

## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

December 1, 2022 – 2:00 p.m.

Meeting was conducted via WebEx Event

**MEMBERS PRESENT:** Jose L. Melendrez –Chair, Consumer Member  
Brian Knudsen – Consumer Member  
Scott Black – Community Member, City of North Las Vegas  
Erin Breen – Community Member, UNLV Vulnerable Road Users Project  
April Allen-Carter – Consumer Member  
Donna Feliz-Barrow – Consumer Member  
Father Rafael Pereira – Community Member, All Saints Episcopal Church

**ABSENT:** Gary Costa – Community Member, Golden Rainbow  
Timothy Burch – Second Vice-Chair, Community Member, Clark County  
Lucille Scott – Consumer Member  
Luz Castro – Consumer Member

**ALSO PRESENT:**

**LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel

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

**STAFF:** Tawana Bellamy, Harold Collins, Andria Cordovez Mulet, Cassius Lockett, Randy Smith, Cassondra Major

#### I. **CALL TO ORDER and ROLL CALL**

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

#### II. **PLEDGE OF ALLEGIANCE**

#### III. **OATH OF OFFICE**

- **Members** – Gary Costa, Father Rafael Pereira, Tim Burch
- **Officer** – Tim Burch (Second Vice-Chair)

The Oath of Office was administered to member Father Rafael Pereira by Tawana Bellamy, Administrative Secretary.

**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.

*Board Member Scott left the meeting at 2:13 p.m.*

**V. ADOPTION OF THE DECEMBER 1, 2022 MEETING\_AGENDA** *(for possible action)*

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the December 1, 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 – Southern Nevada Community Health Center Governing Board Meeting:**  
November 17, 2022 *(for possible action)*

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the December 1, 2022 Consent Agenda, as presented.*

**VII. REPORT / DISCUSSION / ACTION**

**1. Review and Approve the YTD October Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, FQHC Operations Officer presented the YTD October Financial report. Pharmacy revenue continues to outpace the budget for FY2023 in October, supporting the overall FQHC operations. The total FQHC Revenue budget through October was \$7.2M and the October Actual was almost \$6.7M. The October Budget Net Position was negative \$1.6M and the Actual October Budget Net Position was almost negative \$145K. The Pharmacy revenue is the largest contributor to the charges for services and the supplies expense category. The variances in grants budget versus actual will be normalized in the upcoming budget augmentation. The remaining expense categories are in-line with or lower than budget. Mr. Smith reviewed the FQHC Programs fiscal year to date financials excluding Pharmacy and Administration. The FQHC PPS Wrap payment is working appropriately. We are caught up on calendar year 2021 and working on calendar year 2022. Mr. Smith commented that the revenue for each program, are below budget, in part due to variance in receiving grant funds.

Member Father Rafael inquired about the \$10K variance in the FQHC Behavioral Health Program, but no budgeted dollars. Mr. Smith commented that he will follow up with Mark Pasek, Financial Analyst on that.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to accept the YTD October Financial Report, as presented.*

**2. Review and Approve the Job Hazard Analysis Risk Assessment Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Job Hazard Analysis Risk Assessment Report that was completed earlier this year. Mr. Smith advised that part of the Federal Tort Claims Act (FTCA) application submission and program asked that we conduct risk assessments on a regular basis. Mr. Smith provided a high-level overview of the report conducted by the SNHD safety officer earlier this year at the Decatur location which included the FQHC. The safety officer looked for hazards in the workplace that could create a potential risk to staff, patients or the facility. Items that were noted included hazards related to electrical equipment and wiring, fire extinguisher locations, and operational features for exit routes. A twenty-two (22) page report was generated identifying the potential hazards and safety concerns and corrective actions were taken by facilities and health center staff to fix the identified issues.

Chair Melendrez inquired about additional trainings that might be associated with risk management and job hazards. Mr. Smith commented that more information will be provided in the CY22 Risk Management Report given by Cassondra Major. Mr. Smith advised that the Annual Risk Management Report for the Health District was included in the board's packet materials, and it includes some goals and objectives. Mr. Smith further explained that the FTCA asked the Health Center to put together a calendar of trainings to demonstrate to HRSA that trainings are completed by staff on a regular basis.

Chair Melendrez inquired if active shooter training was included in the training. Mr. Smith commented that he went through active shooter training during his initial onboarding with Human Resources at the Health District. The security team and the safety officer have explored escalation training. Ms. Anderson-Fintak advised that she presented the Physical Risk Assessment report in October this year, which provided a high-level summary of what Mr. Smith just presented. The Risk Assessment was given to the safety officer, facilities and security staff to work on as well. Ms. Anderson-Fintak commented that we hope to report more information in the new year regarding the physical safety of the building.

Chair Melendrez thanked the staff for the report.

Member Knudsen commented that some LGBTQ business owners have contacted him with specific requests around active shooter training. He suggested the Health District connect with Metro, so they are aware of the services provided by the Health District as well as any potential concerns seen in other states. Ms. Anderson-Fintak commented that the Office of Public Health Preparedness has liaisons with both Metro and the FBI. There has been discussion about an active shooter training with the FBI and bringing them to the Health District. Ms. Anderson-Fintak further commented that we will record our risk management activities so that the board can see all the good work that's being done behind the scenes.

Chair Melendrez inquired if board member can be invited to the trainings to observe or be a part of. Ms. Anderson-Fintak commented that is a good idea.

There were no further comments.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve Job Hazard Analysis Risk Assessment Report, as presented.*

**3. Review and Approve the CY22 Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Cassandra Major presented the CY22 Risk Management Report. This is part of our FTCA application we hope to submit by the end of this year. Ms. Major reviewed:

- Goals and objectives which are a part of the Risk Management Plan the board approved for 2023.
- Policies that interact with the Risk Management activities within the Health District and FQHC.
- Patient Grievances Process.
- 2022 Patient Grievances by program.
- Incident Reporting Process.
- 2022 Incident Reports by program.
- Additional Risk Assessments completed in 2022.
- Credential Process.
- Privileging Process.
- 2022 Staff Risk Training (HIPAA, Workplace Violence Awareness and Basic Life (CPR)).

Ms. Major further reviewed a list of 2022 FTCA activities that staff continues to work on.

Chair Melendrez thanked Ms. Major. There were no further comments.

*A motion was made by Member Feliz-Barrows, seconded by Member Knudsen, and carried unanimously to approve the CY22 Risk Management Report, as presented.*

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

Mr. Smith presented the Credentialing and Privileging for Providers and advised the follow for initial credentialing and privileging.

- Debra Garner, APRN II, Initial Credentialing and Privileging
- Patricia Waters-Decker, APRN II, Initial Credentialing and Privileging

- Norma Ramirez-Rodriguez, LCSW, Initial Credentialing and Privileging
- Lorretta Jennings, APRN, Initial Credentialing and Privileging
- Racquel Tolzmann, APRN, Initial Credentialing and Privileging
- Elita Pallasigui, Psychiatric & Mental Health APRN, Initial Credentialing and Privileging
- Adrienne Young, APRN, Initial Credentialing and Privileging

There were no further comments.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Credentialing and Privileging for Providers, as presented.*

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

Mr. Smith presented highlights from the November Operational Report. Here are some updates:

- Medicaid PPS Wrap Payment for CY21 was adjusted from \$133K to \$390K.
- HRSA notified us that we will receive additional COVID funding to be allocated in December. The amount of the COVID funding and how long it will be available to us is unknown.
- CY22 UDS Report due in February (currently preparing to submit this complex report)

Member Father Rafael inquired about the COVID funds and if they can be used for flu or Respiratory Syncytial Virus Infection (RSV). Mr. Smith commented the use of the funds is very specific to COVID related work such as vaccines, testing, supplies, staffing, education, and outreach.

There were no further 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***)

Member Father Rafael inquired about reports, cases, and trends related to COVID-19, flu and RSV in Nevada. Mr. Smith commented the Health District provides that information on a regular basis. Ms. Anderson-Fintak commented the District Board of Health have a special meeting coming up where they will discuss and share information on RSV. The board clerk can forward you the information if you're interested in attending. Member Father Rafael commented he would like to receive the meeting information.

Chair Melendrez inquired about having an update on RSV, COVID-19 and the flu on the next meeting agenda. Member Father Rafael also inquired about having information about emergency sites for vaccinations and flu vaccines and anything else for the available for the community. Mr. Smith acknowledged their requests for information and staff will provide the information at the next meeting.

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

Mr. Smith advised that Dr. Leguen presented at World AIDS Day today. On behalf of Dr. Leguen and the entire team, Mr. Smith wished everyone a very happy holiday.

Mr. Smith reminded the board members of the new meeting schedule for 2023.

**X. INFORMATIONAL ITEMS**

There were none.

- 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 3:00 p.m.

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

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## AGENDA

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER  
GOVERNING BOARD MEETING  
December 1, 2022 – 2:00 P.M.**

**Meeting will be conducted via Webex Event**

### **NOTICE**

**WebEx Event address for attendees:**

<https://snhd.webex.com/snhd/onstage/g.php?MTID=e60d3d2f109b10278c5a7ab4ab38b6ba9>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2557 323 9846](https://snhd.webex.com/join?accesscode=25573239846)

For other governmental agencies using video conferencing capability, the Video Address is:  
[25573239846@snhd.webex.com](https://snhd.webex.com/join?accesscode=25573239846)

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**NOTE:**

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

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**I. CALL TO ORDER & ROLL CALL**

**II. PLEDGE OF ALLEGIANCE**

**III. OATH OF OFFICE**

- **Members** – Gary Costa, Father Rafael Pereira, Tim Burch
- **Officers** – 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](mailto: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 DECEMBER 1, 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:** November 17, 2022 *(for possible action)*

**VII. REPORT / DISCUSSION / ACTION**

1. **Review and Approve the YTD October Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
2. **Review and Approve the Job Hazard Analysis Risk Assessment Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Review and Approve the CY22 Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **Review and Approve the Credentialing and Privileging for Providers;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **Highlights from the November 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**

**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.

## 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, Cassondra 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 (4<sup>th</sup>) 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 (3<sup>rd</sup>) 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 (3<sup>rd</sup>) 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 (3<sup>rd</sup>) 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 (3<sup>rd</sup>) 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 4<sup>th</sup> 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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# Risk Management Annual Report

Fiscal Year Ended June 30, 2022

Legal Department  
July 2022



## EXECUTIVE SUMMARY

This report provides a summary of the Southern Nevada Health District's Risk Management activity for Fiscal Year 2022. As part of Risk Management's strategy of developing a risk management culture, this report will be presented to the Health District's Leadership team.

Risk Management continues to analyze current insurance market trends. The impact of the COVID-19 pandemic has continued to be unique and uniquely challenging to the commercial insurance industry. While we had an increase in our general liability coverage mainly due to increase staffing levels, we were able to obtain competitive bids to lower the cost of medical malpractice insurance coverage. Risk Management will continue working closely with our insurance broker to aggressively pursue reasonable insurance coverages to protect the Health District.

## RISK MANAGEMENT STRUCTURE AND GOALS

### Risk Management

Risk Management is the process of identifying risks, assessing the likelihood and impact of their occurrence, and determining the most effective means of managing them or reducing them to an acceptable level. The aim is to reduce the frequency of risk events occurring and minimize the severity of their consequences if they do occur. The goal is to reach an optimal balance of risk, benefit, and cost while achieving business objectives. The Health District's Risk Management Program seeks to achieve this goal by being a resource to Health District programs and divisions in the areas of risk and claims management concepts, consulting, and education. Good risk management also ensures the Health District is in a stronger position to minimize financial losses, service disruption, bad publicity, threats to public health, and compensation claims.

Risk Management manages the Health District commercial liability programs. As program administrator, the Risk Manager manages demands and lawsuits of professional and general liability claims against the Health District and its employees. Although there is no direct financial implication, the mitigation of risk is a key element of good financial stewardship.

While Risk Management purchases the Health District's Employment Practices insurance and gets involved in strategic and any settlement discussions, the Human Resources department oversees, those claims.

Primary Risk Management activities include:

- ✓ Investigation, management, and disposition of professional liability claims and lawsuits
- ✓ Investigation, management, and disposition of general liability claims and lawsuits
- ✓ Risk education
- ✓ Risk Assessment and Loss control
- ✓ Commercial insurance purchasing
- ✓ Risk monitoring and reporting

# FISCAL YEAR 2022 RESULTS

## Insurance Policies

The Health District maintains insurance coverage for exposure to a variety of potential claims. The primary coverages include:

- Professional Liability (medical malpractice)
- General Liability
- Employment Practices (EPL) (includes Directors & Officers)
- Automobile
- Property
- Cyber Risk & Privacy
- Workers' Compensation
- Environmental Liability

For the General Liability coverage period (7/1/2021-07/01/2022) and the Professional Liability Coverage period (8/1/2021-8/1/2022), the Health District's insurance policies are as follows:

Coverage	Policy Period	Limits	Retention
Professional Liability	08/01/2021 – 08/01/2022	\$1M/\$3M	\$50K
General Liability	07/01/2021 – 07/01/2022	\$10M	\$50K
Employment Practices	07/01/2021 – 07/01/2022	\$10,000	\$50K
Automobile	07/01/2021– 07/01/2022	\$1M	\$50K
Property	07/01/2021 – 07/01/2022	\$300M	\$50K
Cyber Risk Privacy	07/01/2021 – 07/01/2022	\$3,000,000	None
Workers' Compensation	07/01/2021– 07/01/2022	Statutory/\$2M	None

## Cost of Risk

The Cost of Risk compares the Health District's risk management program expenditures to the Health District's fiscal year operating expenses. The Cost of Risk includes any paid claims (amounts paid in the fiscal year without regard to the year the claims arose), insurance premiums, and operational and administrative expenses. The Cost of Risk is outlined in the table below.

Cost of Risk Detail

PREMIUMS & EXPENSES	FY20	FY21	FY22
Professional Liability Insurance	\$75,735.00	\$96,000.00	\$81,021.22
General Liability Insurance	\$326,681.69	\$330,171.64	\$386,461.71
<i>Employment Practices</i>			
<i>Property Insurance</i>			
<i>Auto Insurance</i>			
<i>Cyber Risk/Privacy</i>			
Workers' Compensation	\$279,895.00	\$816,812.00	\$410,863.00
<b>Subtotal</b>	\$682,311.69	\$1,242,983.64	\$878,345.93
<b>CLAIMS ADMINISTRATION</b>			
Expenses – Outside Counsel	\$56,073.00	\$252,828.73	\$120,870.58
Maintenance Deductible	\$76,068.37	\$22,665.50	\$36,870.20
<b>Subtotal</b>	\$132,141.37	\$275,494.23	\$157,740.78
<b>Total</b>	\$814,453.06	\$1,518,477.87	\$1,036,086.71
<b>COST OF RISK</b>			
Total Health District Operating Expenses	\$ 90,655,702	\$123,802,958	\$147,986,384
Cost of Risk (as % of Health District Operating Expenses)	.9%	.12%	.7%

Multiple drivers that had caused an increase to the cost in FY21, were decreased in FY22. Most notably, the cost of Workers' Compensation coverage, which can be attributed to the increase of staffing. The market appears to have righted itself, as those costs dropped significantly, while we maintained the increased staffing levels. Human Resource activities including, but not limited to union negotiations, along with general administrative matters were drivers of outside counsel expenses. However, FY22 outside counsel costs were an overall decrease of 53% in comparison to the prior fiscal year.



## Incident Reports

An important element of the Risk Management program is the identification, reporting, and analysis of incidents that occur on Health District property. A reportable incident includes any occurrence that is inconsistent with routine Health District operations. Reporting and reviewing these events is a critical part of quality assurance, quality improvement, and risk mitigation. Health District leadership encourages staff to report any incident or opportunity for improvement.

Clinical occurrences are analyzed separately by Quality Management Coordinator to identify the basic or causal factors underlying the incident and potential improvement in processes or systems to reduce the likelihood of future incidents.

### Facility Incident Summary

In Fiscal Year 2022 (7/1/2021-6/30/2022), 54 incident reports were filed.

#### FY22 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc	Multiple Types
4	17	2	2	13	4	12	5

In Fiscal Year 2021 (7/1/2020-6/30/2021), 20 incident reports were filed. We attribute this low rate to the COVID-19 response and the limited services that were offered in our buildings.

#### FY21 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc	Multiple Types
1	7	0	0	8	3	1	0

In Fiscal Year 2020 (7/1/2019-6/30/2020), 50 incident reports were filed.

#### FY20 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc	Multiple Types
15	7	1	8	3	8	8	9

# SNCHC Governing Board Meeting

December 1, 2022



**SOUTHERN NEVADA**  
*Community*  
**HEALTH CENTER**

**AT THE SOUTHERN NEVADA HEALTH DISTRICT**



# FQHC FINANCIAL REPORT

Fiscal Year to Date Results as of October 31, 2022

Presenter: Randy Smith

FISCAL YEAR TO DATE  
JULY 1, 2022 TO OCTOBER 31, 2022

FQHC Division - Overview

FQHC Program Level - Detail



# HIGHLIGHTS

## Pharmacy Revenue

Pharmacy Revenue continues to outpace the budget for FY2023 in October, supporting overall FQHC operations

## Medicaid Wrap Report

Revenue Cycle Manager & Team are continuing to process the backlog of Medicaid Wrap reports

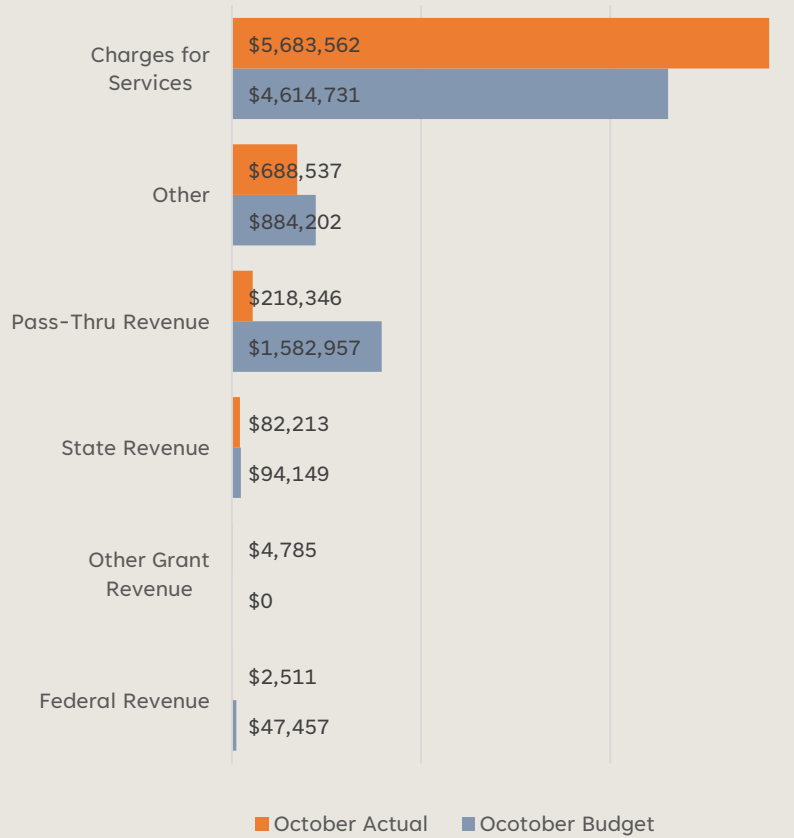
- Successfully negotiating settlement of previous year's filings
- Resulting in additional funding to the FQHC to be realized in FY2023

## FQHC DIVISION – All Programs, Fiscal Year to Date

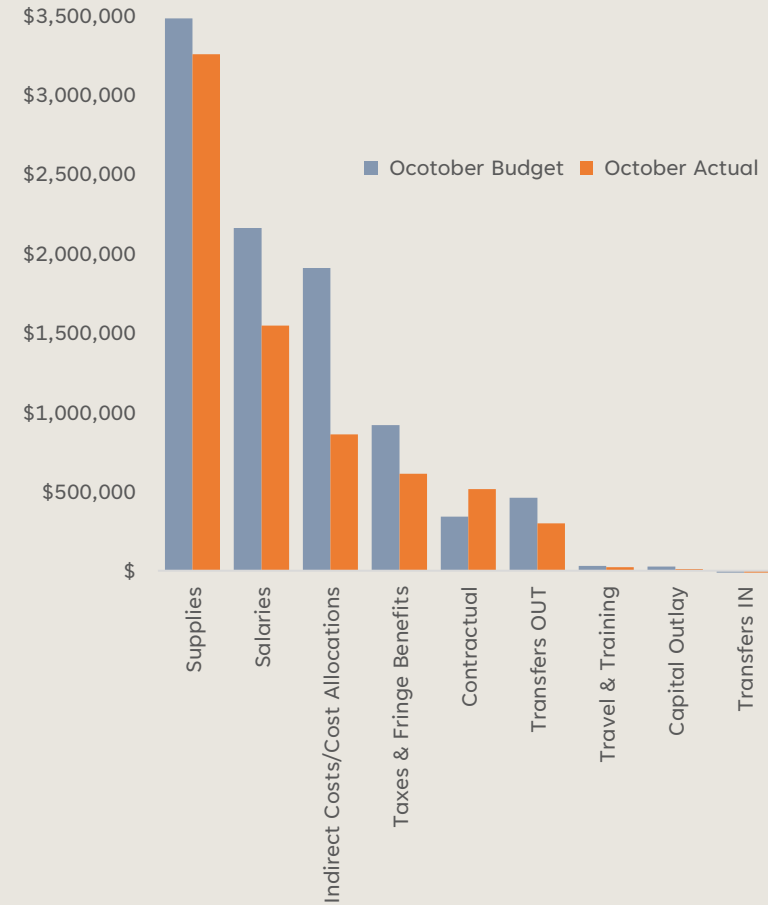
	October Budget	October Actual	Variance	
Charges for Services	4,614,731.00	5,683,561.72	1,068,830.72	23%
Other	884,202.33	688,537.21	(195,665.12)	-22%
Federal Revenue	47,456.67	2,511.00	(44,945.67)	-95%
Other Grant Revenue	-	4,784.51	4,784.51	0%
Pass-Thru Revenue	1,582,956.67	218,345.94	(1,364,610.73)	-86%
State Revenue	94,149.00	82,212.89	(11,936.11)	-13%
<b>Total FQHC Revenue</b>	<b>\$ 7,223,495.67</b>	<b>\$ 6,679,953.27</b>	<b>\$ (543,542.40)</b>	
Salaries	2,159,581.00	1,544,524.48	615,056.52	28%
Taxes & Fringe Benefits	917,821.33	611,979.84	305,841.49	33%
Travel & Training	30,957.00	23,141.40	7,815.60	25%
<b>Total Salaries &amp; Benefits</b>	<b>\$ 3,108,359.33</b>	<b>\$ 2,179,645.72</b>	<b>\$ 928,713.61</b>	
Capital Outlay	27,818.33	11,375.87	16,442.46	
Contractual	341,408.67	514,367.76	(172,959.09)	-51%
Supplies	3,480,902.67	3,255,701.47	225,201.20	6%
<b>Total Other Operating</b>	<b>\$3,850,129.67</b>	<b>\$3,781,445.10</b>	<b>68,684.57</b>	
Indirect Costs/Cost Allocations	1,908,696.67	859,497.19	1,049,199.5	55%
Transfers IN	(475,354.00)	(294,138.66)	(181,215.3)	38%
Transfers OUT	460,649.67	298,432.54	162,217.1	35%
<b>Total Transfers</b>	<b>\$1,893,992.33</b>	<b>\$863,791.07</b>	<b>1,030,201.3</b>	
<b>Net Position</b>	<b>\$ (1,628,985.67)</b>	<b>\$ (144,928.62)</b>	<b>\$ (1,484,057.05)</b>	

# FQHC DIVISION

## FQHC Total Revenue by Type



## FQHC Total Expenses



## October Division YTD

Pharmacy revenue is the largest contributor to the charges for services category, and largest contributor to the supplies expense category.

Variances in grants budget vs actual will be normalized in the upcoming budget augmentation.

The remaining expense categories are in-line with or lower than budget.



## FQHC PROGRAMS - DETAIL

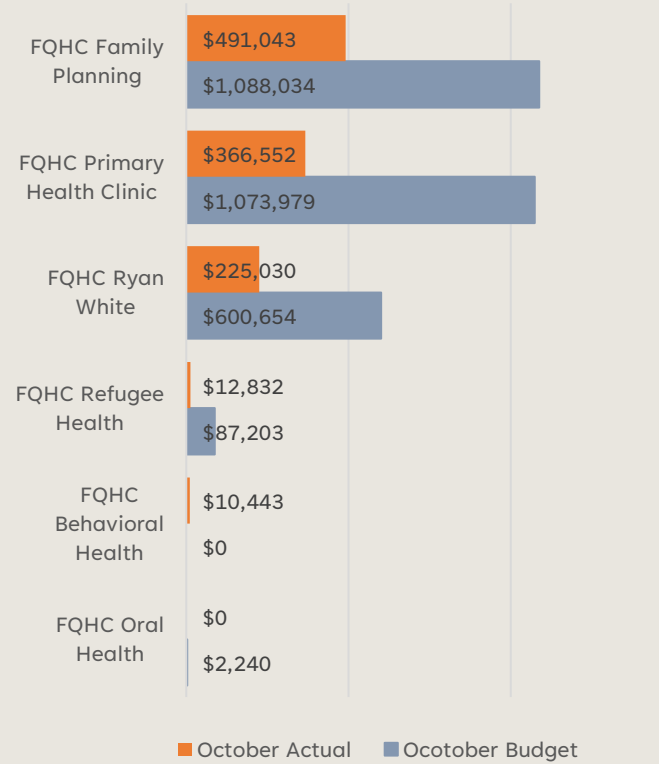
FAMILY PLANNING	PRIMARY HEALTH CLINIC	RYAN WHITE	REFUGEE HEALTH	BEHAVIORAL HEALTH
Largest by Revenue	2 <sup>nd</sup> Largest by Revenue	3 <sup>rd</sup> Largest by Revenue	Minimal activity	Minimal activity

## FQHC Programs (excluding Pharmacy & Administration), Fiscal Year to Date

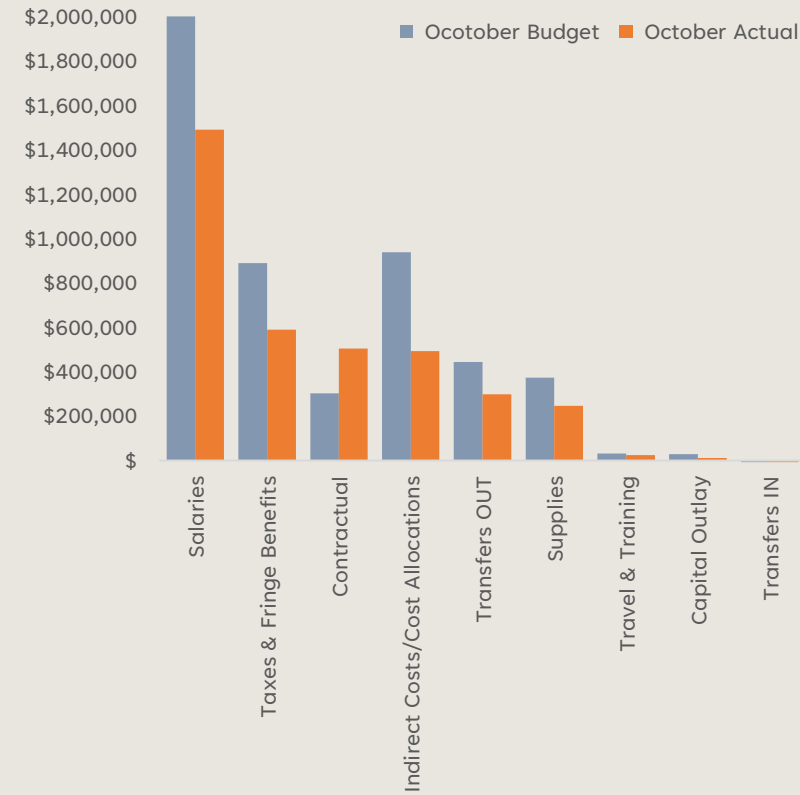
	October Budget	October Actual	Variance	
FQHC Behavioral Health	-	10,442.87	10,442.87	
FQHC Family Planning	1,088,034.33	491,042.82	(596,991.51)	-55%
FQHC Oral Health	2,240.00	-	(2,240.00)	
FQHC Primary Health Clinic	1,073,978.67	366,552.28	(707,426.39)	-66%
FQHC Refugee Health	87,203.00	12,831.57	(74,371.43)	-85%
FQHC Ryan White	600,654.00	225,029.88	(375,624.12)	-63%
<b>Total FQHC Program Revenue</b>	<b>2,852,110.00</b>	<b>1,105,899.42</b>	<b>(1,746,210.58)</b>	
Salaries	2,090,453.00	1,491,110.16	599,342.84	29%
Taxes & Fringe Benefits	888,442.00	589,568.90	298,873.10	34%
Travel & Training	30,857.00	23,141.40	7,715.60	25%
<b>Total Salaries &amp; Benefits</b>	<b>3,009,752.00</b>	<b>2,103,820.46</b>	<b>905,931.54</b>	
Capital Outlay	27,818.33	11,375.87	16,442.46	
Contractual	301,928.00	503,530.38	(201,602.38)	-67%
Supplies	372,197.33	246,200.63	125,996.70	34%
<b>Total Other Operating</b>	<b>\$701,943.67</b>	<b>\$761,106.88</b>	<b>(59,163.21)</b>	
Indirect Costs/Cost Allocations	938,114.00	491,824.81	446,289.19	48%
Transfers IN	(457,867.33)	(294,138.66)	(163,728.67)	36%
Transfers OUT	443,163.00	298,432.54	144,730.46	33%
<b>Total Transfers</b>	<b>\$923,409.67</b>	<b>\$496,118.69</b>	<b>427,290.98</b>	
<b>Net Position</b>	<b>\$ (1,782,995.33)</b>	<b>\$ (2,255,146.61)</b>	<b>\$ 472,151.28</b>	

# FQHC PROGRAMS

## FQHC Total Revenue by Program



## FQHC Total Expenses by Program





## OCTOBER PROGRAMS YTD

Revenue, per program, are below budget – in part due to variance in receiving grant funds

Expenses are in-line with budget

An abstract graphic consisting of several white lines of varying lengths and orientations, creating a complex, overlapping geometric pattern on the left side of the slide.

QUESTIONS?

Motion to approve the October Financial Report as of October 31, 2022.



# Job Hazard Analysis Risk Assessment Report



Presenter: Randy Smith

# Job Hazard Analysis Risk Assessment Report

- A limited site-walk was conducted in the following locations: Front desk, Main media conference room, and FQHC at Decatur. Hazards related to the installation and use of electrical equipment and wiring, identification of fire extinguishers, and operational features for exit routes were noted.
- A 22-page report was generating identifying potential hazards and safe concerns.
- Corrective action was taken by facilities and health center staff to fix identified issues.

# Job Hazard Analysis Risk Assessment Report

## Questions?

Motion to approve the Job Hazard Analysis Risk Assessment Report.



# Annual Risk Management Report 2022

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Cassandra Major, MBA, CHW I, CPC, NCMA  
Quality Management Coordinator

# Risk Management Program

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- **Goals and Objectives**

- 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 the reoccurrence.
- 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.

# Risk Management Policies

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- Policies:
  - CS-ADM-002-A Client Complaints/Grievance
  - CS/FQHC-ADM-C-015 Patient Safety
  - CS-ADM-001-C Medical Event/Dr. Bluebird
  - CS/FQHC-ADM-013-C Medication Events
  - CS-ADM-004-C and CS-LAB-0150A Safe Injection Practices

# Patient Grievance

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- Patient Grievances can be received through the clinical staff and/or Health Plan and/or IPA networks
- Feedback is collected from providers and/or staff involved
- Follow-ups and responses are communicated to the patient and/or Health Plan/IPA networks.
- Outcomes are documented, action taken as needed and reported to the Quality Management Committee (QMC)

# 2022 Patient Grievances Table

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## Patient Grievances

# of Patient Grievances	Q1	Q2	Q3	Q4	Total	Encounters				
						Q1	Q2	Q3	Q4	Total
# of grievances received for Primary Care	1	2	0	0	3	Unduplicated Patients	3360	3748	3805	
# of grievances received for Family Planning	0	0	0	0	0	Total Visits	7500	8727	8702	
# of grievances received for Ryan White	1	0	0	0	1					
# of grievances received for Laboratory	0	0	0	0	0					
# of grievances received for Pharmacy	0	0	0	0	0					
# of grievances received for Miscellaneous Services	0	0	0	0	0					
<b>Total # of Patient Grievances</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0*</b>	<b>4*</b>					

Jan-Mar (Q1)

Apr-Jun (Q2)

Jul-Sep (Q3)

Oct-Dec (Q4)

\*data as of 11/30/2022

# Incident Reporting

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- Incident reports can be from Dr. Bluebird (medical events), Dr. Redbird (fire events), Code 99 (security events).
- Providers and/or staff can also submit an incident report without generating a Dr. Bluebird, Dr. Redbird and/or Code 99.
- Follow-up and responses documented.
- Outcomes are reported to the Quality Management Committee (QMC) and action taken as needed.

# 2022 Incident Reports Table

## Incident Report

Incident Report	Q1	Q2	Q3	Q4	Total
# of incidents received for Primary Care	0	1	2	0	3
# of incidents received for Family Planning	0	0	0	0	0
# of incidents received for Ryan White	1	2	0	1	4
# of incidents received for Laboratory	0	2	0	0	2
# of incidents received for Pharmacy	0	0	0	0	0
# of incidents received for Miscellaneous Services	1	2	1	1	5
<b>Total # of Incident Reports</b>	<b>2</b>	<b>7</b>	<b>3</b>	<b>2*</b>	<b>14*</b>

	Q1	Q2	Q3	Q4	Total
Unduplicated Patients	3360	3748	3805		
Total Visits	7500	8727	8702		

## Type of Incident

Injuries	Q1	Q2	Q3	Q4	Total
# of employee injuries	1	0	0	0	1
# of patient injuries	0	0	0	0	0
Emergency					
# of Dr. Bluebird incidents	0	5	0	1	6
# of Dr. Redbird incidents	0	0	0	0	0
# of Code 99 incidents	0	0	0	1	1
Errors					
# of incidents due to staff errors	1	2	1	1	5
Other					
# of incidents due to patient compliant	0	0	0	0	0
# of incidents due to technical issues (IT)	0	0	0	0	0

Jan-Mar (Q1)

Apr-Jun (Q2)

Jul-Sep (Q3)

Oct-Dec (Q4)

\*data as of 11/30/2022

# Additional 2022 Risk Assessments

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- Job Hazard Analysis Assessment
- Facility Security Risk Assessment
- Health Insurance Portability and Accountability Act (HIPAA) Assessment
- Peer Review Chart Audit Assessments
- Credentialing and Granting Privileges/Onboarding Assessment



# Credential Process

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Credential is required by HRSA and is a major area of compliance for the Federal Tort Claims Act (FTCA) application

## Who is credentialed?

- Physicians
- Mid-Levels (APRN, PA)
- Nurses, Medical Assistants
- Dentist
- Dental Assistants
- Psychiatrists
- Psychologists
- Licensed Clinical Social Worker (LCSW)

## What items are verified?

- Identification
- Education and Training
- Licensure
- Board Certification
- DEA Registration
- National Provider Data (NPDB) Query
- Verification of Hospital Privileges

# Privileging Process

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Also required by HRSA, Privileging is performed upon hire and every 2 years thereafter:

## Elements of Privileging

- Physical Exam (initial only)
- Immunization Status, Tuberculosis (TB) Status
- Signed health/fitness statement attesting to their ability to perform requested privileges.
- Peer Reference Review (initial only)
- Completed Clinical Privileges Application
- Recommendation from Chief Medical Officer (CMA), Medical Director, and/or Designees
- Approval of Risk Management Committee
- Review of Provider Quality Scores and Performance Measures (re-credentialing only)

# 2022 Staff Risk Training

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HIPAA Annual Training

Workplace Violence Awareness Training

Basic Life Support (CPR) – required for LIP's

# 2022 FTCA Activities

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- Continue Credentialing & Privileging of LIP's, OCS and OLCP's
- Continue Incident Reporting, Tracking, Follow-up and Corrective Actions (when needed)
- Continue Grievance Tracking, Follow-up and Corrective Actions (when needed)
- Continue Quarterly Risk Assessments
- Continue Annual Compliance and Safety Training and additional training by specialty or highest risk.

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# Questions?

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Motion to approve the CY22 Risk Management Report.

A background image showing a hand holding a pen over a keyboard, with a blurred document in the foreground. The image is in grayscale and serves as a backdrop for the text.

# Credentialing and Privileging for Providers

Presenter: Randy Smith



AT THE SOUTHERN NEVADA HEALTH DISTRICT

# Credentialing and Privileging for Providers

- Debra Garner, APRN II, Initial Credentialing and Privileging
- Patricia Waters-Decker, APRN II, Initial Credentialing and Privileging
- Norma Ramirez-Rodriguez, LCSW, Initial Credentialing and Privileging
- Lorretta Jennings, APRN, Initial Credentialing and Privileging
- Racquel Tolzmann, APRN, Initial Credentialing and Privileging
- Elita Pallasigui, Psychiatric & Mental Health APRN, Initial Credentialing and Privileging
- Adrienne Young, APRN, Initial Credentialing and Privileging

**Motion to approve the Credentialing and Privileging for Providers, as presented.**

# Highlights from the November Operational Report

Presenter: Randy Smith



AT THE SOUTHERN NEVADA HEALTH DISTRICT



# Updates

- Medicaid PPS Wrap Payment for CY21 adjusted from \$133k to \$390K
- Additional HRSA COVID funding to be allocated in December
- CY22 UDS Report due in February

# Questions?



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