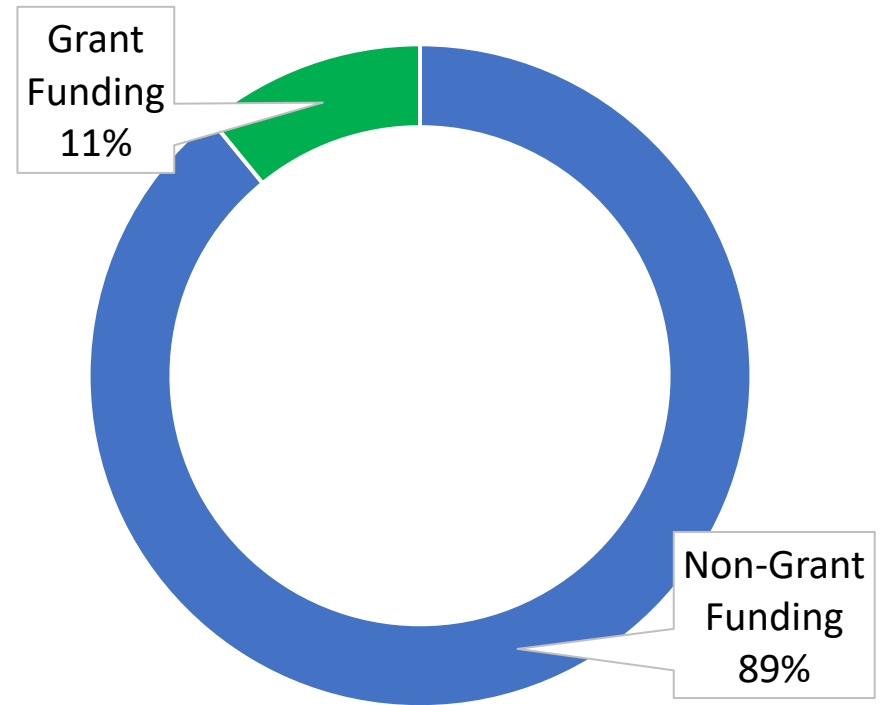
FQHC - Division, Special Revenue		August 2022 - Budget	August 2022 - Actual	Variance	+/- %
Revenues	Grant Funding Sources				
	Federal Revenue	442,101.17	254,255.70	(187,845.47)	-42.5%
	Other Grant Revenue	-	4,784.51	4,784.51	0.0%
	Pass-Thru Revenue	791,478.33	67,175.25	(724,303.08)	-91.5%
	State Revenue	47,074.50	44,291.65	(2,782.85)	-5.9%
	Total Revenue	\$ 1,280,654.00	\$ 370,507.11	\$ (910,146.89)	-71.1%
Expenses					
	Salaries	710,750.67	465,122.25	245,628.42	34.6%
	Taxes & Fringe Benefits	302,069.00	180,914.22	121,154.78	40.1%
	Travel & Training	7,659.67	14,744.38	(7,084.71)	-92.5%
	Total Personnel Costs	1,020,479.33	660,780.85	359,698.48	35.2%
	Supplies	128,252.67	51,186.35	77,066.32	60.1%
	Capital Outlay	12,242.50	-	12,242.50	100.0%
	Contractual	69,931.33	185,495.13	(115,563.80)	-165.3%
	Other	-	-	-	0.0%
	Total Other Expenses	210,426.50	236,681.48	(26,254.98)	-12.5%
	Indirect Costs/Cost Allocations	287,425.17	130,930.84	156,494.33	54.4%
	Transfers IN	(237,677.00)	(104,560.52)	(133,116.48)	56.0%
	Transfers OUT	-	-	-	0.0%
	Total Transfers & Allocations	49,748.17	26,370.32	23,377.85	47.0%
	Net Position	\$ 0.00	\$ (553,325.54)	\$ (553,325.54)	

FQHC – Revenue by Fund

FY2022 Budget Revenue

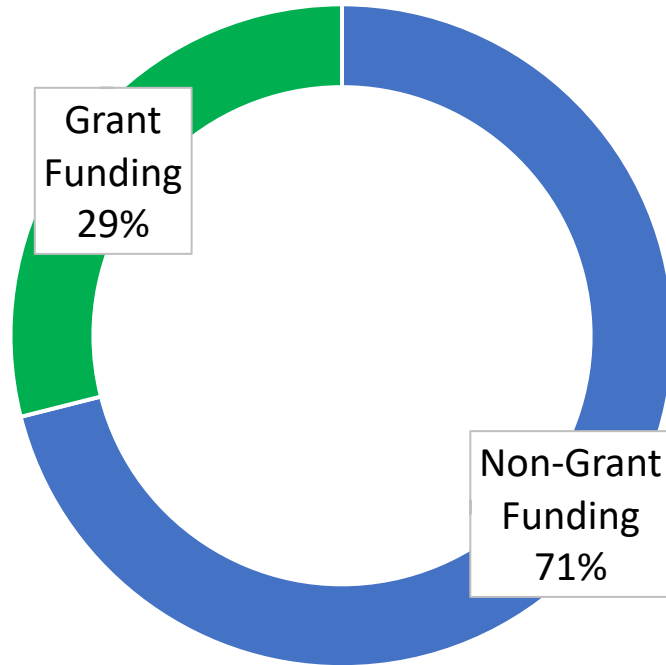


August Actual Revenue

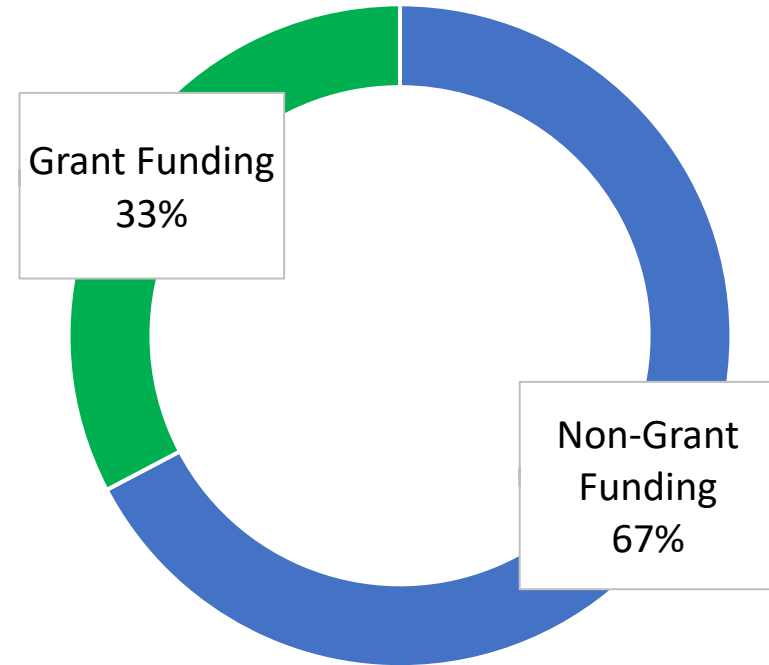


FQHC – Expenses by Fund

FY2022 Expense Revenue

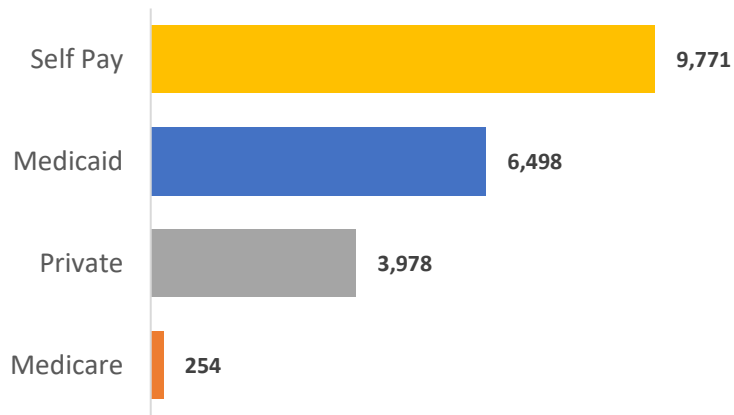


August Actual Expenses

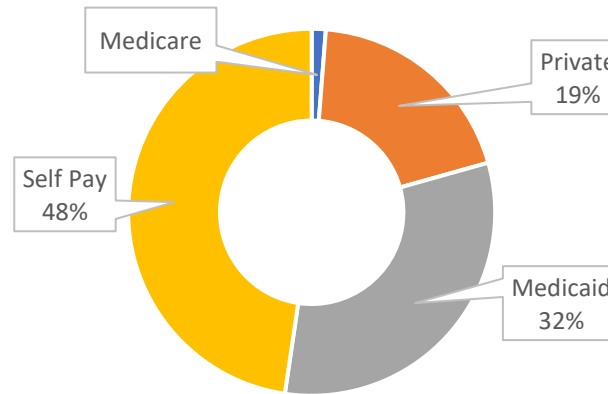


FQHC Payer Mix January 1, 2021 to August 31, 2022

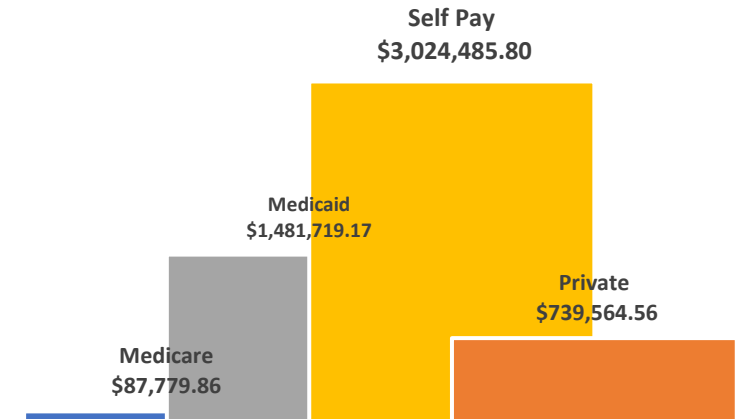
Visits by Payer Type



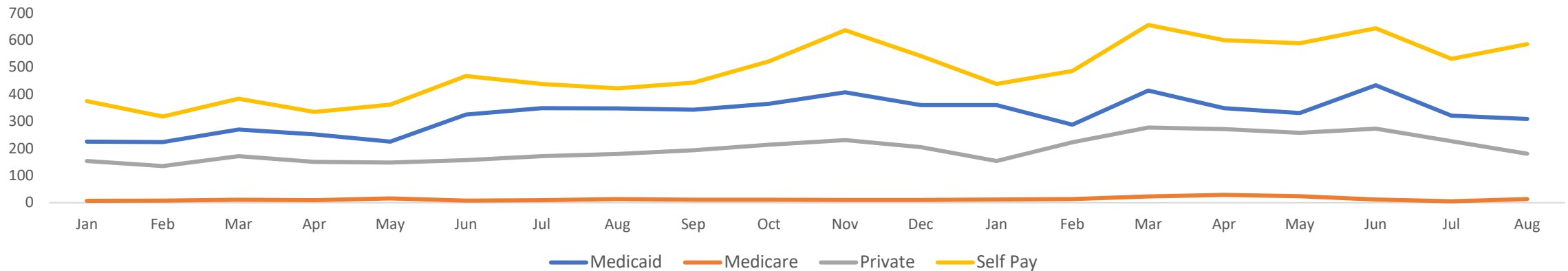
% Payer Mix



Billed Charges by Payer Type



Payer Type per Month





#10) August Financial Report

Motion to accept and approve the August Financial Report.

#11 - 2023 Proposed CHC Meeting Schedule

All CHC meetings are proposed to occur on the third Wednesday of each month at 11:30 a.m. with exception of the following:

- December 2023 — Second Wednesday in December – Wednesday, December 13, 2023

Motion to approve the 2023 Meeting Schedule.

Date	Time
January 18, 2023	11:30 a.m.
February 15, 2023	11:30 a.m.
March 15, 2023	11:30 a.m.
April 19, 2023	11:30 a.m.
May 17, 2023	11:30 a.m.
June 21, 2023	11:30 a.m.
July 19, 2023	11:30 a.m.
August 16, 2023	11:30 a.m.
September 20, 2023	11:30 a.m.
October 18, 2023	11:30 a.m.
November 15, 2023	11:30 a.m.
* December 13, 2023	11:30 a.m.*

#12- Annual Executive Director Evaluation Process

#12 - Annual Executive Director Evaluation Process



Send an Executive Director Board Review survey to eight (8) board members to provide feedback on the Executive Director's performance.



Upon receipt of the surveys, staff will average scores and present the results to the Executive Director Annual Review Committee for discussion and recommendation to the Governing Board.



Executive Director will prepare a presentation of all the achievements from the previous year and present to the Governing Board.



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

*#13 – Highlights from the
September Operational Report*



Patient Counts

Unique patients
seen in Sept. 2022:
1076 vs.
Sept. 2021: 959

YTD patients seen
for CY22: 5039 vs.
YTD patients seen
for CY21: 4280

Fremont Public Health Center Update

- 9/6/22 - 10/6/22: 346 patient visits provided
 - 149 Primary Care
 - 123 Family Planning
 - 74 Nurse
- 10/4/22: COVID-19 & Monkeypox vaccination services co-located
- 10/6: Dental Operatory walk-through with Tyree Davis, DDS, Clinical Dental Director, Nevada Health Centers
- Future expansion areas: Behavioral Health, Ryan White and Oral Health

East Las Vegas Postcards

- Postcards will be mailed by the end of October to 115,347 residents living in ZIP codes 89030, 89101, 89104, 89106, 89110, 89121, 89122, 89142, 89156.

snchc.org
702-759-1700
For appointments / Para citas

SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

New location. Closer care.

Our new location at the Fremont Public Health Center is now offering expanded services including **Primary Care, Family Planning, HIV/AIDS Care and more.** We accept Medicaid and Self Pay patients.

Nueva Ubicación. Cuidado más cercano a usted.

Nuestra nueva ubicación en el Centro de Salud Pública de Fremont ahora ofrece servicios ampliados que incluyen **Planificación familiar, Atención médica primaria, Atención a pacientes con VIH/SIDA y más.** Aceptamos pacientes de Medicaid y pacientes que pagan por su propia cuenta.

SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

2830 E. Fremont St.
Las Vegas, NV 89104

Now open at the
Fremont Public Health Center

Ahora abierto en
el Centro de Salud Pública de Fremont

2830 E. Fremont St.
Tuesday – Friday
8 a.m.–6 p.m.

2830 esta de la calle Fremont
martes – viernes
8 a.m.–6 p.m.

Charleston
Fremont
Oakey
Eastern

For appointments: Para citas:
www.snchc.org
702-759-1700

Supported with Title X grant funds FHPA006485.
Department of Health and Human Services, OASH Office of Grants Management

Risk Assessment

On September 26 and 27, Legal and Liability Risk Management Institute (LLRMI) provided two representatives onsite to review the physical security of 280 S. Decatur Blvd. Prior to the onsite visit, representatives had several video conference sessions with the Safety Officer and District Risk Manager. Documents were also provided to form an initial assessments.

Recommendations included, but were not limited to:

- Ensure all safety and security policies are finalized.
- Ensure all staff are trained in emergency response; documentation is key.
- Design an emergency card for staff, patients, and visitors to follow in case of emergency.
- Consider a separate entrance to allow patients to enter and exit proposed behavioral health location.
- Increase screening and security on hand in location.

Two Crimecase Basic Reports were run. This is a predictor of crime in the area. Decatur had a Cap Index Score of 308, while Fremont had a Cap Index Score of 557. This translates to the Decatur location being in the “mildly elevated risk” and Fremont being in the “moderately elevated risk” for crimes committed in the area. We have already taken measures to address the safety of our staff and patients with increased capacity at Fremont.

Questions?



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT