



AT THE SOUTHERN NEVADA HEALTH DISTRICT

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

November 17, 2022 – 2:00 p.m.

Meeting was 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:** Jose L. Melendrez –Chair, Consumer Member (*WebEx*)
Brian Knudsen – Consumer Member (*In-person*)
Scott Black – Community Member, City of North Las Vegas (*Webex*)
Erin Breen – Community Member, UNLV Vulnerable Road Users Project (*WebEx*)
April Allen-Carter – Consumer Member (*Webex*)
Luz Castro – Consumer Member (*In-person*)
Donna Feliz-Barrow – Consumer Member (*In-person*)
- ABSENT:** Father Rafael Pereira – Community Member, All Saints Episcopal Church
Gary Costa – Community Member, Golden Rainbow
Timothy Burch – Second Vice-Chair, Community Member, Clark County
Lucille Scott – Consumer Member
- ALSO PRESENT:** Acacia Herndon, Centennial Hills Hospital, RN
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE DIRECTOR:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Tawana Bellamy, Harold Collins, Andria Cordovez Mulet, Cassius Lockett, Randy Smith, Edward Wynder, Theresa Ladd, Cassandra Major, Merylyn Yegon, David Kahananui, Mark Pasek, 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 2:04 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call and confirmed a quorum.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

- **Members** – Scott Black, Erin Breen, Gary Costa, Brian Knudsen, Father Rafael Pereira, Jose Melendrez, Tim Burch, Luz Castro, April Allen-Carter, Donna Feliz-Barrows
- **Officers** – Jose Melendrez (Chair), Tim Burch (Second Vice-Chair)

The Oath of Office was administered to members Scott Black, Erin Breen, Brian Knudsen, Jose Melendrez, Luz Castro, April Allen-Carter, and Donna Feliz-Barrows and to officer Jose Melendrez by Tawana Bellamy, Administrative Secretary.

Chair Melendrez inquired about the new board members. Member Allen-Carter, Member Feliz-Barrows and Member Castro provided a brief introduction about themselves and their experience.

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

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

V. ADOPTION OF THE NOVEMBER 17, 2022 MEETING_AGENDA (for possible action)

A motion was made by Member Knudsen, seconded by Member Feliz-Barrows, and carried unanimously to approve the November 17, 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 - Community Health Center Governing Board Meeting:** October 27, 2022 (for possible action)
- 2. Approve Materials Review and Approval Process Policy;** direct staff accordingly or take other action as deemed necessary (for possible action)
- 3. Approve Claims Management Policy;** direct staff accordingly or take other action as deemed necessary (for possible action)

A motion was made by Member Knudsen, seconded by Member Breen, and carried unanimously to approve the November 17, 2022 Consent Agenda, as presented.

VII. REPORT / DISCUSSION / ACTION

Recommendations from the November 15, 2022 Finance and Audit Committee

- 1. Approve and Accept Recommendation from the Finance and Audit Committee regarding the September Financial Report;** direct staff accordingly or take other action as deemed necessary (for possible action)

Member Black advised that he and Member Father Rafael meet and had a good discussion regarding the financial report. Member Black recommends the Governing Board receive and accept the report.

Mark Pasek, Financial Analyst presented the September Financial Report as of September 30, 2022. The FQHC Revenue September Budget was \$5.4M and the FQHC Revenue September Actual was \$5.3M. The Net Position minus expenses for the September Budget was negative \$1.2M and the and the Net Position minus expenses for the September Actual was a positive \$340K. The FQHC Pharmacy represents 79.8% of the \$5.3M FQHC Revenue September YTD Budget total. Mr. Pasek further explained the September Budget and Actual for each FQHC Program as of September 30, 2022.

A motion was made by Member Black, seconded by Member Feliz-Barrows, and carried unanimously to accept the September Financial Report, as presented.

Recommendations from the November 15, 2022 Executive Directors Annual Review Committee

- 2. Approve and Accept the Recommendation from the Executive Director Annual Review Committee regarding the Executive Director Report of Accomplishments and Identify Goals;** direct staff accordingly or take other action as deemed necessary (for possible action)

Member Knudsen advised that the Executive Director Annual Review Committee met and reviewed the presentation shared by Fermin Leguen, Executive Director. The committee discussed the goals that were outlined over the last year. Dr. Leguen and the team have been steadfast and worked to accomplish the goals. The committee accepted the report with appreciation of everything that was accomplished and looks forward to the next year.

Randy Smith, FQHC Operation Officer presented the Executive Director and Staff Accomplishments for FY21-22 on Dr. Leguen's behalf. Dr. Leguen was in attendance, however there was no audio due to connection difficulties.

Heather Anderson-Fintak, General Counsel explained to the new board members the process of the Executive Director evaluation and that they can remove him as the Executive Director to the Health Center, but not as the District Health Officer.

A motion was made by Member Knudsen, seconded by Member Black, and carried unanimously to approve the Executive Director Report of Accomplishments and Identify Goals, as presented.

- 3. Approve and Accept the Recommendation from the Executive Director Annual Review Committee regarding the Summary of the Executive Director Evaluation Results;** direct staff accordingly or take other action as deemed necessary (for possible action)

Mr. Smith presented the Summary of the Executive Director Evaluation Results and outlined how the evaluation was conducted.

Mr. Smith reviewed the 2022 general strengths and areas for growth shared by board members in the results. The overall weighted score was 3.53. Three (3) is good and four (4) is outstanding on the scoring guide. Dr. Leguen's performance was between good and outstanding.

Ms. Bellamy read the following comments from Dr. Leguen. "Yes, they can fire me as CEO of the Health Center, but not as District Health Officer of SNHD."

Chair Melendrez commented that Dr. Leguen has done a phenomenal job and we are lucky to have him.

Dr. Leguen thanked everyone for their support.

A motion was made by Member Knudsen, seconded by Member Breen, and carried unanimously to approve the Summary of the Executive Director Evaluation Results, as presented.

SNCHC Governing Board

- 4. Approve Credentialing and Privileging for Providers;** direct staff accordingly or take other action as deemed necessary (for possible action)

Mr. Smith briefly explained the purpose of credentialing and privileging for providers to the new board members. There were two providers presented to the Board for approval. Fermin Leguen and Tasheka Powell, both for initial credentialing and privileging.

A motion was made by Chair Melendrez, seconded by Member Feliz-Barrows, and carried unanimously to approve the Credentialing and Privileging for Providers Fermin Leguen and Tasheka Powell, as presented.

5. Review and Approve the Risk Management Plan; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the program scope and objectives for the Risk Management Plan and advised the full report was provided in the board materials.

A motion was made by Chair Melendrez, seconded by Member Knudsen, and carried unanimously to approve the Risk Management Plan, as presented.

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

Mr. Smith shared the results of the survey sent to board members regarding a potential new meeting date and time for calendar year 2023. The existing meeting time is the fourth (4th) Thursday of the month. Since the meeting is late in the month, there is little opportunity to hold another meeting if we cannot achieve quorum. Mr. Smith commented that holding monthly meetings is a HRSA requirement. The staff recommendation is to move the meeting up one week to either the third (3rd) Tuesday or Thursday. Here are the top results from the survey:

- At least five (5) of six (6) responses selected the following:
 - Third Tuesday, 2:30-4 p.m.
- Four (4) of five (5) responses were available:
 - Third Tuesday, 4-5:30 p.m.
 - Third Thursday, 4-5:30 p.m.
- Optional time:
 - Third Tuesday, 3-4:30 p.m. (compromise to accommodate two members one selected 2:30 another 4 p.m.)

Mr. Smiths advised that based on the survey results the staff's recommendation would be the third (3rd) Tuesday, 2:30-4 p.m.

Chair Melendrez thanked Mr. Smith and the staff for the report. He commented that the board has had challenges with meeting quorum and by moving it to the third (3rd) Tuesday it would provide enough time to schedule another meeting and comply with the HRSA requirement.

A motion was made by Chair Melendrez, seconded by Member Knudsen, and carried unanimously to approve the 2023 Meeting Schedule, to meet every third (3rd) Tuesday at 2:30-4 p.m.

7. Highlights from the October Operational Report; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith shared the following highlights from the October Operational Report:

- The HRSA Compliance Condition on our Health Center grant related to patient board member composition was lifted on 11/15/22.
- Reimbursement expected to be \$131K from Prospective Payment System (PPS) Wrap Payment from January 2021-November 2021 from Medicaid.
- Patient Count – exceeding last years number of unique patients from January to October.
- Staff are working to establish new appointment schedules in eCW using templates.

There were no comments.

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 Melendrez commented that he is the chair of the Nevada Minority Health and Equity Coalition. In collaboration with the City of Las Vegas, they are holding their 4th Annual Impact Summit on November 18, 2022. He advised people can also attend virtually.

Member Breen commented the Global World Day of Remembrance is on November 20, 2022 for traffic crash victims. The program starts at 6 p.m. at the County Government Center Ample Theatre. It is meant to remember the lives that were lost and support those who have survived and to make sure we are moving in the right direction addressing motor vehicle crashes and fatalities.

IX. EXECUTIVE DIRECTOR & STAFF REPORTS (Information Only)

Mr. Smith shared a word of gratitude from Dr. Leguen and the Health Center leadership team to the eight board members who have continued with the Health Center and to the new board members who joined the team. Mr. Smith commented that he looks forward to working with the board members and Dr. Leguen next year.

Mr. Smith advised that there is a need to look at the committee memberships. He encouraged each board member to explore what they might be interested in and be on at least one committee.

During the Nominations Committee meeting last month, the committee recommended a first and second vice-chair. We need to fill the first vice-chair role and the committee mentioned potentiating having a new board member fill the role. Mr. Smith encouraged the new members to see what the board is about before they consider this opportunity.

X. INFORMATIONAL ITEMS

1. Community Health Center (FQHC) October Operations Report

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

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

XIII. ADJOURNMENT

The Chair adjourned the meeting at 3:09 p.m.

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

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AT THE SOUTHERN NEVADA HEALTH DISTRICT

AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

November 17, 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=e6b862629353463988855d750985d1d0c>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2558 008 1508](https://snhd.webex.com/snhd/onstage/g.php?MTID=e6b862629353463988855d750985d1d0c)

For other governmental agencies using video conferencing capability, the Video Address is:
25580081508@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. OATH OF OFFICE

- **Members** – Scott Black, Erin Breen, Gary Costa, Brian Knudsen, Father Rafael Pereira, Jose Melendrez, Tim Burch, Luz Castro, April Allen-Carter, Donna Feliz-Barrows
- **Officers** – Jose Melendrez (Chair), Tim Burch (Second Vice-Chair)

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 NOVEMBER 17, 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:** October 27, 2022 *(for possible action)*
2. **Approve Materials Review and Approval Process Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Approve Claims Management Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VII. REPORT / DISCUSSION / ACTION

Recommendations from the November 15, 2022 Finance and Audit Committee

1. **Approve and Accept Recommendation from the Finance and Audit Committee regarding the September Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Recommendations from the November 15, 2022 Executive Directors Annual Review Committee

2. **Approve and Accept the Recommendation from the Executive Director Annual Review Committee regarding the Executive Director Report of Accomplishments and Identify Goals;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Approve and Accept the Recommendation from the Executive Director Annual Review Committee regarding the Summary of the Executive Director Evaluation Results;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

SNCHC Governing Board

4. **Approve Credentialing and Privileging for Providers;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **Review and Approve the Risk Management Plan;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
6. **Approve the 2023 Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
7. **Highlights from the October Operational 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) October Operations 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

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, Cassandra 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

/tab



AT THE SOUTHERN NEVADA HEALTH DISTRICT

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

DIVISION:	FQHC	NUMBER(s):	CHCA-010
PROGRAM:	Family Planning	VERSION:	1.00
TITLE:	Materials Review and Approval Process	PAGE:	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION:	Requirement for compliance to review and approve proves for Informational and Educational Advisory Committee	ORIGINATION DATE: Click or tap here to enter text.	
APPROVED BY:		REPLACES: Click or tap here to enter text.	
FQHC CHIEF OPERATIONS OFFICER:			
_____ Date			
DISTRICT HEALTH OFFICER:			
_____ Date			
Randy Smith			
Fermin Leguen MD, MPH			

I. PURPOSE

The purpose of this policy is to describe Southern Nevada Community Health Center (SNCHC) process for ensuring compliance with the requirement to establish a review and approval process, by an Informational and Educational (I & E) Advisory Committee, of I&E materials developed or made available under the Title X project prior to their distribution.

II. SCOPE

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

III. POLICY

It is the policy of the SNCHC Title X Family Planning clinics to have available educational and informational material for our clients in compliance with Title X guidelines. An advisory board of five (5) to nine (9) members, who are broadly representative of the community we served, must review and approve all I & E materials developed prior to their distribution. Community members and clients will serve as a backup if advisory board is no longer able to meet (i.e., during a pandemic). This is to assure that the materials are suitable for the population and community for whom they are intended and to assure their consistency with the purposes of Title X.

IV. PROCEDURE

All educational and informational material distributed within the Title X Family Planning clinics must be reviewed and approved through the process outlined in this procedure. This is done by an assigned general reviewer, medical reviewer and advisory board who will determine whether the material is ultimately suitable for the population served.

1. All client information and health education materials in SNCHC clinics that is currently approved can be accessed thru the I & E binders at each clinic and online shared drive.
2. The need for a review of I & E material or introduction of new material to be reviewed will be determined based on:
 - a. Client/ community member request for materials, if not currently available.
 - b. Staff identifies need for educational material currently not available but assessed as needed thru client interactions. Clients may even be surveyed periodically for health information they would like to see available.
 - c. Three (3) years has passed since material was reviewed.
 - d. New medical information is released making the currently approved literature medically inaccurate, out of date or obsolete.
3. When review of the material is to be done, these steps outline thorough review and completion:
 - A. Consider the educational and cultural backgrounds of the individuals to whom the materials are addressed. (Use General Staff review form, Attachment 1).
 1. Staff reviewer will read through to get an overall impression of appropriateness for use with SNCHC's clients
 2. Check if the material has been evaluated by another agency or service.
 - a. Already reviewed? Print that information and skip to step B: Medical Review.
 - b. Not previously reviewed? Assess for reading level using either by contacting the manufacture or completing a readability to estimate reading level. A Fry graph or other readability test may be used. (Instructions for use are on the graph).
 - c. Target reading level is ninth (9th) grade or below.
 - d. Once General Staff review is complete, if material meets basic requirements, then it moves to the clinician for the medical review.
 - e. General reviewer will begin Summary Review (Attachment 4)

completing material basic information and reading level information.

- B.** Ensure that materials are accurate. (Use Medical Staff Review form- Attachment 2).
1. This review consists of assuring information is
 - a. Consistent with current medical standards and practices
 - b. Consistent with information and education provided on site to the client.
 - c. Upon completion, medical reviewer identifies whether the material is recommended for advisory board review.

Note: Material reviewed must be recommended by both General Reviewer and Medical Reviewer to go to advisory board review. If not, Supervisor should be notified, if materials did not pass the review and evaluate alternative materials

- C.** Advisory Board review of pamphlets. (Use Community Review Form- Attachment 3)
1. Advisory board members will be asked to participate in written survey review of material, during selected time periods to review material that has gone through general and medical review.
 2. Advisory board members will consider whether the material is suitable for the population or community, appropriate to the health needs. These reviewers are representative of the educational and cultural background of those who will receive the material in our clinical settings.
- D.** Summary of reviews and recommendation form (Attachment 4) contains all the information regarding the reviewed materials. These include:
1. Basic pamphlet information: name, distributor, publication date, reading level, current cost, language availability, material's topic area and intended audience.
 2. Advisory board members demographics, summary of comments, list of community reviewers.
 3. Completion of review indicates whether material is/is not recommended, and the date initiation of use can begin.
 4. Final decision on use is contingent on approval by general reviewer, medical reviewer and at least five advisory board members
- E.** Once approved, the completed packet is scanned in the shared drive and the material list will be updated to specify next review date.
1. Summary Review with copies of both English/Spanish material attached.
 2. General and Medical review- Attach any supporting information from outside

agency or manufacturer as well.

3. Advisory board members review forms for the specific material.

Additional Sections

Not Applicable

Acronyms/Definitions

Not Applicable

V. REFERENCES

Code of Federal Regulations 42 CFR 59.6(a) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Title X Program Handbook, July 2022, page 26 Information and Education (I&E) <https://opa.hhs.gov/sites/default/files/2022-07/title-x-program-handbook-july-2022-508.pdf>

VI. DIRECT RELATED INQUIRIES TO

Family Planning Community Health Nurse, Supervisor

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VII. ATTACHMENTS

CHCA-010 I&E General Staff Review Form

CHCA-010 I&E Medical Review Form

CHCA-010 I&E Advisory Community Review Form

CHCA-010 I&E Materials Review Summary Form

I&E General Staff Review Form



Purpose: Title X agencies are responsible for evaluating the appropriateness of informational and educational (I&E) materials for their client population. Use this form to evaluate a material’s cultural and linguistic appropriateness, readability, and whether it meets your agency’s basic standards for sharing.

How to use: Identify a staff member to assess whether the I&E material under review is suitable for the intended audience and to complete this form. Refer to online, free readability assessments to determine a material’s reading grade level, as needed. Once the review is complete, follow the next steps outlined at the end of this form.

Agency name: _____ Review date: _____

Material title (if there is no title, describe the material): _____

Material type: _____ Publication date: _____

Material source/publisher: _____

Language(s) the material is available in: _____

Language of the material under review: _____

Material Evaluation

Review the material and use your judgment to answer the questions below. If you think the material is not culturally sensitive or appropriate for the client population, skip questions 1–14 and go directly to question 15. Once you have completed this form, follow the next steps outlined at the bottom of the page.

1. Who is the intended audience for this material? (Check all that apply)

- Females
- Males
- LGBTQ+
- Adolescents (13–18)
- Young adults (18–25)
- Adults (26 and older)
- Other: _____

2. What is the reading grade level of this material? _____

Describe how you arrived at the reading level (Fry Graph, SMOG, Flesch Reading Ease, etc.): _____

	Yes	No	N/A
3. Is the main message of the material clear?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the material’s content accurate?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does the material use common, everyday words?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the material use the active voice? (For example, does it say, “We will ask…” rather than “You will be asked…”)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does the material use font types and sizes that are easy to read?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the material incorporate white space and headers to break up the text?	<input type="checkbox"/>	<input type="checkbox"/>	
9. If there are illustrations or pictures, are they appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If there are illustrations or pictures, are they visually appealing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
11. If there are illustrations or pictures of people, are they reflective of the intended audience and its diversity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the material respectful of the clients' cultures and values?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Does the material address the reader as a partner in decision making and care?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Does the material indicate where to go with questions or for more information?	<input type="checkbox"/>	<input type="checkbox"/>	

Keeping in mind your responses to the questions above, please answer the questions below.

15. Based on your review, describe any strengths or weaknesses of this material.

Strengths:

Weaknesses:

16. In your estimation, does this material meet our agency's basic standards for distribution? Yes No

Why or why not?

17. Do you recommend that we share this material with our clients? Yes No

Please explain:

18. Other comments or suggestions:

Name of reviewer: _____ Staff position of reviewer: _____

Reviewer's signature: _____ Date: _____

Next steps

Notify the staff member coordinating the I&E material review process that you have completed your review so they can update the *I&E Materials Inventory Log*, record your recommendations on the *I&E Materials Review Summary Form*, and, if appropriate, pass the material on to the assigned medical reviewer for feedback.

I&E Medical Review Form



Purpose: Title X agencies are responsible for ensuring the factual, technical, and clinical accuracy of all informational and educational (I&E) materials developed or made available under the project prior to distribution.

How to use: Identify a medical reviewer within your agency to review the I&E material and complete this form. Once the review is complete, follow the next steps outlined at the bottom of the page.

Agency name: _____ Review date: _____

Material title (if there is no title, describe the material): _____

Material type: _____

Material source/publisher: _____

Publication date: _____

Language(s) the material is available in: _____

Language of the material under review: _____

Material Evaluation

1. Who is the intended audience for this material? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Females | <input type="checkbox"/> Young adults (18–25) |
| <input type="checkbox"/> Males | <input type="checkbox"/> Adults (26 and older) |
| <input type="checkbox"/> LGBTQ+ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Adolescents (13-18) | |

2. In your estimation, how medically accurate is this material (in other words, to what extent does it reflect current medical practices)?

- Highly accurate
- Somewhat accurate
- Not accurate

List any inaccuracies:

3. If the material contains visuals or images depicting medical concepts, how medically accurate are these images?

- Highly accurate
- Somewhat accurate
- Not accurate
- Not applicable

List any inaccuracies:

4. If the material recommends an action for the reader to take, is the recommended action medically correct/accurate?

- Highly accurate
- Somewhat accurate
- Not accurate
- Not applicable

List any inaccuracies:

5. Do you recommend this material for our clients? Yes No

Please explain:

Name of reviewer: _____ Position of reviewer: _____

Medical reviewer's signature: _____ Date: _____

Next steps

Notify the staff member coordinating the I&E material review process that you have completed your review so they can update the *I&E Materials Inventory Log* and record your recommendations on the *I&E Materials Review Summary Form*.

I&E Advisory Committee Review Form



Thank you for being part of the Advisory Committee to review an informational and educational (I&E) material that our agency is considering distributing. We are asking you to review this material because we want to know whether you think it is a good one to share with our clients, and what you think would make it better. There are no right or wrong answers. At the end of the form you will see a set of questions about you. We ask these questions because we want to make sure that we get opinions from a group of people who represent the community we serve.

Agency name: _____

Review date: _____

Material title (if there is no title, describe the material): _____

Language of the material under review: _____

Your Thoughts about This Material

Please review the material and then answer the following questions.

1. What is the main message of this material?

2. Please answer the questions below about this material's written content.

	Yes	No
Is the material easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any specific words or medical terms that might be hard for some people to understand?	<input type="checkbox"/>	<input type="checkbox"/>
Is the material written in a friendly and respectful tone?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any words or language in this material that seem disrespectful, hurtful, or wrong in some way?	<input type="checkbox"/>	<input type="checkbox"/>
Do you trust the information in this material?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

3. Please answer the questions below about this material's visual content.

	Yes	No	N/A
Do you like the way the material looks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the images or pictures in this material confusing or hard to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of the images or pictures in this material make you uncomfortable (or do you think they might make others uncomfortable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the images or pictures of people in this material look like the people in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

4. Please answer the questions below about this material's usefulness.

	Yes	No
Does the material provide information that would be helpful to you or to others in the intended audience?	<input type="checkbox"/>	<input type="checkbox"/>
Does the material clearly communicate what the reader should do with the information provided in this material?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

5. What other comments would you like to share about this material (for example, what did you like or dislike about it?)

6. Keeping in mind your answers to the questions above, do you recommend that we share this material with our clients?

Yes No *Please explain:*

A Few Questions About You

By answering these questions about yourself, you will help us ensure that the reviewers of this material broadly represent the demographics of the material's intended audience.

What is your age? _____

What is your gender identity? _____

What is the highest degree or level of school you have completed?

- Less than high school graduate
- High school graduate (including GED or equivalent)
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Masters, doctoral, or professional degree
- Other (please specify):

What is your race? (Mark all that apply)

- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - White
 - Other (please specify):
- Are you Hispanic or Latino? Yes No

Name of reviewer: _____

Reviewer's signature: _____ **Date:** _____

I&E Materials Review Summary Form



Purpose: Title X agencies can use this form to summarize all findings and recommendations for one informational and educational (I&E) material, including those from the general staff reviewer, medical reviewer, and I&E Advisory Committee reviewers. This summary should document how the review process led to the decision of whether or not to share the material with clients and can serve as I&E Advisory Committee meeting minutes.

How to use: Fill out the form below and indicate whether the material is recommended for sharing.

Agency name: _____ Date: _____

Form completed by: _____ Job title: _____

Material title (if there is no title, describe the material): _____

Material source/publisher: _____

Publication date: _____

This material is intended for (check all that apply):

- Females
- Males
- LGBTQ+
- Adolescents (13–18)
- Young adults (18–25)
- Adults (26 and older)
- Other: _____

Language(s) the material is available in: _____

Language of the material under review: _____

Summary of Staff Findings

Use the table below to summarize the general staff and medical review findings.

	General Review	Medical Review
Name of reviewer		
Date of review		
Reading grade level determination?		N/A
Was this material determined to be medically and technically accurate?	N/A	
Did the reviewer recommend the material for sharing?		

Relevant comments from general staff review:

Relevant comments from medical review:

Note: If either the general staff reviewer or the medical reviewer did not recommend the material for sharing and no further review was conducted, skip to the "Final Recommendation" section of this form.

Summary of I&E Advisory Committee Review Findings

1. Number of Advisory Committee reviewers: _____

2. Number of Advisory Committee reviewers by gender:

Female _____ Male _____ Other _____

3. Number of Advisory Committee reviewers per age group:

Under 18 _____ 18-24 _____ 25-39 _____ 40+ _____

4. Number of Advisory Committee reviewers by educational attainment level:

Less than high school graduate _____

High school graduate (including GED or equivalent) _____

Some college, no degree _____

Associate's degree _____

Bachelor's degree _____

Masters, doctoral, or professional degree _____

Other (please specify): _____

5. Number of Advisory Committee reviewers by race:

American Indian or Alaska Native _____
Asian _____
Black or African American _____
Native Hawaiian or Pacific Islander _____
White _____
Other (please specify): _____

7. Number of Advisory Committee reviewers by ethnicity:

Hispanic _____
Non-Hispanic _____

8. Did the majority of Advisory Committee members recommend that we share this material with our clients?

Yes No

If no, why not?

9. Summary of Advisory Committee comments:

Final Recommendation

1. Overall comments:

2. Based on the findings described above, this material will be:

- Made available to clients and/or potential clients
- Not made available to clients and/or potential clients

SNCHC, through its Risk Management program, acknowledges its duty to ensure that the appropriate financial and risk management systems are in place and that any losses are minimized. In seeking to manage risk effectively, this policy and associated procedure aim to:

- effectively manage claims made against SNCHC;
- ensure appropriate support is made available to workforce members when a claim has been made;
- learn from claims in order to prevent reoccurrence.

III. POLICY

A. Responsibility of All SNCHC Staff

All staff are responsible for alerting the Legal Department to matters likely to lead to a claim, whether clinical negligence, or employer/public liability; complying with SNCHC's policy and forwarding urgently to the FQHC Operations Officer any letter intimating a possible claim against SNCHC.

Every member of staff is expected to co-operate fully by:

- responding to requests for information
- conducting as full a search as is practical when records are requested
- assisting in the investigation and assessment of each claim
- abiding by the required timescales
- being diligent in record keeping and documenting any findings from their investigations
- preserving evidence and the scene when appropriate and
- learning from the outcome of the investigation and taking forward any relevant actions identified.

B. Training Requirements

This procedure will be available to SNCHC staff.

Any member of staff who becomes involved in a claim will be directed to the procedure and immediately inform the Legal Department. The Legal Department handles all claims for the SNCHC and is the organization's liaison to the insurance company.

IV. PROCEDURE

A. Initial Claim

1. Claims brought by a patient against the care provided by SNCHC may be received in a variety of forms:
 - a. The program may receive a request for medical records.
 - b. A court-filed complaint or a subpoena may be served on the Legal Department. Please note that workforce members do not have authority to accept service of court documents.
 - c. The patient or someone on behalf of the patient may state in writing their intent to file a claim or sue.
 - d. Any SNCHC workforce member may be told verbally by the patient or someone on behalf of the patient their intent to file a claim or sue.
2. At the time such an event occurs, the Risk Manager or designee will be notified and will gather the following:
 - a. Name of patient
 - b. Allegation
 - c. Date of incident
 - d. Summary and initial analysis of the allegation.

The Legal Department will forward the claim information to the current medical malpractice provider. The Risk Manager in the Legal Department will act at the point of contact for claims and/or litigation.

B. Follow Up

On a quarterly basis, the Quality Improvement Council will review claims from all insurance disciplines. The goal of this meeting will be to analyze strategies for addressing the claim itself and determine steps to prevent such claims in the future. Any agreed upon preventative measures will be codified in appropriate procedure policies or protocols and the information disseminated to appropriate staff. Minutes will be kept on these meetings for future audit purposes.

C. Federal Tort Claims Act (FTCA)

At this time, the SNCHC is not FTCA deemed. However, a separate policy/procedure has been prepared should that event occur.

D. Conclusion of Claims/Process for Monitoring Compliance

At the conclusion of each claim, feedback will be provided to key staff who have been actively involved in investigation of the issues raised. If a claim has been settled, or significant defense costs have been incurred, consideration will be given to actions to

be taken to lessen the chance of any recurrence. This may involve discussions with relevant Executive Director, as well as the Quality Improvement Council.

E. Reports to the Governing Board

The CEO will keep the Board informed of major developments on claims- related issues, and ensure information is provided on individual and aggregate claims on an annual basis. The report will summarize activities, achievements, and on-going claims management issues that occurred since the prior report.

Additional or ad hoc communication should be held with the Board for sentinel events, claims scheduled for trial, events that may result in adverse publicity or news media attention, and severe patient injuries deemed highly likely to result in litigation.

The final annual report should include all the above along with recommendations for claims and risk control activities and identified resource needs for the coming fiscal year.

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

Risk Manager
Legal Department

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VII. ATTACHMENTS

CHCA 011 FTCA Claims Disposition Procedure



Legal Department
Risk Management Program

PROCEDURE – FTCA Administrative and Litigated Claims Disposition

1 of 3

Instructions for FTCA Claim Notice & Disposition

State Court Claims	<p>1) Claimant and/or their authorized agent/representative should be instructed to submit FTCA's Standard Form 95 (SF95) to the address in item 2 below.</p> <p>NOTE: Submission of this form accompanied by a claim for money is mandatory for all FTCA claims filed in state court. Upon review, the OGC may contact the CHC for claim-related documents</p>
HHS OGC	<p>2) Send all documents identified below, tabbed for each document, to:</p> <p>U.S. Department of Health and Human Services Office of the General Counsel General Law Division Claims and Employment Law Branch 330 C Street, SW Attention: CLAIMS Switzer Building, Ste 2600 Washington DC 20201</p> <p>NOTE: Fax No.: 202-619-2922; HHS-FTCA-Claims@hhs.gov</p>
Summons & Complaint	<p>3) 3 Copies of each</p>
Deeming Documentation	<p>4) 3 Copies</p> <ul style="list-style-type: none">(a) initial deeming letter(b) all subsequent redeeming documentation(c) Notices of Grant Awards re redeeming
Federal §330 Grant Application	<p>5) 3 Copies</p> <ul style="list-style-type: none">(a) Include Forms 5-A, 5-B, and 5-C
CHC Statement	<p>6) 3 copies on CHC letterhead:</p> <ul style="list-style-type: none">(a) Identifying all HCPs named and/or involved; and(b) Dates of employment dates for each HCP identified
CHC Statement Support	<p>7) For each HCP identified in 6(a) above:</p> <ul style="list-style-type: none">(a) Proof of licensure/certification, as applicable; and(b) Documentation of specialty



Legal Department
Risk Management Program

PROCEDURE – FTCA Administrative and Litigated Claims
Disposition

2 of 3

Non-Approved Service Sites	8) For each non-approved service site involved in the claim: (a) Name and address of non-approved service site (b) Nature of affiliation with CHC (c) Nature of affiliation with CHC personnel
Involved Employee HCPs	9) 3 Copies: (a) W-2 for each employee HCP identified in item 4 above, for the covered time period
Involved Contractor HCPs	10) 3 Copies: (a) 1099 for each contracted HCP identified in item 4 above, for the covered time period (b) PSA and amendments for each contracted HCP (c) Evidence of the number of hours the contracted HCP worked (i) <i>For Part Time HCPs Only:</i> If the HCP only worked part-time, provide proof services were solely in: family practice, general internal medicine, general pediatrics, gynecology, and/or obstetrics
HCP Verification	11) On CHC letterhead, for each person involved in the claim: (a) Declaration verifying employment / contractual status (b) Signed by each HCP involved in the claim (c) For each HCP, the declaration should state either: (i) "to the best of [X] knowledge, the named HCP was not billing privately; or (ii) "to the best of [X] knowledge, the named HCP was billing privately, and he/she complied with the alternate billing arrangement requirements" NOTE: If unable to obtain HCPs signature, document all attempts to obtain the signature(s) and have FQ Exec Dir/DHO sign
Professional Liability Insurance	12) 3 copies of evidence of PL or gap coverage for the time period in question for the CHC and/or the HCP(s) involved in the claim; or 13) A statement on CHC letterhead stating only FTCA coverage exists for the CHC and/or the HCP(s)
Correspondence	14) 3 Copies of any correspondence received from the Claimant related to the claim
CHC Contact Info	15) The name and telephone number of the CHC responsible for facilitating the declarations/certifications provided



Legal Department
Risk Management Program

PROCEDURE – FTCA Administrative and Litigated Claims
Disposition

3 of 3

Claimant Medical Records	16) 3 Copies, including: - Diagnostic films - External HCP - Labs treatment records
Record Management	17) Preserve all original medical records, claims information, and supporting documentation until the conclusion of the case. 18) Upon case conclusion, dispose of records consistent with the appropriate retention schedule.

References:

- HRSA, FTCA Health Center Policy Manual,
(Supersedes PIN 2011-01), Updated 7/21/2014
- FTCA Standard Form 95 (SF95)
- Records and Information Management (RIM) Policy, ADM-008.1
- RIM Disposition and Destruction, ADM-008.4
- Legal Department, Retention Schedule

End of Procedure

Approved --/--/2022

Heather Anderson-Fintak
General Counsel



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

SNCHC Governing Board Meeting

November 17, 2022

FQHC FINANCIAL REPORT

Results as of September 30, 2022

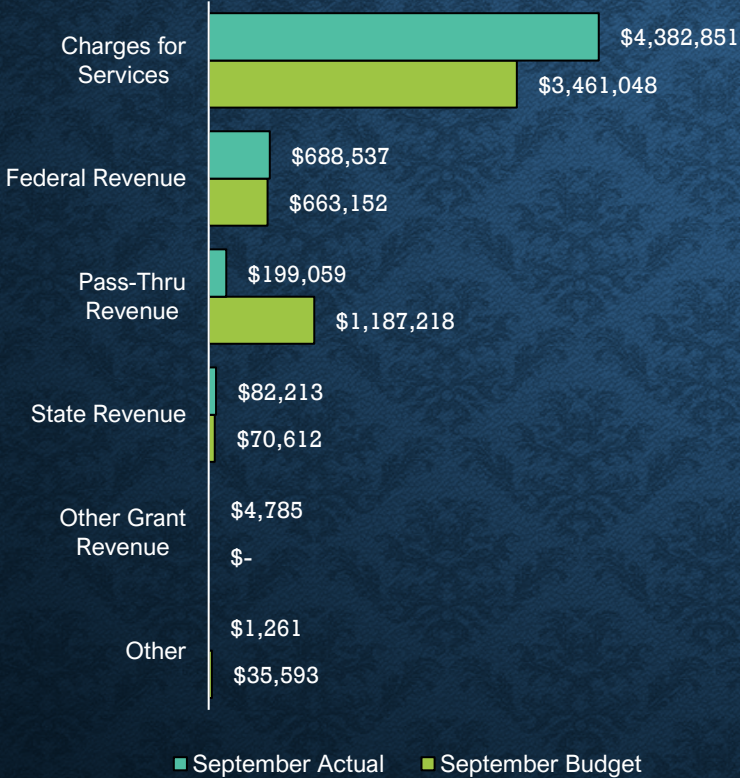
Presenter: Mark Pasek, Financial Analysis

FQHC Division – All Programs

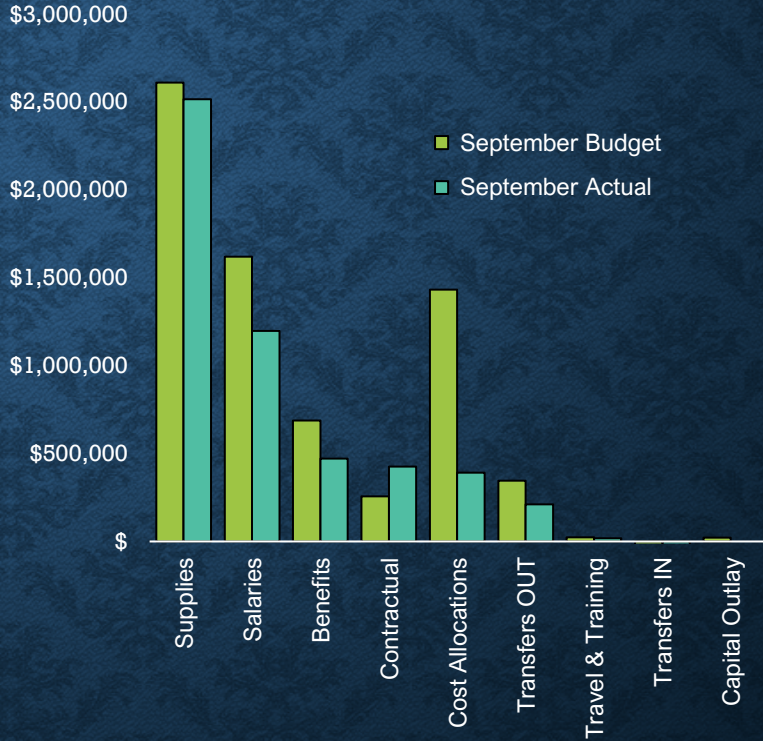
	September Budget	September Actual	Variance	
Charges for Services	3,461,048.25	4,382,851.20	921,802.95	27%
Other	35,592.50	1,261.00	(34,331.50)	-96%
Federal Revenue	663,151.75	688,537.21	25,385.46	4%
Other Grant Revenue	-	4,784.51	4,784.51	0%
Pass-Thru Revenue	1,187,217.50	199,058.96	(988,158.54)	-83%
State Revenue	70,611.75	82,212.89	11,601.14	16%
Total FQHC Revenue	\$ 5,417,621.75	\$ 5,358,705.77	\$ (58,915.98)	
Salaries	1,619,685.75	1,196,850.94	422,834.81	26%
Taxes & Fringe Benefits	688,366.00	470,700.11	217,665.89	32%
Travel & Training	23,217.75	17,951.47	5,266.28	23%
Total Salaries & Benefits	\$ 2,331,269.50	\$ 1,685,502.52	\$ 645,766.98	
Capital Outlay	\$20,863.75		20,863.75	
Contractual	\$256,056.50	\$425,425.76	(169,369.26)	-66%
Supplies	\$2,610,677.00	\$2,515,998.22	94,678.78	4%
Total Other Operating	\$2,887,597.25	\$2,941,423.98	(53,826.73)	
Indirect Costs/Cost Allocations	\$1,431,522.50	\$391,664.40	1,039,858.1	73%
Transfers IN	(\$356,515.50)	(\$210,374.13)	(146,141.4)	41%
Transfers OUT	\$345,487.25	\$210,374.13	135,113.1	39%
Total Transfers	\$1,420,494.25	\$391,664.40	1,028,829.9	
Net Position	\$ (1,221,739.25)	\$ 340,114.87	\$ (1,679,686.08)	

REVENUES & EXPENSES

FQHC Total Revenue by Type



FQHC Total Expenses



FQHC PROGRAMS

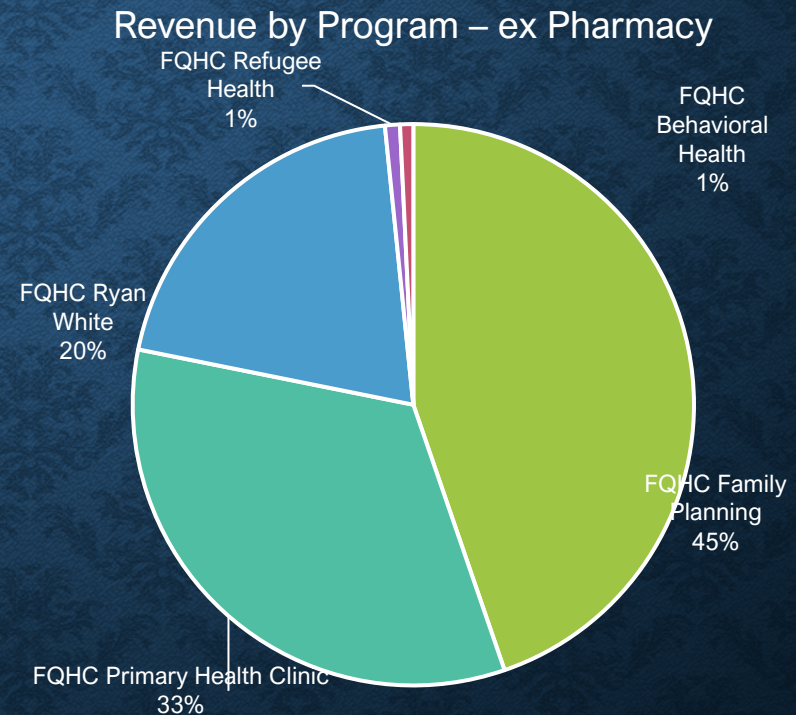
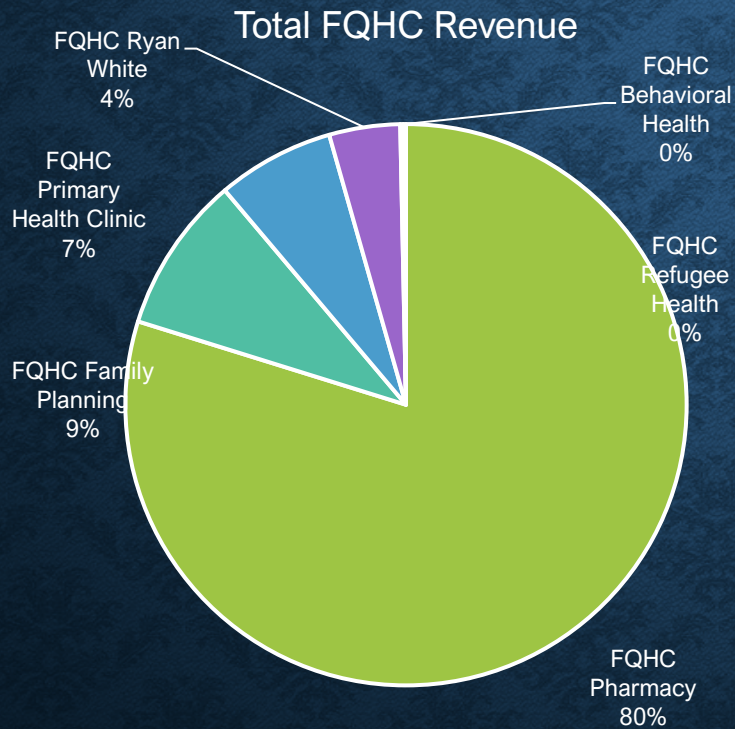
- The FQHC Division includes Administration and Pharmacy
 - Administration does not generate Revenue
 - Pharmacy, by itself is 79% of Total Revenue for the Division
- The Following is Budget to Actual, as of September 30th, for:
 - Behavioral Health
 - Family Planning
 - Oral Health
 - Primary Health Clinic
 - Refugee Health
 - Ryan White

PHARMACY PERCENTAGE OF FQHC DIVISION REVENUE

	Revenue	% of Total
FQHC Pharmacy	\$4,276,238.76	79.8%
FQHC Family Planning	\$484,197.99	9.0%
FQHC Primary Health Clinic	\$361,856.57	6.8%
FQHC Ryan White	\$218,902.90	4.1%
FQHC Refugee Health	\$9,311.68	0.2%
FQHC Behavioral Health	\$8,197.87	0.2%
	<u>\$5,358,705.77</u>	

	Revenue	% of Total
FQHC Family Planning	\$484,197.99	44.7%
FQHC Primary Health Clinic	\$361,856.57	33.4%
FQHC Ryan White	\$218,902.90	20.2%
FQHC Refugee Health	\$9,311.68	0.9%
FQHC Behavioral Health	\$8,197.87	0.8%
	<u>\$1,082,467.01</u>	

PHARMACY REVENUE CONTRIBUTION TO FQHC DIVISION

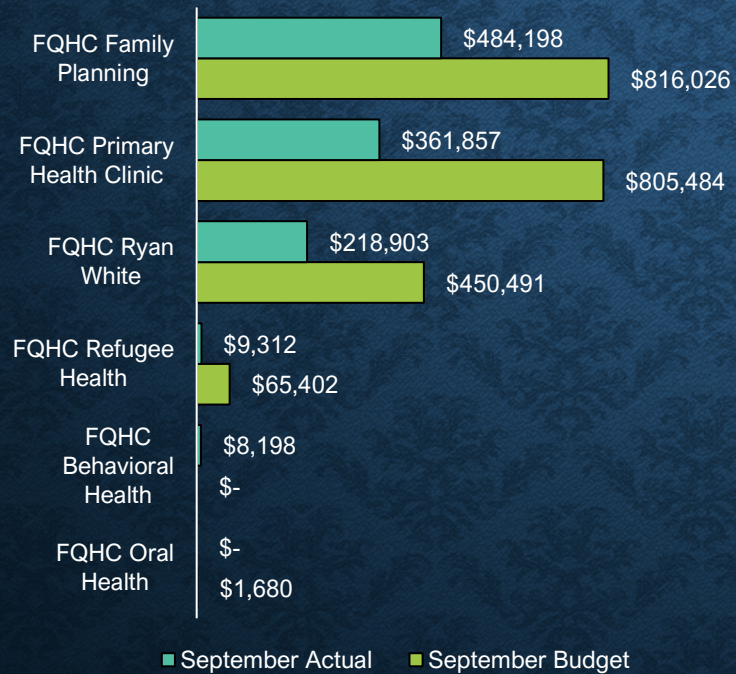


FQHC Programs – Excluding Administration and Pharmacy

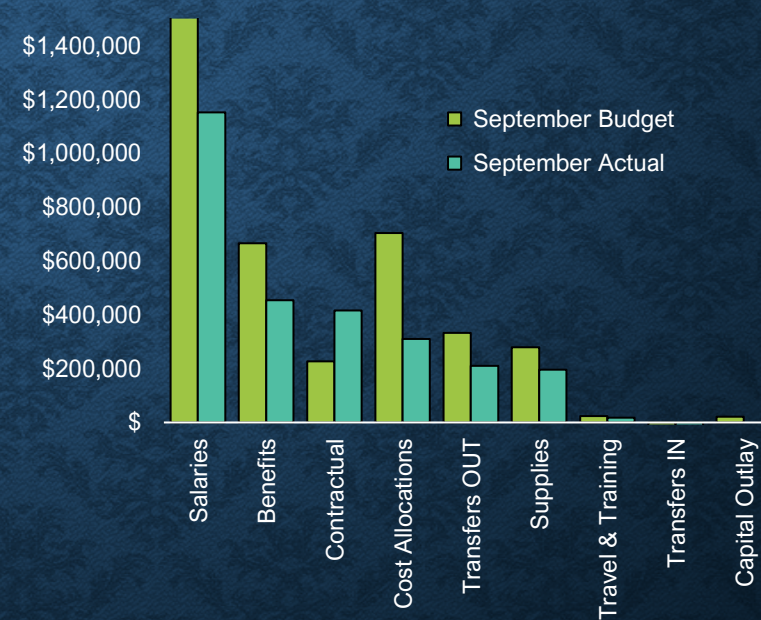
	September Budget	September Actual	Variance	
FQHC Behavioral Health	-	8,197.87	(8,197.87)	
FQHC Family Planning	816,025.75	484,197.99	331,827.76	41%
FQHC Oral Health	1,680.00	-	1,680.00	
FQHC Primary Health Clinic	805,484.00	361,856.57	443,627.43	55%
FQHC Refugee Health	65,402.25	9,311.68	56,090.57	86%
FQHC Ryan White	450,490.50	218,902.90	231,587.60	51%
Total FQHC Program Revenue	2,139,082.50	1,082,467.01	1,056,615.49	
Salaries	1,567,839.75	1,151,741.82	416,097.93	27%
Taxes & Fringe Benefits	666,331.50	453,888.49	212,443.01	32%
Travel & Training	23,142.75	17,951.47	5,191.28	22%
Total Salaries & Benefits	2,257,314.00	1,623,581.78	633,732.22	
Capital Outlay	\$20,863.75		20,863.75	
Contractual	\$226,446.00	\$415,927.66	(189,481.66)	-84%
Supplies	\$279,148.00	\$195,747.03	83,400.97	30%
Total Other Operating	\$526,457.75	\$611,674.69	(85,216.94)	
Indirect Costs/Cost Allocations	\$703,585.50	\$310,737.18	392,848.32	56%
Transfers IN	(\$343,400.50)	(\$210,374.13)	(133,026.37)	39%
Transfers OUT	\$332,372.25	\$210,374.13	121,998.12	37%
Total Transfers	\$692,557.25	\$310,737.18	381,820.07	
Net Position	\$ (1,337,246.50)	\$ (1,463,526.64)	\$ 126,280.14	

PROGRAM REVENUES & EXPENSES

FQHC Total Revenue by Program



FQHC Total Expenses by Program



FQHC PROGRAM HIGHLIGHTS

- The FQHC Division's largest expense category is Supplies – due to Pharmacy Medicine
 - At the program level, the largest expense category is Salaries & Benefits
- Program Level Expenses are all below budget, except for the Contractual Category
- Revenue (Charges for Services & Grants) are below budget at the program level – which is compensated for by the Pharmacy Revenues coming in over budget – next slide
- Variation on Grants Budget vs Actual will be addressed during the upcoming FY2023 Budget Augmentation
 - Current Budget is not aligned to the start and end dates of the Grants
 - Grants expiring in FY23 vs Grants awarded in FY23

PROGRAM	Revenue	September Budget	September Actual	Variance
FQHC Behavioral Health	Charges for Services	-	8,197.87	8,197.87
		-	-	-
FQHC Family Planning	Charges for Services	110,500.00	43,135.91	(67,364.09)
	Federal Revenue	-	358,038.19	358,038.19
	Other	3,000.00	811.00	(2,189.00)
	Pass-Thru Revenue	631,914.00	-	(631,914.00)
	State Revenue	70,611.75	82,212.89	11,601.14
		-	-	-
FQHC Oral Health	Charges for Services	1,675.00	-	(1,675.00)
	Other	5.00	-	(5.00)
		-	-	-
FQHC Primary Health Clinic	Charges for Services	165,445.00	26,123.04	(139,321.96)
	Federal Revenue	640,039.00	330,499.02	(309,539.98)
	Other	-	450.00	450.00
	Other Grant Revenue	-	4,784.51	4,784.51
	Pass-Thru Revenue	-	-	-
	State Revenue	-	-	-
		-	-	-
FQHC Refugee Health	Charges for Services	(46,500.00)	9,311.68	55,811.68
	Other	32,587.50	-	(32,587.50)
	Pass-Thru Revenue	79,314.75	-	(79,314.75)
		-	-	-
FQHC Ryan White	Charges for Services	(358.75)	19,843.94	20,202.69
	Federal Revenue	23,112.75	-	(23,112.75)
	Pass-Thru Revenue	427,736.50	199,058.96	(228,677.54)

Grants Budget for September = \$1,920,981.00

Grant Type	Grants	FQHC Program	Recorded as of September 30
Federal Revenue	Title X Family	Family Planning	358,038.19
	HRSA Bureau	Primary Care	330,499.02
Other Grant Revenue	HCVAPM22	Primary Care	4,784.51
Pass-Thru Revenue	State NV - Ryan White	Ryan White	26,830.29
	State NV - Ryan White	Ryan White	27,744.34
	Clark County Ryan White	Ryan White	144,484.33
State Revenue	State NV	Family Planning	82,212.89
			974,593.57

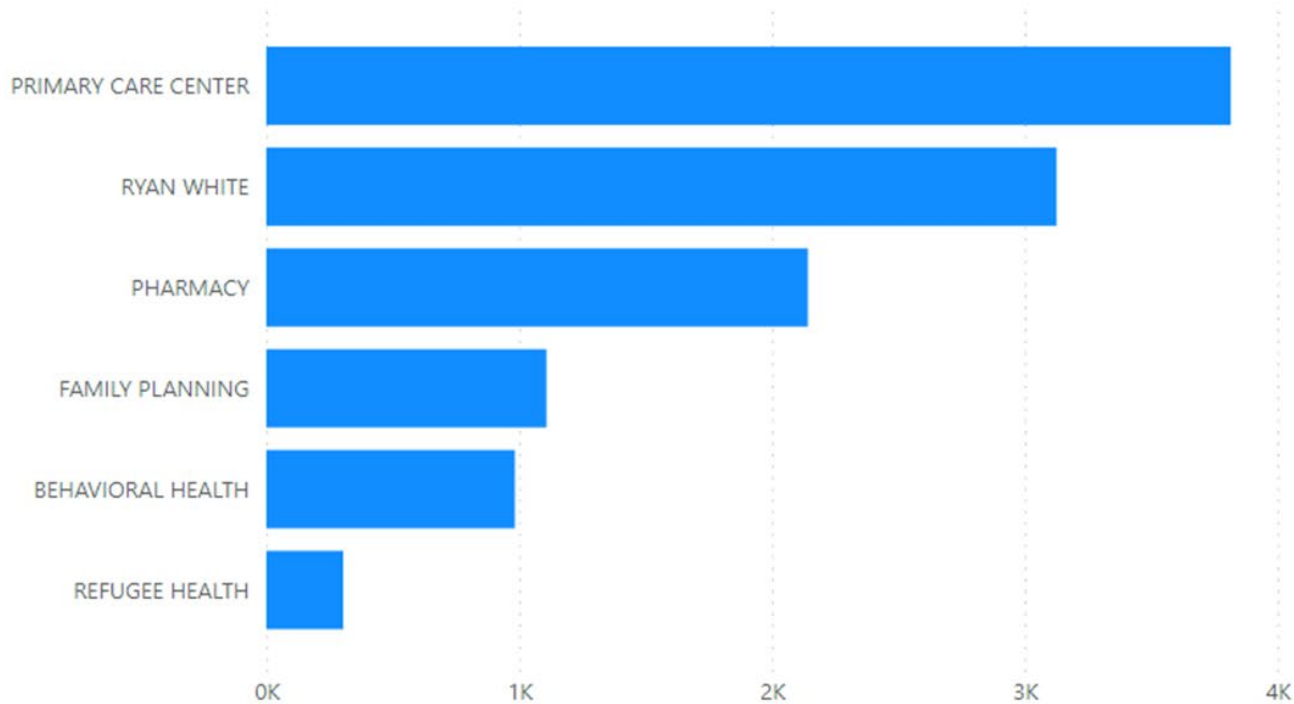
\$ (946,387.43) -49%

SNHD Program	Billed Charges	Payment	Writeoff Adjustment	FQHC GL Total
RYAN WHITE	\$547,028	\$114,470	171,580.25	\$596,119.29
Travel & Training	\$547,028	\$114,470	171,580.25	\$1,482.66
Transfers OUT	\$547,028	\$114,470	171,580.25	\$59,611.63
Transfers IN	\$547,028	\$114,470	171,580.25	(\$59,611.63)
Taxes & Fringe Benefits	\$547,028	\$114,470	171,580.25	\$203,923.69
Supplies	\$547,028	\$114,470	171,580.25	\$2,350.73
Salaries	\$547,028	\$114,470	171,580.25	\$492,605.21
Revenues	\$547,028	\$114,470	171,580.25	(\$218,902.90)
Indirect Costs/Cost Allocations	\$547,028	\$114,470	171,580.25	\$75,189.85
Contractual	\$547,028	\$114,470	171,580.25	\$39,470.05
Capital Outlay	\$547,028	\$114,470	171,580.25	
REFUGEE HEALTH	\$120,571	\$20,409	20,756.46	\$64,614.25
Travel & Training	\$120,571	\$20,409	20,756.46	
Transfers OUT	\$120,571	\$20,409	20,756.46	
Transfers IN	\$120,571	\$20,409	20,756.46	
Taxes & Fringe Benefits	\$120,571	\$20,409	20,756.46	\$12,744.45
Supplies	\$120,571	\$20,409	20,756.46	\$25,650.97
Salaries	\$120,571	\$20,409	20,756.46	\$31,477.44
Revenues	\$120,571	\$20,409	20,756.46	(\$9,311.68)
Indirect Costs/Cost Allocations	\$120,571	\$20,409	20,756.46	\$225.21
Contractual	\$120,571	\$20,409	20,756.46	\$3,827.86
PRIMARY CARE CENTER	\$738,009	\$141,528	378,461.56	\$685,183.89
Travel & Training	\$738,009	\$141,528	378,461.56	\$473.04
Transfers OUT	\$738,009	\$141,528	378,461.56	\$29,716.09
Transfers IN	\$738,009	\$141,528	378,461.56	
Taxes & Fringe Benefits	\$738,009	\$141,528	378,461.56	\$148,759.65
Supplies	\$738,009	\$141,528	378,461.56	\$32,355.08
Salaries	\$738,009	\$141,528	378,461.56	\$382,115.69
Total	\$3,082,830	\$491,231	1,686,651.40	\$1,865,468.66

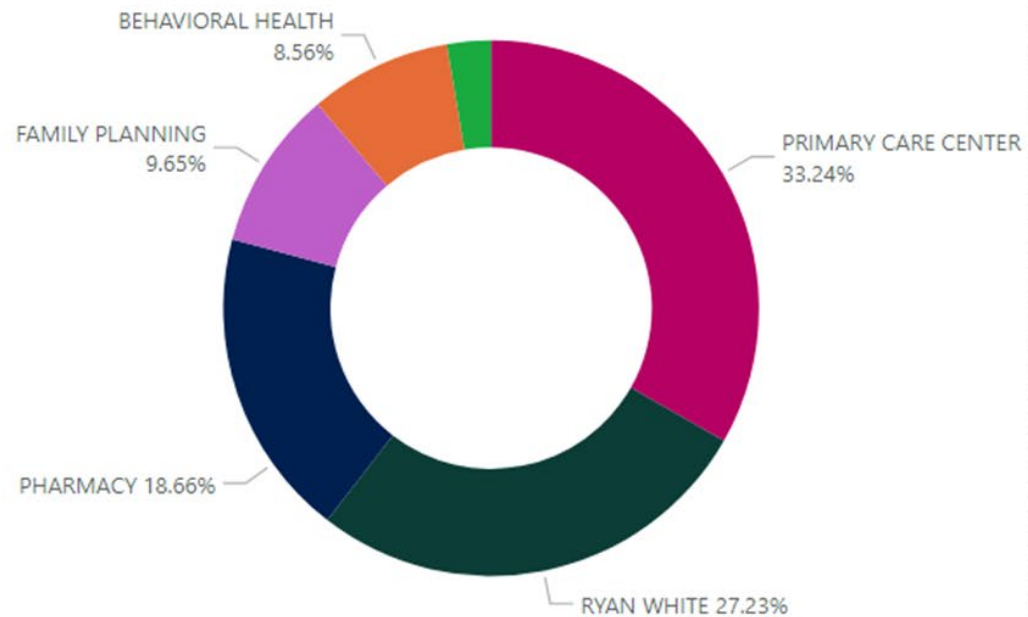
1/3/2022

10/31/2022

Claim Count by Program



Claim Count % by Program



FQHC Claims by Service Date



Service Date

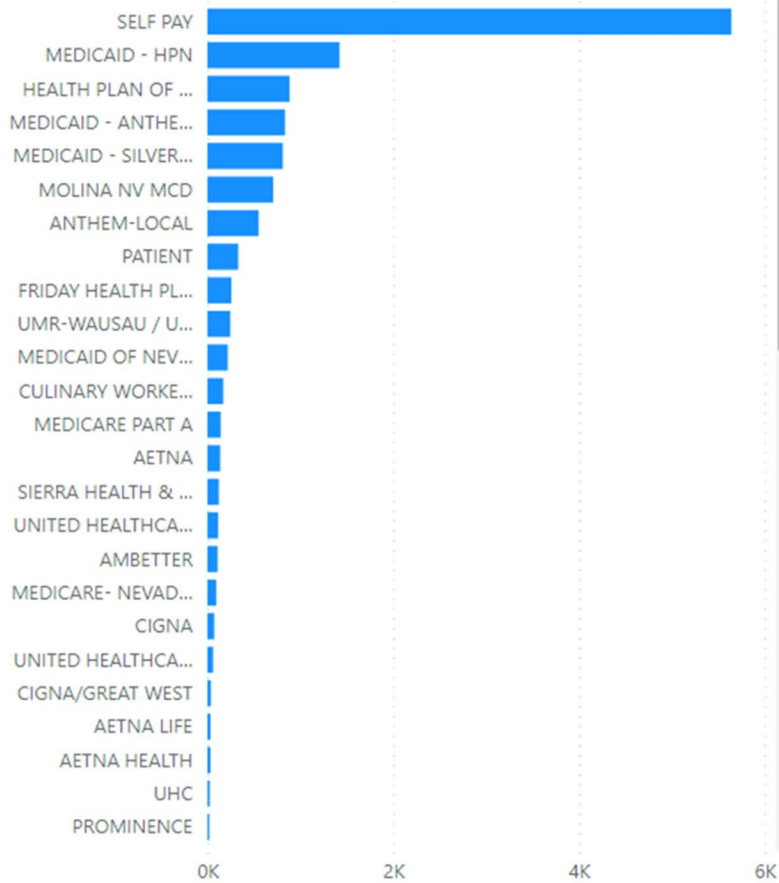
1/3/2022



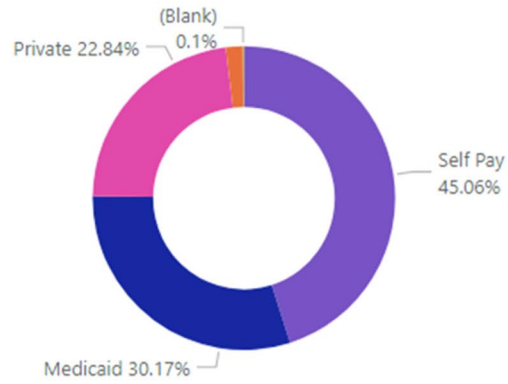
11/7/2022



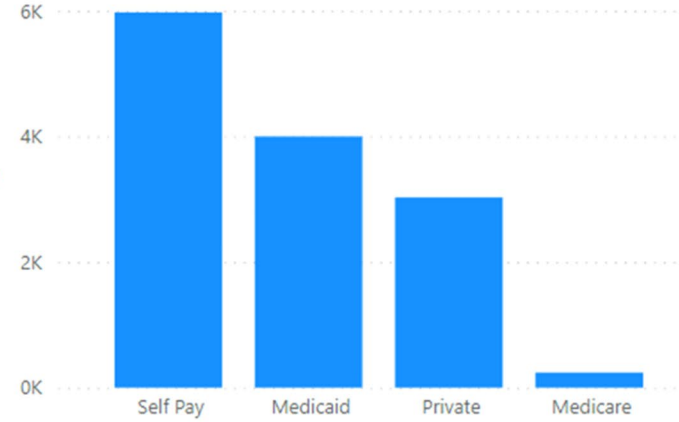
Claims by Payer



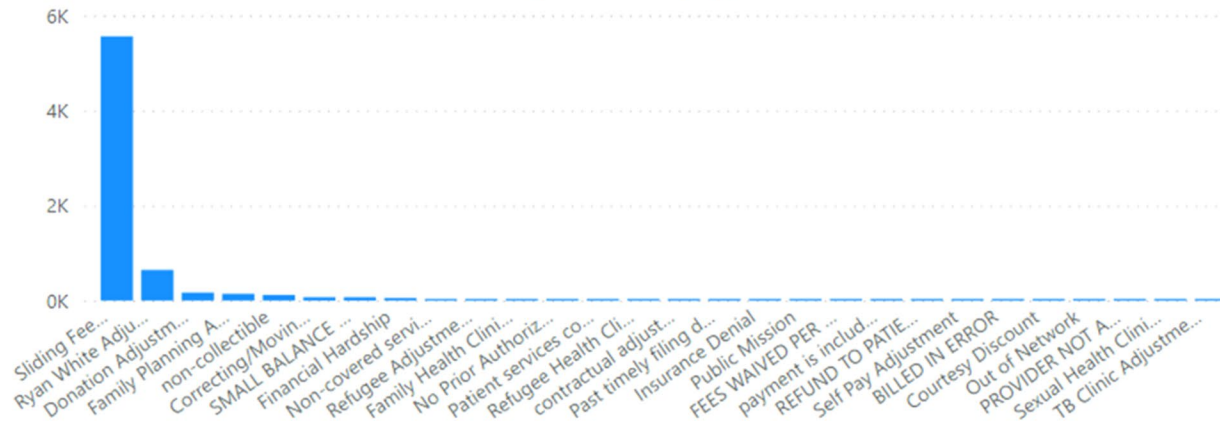
Payer Mix



Claims by Payer



Adjustments by Type





QUESTIONS?

Southern Nevada Community Health Center

Executive Director & Staff Accomplishments

FY21-22

Fermin Leguen, MD, MPH
Executive Director
Southern Nevada Community Health Center



Revenues

Expenses

	FY20-21	FY21-22
Revenues	\$20,699,370	\$24,025,423
Expenses	\$20,887,131	\$26,123,255

Grants Received

- Noncompeting Continuation funding for New Access Point and Primary Care HIV Prevention grant
- COVID-19 vaccine ARPA grant
- COVID-19 capacity and construction grant
- Ryan White Capacity Building grant
- Health Plan of Nevada Community Catalyst grant
- Title X grant funding (new)
- Title X Telehealth grant (new)
- Continuation of Family Planning of Nevada grant
- Ryan White Part A funding (new)
- Continuation of Ryan White Part B funding
- HIV Epidemic grant – Rapid stART (new)

Unique Patients Served: 5,494

Total Patient Visits
Provided: 13,391

Ryan White: 4,353

Primary Care: 4,123

Family Planning: 3,611

Behavioral Health: 847

Dietitian: 247

Pharmacy: 183

Patients Served / Visits

Human Resources

Implemented 4/10 schedule for staff

FQHC Operations Officer, two (2) Licensed Clinical Social Workers (LCSWs), and various administrative staff joined the Health Center

The Health Center now has the following providers: 3 Family Planning, 2 Primary Care, 1.1 Ryan White, 3 Behavioral/Mental Health Providers, and 1 Registered Dietician

Staff completed Cultural and Linguistically Appropriate Service (CLAS) standards training

Finance

- Implemented in-house billing services
- Improved revenue cycle process
- Contracted with 19 health insurance companies
- Established additional 3rd party payor contracts
- Began process to become Federal Tort Claims Act (FTCA) accredited
- Implemented new Sliding Fee Scale with nominal fees instead of percentages

General Activities

- Successfully completed the HRSA Operational Site Visit (OSV)
- Received Continuation funding for our New Access Point and Primary Care HIV Prevention
- Added East Las Vegas Health Center (Bonanza St.) as permanent new SNCHC site
- Expanded Behavioral Health Services through the addition of LCSWs

General Activities

- Provided training for Providers on HIV and PEP and PrEP treatment and care planning
- Operated a Distribution Center for PPE and COVID-19 at-home test kits for the community
- Obtained patient satisfaction overall rating in the 90th percentile throughout the year
- Mobile Unit participated on 82 remote site clinic events
 - Primary Care, Infectious Disease, Family Planning, Ryan White, and COVID-19 testing, and Vaccinations

COVID-19 Activities

- Continued COVID-19 testing and vaccination site at SNCHC Decatur location
- Operated a Distribution Center for PPE and COVID-19 at-home test kits for the community
- Administered more than 33,000 COVID-19 vaccinations
- Provided more than 48,000 COVID-19 tests, including both, point of care and PCR COVID-19 tests
- Implemented COVID-19 and Monkeypox therapeutics program

Community Partnerships

- All Saints Episcopal Church
- University of Las Vegas, Nevada (UNLV)
- Mexican Consulate
- El Salvador Consulate
- Racial and Ethnic Approaches to Community Health (REACH)
- North Las Vegas Community Correctional Center
- Health Center Controlled Networks (HCCN)
- Arizona Association of Community Health Centers (AACHC)
- Nevada Primary Care Association (NVPCA)
- Local FQHCs, etc.

- Enhanced SNCHC website
 - www.snchc.org
- Billboard advertisements
- Bus and bus station advertisements
- Distributed 70,000 mailer post cards to the community
- Fremont Public Health Center Postcards to be mailed in 2022 to 115,347 residents living in ZIP codes 89030, 89101, 89104, 89106, 89110, 89121, 89122, 89142, 89156.

Marketing

The image shows two promotional postcards for the Southern Nevada Community Health Center's new location at Fremont Public Health Center. The left postcard is light blue and features the text 'New location. Closer care.' and 'Nueva Ubicación. Cuidado más cercano a usted.' It includes the website 'www.snchc.org' and phone number '702-759-1700'. The right postcard is dark blue and features the text 'Now open at the Fremont Public Health Center' and 'Ahora abierto en el Centro de Salud Pública de Fremont'. It includes the address '2830 E. Fremont St.' and a map showing the location at the intersection of Fremont and Charleston streets. Both postcards include the Southern Nevada Community Health Center logo and contact information.



Goals/Opportunities for 2023



Optimize and expand services at the Fremont Public Health Center



Complete the Service Area Competition for ongoing HRSA funding



Build the Behavioral Health clinic



Increase the number of unique patients serviced



Dental Health services at Fremont Public Health Center



Enhance health center marketing interventions

Thank you!

Questions?

Fermin Leguen, MD, MPH
District Health Officer / Executive Director
leguen@snhd.org
702-759-1508 (o) / 702-816-0144 (c)



SOUTHERN NEVADA
Community
HEALTH CENTER

2022 Executive Director Annual Review Results

Randy Smith, FQHC Operations Officer

Executive Director Review Committee

- HRSA required activity.
- The health center Governing Board is responsible for assessing the achievement of project objectives.
- The Governing Board is responsible for evaluating the performance Executive Director of the Southern Nevada Community Health Center.
 - The **Executive Director Review Committee** will evaluate performance and provide feedback and support to the Governing Board and the Executive Director as a part of the Executive Director's Annual Evaluation process.

Evaluations Were Conducted by the Board

Consisting of:

➤ Four (4) Scored Questions

Scoring Guide

1 - Poor

2 - Fair

3 - Good

4 - Outstanding

➤ Two (2) Non-Scored Narrative Questions

➤ **General Strengths**

➤ **Areas for Growth**

Weight of each Question

Question 1 - Weighted 20% of overall score

Question 2 - Weighted 50% of overall score

Question 3 - Weighted 10% of overall score

Question 4 - Weighted 20% of overall score

of Evals Requested:

8

of Evals Received:

6

Q1: CEO ensures that the agency has a long-range strategy which achieves its mission, and toward which it makes consistent timely progress through:

- ▶ Providing Leadership in Program development and org plans with BOD.
- ▶ Meets or exceeds program goals in quantity and quality.
- ▶ Evaluates how well goals and objectives have been met.
- ▶ Demonstrates quality of analysis and judgment in program planning, implementation, and evaluation.
- ▶ Shows creativity, and initiative in developing new programs.
- ▶ Maintains and utilizes a working knowledge of significant developments and trends in the field (such as healthcare legislation, public health concerns, health disparities, other disease and healthcare issues in communities served).

Average Score
(Weighted at 20%)
3.50

Q2: Administration and Human Resource Management:

- ▶ Divides and assigns work effectively, delegating appropriate levels of freedom and authority
- ▶ Establishes and makes use of an effective management team
- ▶ Maintains appropriate balance between administration and programs
- ▶ Ensures that job descriptions are developed, and that regular performance evaluations are held and documented
- ▶ Ensures compliance with personnel policies and state and federal regulations on workplaces and employment
- ▶ Ensures that employees are licensed and credentialed as required
- ▶ Recruits and retains a diverse staff
- ▶ Ensures that policies and procedures are in place
- ▶ Encourages staff development and education
- ▶ Maintains a climate which attracts, keeps, and motivates a diverse staff of top-quality people

Average Score
(Weighted at 50%)
3.40

Q3: When representing the organization in the communities the CEO:

- ▶ Serves as an effective spokesperson for the agency; represents the programs and point of view of the organization to the agencies, organizations and the general public
- ▶ Establishes sound working relationships and cooperative arrangements with community groups and organizations
- ▶ Welcomes and pursues opportunities to share organizational objectives and perspectives in local, regional, and national forums as strategically appropriate.

Average Score
(Weighted at 10%)
4.00

Q4: The CEO exhibits sound knowledge of the financial management of the organization through the following demonstrated activities:

- ▶ Assures adequate control and accounting of all funds, including developing and maintaining sound financial practices
- ▶ Works with the staff, Finance Committee, and the board in preparing a budget; sees that the organization operates within budget guidelines
- ▶ Maintains official records and documents, and ensures compliance with federal, state, and local regulations and reporting requirements (such as annual information returns, payroll withholding and reporting, etc.)
- ▶ Executes legal documents appropriately
- ▶ Assures that funds are disbursed in accordance with contract requirements and donor designations

Average Score
(Weighted at 20%)

3.67

“General Strengths” Narratives 2022

- Dr. Leguen is on top of his game. He is committed and involved and provides a great place for public health to happen.
- Humble.
- Clarity of messaging, vision/planning.
- The team at the CHC and the SNHD are very engaged and working at a fast pace. To run the program effectively in the time of COVID is commendable. I have seen such growth during this time. Very happy with new programs and the new center.
- Good handle on what's going on at SNHD. Hires good candidates.
- Sound knowledge of the healthcare system.

“Areas for Growth” Narratives from 2022

- From my perspective he does solid work in every area despite the challenges.
- All, there is always room for growth.
- N/A
- I don't know how he interacts with staffers, maybe add trainings, retreats or similar and let the board know quarterly... honestly can't think of much!
- Understanding of the legislative landscape and opportunities for funding.

2022 Executive Director Annual Review Overall Weighted Score:

3.53

Scoring Guide

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Outstanding

Discussion, Comments, and Questions

Credentialing and Privileging for Providers

Presenter: Randy Smith





Credentialing and Privileging for Providers

- Fermin Leguen, MD, MPH – Re-Credentialing and Re-Privileging
- Tasheka Powell, APRN – Initial Credentialing and Privileging

SNCHC Risk Management Plan

Presenter: Randy Smith, FQHC Operations Officer



Program Scope And Objectives

Program goals and objectives are to:

- Engage in proactive risk management and patient safety activities.
- Enhance patient satisfaction.
- Continuously improve patient safety.
- Identify and analyze risk of loss, errors, events, and system breakdowns leading to harm to patients, staff, and visitors and minimize/prevent reoccurrences.
- Implement an effective process to manage identified risks.
- Enhance environmental safety for patients, visitors, and staff through participation in environment of care-related activities.
- Monitor the effectiveness of interventions and plans of action.

2023 Governing Board Meeting Schedule

Presenter: Randy Smith, FQHC Operations Officer



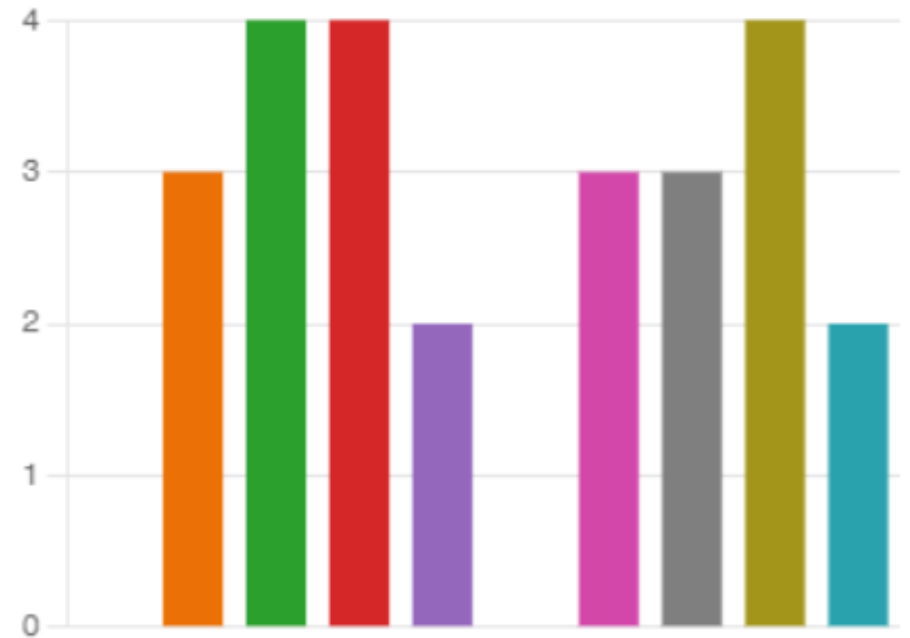
2023 Meeting Survey Results

- Survey was sent to 11 board members (including the three (3) new members).
- Received six (6) responses one (1) of which was received verbally.

1. Please select **all times** you are available to meet monthly for the SNCHC Governing Board Meeting.

[More Details](#)

● Third Tuesday, 7:30-9 a.m.	0
● Third Tuesday, 11:30 a.m.-1 p.m.	3
● Third Tuesday, 2:30-4 p.m.	4
● Third Tuesday, 4-5:30 p.m.	4
● Third Tuesday, 4:30-6 p.m.	2
● Third Thursday, 7:30-9 a.m.	0
● Third Thursday, 11:30 a.m.-1 p.m.	3
● Third Thursday, 2:30-4 p.m.	3
● Third Thursday, 4-5:30 p.m.	4
● Third Thursday, 4:30-6 p.m.	2



Meeting Survey - Top Results

At least five (5) of six (6) responses selected the following:

- Third Tuesday, 2:30-4 p.m.

Four (4) of five (5) responses were available:

- Third Tuesday, 4-5:30 p.m.
- Third Thursday, 4-5:30 p.m.

Optional time:

- Third Tuesday, 3-4:30 p.m. (compromise to accommodate two members one selected 2:30 another 4 p.m.)



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Highlights from the October Operational Report

Presenter: Randy Smith, FQHC Operations Officer

HRSA Operational Site Visit (OSV) Update

- The compliance condition on our Health Center grant related to patient board member composition has been lifted on 11/15/22.



PPS Wrap Payment

- Preliminary Totals Report for Jan 2021 – Nov 2021 from Medicaid
- 2240 qualifying claims. 65 Behavioral Health and 2175 Medical
 - Total Billed Amount was \$416,184.76
 - MCE Paid \$131,172.12
 - Other Paid \$285,546.47
 - Total Paid \$416,718.59
- **Wrap Balance Due: \$131,768.24**

Patient Count

Oct-21	Oct-22	Change	Ratio
1,062	1,017	(45)	-4.24%

Jan-Oct 2021	Jan-Oct 2022	Change	YOY
4,753	5,392	639	13.44%

Appointment Schedules, eCW and Provider Goals

- The team is currently working on establishing new appointment schedules in eCW using templates.
 - This will allow for more efficient scheduling
 - Enhanced reporting
 - Scheduling capacity
 - Third Next Available Appointments (non-complex & complex)
 - Same Day Appointment Demand
- Provider goals
 - Primary Care
 - Ryan White (increased flexibility for Same Day appointments)
 - Family Planning (accommodations for more procedures)
- Revenue Goals and Budgeting



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Memorandum

Date: November 17, 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 - OCTOBER 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.

October Highlights:

Operations

- Unique patients seen in Oct. 2022: 1,017 vs Oct. 2021: 1,062
- YTD patients seen for CY22: 5,392 vs YTD patients seen for CY21: 4,753

Administrative

- HRSA Grant Project Period ends 1/31/2024
- HRSA Operational Site Visit (OSV) completed 6/28 – 6/30. Overall, the health center demonstrated strong performance, adherence to program requirements and engagement by the Governing Board. One area of non-compliance identified. Corrective action response was submitted on 11/2/2022. Due date is 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 29 referrals between October 1st through October 31st. The program received 3 referrals for pregnant women living with HIV during this time.
- B. There were 537 total service encounters in the month of October provided by the Ryan White program (Linkage coordinator, Eligibility workers, Nurse Case Managers, Community Health Workers, Registered Dietitian and Health Educator). There were 237 unduplicated clients served under these programs in October.

- C. The Ryan White ambulatory clinic had a total of 325 visits in the month of October: 13 initial provider visits, 116 established provider visits, 13 tele-visits (established clients). There were 21 Nurse visits and 160 lab visits. There were 45 Ryan White clients seen under Behavioral Health by the Licensed Clinical Social Workers and the Psychiatric APRN during the month of October.
- 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 9 patients enrolled and seen under the Rapid stART program in October.

Family Planning (FP)

Unduplicated Patients	Oct 2021	Oct 2022		FY 21-22	FY 22-23	
Number of Pt: East LV PHC	183	150	↓	629	426	↓
Number of Pt: Decatur PHC	228	324	↑	850	1,075	↑
Duplicated Patients	Oct 2021	Oct 2022		FY 21-22	FY 22-23	
Number of Pt: East LV PHC	185	160	↓	774	542	↓
Number of Pt: Decatur PHC	244	346	↑	1,074	1,403	↑

- A. Family Planning Program services at East Las Vegas and Decatur Public Health Centers served 506 clients: 474 of them were unduplicated.
- B. The East Las Vegas Family Planning Clinic served 160 clients: 150 of them were unduplicated.
- C. The Decatur Family Planning Clinic serviced 346 clients: 324 of them were unduplicated.

Pharmacy Services

Pharmacy Services	Oct-21	Oct-22		FY22	FY23		% Change
Client Encounters (Pharmacy)	1076	1160	↑	4051	4693	↑	15.8%
Prescriptions Filled	1381	1560	↑	5155	6211	↑	20.5%
Client Clinic Encounters (Pharmacist)	23	32	↑	128	210	↑	64.1%
Financial Assistance Provided	13	4	↓	30	28	↓	-6.7%
Insurance Assistance Provided	1	0	↓	10	5	↓	-50.0%

- A. Dispensed 1560 prescriptions for 1160 clients.
- B. Pharmacist assessed/counseled 32 clients in clinics.
- C. Assisted 4 clients to obtain medication financial assistance.

Eligibility Case Narrative and Eligibility Monthly Report

Eligibility Monthly Report		
October 2022		
Total number of referrals received	621	
Total number of referrals inactive/cancelled		
Total number of applications submitted	Medicaid only: 46	SNAP only: 19
	Medicaid/SNAP: 33	Hardship: 1 TANF: 1

Tuberculosis Clinic/Refugee Health Program

Refugee Health Program for the month of October 2022.

Clients seen October 2022	27
Client required medical follow- up for Communicable Diseases	13
Referrals for TB issues	7
Referrals for Chronic Hep B	4
Referrals for STD	6
Pediatric Refugee Exams	10
Clients encounter by program	37

Quality & Risk Management

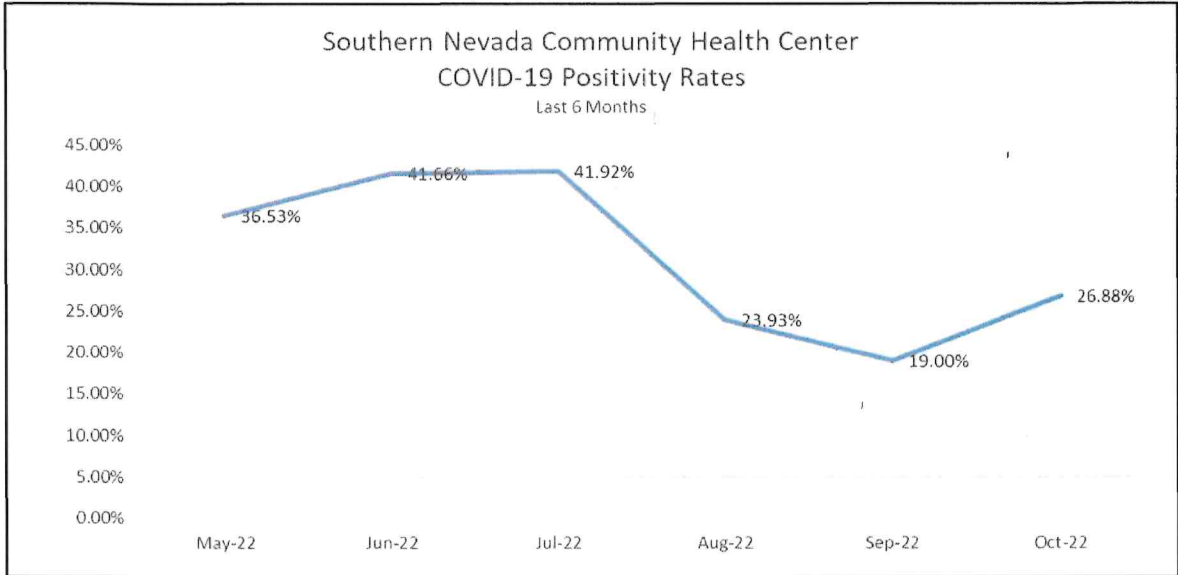
A. Quality

COVID-19 Testing

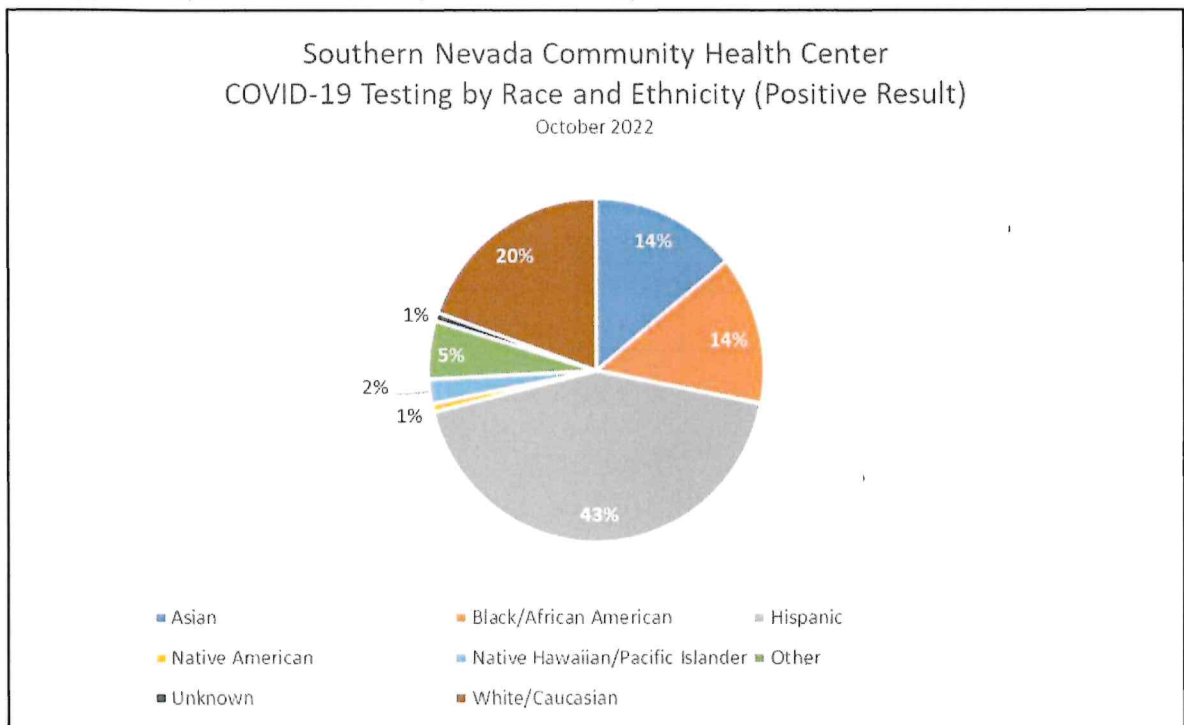
From April 2020 to October 2022 the Southern Nevada Community Health Center completed 96,647 COVID-19 tests, 517 of which were conducted in October of 2022.

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.

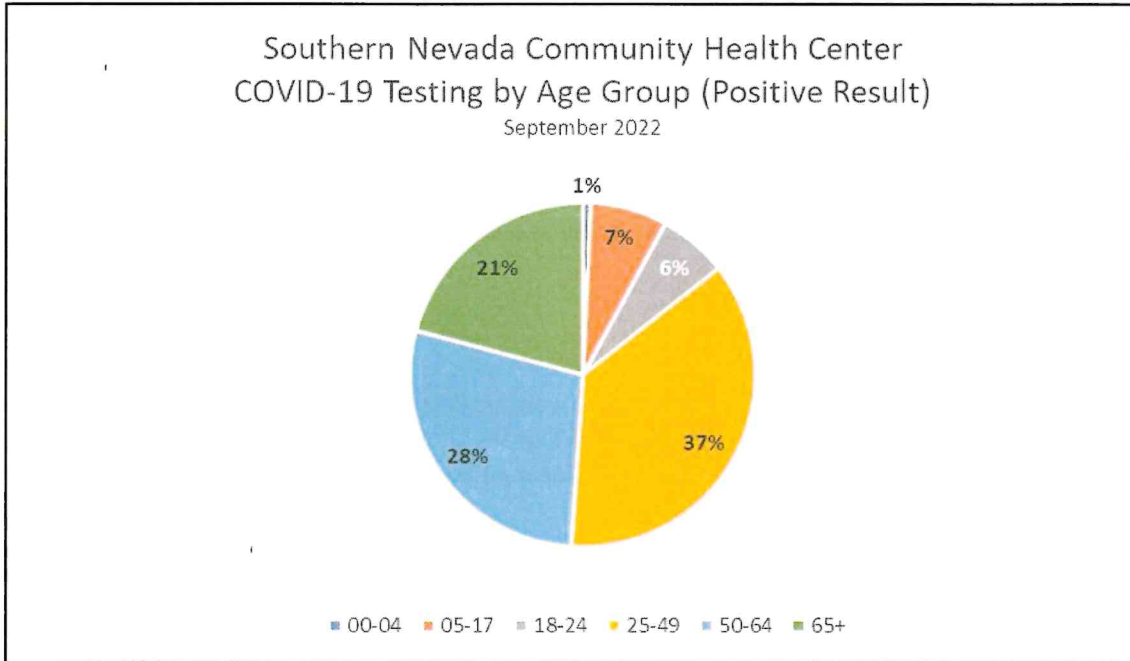
In October 2022, the COVID test positivity rate was 26.88%



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 678 COVID doses in the month of October.

C. Monkeypox

The Southern Nevada Community Health Center administered 719 Monkeypox doses in the month of October.

D. Telehealth

The Health Center saw 77 patients via telehealth, 5.22% of the patients that were seen in our clinics.

E. Health Center Visits

The Health Center scheduled 1,475 patient appointments in October. Of scheduled patients, 67.93% kept their appointments. There was a 32.07% no-show rate including cancellations.

Risk Management

Health Insurance Portability and Accountability Act (HIPAA):

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

Exposure Incidents:

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

Medical Events:

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

Patient Satisfaction:

- See survey results.

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.

Health Center Visit Report Summary – October 2022



	Completed Pt Visits		Cancelled Visits		No Show Visits		Telehealth Visits				Total Scheduled Patients			
	Provider Visits						Audio Visit	Televisit	Total Telehealth Visits					
Family Health Clinic	284	19.25%	57	3.86%	140	9.49%	38	49.35%	7	9.09%	45	3.05%	526	35.66%
Behavioral Health Clinic*		0.00%		0.00%		0.00%	15	19.48%	1	1.30%	16	1.08%	16	1.08%
Family Planning Clinic	248	16.81%	26	1.76%	98	6.64%	0	0.00%	0	0.00%	0	0.00%	372	25.22%
Refugee Clinic	68	4.61%	5	0.34%	27	1.83%	0	0.00%	0	0.00%	0	0.00%	100	6.78%
Ryan White	325	22.03%	40	2.71%	80	5.42%	2	7.00%	14	18.18%	16	1.08%	461	31.25%
Totals	925	62.71%	128	8.68%	345	23.39%	55	71.43%	22	28.57%	77	5.22%	1475	100.00%

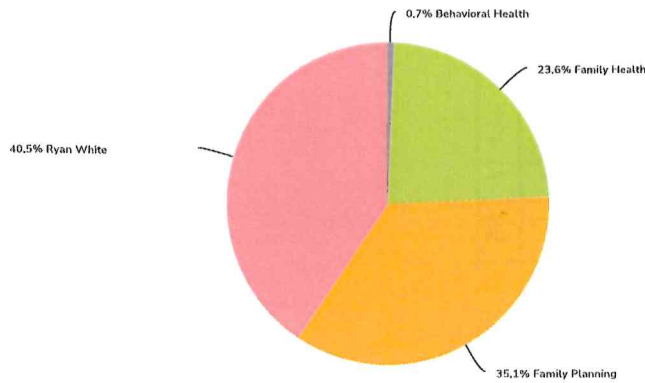
*Visits included in Family Planning Clinic

Report for Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey

Response Counts

Completion Rate:	94.1%	
Complete		144
Partial		9
		Totals: 153

1. Service received during your visit



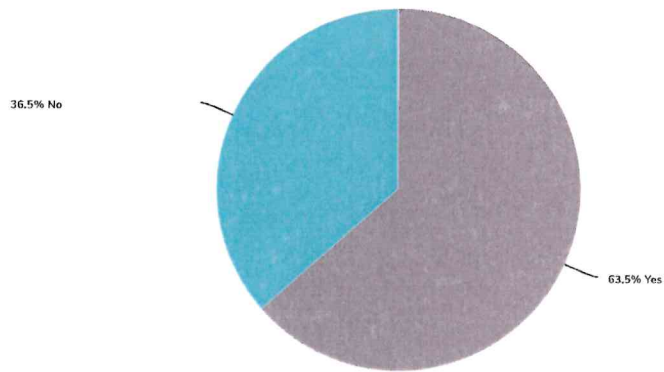
Value	Percent	Responses
Behavioral Health	0.7%	1
Family Health	23.6%	35
Family Planning	35.1%	52
Ryan White	40.5%	60
		Totals: 148

2. Southern Nevada Health District (SNHD) location



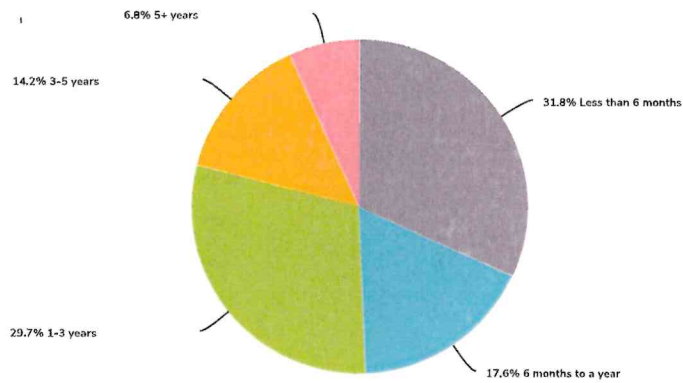
Value	Percent	Responses
Main - 280 S. Decatur Blvd	94.6%	140
East - 2830 E. Fremont St.	5.4%	8
		Totals: 148

3. Do you have health insurance?



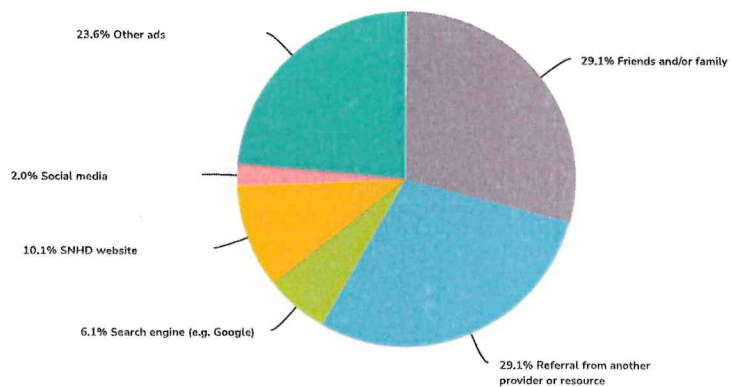
Value	Percent	Responses
Yes	63.5%	94
No	36.5%	54
Totals: 148		

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



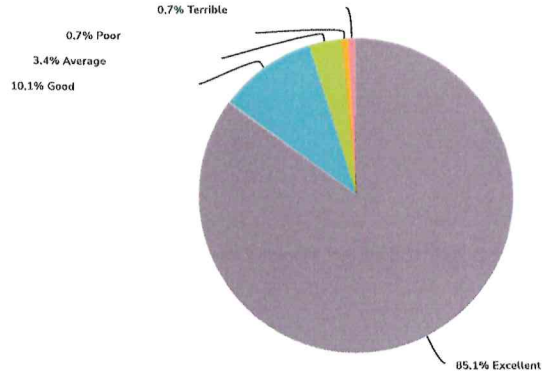
Value	Percent	Responses
Less than 6 months	31.8%	47
6 months to a year	17.6%	26
1-3 years	29.7%	44
3-5 years	14.2%	21
5+ years	6.8%	10
Totals: 148		

5. How did you hear about us?



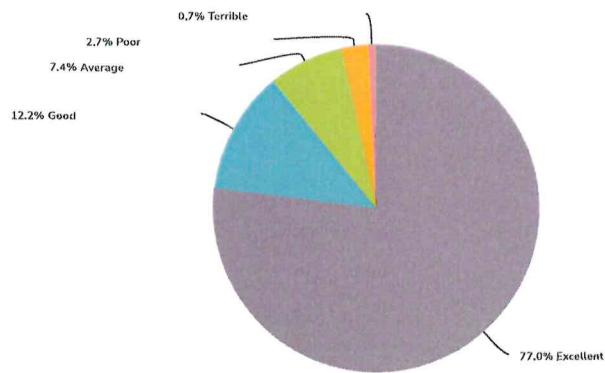
Value	Percent	Responses
Friends and/or family	29.1%	43
Referral from another provider or resource	29.1%	43
Search engine (e.g. Google)	6.1%	9
SNHD website	10.1%	15
Social media	2.0%	3
Other ads	23.6%	35
		Totals: 148

6. Ease of scheduling an appointment



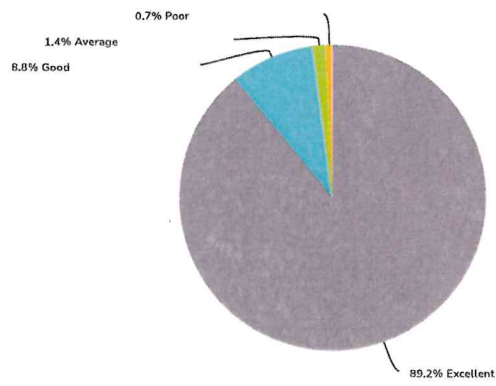
Value	Percent	Responses
Excellent	85.1%	126
Good	10.1%	15
Average	3.4%	5
Poor	0.7%	1
Terrible	0.7%	1
		Totals: 148

7. Wait time to see provider



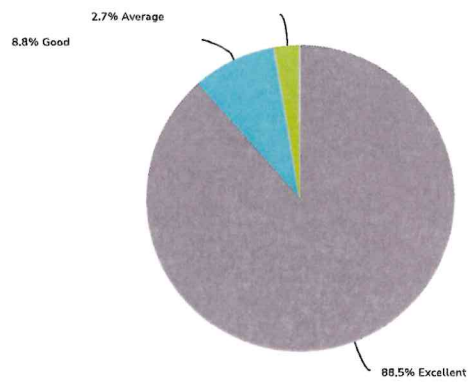
Value	Percent	Responses
Excellent	77.0%	114
Good	12.2%	18
Average	7.4%	11
Poor	2.7%	4
Terrible	0.7%	1
		Totals: 148

8. Care received from providers and staff



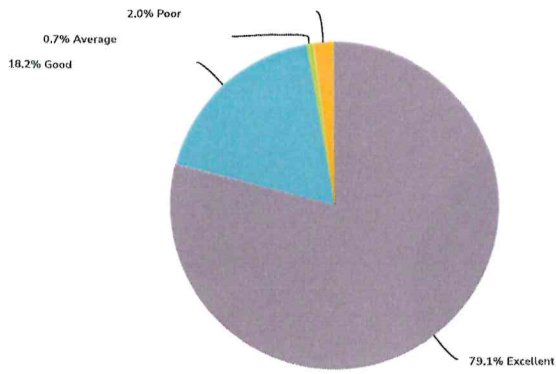
Value	Percent	Responses
Excellent	89.2%	132
Good	8.8%	13
Average	1.4%	2
Poor	0.7%	1
Totals: 148		

9. Understanding of health care instructions following your visit



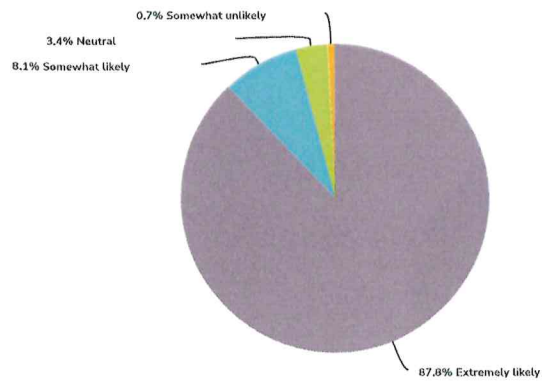
Value	Percent	Responses
Excellent	88.5%	131
Good	8.8%	13
Average	2.7%	4
Totals: 148		

10. Hours of operation



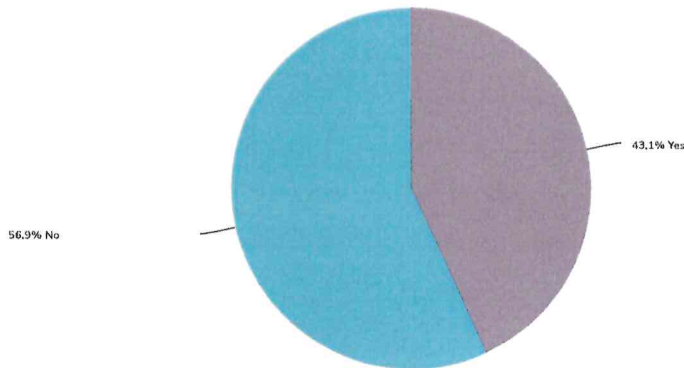
Value	Percent	Responses
Excellent	79.1%	117
Good	18.2%	27
Average	0.7%	1
Poor	2.0%	3
Totals: 148		

11. Recommendation of our health center to friends and family



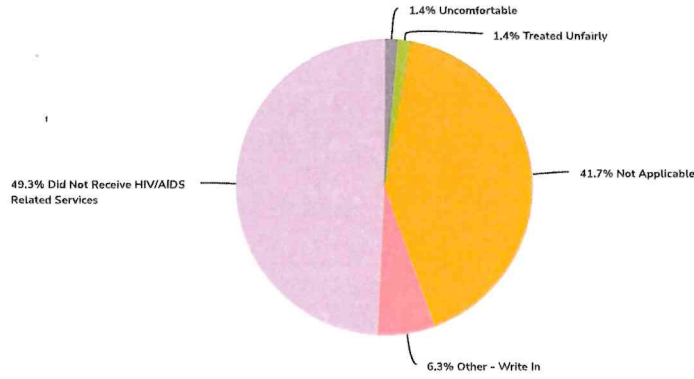
Value	Percent	Responses
Extremely likely	87.8%	130
Somewhat likely	8.1%	12
Neutral	3.4%	5
Somewhat unlikely	0.7%	1
Totals: 148		

12. Are you visiting today for HIV/AIDS related prevention or treatment services or to received relate information?



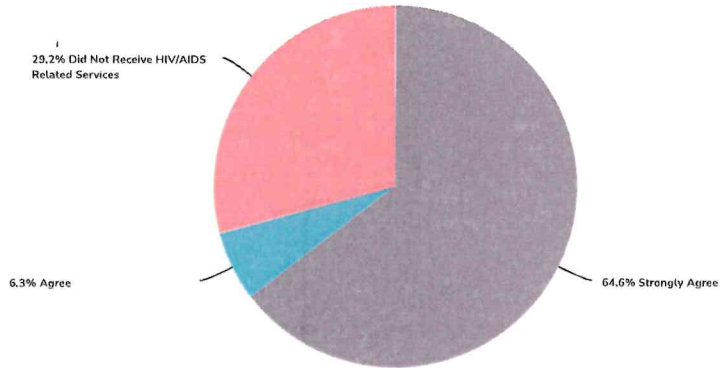
Value	Percent	Responses
Yes	43.1%	62
No	56.9%	82
		Totals: 144

13. Based on your HIV status, at any moment during your visit, did you feel...



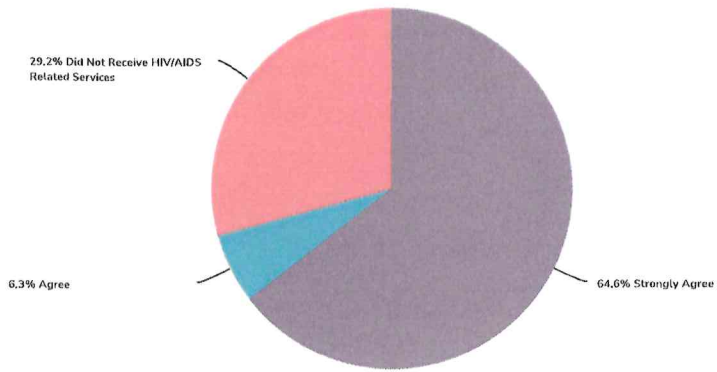
Value	Percent	Responses
Uncomfortable	1.4%	2
Treated Unfairly	1.4%	2
Not Applicable	41.7%	60
Other - Write In (click to view)	6.3%	9
Did Not Receive HIV/AIDS Related Services	49.3%	71
		Totals: 144

14. During your visit, did you feel that staff members treated you with care?



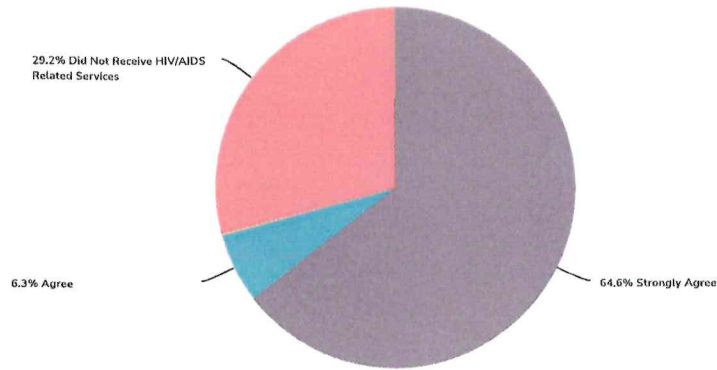
Value	Percent	Responses
Strongly Agree	64.6%	93
Agree	6.3%	9
Did Not Receive HIV/AIDS Related Services	29.2%	42
		Totals: 144

15. During your visit, did you feel that staff members treated you with respect



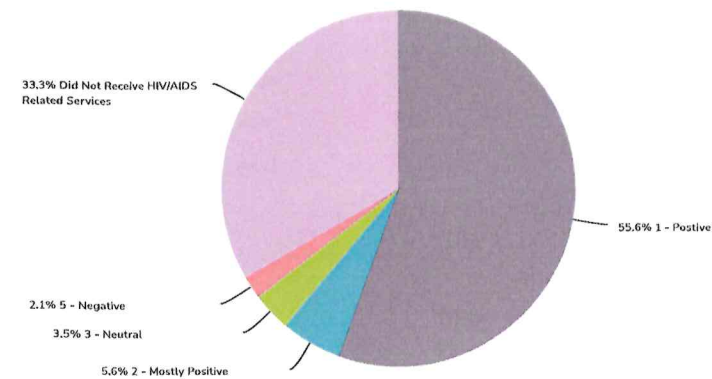
Value	Percent	Responses
Strongly Agree	64.6%	93
Agree	6.3%	9
Did Not Receive HIV/AIDS Related Services	29.2%	42
Totals: 144		

16. During your visit, did you feel that staff members were supportive?



Value	Percent	Responses
Strongly Agree	64.6%	93
Agree	6.3%	9
Did Not Receive HIV/AIDS Related Services	29.2%	42
Totals: 144		

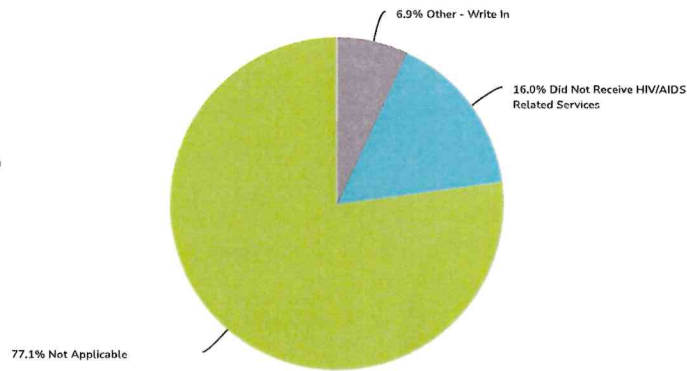
17. On a scale from 1-5, during your visit, did you feel that any staff interactions negatively or positively impacted your likelihood of remaining in care?



Value	Percent	Responses
1 - Positive	55.6%	80
2 - Mostly Positive	5.6%	8
3 - Neutral	3.5%	5
5 - Negative	2.1%	3
Did Not Receive HIV/AIDS Related Services	33.3%	48
Totals: 144		

Value	Percent	Responses
1 - Postive	55.6%	80
2 - Mostly Positive	5.6%	8
3 - Neutral	3.5%	5
5 - Negative	2.1%	3
Did Not Receive HIV/AIDS Related Services	33.3%	48
		Totals: 144

18. Please provide any feedback that can help SNCHC staff reduce HIV/AIDS related stigma and create a more welcoming and supportive environment.



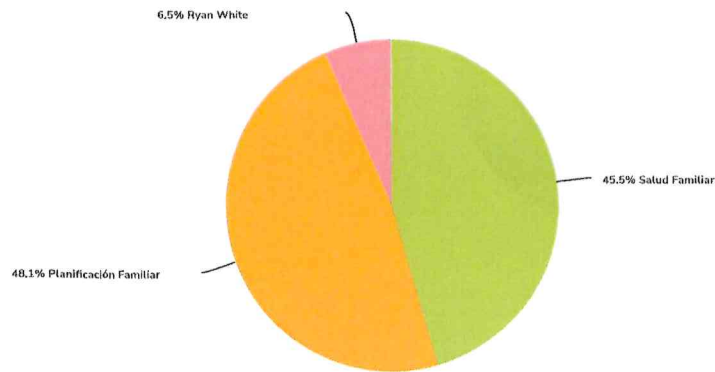
Value	Percent	Responses
Other - Write In (click to view)	6.9%	10
Did Not Receive HIV/AIDS Related Services	16.0%	23
Not Applicable	77.1%	111
		Totals: 144

Report for Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)

Response Counts

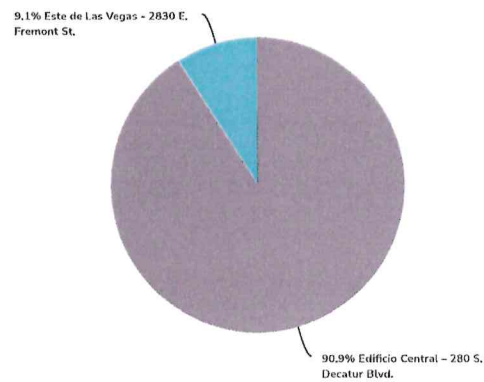
Completion Rate:	92.8%	
Complete		77
Partial		6
		Totals: 83

1. Marque los servicios recibidos durante su visita



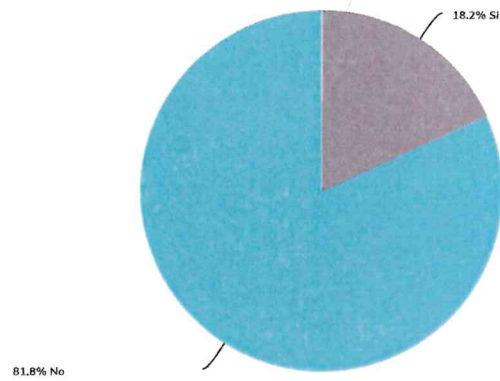
Value	Percent	Responses
Salud Familiar	45.5%	35
Planificación Familiar	48.1%	37
Ryan White	6.5%	5
		Totals: 77

2. ¿En cuál de las localidades del Distrito de Salud recibió los servicios?



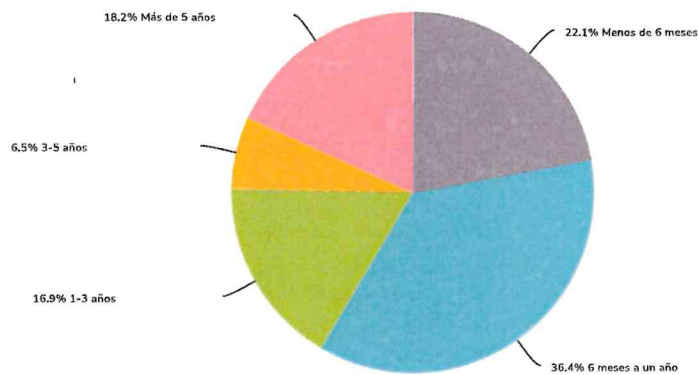
Value	Percent	Responses
Edificio Central - 280 S. Decatur Blvd.	90.9%	70
Este de Las Vegas - 2830 E. Fremont St.	9.1%	7
		Totals: 77

3. ¿Tiene seguro médico?



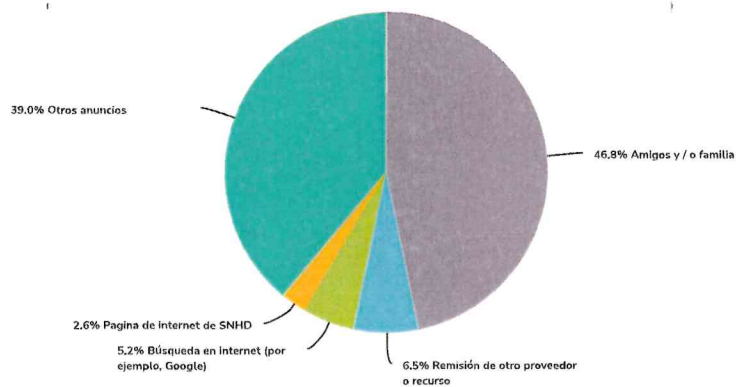
Value	Percent	Responses
Sí	18.2%	14
No	81.8%	63
Totals: 77		

4. ¿Cuánto tiempo ha sido usted paciente en el Distrito de Salud del Sur de Nevada/Centro de Salud Comunitario del Sur de Nevada?



Value	Percent	Responses
Menos de 6 meses	22.1%	17
6 meses a un año	36.4%	28
1-3 años	16.9%	13
3-5 años	6.5%	5
Más de 5 años	18.2%	14
Totals: 77		

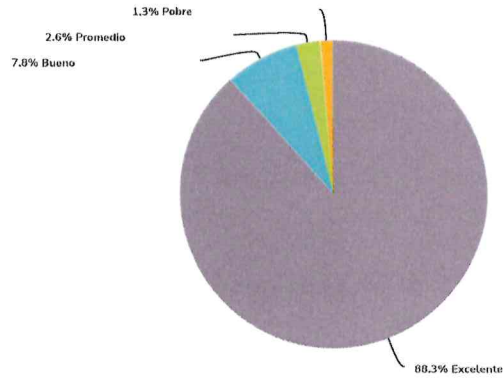
5. ¿Como usted supo de nosotros?



Value	Percent	Responses
Amigos y / o familia	46.9%	36
Otros anuncios	39.0%	30
Remisión de otro proveedor o recurso	6.5%	5
Búsqueda en internet (por ejemplo, Google)	5.2%	4
Pagina de internet de SNHD	2.6%	2
Totals: 77		

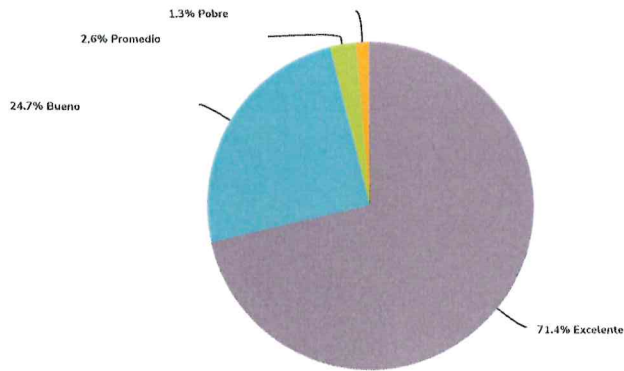
Value	Percent	Responses
Amigos y / o familia	46.8%	36
Remisión de otro proveedor o recurso	6.5%	5
Búsqueda en internet (por ejemplo, Google)	5.2%	4
Página de internet de SNHD	2.6%	2
Otros anuncios	39.0%	30
		Totals: 77

6. Facilidad para programar una cita



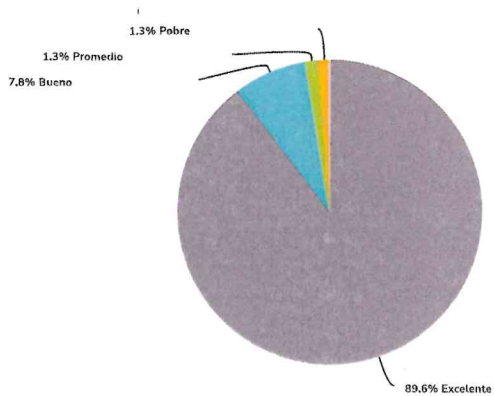
Value	Percent	Responses
Excelente	88.3%	68
Bueno	7.8%	6
Promedio	2.6%	2
Pobre	1.3%	1
		Totals: 77

7. Tiempo de espera para ver a un proveedor de salud



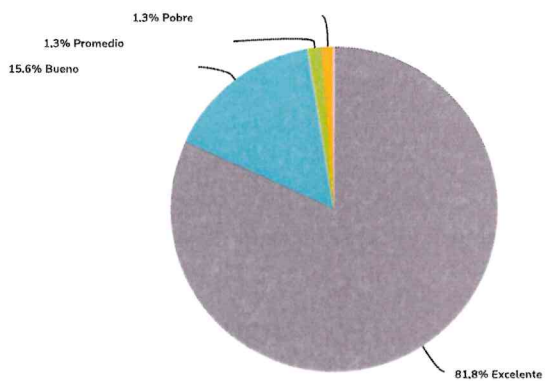
Value	Percent	Responses
Excelente	71.4%	55
Bueno	24.7%	19
Promedio	2.6%	2
Pobre	1.3%	1
		Totals: 77

8. Atención recibida de los proveedores y personal



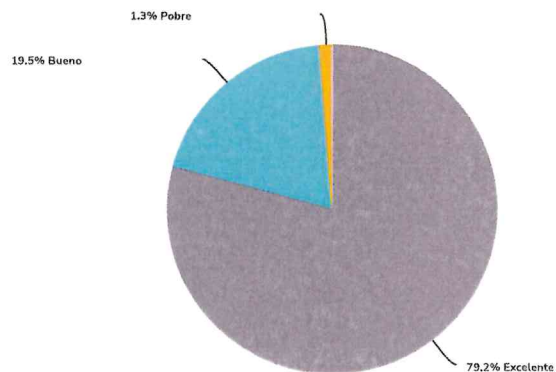
Value	Percent	Responses
Excelente	89.6%	69
Bueno	7.8%	6
Promedio	1.3%	1
Pobre	1.3%	1
Totals: 77		

9. Comprensión de las instrucciones del cuidado de salud después de su visita



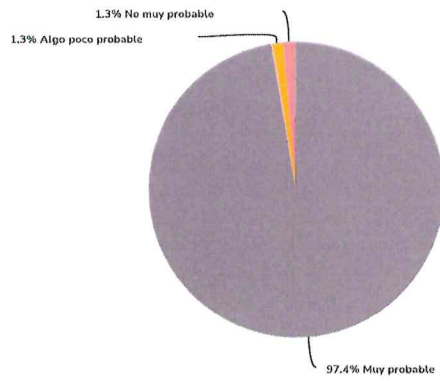
Value	Percent	Responses
Excelente	81.8%	63
Bueno	15.6%	12
Promedio	1.3%	1
Pobre	1.3%	1
Totals: 77		

10. Horarios de operación



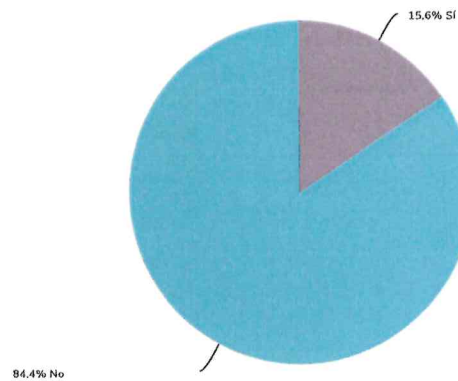
Value	Percent	Responses
Excelente	79.2%	61
Bueno	19.5%	15
Pobre	1.3%	1
Totals: 77		

11. Recomendaría nuestro centro de salud a amigos y familiares



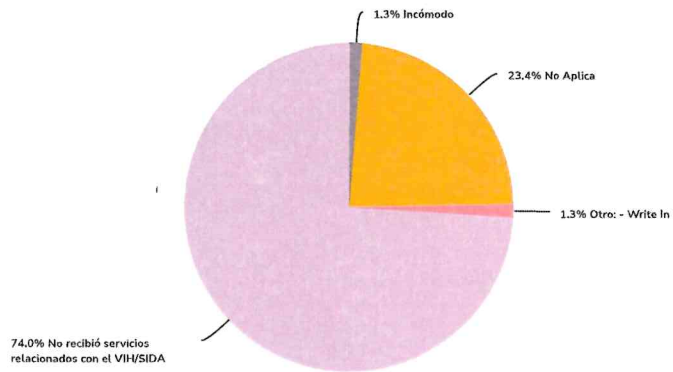
Value	Percent	Responses
Muy probable	97.4%	75
Algo poco probable	1.3%	1
No muy probable	1.3%	1
Totals: 77		

12. ¿Está de visita hoy para recibir servicios de prevención o tratamiento relacionados con el VIH/SIDA o para recibir información relacionada?



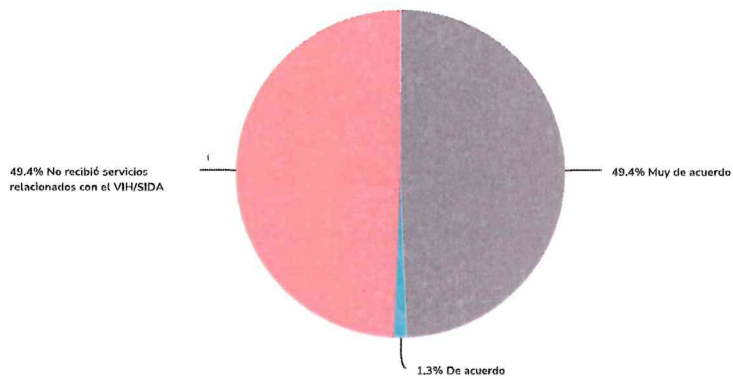
Value	Percent	Responses
Sí	15.6%	12
No	84.4%	65
Totals: 77		

13. Con base en su estatus de VIH, en algún momento de su visita, se sintió...



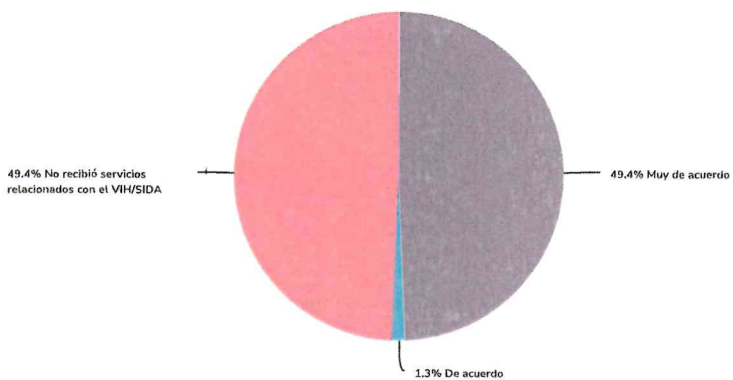
Value	Percent	Responses
Incómodo	1.3%	1
No Aplica	23.4%	18
Otro: - Write In (click to view)	1.3%	1
No recibió servicios relacionados con el VIH/SIDA	74.0%	57
Totals: 77		

14. ¿Durante su visita, sintió que los miembros del personal lo trataron bien?



Value	Percent	Responses
Muy de acuerdo	49.4%	38
De acuerdo	1.3%	1
No recibió servicios relacionados con el VIH/SIDA	49.4%	38
Totals: 77		

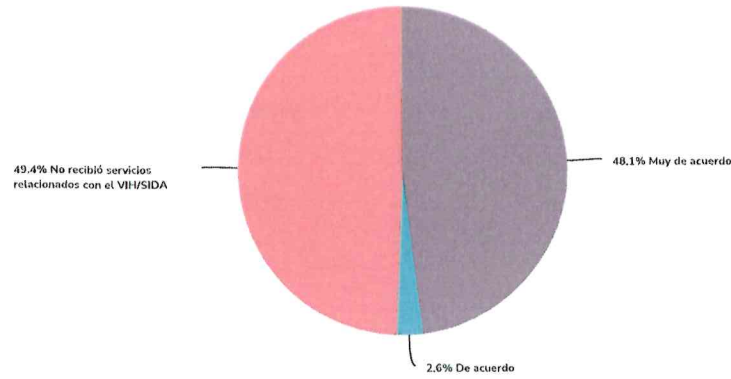
15. ¿Durante su visita, sintió que los miembros del personal lo trataron con respeto?



Value	Percent	Responses
Muy de acuerdo	49.4%	38
De acuerdo	1.3%	1
No recibió servicios relacionados con el VIH/SIDA	49.4%	38
Totals: 77		

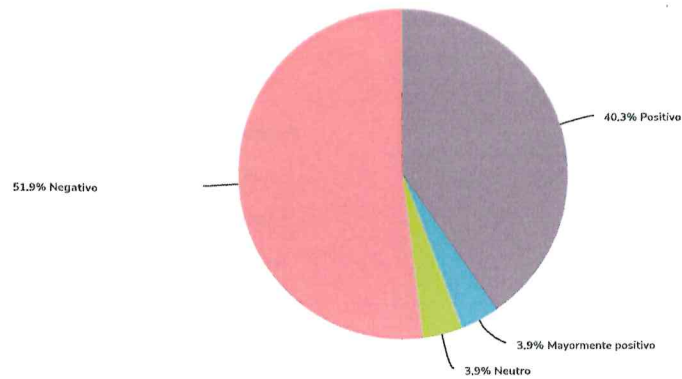
Value	Percent	Responses
Muy de acuerdo	49.4%	38
De acuerdo	1.3%	1
No recibí servicios relacionados con el VIH/SIDA	49.4%	38
		Totals: 77

16. ¿Durante su visita, sintió que los miembros del personal lo apoyaron?



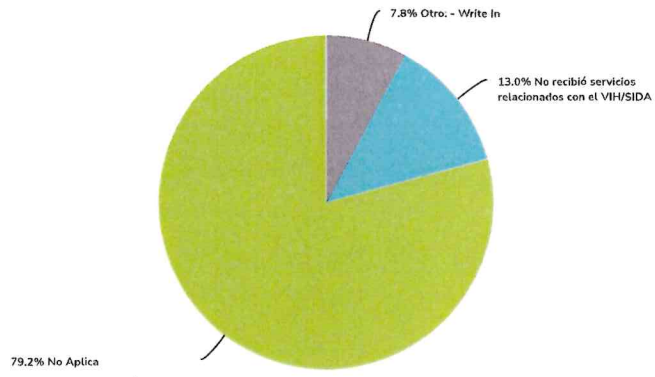
Value	Percent	Responses
Muy de acuerdo	48.1%	37
De acuerdo	2.6%	2
No recibí servicios relacionados con el VIH/SIDA	49.4%	38
		Totals: 77

17. En una escala del 1 al 5, durante su visita, ¿sintió que alguna interacción del personal tuvo un impacto negativo o positivo en su probabilidad de permanecer bajo cuidado?



Value	Percent	Responses
Positivo	40.3%	31
Mayormente positivo	3.9%	3
Neutro	3.9%	3
Negativo	51.9%	40
		Totals: 77

18. Proporcione cualquier comentario que pueda ayudar al personal de SNHD a reducir el estigma relacionado con el VIH/SIDA y crear un ambiente mas agradable y de apoyo.



Value	Percent	Responses
Otro: - Write In (click to view)	7.8%	6
No recibió servicios relacionados con el VIH/SIDA	13.0%	10
No Aplica	79.2%	61
		Totals: 77