APPROVED BY THE SNCHC GOVERNING BOARD
JUNE 16, 2026

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING
May 19, 2026 – 2:30 p.m.
Meeting was conducted via Microsoft Teams

MEMBERS PRESENT:	Donna Feliz-Barrows, Chair Jasmine Coca, First Vice Chair Sara Hunt, Second Vice Chair Rebeca Aceves Erin Breen Ashley Brown Jose L. Melendrez David Neldberg Fr. Rafael Pereira
ABSENT:	Blanca Macias-Villa
ALSO PRESENT	Cade Grogan
LEGAL COUNSEL:	Edward Wynder, Associate General Counsel
CHIEF EXECUTIVE OFFICER:	Randy Smith
STAFF:	Adriana Alvarez, Emily Anelli, Tawana Bellamy, Todd Bleak, Donna Buss, Magali Cano, Robin Carter, Andria Cordovez Mulet, Johanna Corpuz, Xavier Gonzales, Cherie Grigsby, David Kahananui, Annie Lin, Cassondra Major, Bernadette Meily, Kimberly Monahan, Ronaliz Ordona, Luann Province, Yin Jie Qin, Felicia Sgovio, Justin Tully, Donnie (DJ) Whitaker, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

The Southern Nevada Community Health Center (SNCHC) Governing Board Meeting was called to order at 2:32 p.m. Ms. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and a quorum was not established.

II. PLEDGE OF ALLEGIANCE

Member Hunt joined the meeting at 2:34 p.m. and a quorum was established.

III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to two (2) 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.

Ms. Bellamy read the instructions into the record for members of the public wishing to participate or provide comments over the telephone.

Seeing no public comment was presented online, the Chair closed the First Public Comment period.

IV. ADOPTION OF THE MAY 19, 2026 MEETING AGENDA *(for possible action)*

The Chair asked if there were any questions or changes to the agenda. There were none.

A motion was made by Father Rafael, seconded by Member Aceves, and carried unanimously to approve the May 19, 2026 meeting agenda, as presented.

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

1. **APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING**: April 21, 2026 *(for possible action)*

2. **Approve Revisions to the CHCA-025 Patient Complaints and Grievances Policy;** *direct staff accordingly or take other action as deemed necessary (for possible action)*

   The Chair asked whether any Board member wanted to remove any items from the Consent Agenda for further discussion. There were no requests.

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

Member Coca joined the meeting at 2:35 p.m.
Member Brown joined the meeting at 2:36 p.m.

VI. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Approve the Recommendations from the May 18, 2026 Finance and Audit Committee Meeting regarding the March 2026 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Donnie (DJ) Whitaker, Chief Financial Officer, presented the March 2026 Year to Date Financial Report, unaudited as of March 31, 2026. Ms. Whitaker shared the following key highlights:

Member Brown joined the meeting at 2:38 p.m.

Revenue

- General Fund revenue (Charges for Services & Other) is $27.79M compared to a budget of $28.85M, an unfavorable variance of $1.06M.

- Special Revenue Funds (Grants) is $3.90M compared to a budget of $3.80M, a favorable variance of $100K.
- Total Revenue is $31.69M compared to a budget of $32.65M, an unfavorable variance of $954K.

Expenses

- Salary, Tax, and Benefits is $10.41M compared to a budget of $11.10M, a favorable variance of $690K.
- Other Operating Expense is $21.98M compared to a budget of $23.36M, a favorable variance of $1.38M.
- Indirect Cost/Cost Allocation is $7.99M compared to a budget of $8.70M, a favorable variance of $710K.
- Total Expense is $40.38M compared to a budget of $43.15M, a favorable variance of $2.77M.

Net Position: is ($8.69M) compared to a budget of ($10.51M), a favorable variance of $1.82M.

Ms. Whitaker noted a correction to the variance percentage reported in the presentation materials that were presented to the Finance and Audit Committee. The variance was updated to reflect a positive 17%, as a reduced deficit represents a favorable outcome. Additionally, Ms. Whitaker advised that the total write-off for quarter one (1) through quarter three (3) was reported at $340,000, as detailed in note one (1) of the report.

Ms. Whitaker advised that the total patient encounters increased by 14% year-over-year, rising from 28,278 encounters in March 2025 to 32,165 in March 2026. The growth was primarily in primary and preventative care services with some declines in other service areas, partially attributable to changes in reporting classifications. By location, patient encounters increased by 13% at the Fremont site and 14% at the Decatur site.

Ms. Whitaker presented the draft supplemental financial reports, noting that they had been introduced to the finance committee as a work in progress for initial review, comment, and discussion.

Ms. Whitaker reported that the finance committee engaged in a robust conversation regarding the reports' format, data content, and overall presentation. Ms. Whitaker explained that the purpose of sharing the reports with the board at this time was to provide visibility into ongoing efforts and to determine whether the reports meet expectations or require further refinement. Ms. Whitaker emphasized that the data remains in draft form and is still being validated.

Ms. Whitaker shared that Mr. Randy Smith asked whether the Accounts Receivable (AR) aging report reflected data specific to the Federally Qualified Health Center (FQHC) or for the Southern Nevada Health District (SNHD) as a whole. Ms. Whitaker noted that the current report reflects SNHD in its entirety and does not yet isolate FQHC-specific data. Ms. Whitaker further explained that staff are working toward developing a process to separate out FQHC data, noting that the current month-end reporting process relies on manual reports that aggregate information across the full entity. Ms. Whitaker confirmed that staff will focus on refining the reporting to better align with the Board's need for FQHC-specific information.

Ms. Whitaker also addressed a discrepancy identified during the finance committee meeting regarding percentage totals in the report. She explained that the totals previously reflected 99% due to rounding and confirmed that this issue has been corrected, with the revised report now totaling 100%.

Ms. Whitaker continued by briefly reviewing additional draft reports, including those related to payer mix, patient and claims activity, charges and payments, and total payments. Ms. Whitaker noted that these reports are also under review and that feedback from the finance committee will be incorporated into updates to both formatting and content.

Mr. Smith further commented on the intended process moving forward, stating that the finance committee will continue to review the reports in detail once finalized, while summary level information will be presented to the full board, consistent with current reporting practices. The full reports will remain available to Board members as needed.

Mr. Smith expressed appreciation for the increased engagement and progress within the Board's committees, particularly the Finance Committee. Mr. Smith noted that he and the Board Chair have been working to strengthen committee effectiveness and were encouraged by the more active participation in recent meetings. Mr. Smith also highlighted Father Rafael's earlier remarks emphasizing the board's role as forward-looking and focused on continuous improvement, rather than simply approving past actions. Mr. Smith stated that the finance committee's work reflects this approach and thanked members for their contributions. Father Rafael affirmed his support.

The Chair called for questions and there were none.

A motion was made by Father Rafael, seconded by Member Melendrez, and carried unanimously to approve the March 2026 Year to Date Financial Report, as presented.

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

David Kahananui, FQHC Administrative Manager, presented an overview of the annual service area review requirements in accordance with the Health Center Program Compliance Manual (Chapter 3 – Needs Assessment). He explained that the health center must annually review its service area, or catchment area, based on patient residence zip codes reported on Form 5B, ensuring alignment with patient origin data and maintaining at least 75% representation of current patients.

Mr. Kahananui reported that, based on analysis of the 2025 UDS data, one zip code (89081) should be removed from the Fremont and Mobile Unit sites, while two zip codes (89128 and 89146) should be added to the Decatur and Mobile Unit sites. Mr. Kahananui noted that the patient population is broadly distributed across many zip codes, with few exceeding 6%, highlighting the organization's role as a community safety net provider. He also shared that approximately 98.8% of the patient population is urban, which impacted eligibility for a recent rural health funding opportunity.

The Chair called for further questions and there were none.

A motion was made by Father Rafael, seconded by Member Breen, and carried unanimously to approve the Patient Origin Report and Change in Scope, as presented.

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

There were no board reports.

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

- CEO Comments

  Randy Smith, Chief Executive Officer, presented the CEO Comments.

  - **HRSA New Access Point Opportunity:** HRSA has reopened a previously closed 2024 New Access Point grant opportunity. The application targets the high-priority 89103 zip code to secure base funding for a new site. Mr. Smith, Dave, and Dr. Lockett evaluated the opportunity and confirmed the health district's capacity to support it. If selected, the center will have a 120-day window to establish the site and see its first patient. Preliminary leg work for the location has already commenced.

  - **HRSA Expanded Nutrition Grant:** The center is pursuing a supplemental HRSA nutrition grant to expand on the work of its registered dietitian. If deliverables are met, this funding typically transitions into long-term base grant funding. Despite disjointed technical assistance calls from the funder, the application remains on track for a tentative June 9, 2026, deadline.

  - **Ryan White Part B Program:** Following a sudden 75% ($700,000) reduction in grant funding and the elimination of the retention eligibility and medical case management service categories, a pro forma review was completed with Dr. Lockett. Mr. Smith announced that all impacted staff members will be retained by utilizing general fund dollars and closing existing position vacancies. This internal funding model grants the team greater flexibility to support broader initiatives, including hospital follow-up coordination and Patient-Centered Medical Home (PCMH) care plans.

  - **Pay-for-Performance Incentives:** The center continues to improve its closing of clinical care gaps, such as annual well visits and preventative cancer screenings. This strategy successfully generated over $19,000 in incentive payments during Q3 2025. This focus not only improves quality patient care and generates modest revenue but also serves as a central strategy to increase Medicaid member assignments to the practice.

  - **PCMH Designation:** Due to back-end administrative and contracting delays, the board's established June 30th goal for the first PCMH check-in will be delayed until July. However, internal progress remains strong, and the team expects to secure full designation by the end of the calendar year.

- **340B Site Visit Audit:** The health district will undergo its first-ever 340B site visit audit on June 24–25, 2026, led by Pharmacy Manager Todd Bleak. Audit documents must be submitted by June 3. Unlike HRSA operational visits, there will be no exit interview; final outcomes will be determined upon receiving the official HRSA report.

- **National Health Center Week:** Celebrations are scheduled for August 3–7, with a local half-day event hosted by the Employee Engagement Committee on August 6 at the Fremont clinic. The event will include team building, training, and a fiscal year 2026 year-in-review aligned with the strategic plan.

- **Provider Staffing:** A new Physician Assistant will join the Decatur team on July 6, and a Clinical Staff Physician will join the Fremont team on July 20. Second interviews for an open physician vacancy at Decatur are scheduled for tomorrow. Incoming clinical physicians will be cross trained to provide both primary care and Ryan White HIV care services to strengthen internal capacity.

- **Board Retreat Planning:** Planning is underway to finalize the date for the upcoming Board Retreat (4:30 PM–8:30 PM). Member Melendrez secured provisional dates for Wednesday, July 15, or Wednesday, July 22, at the UNLV Gateway Building. Additionally, Member Neldberg is exploring alternative facility options through the City of Las Vegas. A final survey will be distributed by Ms. Belamy to board members once all site options are confirmed.

- CY25 Uniform Data System (UDS) and Family Planning Annual Report (FPAR) Highlights

  Mr. Kahananui presented the 2025 UDS patient origin and utilization data, noting that trends remain largely consistent with prior years, with significant growth in patient volume and services. Unduplicated patients increased by 16.8% to 13,431, and total services rose by more than 50% to 46,201, reflecting improved operational efficiency and patient care. Demographically, 53% of patients are female and 54.6% identify as Hispanic, with improvements made in reducing unknown demographic data, although 31.5% of patients did not report race, often due to identifying as Hispanic without selecting a race category. He reported that 81% of patients are at or below 200% of the federal poverty level, demonstrating continued service to vulnerable populations; however, the uninsured rate increased year over year by 3% to 58.1% despite efforts to expand coverage. Approximately 36% of patients have limited English proficiency, consistent with prior years.

  For the Title 10 program, Mr. Kahananui noted that 97.9% of patients of our family planning program are female, 64.2% are Hispanic, 91.7% are at or below 250% of the federal poverty level, and 72.65% are uninsured. Services included 1,681 cervical cancer screenings, 6,514 STI tests, 894 contraceptive devices, and 4,767 family planning visits. He noted a slight decline in contraceptive device use, attributed to patient concerns about hormonal methods and a shift toward alternatives. Additionally, 52% of Title 10 patients have limited English proficiency.

- Ryan White HIV/AIDS Program Overview

  Ms. Merylyn Yegon, Community Health Nurse Manager, and Ms. Magali Cano, Community Health Nurse II, presented an overview of the Ryan White Program. Ms. Yegon explained that the program, established in 1990, provides federal funding for medical and supportive services for individuals living with HIV who are uninsured or underinsured, with the goal of improving health outcomes. She described the SNHD model of care as a comprehensive, integrated "one-stop shop" approach that includes medical, behavioral health, nutrition, pharmacy, and social support services, ensuring continuity of care from diagnosis through ongoing treatment and follow-up.

  Ms. Yegon outlined the program's dual funding through Ryan White Part A (Clark County) and Part B (State), which supports a wide range of services, including medical and non-medical case management, outreach, mental health, nutrition, and rapid-start treatment. She noted that services are coordinated seamlessly for patients and tailored based on acuity, with varying levels of case management ranging from community health worker support to intensive nurse-led care for high-risk individuals. She emphasized the program's success in providing individualized care, including home visits and ongoing patient engagement.

  Ms. Yegon also highlighted quality improvement efforts using the PDSA methodology, including the successful implementation of "rapid start," which enables newly diagnosed patients to begin HIV treatment the same day. This approach has significantly reduced wait times and improved health outcomes. Staff achievements in quality improvement were also recognized at the jurisdictional level.

  Ms. Cano presented program outcomes and community impact, reporting sustained viral suppression rates of 95% among clients and growth in services, including 570 clients receiving medical case management in a recent quarter and approximately 3,000 clients served through non-medical case management. She also noted community outreach efforts, including educational sessions conducted at 11 hospitals, reaching over 400 healthcare professionals. Additional data from the Ryan White Service Report (RSR) demonstrated year-over-year increases in unduplicated clients and uninsured individuals, highlighting ongoing community need and informing quality improvement initiatives. Ms. Cano also shared patient success stories illustrating the program's impact, including improved health outcomes, stable housing, employment, and HIV-negative births among infants of program participants.

  The Chair called for questions.

  Father Rafael offered comments expressing appreciation and gratitude to the team for their dedication and the quality of care provided to the community, noting that the Board should take pride in the work being accomplished. Member Coca also commended staff, highlighting the positive patient outcomes presented and recognizing the significant progress made by patients under the health center's care.

  Member Breen inquired about the sustainability of funding, specifically asking about the impact of current vacancy savings being used to support the program and how funding would be addressed moving forward. Mr. Smith responded that vacancy savings have been reallocated to support the Ryan White program workforce, and those previously unfilled positions have now been closed. Mr. Smith confirmed that funds have been reassigned to

ensure stable, ongoing program funding. Ms. Breen expressed appreciation for the clarification, noting her relief that funding would not require reassessment at the end of the year. Member Breen echoed prior comments recognizing the program's strong patient outcomes and encouraged broader outreach to raise awareness and secure continued support. Mr. Smith agreed, emphasizing the importance of the program to the community and affirming that allocating funds to sustain these services was a strategic and appropriate decision.

The Chair called for additional questions or comments. There were none.

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) Monthly Report – April 2026

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 two (2) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

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

XI. ADJOURNMENT

The meeting was adjourned at 3:32 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER
GOVERNING BOARD MEETING
May 19, 2026 – 2:30 p.m.

Meeting will be conducted via Microsoft Teams

NOTICE

Microsoft Teams:
https://events.teams.microsoft.com/event/9d703a27-bd0c-40fc-8b9e-8784438a9e95@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 916 501 867#

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. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to two (2) minutes per speaker. Please clearly state and spell your name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By Teams:** Use the meeting controls at the top of the screen and select the Raise Hand icon. When called upon, select the Microphone icon to unmute yourself.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 916 501 867#. Press *5 to raise your hand. When called upon, press *6 on your phone keypad to unmute yourself.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

IV. ADOPTION OF MAY 19, 2026 AGENDA *(for possible action)*

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

1. **APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING**: April 21, 2026 *(for possible action)*

2. **Approve Revisions to the CHCA-025 Patient Complaints and Grievances Policy;** *direct staff accordingly or take other action as deemed necessary (for possible action)*

VI. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Approve the Recommendations from May 18, 2026 Finance and Audit Committee Meeting regarding the March 2026 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

VII. 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)***

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

- CEO Comments
- Ryan White HIV/AIDS Program
- CY25 Uniform Data System (UDS) and Family Planning Annual Report (FPAR) Highlights

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) April 2026 Monthly Report

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 two (2) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **See above for instructions for submitting public comment.**

XI. ADJOURNMENT

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

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

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING
April 21, 2026 – 2:30 p.m.
Meeting was conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT:	Donna Feliz-Barrows, Chair Jasmine Coca, First Vice Chair Rebeca Aceves Erin Breen Blanca Macias-Villa Jose L. Melendrez David Neldberg Fr. Rafael Pereira
ABSENT:	Sara Hunt, Second Vice Chair Ashley Brown
ALSO PRESENT	Maddie Proctor
LEGAL COUNSEL:	Edward Wynder, Associate General Counsel
CHIEF EXECUTIVE OFFICER:	Randy Smith
STAFF:	Heather Anderson-Fintak, Emily Anelli, Tawana Bellamy, Todd Bleak, Donna Buss, Robin Carter, Andria Cordovez Mulet, Cherie Grigsby, Tabitha Johnson, David Kahananui, Cassondra Major, Kimberly Monahan, Kyle Parkson, Luann Province, Yin Jie Qin, Felicia Sgovio, Greg Tordjman, Renee Trujillo, Justin Tully, Donnie (DJ) Whitaker

I. CALL TO ORDER and ROLL CALL

The Southern Nevada Community Health Center (SNCHC) Governing Board Meeting was called to order at 2:30 p.m. Ms. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum.

II. PLEDGE OF ALLEGIANCE

III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to two (2) 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 public comment was presented online or in person, the Chair closed the First Public Comment period.

IV. ADOPTION OF THE APRIL 21, 2026 MEETING AGENDA *(for possible action)*

The Chair asked if there were any questions or changes to the agenda. There were none.

A motion was made by Father Rafael, seconded by Member Coca, and carried unanimously to approve the April 21, 2026 meeting agenda, as presented.

V. CONSENT AGENDA

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**: March 17, 2026 *(for possible action)*

2. **Approve the Federal Poverty Level (FPL) Guidelines;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **Approve the Clinical Master Fee Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

   The Chair asked whether any Board member wished to remove items from the Consent Agenda for further discussion. There were no requests.

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

Member Macias-Villa joined the meeting at 2:35 p.m.

VI. REPORT / DISCUSSION / ACTION

The Finance and Audit Committee did not meet on April 20, 2026. There were no recommendations from the committee.

1. **Receive, Discuss and Approve the Recommendations from the April 20, 2026 Finance and Audit Committee Meeting regarding the January 2026 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Donnie (DJ) Whitaker, Chief Financial Officer, presented the February 2026 Year to Date Financial Report, as of February 28, 2026, using a condensed summary format. Ms. Whitaker explained that going forward, the Board will receive a summarized financial presentation, while the Finance and Audit Committee will continue to receive the full detailed financials. Ms. Whitaker shared the following key highlights:

DRAFT

Revenue

- General Fund revenue (Charges for Services & Other) is $24.62M compared to a budget of $25.64M, an unfavorable variance of $1.02M.
- Special Revenue Funds (Grants) is $3.56M compared to a budget of $3.38M, a favorable variance of $180K.
- Total Revenue is $28.17M compared to a budget of $29.02M, an unfavorable variance of $850K.

Expenses

- Salary, Tax, and Benefits is $9.34M compared to a budget of $9.86M, a favorable variance of $520K.
- Other Operating Expense is $19.29M compared to a budget of $20.76M, a favorable variance of $1.47M.
- Indirect Cost/Cost Allocation is $7.02M compared to a budget of $7.73M, a favorable variance of $710K.
- Total Expense is $35.66M compared to a budget of $38.36M, a favorable variance of $2.70M.

Net Position: is ($7.50M) compared to a budget of ($9.34M), a favorable variance of $1.84M.

Ms. Whitaker reported that year to date patient encounters increased by approximately 14% year over year, with growth primarily in primary and preventative care services. Both the Decatur and Fremont clinics experienced similar growth patterns.

- Patient Encounters - By Department and Site
  - FY2025 – 24,718
  - FY2026 – 28,226

Father Rafael inquired about the meeting materials for the financials. Ms. Bellamy confirmed the email sent to board members with the meeting agenda included a link to the materials posted online. Mr. Smith emphasized the importance of reviewing the meeting materials in advance of the meeting. Mr. Smith further noted that the condensed format of the financials is evolving, with flexibility to add elements based on the board's preference.

The Chair called for further questions and there were none.

A motion was made by Member Coca, seconded by Father Rafael, and carried unanimously to approve the February 2026 Year to Date Financial Report, as presented.

2. **Receive, Discuss and Approve the Recommendations from the April 20, 2026 Finance and Audit Committee Meeting regarding the FY2027 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented the FY27 budget, covering the period from July 1, 2026, to June 30, 2027. Ms. Whitaker noted that, per NRS 354.472, the budget serves as the formal authorization to expend funds, a legal prerequisite for all expenditures. Ms. Whitaker further explained that the budget is presented early in the year to ensure the organization meets statutory deadlines for inclusion in the Clark County filing and subsequent submission to the State.

Ms. Whitaker presented a summary of the proposed budget highlights:

Staffing:

- Staffing for FY27 is projected to remain flat from the FY26 augmented budget at 119.5 FTEs.

Revenue:

- General Fund revenue is projected at $38.7M in FY27, an increase of $0.2M from the FY26 augmented budget.

- Special Revenue Fund (Grants) projected at $5.0M in FY27, a decrease of $26K from FY26 augmented budget.

Expense:

- FQHC combined expenditures for FY27 budget is $55.1M compared to $58.4M from FY26 augmented budget.

Member Melendez joined the meeting at 2:42 p.m.

Ms. Whitaker presented the revenue overview, noting that the team incorporated a chart format in addition to graphs to improve clarity. Ms. Whitaker reported that fiscal year 2026 augmented revenue totals approximately $44.3M, while the proposed fiscal year 2027 revenue is projected at $44.6M, reflecting a slight increase.

Ms. Whitaker explained that grant revenue remains largely static, while charges for services show a modest increase. Other revenue is projected to decline, which Ms. Whitaker attributed primarily to WRAP payments. At the time the budget was developed, WRAP payments had not yet been fully integrated into the regular shadow billing process. As a result, some revenue is expected to shift between categories as reporting processes are refined.

Ms. Whitaker emphasized that overall revenue is projected to be slightly higher than the fiscal year 2026 augmentation. Within charges for services, there are offsetting factors: some areas are expected to grow, while pharmacy revenue may decline due to changes in program activity and external relationships. This reduction in pharmacy revenue is accompanied by a corresponding decrease in expenses.

Mr. Smith provided additional clarification regarding fiscal year 2027 and the implementation of the new shadow billing process. Mr. Smith explained that a significant portion of revenue currently classified under other revenue is expected to be reclassified under charges for services. This change will also allow for more precise allocation of revenue to specific program areas.

Ms. Whitaker confirmed that under the new process, WRAP payments will be attributed directly to the program areas that generate them. For example, charges originating in the Sexual Health program will have associated WRAP payments recorded within that program, rather than being grouped under administrative revenue. Ms. Whitaker noted that this represents an improvement from the current methodology, where such payments are recorded under administration due to limitations in allocation tracking.

Mr. Smith further noted that pay-for-performance incentives will remain categorized under other revenue. Mr. Smith shared that we have been tracking this data for approximately one and a half to two years and we plan to report progress to the board. Mr. Smith added that these incentives are directly tied to clinical performance, including closing preventive care gaps and improving management of chronically ill patients, with additional updates to be provided in the future.

Ms. Whitaker reported that overall revenue is projected to remain flat. While there are some changes within specific areas, the total revenue remains consistent.

Father Rafael inquired about the lack of change between the augmentation and the proposed 2027 revenue figures, noting that despite stable revenues, there is a significant reduction in expenses from approximately $58M to $55M. He specifically asked why the pharmacy department is the most impacted.

Ms. Whitaker explained that the change is largely due to a shift in the organization's relationship with Gilead. As a result, pharmacy volume related to that program will decrease. Since this segment previously generated strong margins, a reduction in associated expenditures also leads to a corresponding decrease in revenue within the pharmacy department.

Father Rafael sought clarification, asking whether the organization is maintaining the same revenue while reducing expenses in that department. Mr. Smith responded that certain expenses would decrease due to lower purchasing volumes of medications and asked Todd Bleak, Pharmacy Manager, to provide clarification.

Father Rafael observed that the figures indicate approximately a $3M reduction in pharmacy expenses while maintaining revenue levels, noting that this appears favorable.

Ms. Whitaker clarified that revenues are presented by department, and while pharmacy revenue appears flat, it is important to recognize that it would typically be expected to grow. Therefore, holding steady represents a relative decline from anticipated growth.

Dr. Bleak further explained that due to the discontinuation of participation in the Gilead program, the health center will no longer carry certain high-cost medications in its inventory. This reduction in expensive inventory drives down overall expenses. Dr. Bleak advised that to offset the associated revenue loss, the health center plans to increase volume in other medications. However, because those medications are less costly, overall expenses are expected to decrease despite maintaining revenue. Father Rafael acknowledged Dr. Bleak explanation.

Ms. Whitaker added that indirect cost allocations have also decreased. This is tied to the reduction in expenditures, with lower supply costs, there is less indirect cost recovery and reduced charges to FQHC programs.

Ms. Whitaker concluded by noting that the overall change from $58.3 million to $55 million is significant and reflects a combination of reductions in both direct expenses and indirect cost allocations.

Ms. Whitaker further provided an overview of the expenditures by department, revenue versus expenditures and staffing for FY 2027.

Mr. Smith requested clarification regarding the schedule for the second budget augmentation. Ms. Whitaker confirmed that the presentation is scheduled for July. Following this, Mr. Smith inquired with Father Rafael whether the inclusion of new line-by-line charts provided the intended level of detail. Father Rafael affirmed his satisfaction with the updated format, indicating the format is acceptable.

The Chair called for further questions and there were none.

A motion was made by Father Rafael seconded by Member Aceves, and carried unanimously to approve the FY2027 Budget, as presented.

3. **Receive, Discuss and Approve the Recommendations from the April 20, 2026 Finance and Audit Committee Meeting regarding the Clinical Sliding Fee Schedules;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Clinical Sliding Fee Schedules and provided an overview of the statutory and programmatic requirements governing the sliding fee discount program, emphasizing Health Resources and Services Administration (HRSA) compliance standards.

Key requirements highlighted included:
- No patient may be denied services due to inability to pay.
- Services are offered without distinction between inability or refusal to pay.
- The health center must maintain a fee schedule consistent with local prevailing rates and apply a corresponding sliding fee discount for eligible patients.
- Federal Poverty Guidelines, family size, and annual income are used to determine patient eligibility and discount level.

Mr. Smith reminded the board that patients with household incomes at or below 100% of the Federal Poverty Level (FPL) are assessed a nominal fee, which is not calculated through a mathematical formula. Sliding fee discounts apply to patients with incomes between 101% and 200% of FPL, with expanded eligibility thresholds for specific programs such as Title X (Family Planning) and Ryan White, which allow for higher income limits.

Mr. Smith clarified that Federally Qualified Health Centers (FQHCs) are not free clinics and must make reasonable efforts to collect payment while ensuring that care is provided regardless of payment ability. Collection practices include point-of-care requests, patient statements, and financial counseling support, with balances written off after 12 months if unpaid. Patients are never referred to collections.

Mr. Smith advised that sliding fee discounts totaled approximately $6.8 million in calendar year 2025, reflecting a 28% increase over the prior year, consistent with an increasing uninsured patient population reported in Uniform Data System (UDS) filings. Patient survey data from both clinic sites showed that a significant majority of respondents indicated the current sliding fee structure does not pose a financial barrier to accessing care.

Fee Schedule Highlights and Changes

- Primary Care Services: No changes proposed to provider or nursing visit fees.
- Sports Physicals: A new flat fee of $20 was proposed across all payer types, aimed at expanding pediatric services and community outreach.
- Family Planning: Nominal fees remain at $0, with sliding fee eligibility expanded up to 250% of FPL.
- Ryan White Program: Nominal fees remain at $0, with sliding fee eligibility expanded up to 400% of FPL.
- Pharmacy Sliding Fee Schedule:
    - The P0 nominal pharmacy fee was recommended to increase from $7 to $9 to better align with actual medication costs and avoid operating losses.
    - Pharmacy supply fees, including diabetic supplies, PEP, and PrEP medications, remain compliant with 340B requirements and executive order limitations.
    - Certain pharmacy fees were simplified, and PEP services were newly added to the schedule.

Father Rafael asked for clarification regarding the sliding fee scale, specifically whether it applies to uninsured patients. Mr. Smith responded that the sliding fee scale does apply to uninsured self-pay patients; however, it may also be offered to insured patients who have high deductibles or high co-payments.

Father Rafael then asked what percentage of patients are uninsured. Mr. Smith reported that in the prior year, uninsured patients represented 58% of patient encounters, an increase from 55% the year before and from the high 40% range in earlier years. Despite ongoing efforts, the organization has seen growth in both Medicaid encounters and uninsured patients, making this a significant and important portion of the patient population.

Father Rafael noted that while the organization is increasing the sliding fee scale, it is also important to understand what percentage of those charges are ultimately written off or not collected. Mr. Smith stated that this would be a valuable topic for a future presentation, likely to involve Ms. Whitaker and the finance team.

Father Rafael emphasized the importance of collection rates, noting that while sliding fee amounts can be included in projected revenues, they have limited value if they are not collected. Mr. Smith agreed, adding that overly high fees may discourage patients from seeking care altogether. Mr. Smith noted the importance of finding a balance that maximizes both access and participation. Mr. Smith shared that prior reviews have shown that approximately seven out of ten patients pay consistently at the lowest sliding fee level.

Father Rafael commented that similar trends are observed in the pharmacy, which represents the organization's largest source of revenue. Father Rafael noted that some patients obtain medications without making payment. Mr. Smith responded that Dr. Bleak and his team do effective work in collecting pharmacy revenues and regularly review this issue. Mr. Smith shared that while patients may not pay for the office visits, they often find resources for medications. Mr. Smith also noted that the pharmacy team employs multiple tools and strategies to ensure patients leave with needed medications.

The Chair called for further questions and there were none.

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A motion was made by Father Rafael, seconded by Member Coca, and carried unanimously to Approve the Clinical Sliding Fee Schedules, as presented.

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

No board member reports were presented.

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

- CEO Comments

  Randy Smith, Chief Executive Officer, provided updates on several key areas.

  - Title X Family Planning Funding
    - Received flat funding for the last year (five of five), matching prior year's levels.
    - Funding secured through March 2027.
    - New grant cycle expected soon (application anticipated in January 2027).
    - Noted uncertainty due to proposed elimination of program in FY27 budget.

  - Ryan White Part B Funding Reduction
    - Organization received notice (2 days before April 1 start) of a 75% reduction ($679,000).
    - Eliminated service categories:
      - Retention in Care
      - Eligibility
      - Medical Case Management
    - Impact:
      - Approximately 14 staff affected (varied funding allocations).
    - Actions:
      - Financial modeling underway with the finance team.
      - Current fiscal year's stability is supported by salary savings.
      - FY27 scenarios are currently being evaluated.

  - Program Updates & Opportunities
    - Ryan White Program team invited to present to Board of Health.
    - Same presentation will be scheduled for the Governing Board in May.

  - HRSA Update:
    - Grant cycle extended from 3 years to 4 years (reduced administrative burden).
    - Service Area Competition (SAC) has been delayed until next summer. Funding period extended to January 31, 2028.
    - Anticipated less frequent operational site visits.

  - Committee Structure & Participation
    - All board members may attend and participate in committee meetings.

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- Voting limited to the three (3) designated members per committee, per bylaws.
- Committees maintain odd-number composition to ensure quorum and decision-making.
- Committees provide recommendations, final authority rests with the full board.
- Ongoing effort to strengthen committee operations and engagement.
- Additional board member onboarding may prompt future adjustments.

- Committee Scheduling
  - Meetings scheduled as needed (work in progress).
  - Goal: Improve consistency and visibility of committee calendars.
  - All members will receive invitations and have opportunity to participate.

- Board Retreat Planning
  - Survey results:
    - Preferred months: July (top), June, August
    - Preferred duration: Half-day
    - Key content focus: Strategic plan review
  - Next steps:
    - Follow-up survey to finalize date, time, and format.
    - Likely options: early morning or evening session.
    - Staff confirmed flexibility and ability to accommodate board schedules.

In response to Member Coca's question, Mr. Smith explained that committee meetings are calendared as needed and that efforts are underway to systematize scheduling and ensure all board members are informed and able to participate.

- Behavioral Health Program Update

Tabitha Johnson, Behavioral Health Manager, presented an overview of the Behavioral Health program, highlighting significant growth and successful integration within primary care services. Ms. Johnson shared the program experienced substantial clinical expansion, delivering 2,880 mental health visits in the last calendar year. Specialized services include Eye Movement Desensitization and Reprocessing (EMDR) therapy for trauma, offered at no additional cost to patients.

Ms. Johnson, further shared the integrated care model continues to advance through the "Warm Handoff" protocol, allowing medical providers to directly connect patients to behavioral health specialists during primary care visits for immediate support with conditions such as depression, anxiety, and substance use. Additionally, the program enhanced Ryan White services by launching the "Evolve" group therapy program, offered in both English and Spanish, to support HIV-positive patients through peer engagement and shared lived experiences. Ms. Johnson shared the health center was also invited by the University of Washington to participate in the Behavioral Health Integration Benchmarking Report, which evaluates the value of FQHCs to Medicaid programs; the health center's integration scores exceeded both national and regional averages. Ms. Johnson advised that marketing efforts have further supported program growth, generating strong engagement with over 100 patient inquiries in a single campaign cycle.

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Ms. Johnson shared patient success stories highlighting improved access to care, collaboration between medical and behavioral health teams, and timely intervention that would otherwise take weeks in the community.

Member Coca commended the Behavioral Health team for their visible marketing efforts and clinical successes. The board expressed high satisfaction with the integration of physical and mental health services, noting the program's critical role in the post-pandemic landscape.

The Chair called for questions and there were none.

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) Monthly Report – March 2026

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 two (2) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. Seeing no one, the Chair closed the Second Public Comment period.

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XI. ADJOURNMENT

The meeting was adjourned at 3:45 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

ATTEST:

_____

Donna Feliz-Barrows
Chair, SNCHC Governing Board
May 19, 2026
Date of Adoption

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SOUTHERN NEVADA COMMUNITY HEALTH CENTER
DISTRICT-WIDE POLICY

DIVISION:	FQHC	**NUMBER(s):**	CHCA-025
PROGRAM:	Division Wide	**VERSION:**	1.01
TITLE:	Patient Complaints and Grievances	**PAGE:**	1 of 5
		EFFECTIVE DATE: May 19, 2026	
DESCRIPTION:	Policy and process for responding to informal and formal patient complaints and grievances.	**ORIGINATION DATE:** November 19, 2024	
APPROVED BY: **CHIEF EXECUTIVE OFFICER - FQHC** Randy Smith, MPA Date		**REPLACES:** Version 0	

I. PURPOSE

To provide a systematic approach to addressing patient complaints and grievances.

II. SCOPE

This policy applies to all Southern Nevada Community Health Center (SNCHC) Workforce members.

III. POLICY

The Southern Nevada Community Health Center (SNCHC) strives to provide high quality clinical care and customer service in a manner that meets or exceeds the expectations of the health center's patients. On occasion, situations may arise whereby a patient feels that the health center has not achieved this endeavor. In such instances, patients and/or their representative family members/caretakers are encouraged to share their grievances so that issues can be addressed in a timely fashion. Every effort will be made by the health center to resolve the complaint informally and at the point of care.

Patient grievances are formal written or verbal complaints made to the health center by a patient and/or their representative family member/caregiver that is of a serious nature and/or that cannot be resolved promptly by Workforce members or management.

Billing issues are not considered patient grievances unless the complaint also contains elements addressing clinical care services and/or related issues.

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The Health District Legal Department will be notified of any complaint or grievance in which litigation may be involved.

Complaints that are not specific to the health center will be directed to the appropriate health district division or community partner.

IV. PROCEDURE

A. Materials are provided to patients during the time of establishing care that includes information about the patient's right to make a complaint or grievance and who to contact within the health center for resolution.

B. Reporting

1. Department managers/supervisors or designees are responsible for "on-the-spot" resolving of patient complaints when possible.
2. Complaints that become grievances include the following conditions:
    a. If the complaint is not resolved and requires ongoing investigation.
    b. The patient requests, completes, and submits a formal complaint.

C. The following issues are automatically considered patient grievances. In this instance, the health center's Chief Executive Officer (CEO) must be notified within 24 hours:

1. The exercise of patient rights regarding their care.
2. Privacy and safety of the patient.
3. Confidentiality and access to patient records.
4. Civil rights or issues of disability.
5. Allegations of unprofessional or disruptive conduct by a Workforce member.
6. Accusations of abuse.
7. Complaints otherwise serious in nature.

D. A patient, their representative family member/caretaker or the public may report a complaint or grievance verbally, in writing, by mail, or phone. Verbal or telephone complaints must be documented, and if possible, read back to

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confirm the message with the complainant. It includes the following information:

1. Patient or representative/caretaker.
2. Date of complaint.
3. Description of the concern/issue.
4. Location.
5. Requested action.
6. Injury or harm if appropriate.
7. Contact information and preferred method of receiving a response.

E. Investigation and Resolution.

1. Patient complaints received by the health center's CEO or their designee are investigated and resolved in collaboration with the involved program areas. Patient complaints alleging unprofessional or disruptive conduct by Workforce members will be referred to Human Resources.
2. Patient grievance investigation and resolution is a confidential process. Workforce members involved in or with investigating grievance will only discuss with those individuals who have a need to know, or who are needed to supply necessary background information or guidance.
3. All formal grievances will be acknowledged by a phone call or written response within two working days of receipt. After a written complaint or grievance has been investigated, a written response will be sent to the complainant, usually within 28 working days of the original receipt of the complaint. Face-to-face meetings which result in a resolution do not need to be followed up with a written response.
4. To determine if the standard of care was compromised, cases may be peer reviewed or referred to consultants.
5. Health center management may use additional tools to resolve a grievance, such as meeting with the patient and/or their representative family members, or other methods it finds effective. For patients with special needs, assistance will be provided in accordance with Health District policies.
6. The health center's Administrative Manager or designee will monitor

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the grievance resolution process to assure that proper procedures and timelines comply with policy and/or regulatory requirements.

F. Grievance documentation will be kept and tracked for the purpose of continuous quality improvement. Report tracking includes the number of grievances received, type of grievances, and action/resolution of grievances.

ACRONYMS/DEFINITIONS

Not Applicable

REFERENCES

Not Applicable

DIRECT RELATED INQUIRIES TO

Chief Executive Officer (FQHC)
FQHC Administrative Manager

ATTACHMENTS-FORMS-TEMPLATES

Attachment 1, CHCA-025-ATT-1, Complaint Form

Attachment 2, CHCA-025-ATT-2, Office of HIV/Las Vegas TGA Policies & Procedures

HISTORY TABLE

Table 1: History

Version No.	Effective Date	Change Made
Version 1		Formatted to current template Attachment 2 added
Version 0	11/19/2024	First issuance

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COMPLAINT FORM

Name:
Preferred Method of Contact: ☐Phone ☐Mail ☐Email
Telephone Numbers: Primary Work
Email Address:
Relationship to Client: Self Parent Spouse Son/Daughter Other (please explain)

Patient Information {complete this information if patient is not the same as above)
Name: **Date of Birth:**
Address:
Telephone Number:
Email Address:

PLEASE INDICATE NATURE OF YOUR COMPLAINT

Describe your complaint below. Include specific details: (who, what, when, where, why, any injury involved).

Use back or additional sheets as needed.

Attach copies of any supporting documents, such as photographs, records, correspondence, etc. Sign and date below.

_____ _____

Signature Date

OFFICE USE ONLY	
Date	
	Received by:
	Routed to:
	Outcome:

Office of HIV / Las Vegas TGA Policies & Procedures

Grievance Policy	Effective Date: February 14, 2013 Review/Revise Date: April 8, 2025

Applicable Regulations:

Policy Applies to:

☒Ryan White Part A & Minority AIDS Initiative ☐ Recipient ☒ Subrecipient ☐ Contractor
☒Ending the HIV Epidemic
☒Status Neutral

POLICY STATEMENT

Grievance means an oral or written communication, submitted by a client or by their representative, which addresses issues with any aspect of a subrecipient's operations, activities, or behavior that pertains to the availability, delivery, or quality of care, including utilization review decisions, that are believed to be adverse by the client. The expression may be in whatever form of communication or language that is used by the client or their representative but must state the reason for the dissatisfaction and the client's desired resolution.

The subrecipient is the first point of access for all grievances and is responsible for responding, investigating, and attempting to resolve the client's grievance before the client or subrecipient refers the grievance to a funder or governing entity.

No retaliatory actions will be taken against any client or client representative filing a grievance. The client shall be assured that information pertaining to the grievance issue is kept confidential except to the extent that sharing of such information between the recipient and the subrecipient and other persons authorized by the client, is necessary to resolve the issue.

PROCEDURE

Subrecipients shall develop and implement an agency-wide grievance policy that clearly explains all of the following, at minimum:

- The definition of a grievance
- How a person may submit a grievance
- The steps the subrecipient will take to address a grievance
- The appeal process
- The definition of retaliation
- What the subrecipient does to prevent retaliation after a person submits a grievance
- How the subrecipient addresses any retaliation that may occur
- The entity the person may contact when the grievance is not resolved at the agency level (Note: this will be dependent on the agency's funding sources, for example The City of Las Vegas, SAPTA, Clark County)
- That the subrecipient is the first point of access for all grievances and is responsible for responding, investigating, and attempting to resolve the client's grievance before the client or subrecipient refers the grievance to a funder or governing entity
- Aligns with the Nevada Ryan White Parts ABCD Common Guidance Document 17-06, Grievance Protocol Guidance https://endhivnevada.org/wp-content/uploads/2025/04/17-06-Grievance-Protocol-Guidance.pdf

Subrecipients shall ensure:

- The grievance policy and forms are available in English and Spanish
- Each client served is aware of and understands the grievance policy
- That at each location where funded services are provided:
  - The grievance policy and procedure are posted in plain sight.
  - Grievance forms are always available in an area clients can access without needing staff permission.
  - There is a locked suggestion box easily accessible to clients to submit input, including grievances. This box must be checked by subrecipient at least weekly to ensure timely response.

Subrecipients shall supply a client or their representative with any of the following, upon client's request:

- A blank agency grievance form
- A copy of their completed agency grievance form
- A pre-addressed and pre-stamped envelope addressed to the subrecipient's Executive Director
- A pre-addressed and pre-stamped envelope addressed to Clark County's HRSA Grants Project Director at the Office of HIV

Grievances are one source of information to evaluate the quality of access, service, or clinical care. Thus, each subrecipient shall submit a completed Grievance Log to the recipient's office on a quarterly basis with the agency's quarterly report. Logs will be tracked and trended by the recipient's office for quality improvement purposes.

Subrecipients shall record each oral and written grievance on the Grievance Log.

- If a grievance covers more than one category, subrecipients shall record the grievance in the predominant category.
- For each grievance listed on the log, documentation must also be submitted to include, at minimum:
  - Copy of written grievance or transcript of oral grievance
  - Records of analysis, investigation, and resolution of the grievance
  - Copy of written notification to the client of the disposition of the grievance and the way to appeal the outcome of the grievance, including contact information of the recipient's office, if grievance was not resolved to the client's satisfaction.

ACCESS		Interaction with Provider - CCSS Staff	
A1	Difficulty contacting Provider	**I1**	Client feels not treated with dignity or respect
A2	Timely appointment not available	**I2**	Client disagrees with staff or clinician response
A3	Convenient appointment not available	**I3**	Lack of courteous service
A4	No choice of clinicians or clinician not available	**I4**	Lack of cultural sensitivity
A5	Transportation or distance barrier	**I5**	Other (describe)
A6	Physical barrier to Provider's office	**Quality of Service**	
A7	Language barrier or lack of interpreter services	**Q2**	Provider office unsafe
A8	Wait time during visit too long	**Q2**	Provider office uncomfortable
A9	Other (describe)	**Q3**	Client did not receive information about available services
Denial of Service, Authorization, or Payment		**Q4**	Excessive wait times on phone
D1	Desired service not available	**Q5**	Phone call not returned
D2	Client wanted more service than offered/authorized	**Q6**	Client doesn't like pre-authorization requirements
D3	Request for service not covered by Ryan White TGA	**Q7**	Other (describe)
D4	Request for medically unnecessary service	**Client Rights**	
D5	Payment to non-participating provider denied	**CR1**	Not informed of client rights
D6	Service authorization denied	**CR2**	Grievance and appeal procedure not explained
D7	Other (describe)	**CR3**	Access to own records denied
Clinical Care		**CR4**	Concern over confidentiality
C1	Client not involved in treatment planning	**CR5**	Allegation of abuse
C2	Client's choice of service not respected	**CR6**	Treatment discontinued without proper notification
C3	Disagreement with treatment plan	**CR7**	Other (describe)
C4	Concern about prescriber or medication issues		
C5	Lack of response or follow-up		
C6	Lack of coordination among providers		
C7	Care not culturally appropriate		
C8	Client believed quality of care inadequate		
C9	Other (describe)		

LAS VEGAS TRANSITIONAL GRANT AREA

Effective March 1, 2025 **TGA Provider Grievance Log**

Provider Name: _____ **Year:** **GY 2025 - 2026**

Reporting Period: ☐ **Mar-May** ☐ **June-Aug** ☐ **Sept-Nov** ☐ **Dec-Feb**

Grievance: An oral or written communication, submitted by a client or their representative, which addresses issues with any aspect of Provider's operations, activities, or behavior that pertains to the availability, delivery, or quality of the service including utilization review decisions that are believed to be adverse to the client. The communication may be in whatever form of communication or language that is used by the client or their representative, but must state the reason for the client's dissatisfaction and the desired resolution

Client Identifier	Date Received	Grievance Type	Disposition Select One: Resolved/Appeal Requested	Disposition Date	# Days to Disposition

The count of calendar days begins with the receipt date and does not include the final date of disposition. (For Example, if a grievance was received Thursday March 8, 2015 and disposed of Tuesday March 12, 2015, the number of calendar days would be five (5) days.)

SOUTHERN NEVADA Community HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Financial Report
Results as of March 31, 2026

(Unaudited)

Summary of Revenue, Expenses and Net Position (March 31, 2026 – Unaudited)

Revenue

- General Fund revenue (Charges for Services & Other) is $27.79M compared to a budget of $28.85M, an unfavorable variance of $1.06M.
- Special Revenue Funds (Grants) is $3.90M compared to a budget of $3.80M, a favorable variance of $100K.
- Total Revenue is $31.69M compared to a budget of $32.65M, an unfavorable variance of $954K.

Expenses

- Salary, Tax, and Benefits is $10.41M compared to a budget of $11.10M, a favorable variance of $690K.
- Other Operating Expense is $21.98M compared to a budget of $23.36M, a favorable variance of $1.38M.
- Indirect Cost/Cost Allocation is $7.99M compared to a budget of $8.70M, a favorable variance of $710K.
- Total Expense is $40.38M compared to a budget of $43.15M, a favorable variance of $2.77M.

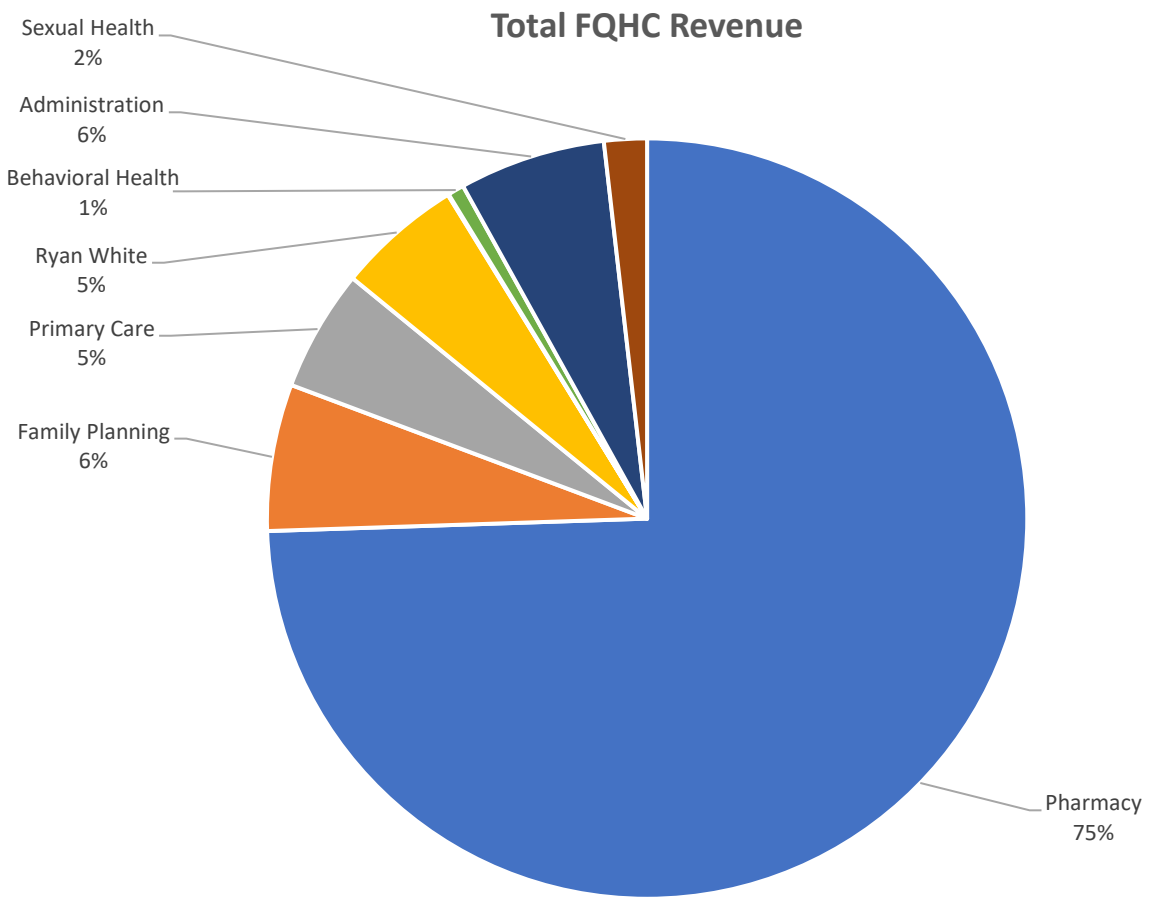
Net Position: is ($8.69M) compared to a budget of ($10.51M), a favorable variance of $1.82M.

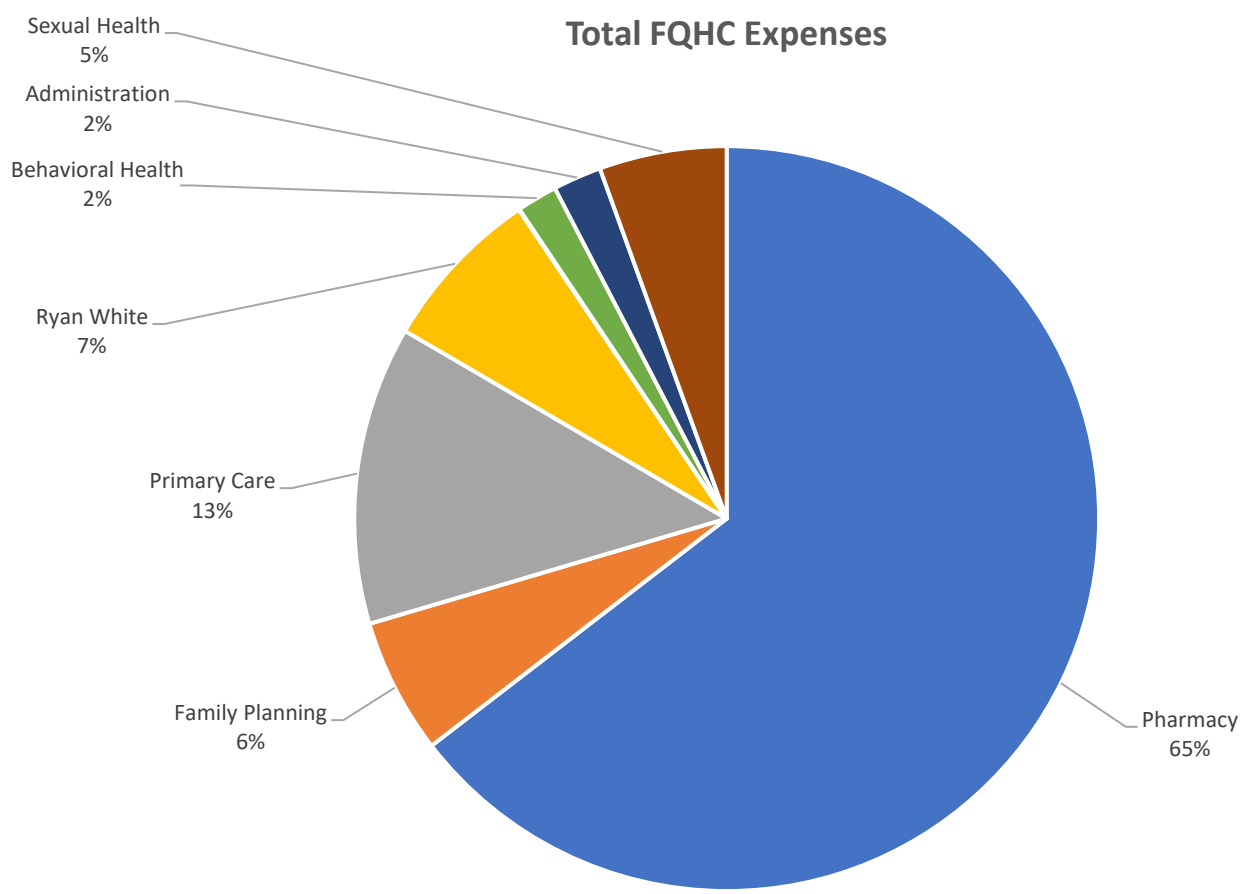
All Funds/Divisions by Type
Budget to Actual

Activity	Budget as of March	Actual as of March	Variance Favorable (Unfavorable)	%	
Charges for Services	27,642,432	26,039,148	(1,603,284)	-6%	1
Other	1,205,236	1,755,516	550,280	46%	2
Federal Revenue	1,917,611	2,004,477	86,866	5%	
Pass-Thru Revenue	1,564,787	1,298,277	(266,510)	-17%	
State Revenue	316,791	595,217	278,426	88%	
Total FQHC Revenue	**32,646,857**	**31,692,635**	**(954,222)**	**-3%**	
Salaries	7,532,978	6,986,929	546,049	7%	
Taxes & Fringe Benefits	3,563,963	3,423,729	140,234	4%	
Total Salaries & Benefits	**11,096,941**	**10,410,658**	**686,283**	**6%**	
Supplies	21,988,014	20,973,227	1,014,787	5%	
Capital Outlay	14,685	-	14,685	100%	
Contractual	1,304,460	981,061	323,399	25%	
Travel & Training	49,065	30,501	18,564	38%	
Total Other Operating	**23,356,224**	**21,984,789**	**1,371,435**	**6%**	
Indirect Costs/Cost Allocations	8,699,430	7,986,672	712,758	8%	
Transfers IN	(618,849)	(581,338)	(37,511)	6%	
Transfers OUT	618,843	581,338	37,505	6%	
Total Transfers	**8,699,424**	**7,986,672**	**712,752**	**8%**	
Total FQHC Expenses	**43,152,589**	**40,382,119**	**2,770,470**	**6%**	
Net Position	**(10,505,732)**	**(8,689,484)**	**1,816,248**	**-17%**	

NOTES:
1) CHARGES FOR SERVICES INCLUDES FY26 Q1-Q3 WRITE-OFF (ANY OUTSTANDING AMOUNT OLDER THAN 12 MONTHS AS OF MARCH 2026). SEE PHARMACY NOTE ON SLIDE FIVE.
2) NEVADA MEDICAID WRAP TRUE-UP/LOOK-BACK PAYMENTS FOLLOWING COMPLETION OF NEW PPS RATE REVIEW (PAID DIFFERENCE BETWEEN INTERIM RATE AND FINALIZED RATE).

Percentage of Revenues and Expenses by Department (March 31, 2026)





Revenues by Department
Budget to Actuals

Department	Budget as of March	Actual as of March	Variance Favorable (Unfavorable)	%	
Charges for Services, Other, Wrap					
Family Planning	180,992	391,816	210,824	116%	
Pharmacy	26,402,011	23,850,635	(2,551,376)	-10%	1
Primary Care	361,525	896,097	534,572	148%	
Ryan White	121,589	23,073	(98,516)	-81%	2
Refugee Health	15,235	12,516	(2,719)	-18%	3
Behavioral Health	117,824	251,343	133,519	113%	
Administration	1,205,236	1,752,624	547,388	45%	
Sexual Health	443,255	616,561	173,306	39%	
OPERATING REVENUE	**28,847,667**	**27,794,665**	**(1,053,002)**	**-4%**	
Grants					
Family Planning	1,449,855	1,544,839	94,984	7%	
Primary Care	784,547	753,809	(30,738)	-4%	
Ryan White	1,559,928	1,596,743	36,815	2%	
Refugee Health	4,860	2,579	(2,281)	-47%	3
Behavioral Health	-	-	-	0%	
SPECIAL REVENUE	**3,799,190**	**3,897,970**	**98,780**	**3%**	
TOTAL REVENUE	**32,646,857**	**31,692,635**	**(954,222)**	**-3%**	

NOTES:
1) REVENUE REDUCTION DUE TO CHANGES IN PAYER PATIENT ASSISTANCE PROGRAMS FOR HIGH-COST MEDICATIONS (DISCUSSED AT 2/17/26 BOARD MEETING – "PHARMACY UPDATE". PHARMACY AND FINANCE ARE ACTIVELY MONITORING CHANGES).
2) REVENUE LAGGING BECAUSE RYAN WHITE SELF-PAY WRITE-OFF EXCEEDED TOTAL CHARGES FOR SERVICES THROUGH Q2 FY26.
3) REFUGEE HEALTH CLINIC PATIENT ENCOUNTERS REDUCED BY 95% YEAR-OVER-YEAR.

Expenses by Department

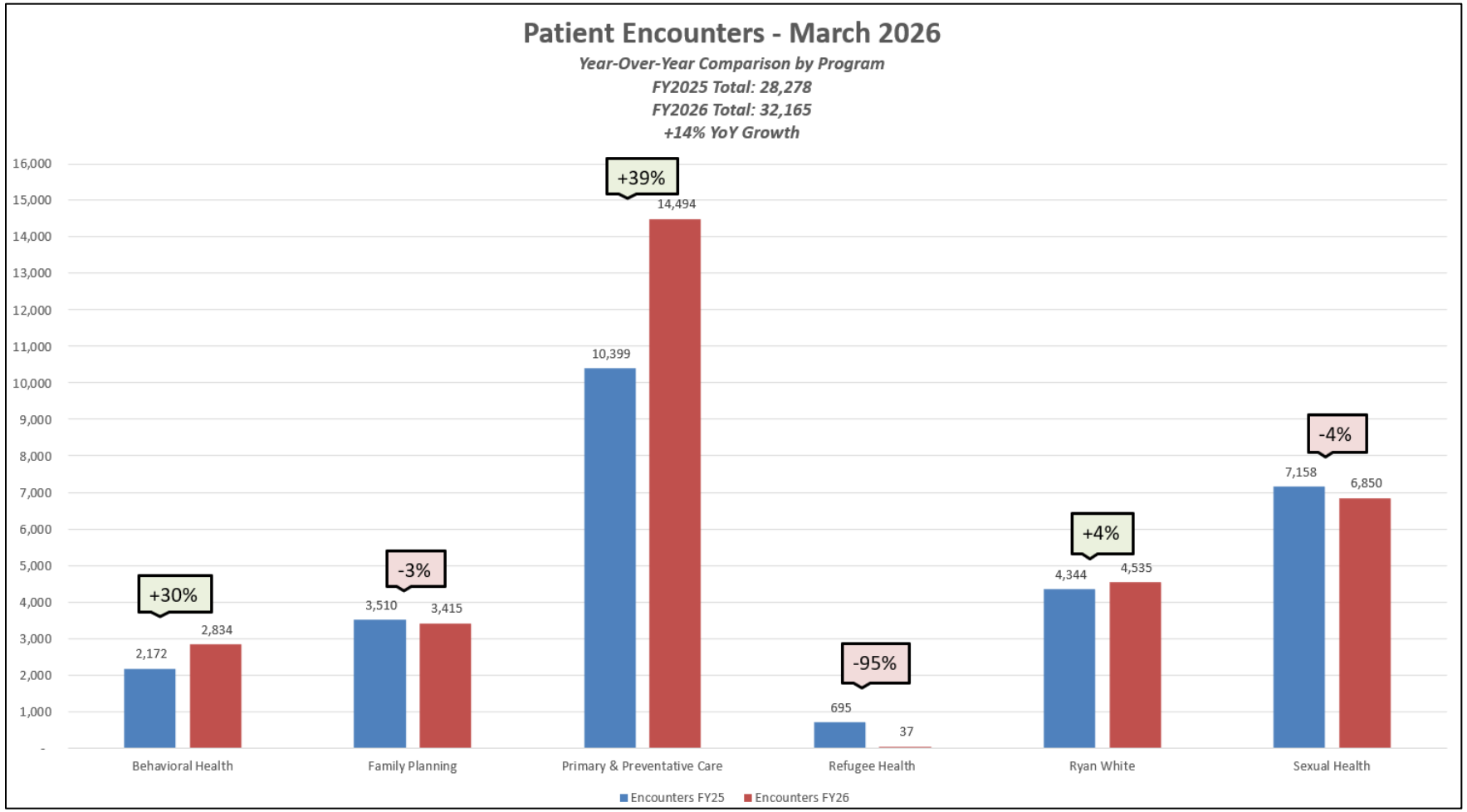
Budget to Actuals

Department	Budget as of March	Actual as of March	Variance Favorable (Unfavorable)	%	
Employment (Salaries, Taxes, Fringe)					
Family Planning	1,514,775	1,420,434	94,341	6%	
Pharmacy	525,418	518,938	6,480	1%	
Primary Care	4,271,945	3,886,094	385,851	9%	
Ryan White	2,142,539	2,102,500	40,039	2%	
Refugee Health	3,061	1,904	1,157	38%	1
Behavioral Health	560,815	565,978	(5,163)	-1%	
Administration	304,711	295,241	9,470	3%	
Sexual Health	1,773,677	1,619,569	154,108	9%	
Total Personnel Costs	11,096,941	10,410,658	686,283	6%	
Other (Supplies, Contractual, Capital, etc.)					
Family Planning	438,657	485,556	(46,899)	-11%	
Pharmacy	21,457,658	20,395,580	1,062,078	5%	2
Primary Care	374,812	313,843	60,969	16%	
Ryan White	288,543	218,715	69,828	24%	
Refugee Health	25,610	9,353	16,257	63%	1
Behavioral Health	17,247	4,772	12,475	72%	
Administration	538,528	385,147	153,381	28%	
Sexual Health	215,169	171,823	43,346	20%	
Total Other Expenses	23,356,224	21,984,789	1,371,435	6%	
Total Operating Expenses	**34,453,165**	**32,395,447**	**2,057,718**	**6%**	
Indirect Costs/Cost Allocations	8,699,430	7,986,672	712,758	8%	
Transfers IN	(618,849)	(581,338)	(37,511)	6%	
Transfers OUT	618,843	581,338	37,505	6%	
Total Transfers & Allocations	8,699,424	7,986,672	712,752	8%	
TOTAL EXPENSES	**43,152,589**	**40,382,119**	**2,770,470**	**6%**	

NOTES:

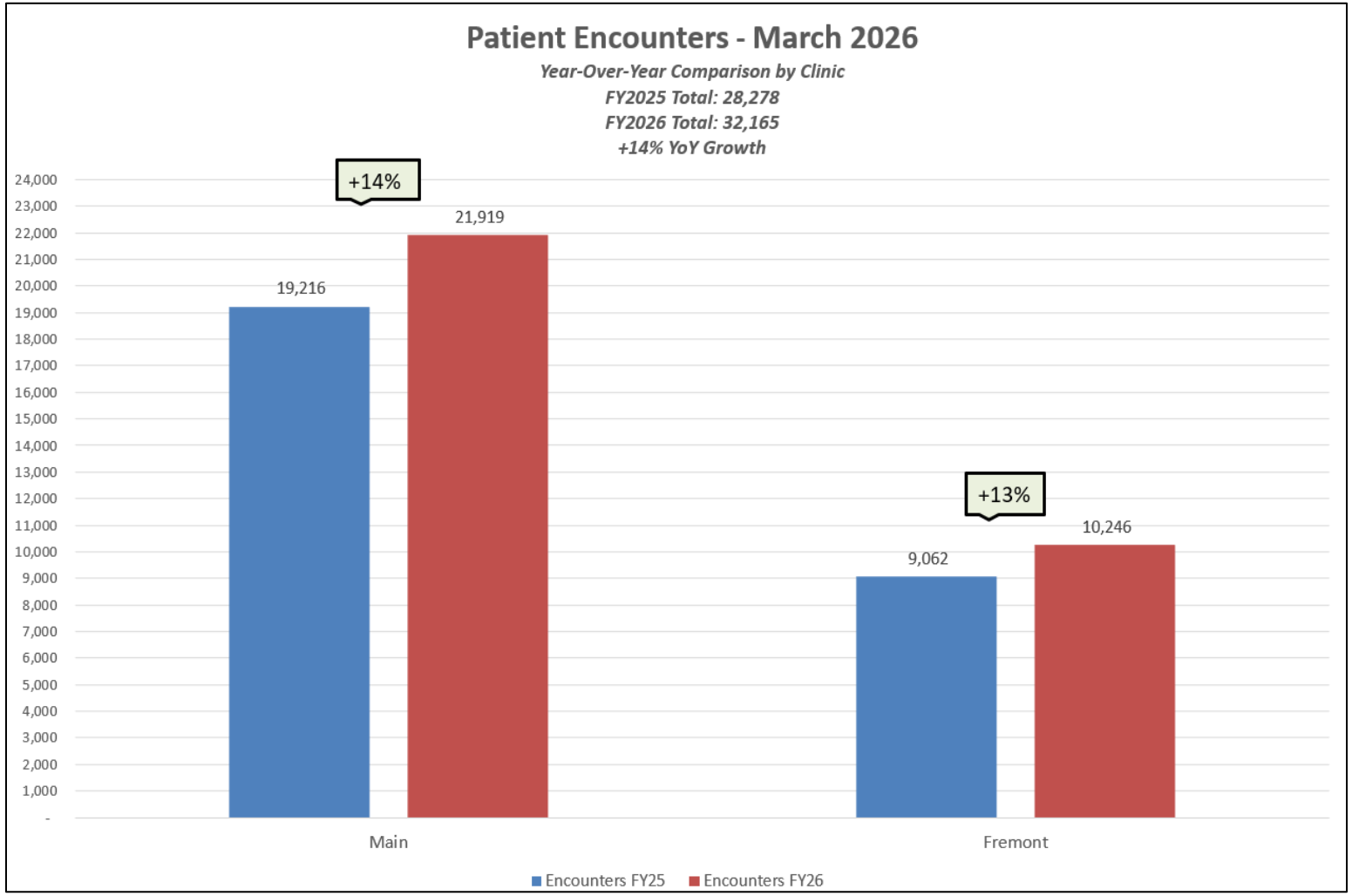
1) REFUGEE HEALTH CLINIC PATIENT ENCOUNTERS REDUCED BY 95% YEAR-OVER-YEAR.
2) REDUCTION IN PAYER ASSISTANCE PROGRAM FUNDING REDUCED ORDERING THROUGH MARCH 2026 FROM ANTICIPATED.

Patient Encounters By Department



NOTE 1: PATIENT ENCOUNTERS INCLUDE VISITS PROVIDED BY LICENSED INDEPENDENT PRACTITIONERS (LIPS) AND NURSES. FY25 AND FY26 SEXUAL HEALTH CLINIC ENCOUNTERS DO NOT INCLUDE SELECT NURSE VISITS THAT ARE NOW PROVIDED IN THE PRIMARY AND PREVENTIVE CARE DIVISION.

Patient Encounters By Clinic



Financial Report Categorization

Statement Category – Revenue	Elements
Charges for Services	Fees received for medical services provided from patients, insurance companies, Medicare, and Medicaid.
Other	Medicaid MCO reimbursements (the wrap), administrative fees, and miscellaneous income (sale of fixed assets, payments on uncollectible charges, etc.).
Grants	Reimbursements for grant-funded operations via Local, State, Federal, and Pass-Through grants.

Statement Category – Expenses	Elements
Salaries, Taxes, and Benefits	Salaries, overtime, stand-by pay, retirement, health insurance, long-term disability, life insurance, etc.
Travel and Training	Mileage reimbursement, training registrations, hotel, flights, rental cars, and meeting expenses pre-approved, job-specific training and professional development.
Supplies	Medical supplies, medications, vaccines, laboratory supplies, office supplies, building supplies, books and reference materials, etc.
Contractual	Temporary staffing for medical/patient/laboratory services, subrecipient expenses, dues/memberships, insurance premiums, advertising, and other professional services.
Property/Capital Outlay	Fixed assets (i.e. buildings, improvements, equipment, vehicles, computers, etc.)
Indirect/Cost Allocation	Indirect/administrative expenses for grant management and allocated costs for shared services (i.e. Executive leadership, finance, IT, facilities, security, etc.)

Month-to-Month Comparisons

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

YTD by Month – March 31, 2026

By Department

DEPARTMENT	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	YTD TOTALS	YTD AVERAGES
Administration (301)	436,833	248,524	99,282	477,183	210,367	279,744	690	-	-	1,752,624	294,438
Family Planning (309)	124,841	227,027	154,943	402,202	251,445	182,597	242,091	286,130	263,174	2,134,451	232,092
Pharmacy (333)	3,079,691	2,482,932	2,912,946	2,704,474	2,110,522	2,848,050	2,503,416	2,415,668	2,792,936	23,850,634	2,658,113
Dental Health (336)	-	-	-	-	-	-	-	-	-	-	-
Primary Care (337)	122,170	178,371	146,645	192,671	157,724	142,313	341,467	210,161	257,936	1,749,458	159,516
Ryan White (338)	173,342	171,389	135,978	281,657	221,011	140,590	198,401	501,543	79,246	1,903,157	196,675
Refugee Health (344)	(347)	(678)	(111)	90	(706)	(824)	15,562	(1,487)	4,248	15,746	(350)
Behavioral Health (345)	33,197	27,124	16,046	38,282	21,181	(9,961)	31,439	38,361	55,673	251,343	27,166
Sexual Health (350)	72,637	32,065	36,100	25,379	42,113	26,372	155,862	122,045	103,988	616,561	41,659
TOTAL REVENUES	**4,042,364**	**3,366,756**	**3,501,828**	**4,121,937**	**3,013,657**	**3,608,881**	**3,488,929**	**3,572,421**	**3,557,200**	**32,273,974**	**3,609,308**

DEPARTMENT	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	YTD TOTALS	YTD AVERAGES
Administration (301)	70,680	79,215	83,721	138,213	106,752	83,147	92,305	94,990	99,183	848,205	95,716
Family Planning (309)	138,478	267,099	247,464	432,499	304,127	219,911	251,038	337,527	367,089	2,565,231	277,933
Pharmacy (333)	3,374,348	3,227,761	2,794,743	2,334,750	2,345,852	3,309,642	3,181,215	2,361,189	3,256,576	26,186,077	2,815,491
Dental Health (336)	-	-	-	-	-	-	-	-	-	-	-
Primary Care (337)	485,264	590,380	580,687	756,141	533,944	563,127	528,567	525,609	748,268	5,311,988	589,283
Ryan White (338)	238,561	314,910	333,259	470,966	342,630	338,303	312,987	371,391	382,036	3,105,043	340,065
Refugee Health (344)	2,709	-	-	3,695	-	-	7,152	67	1,055	14,678	1,281
Behavioral Health (345)	43,131	67,285	70,044	111,472	74,240	73,510	77,725	77,987	110,727	706,121	73,234
Sexual Health (350)	193,778	258,395	264,445	333,650	225,581	237,963	226,319	213,012	272,973	2,226,115	255,170
TOTAL EXPENSES	**4,546,948**	**4,805,046**	**4,374,364**	**4,581,386**	**3,933,125**	**4,825,603**	**4,677,306**	**3,981,772**	**5,237,906**	**40,963,458**	**4,448,174**

NET POSITION:	(504,584)	(1,438,290)	(872,536)	(459,450)	(919,468)	(1,216,723)	(1,188,377)	(409,351)	(1,680,706)	(8,689,484)	(838,866)

NOTE 1: NEVADA MEDICAID WRAP SWITCHED TO SHADOW BILLING IN JANUARY 2026. MEDICAID PPS RATE WILL BE PAID FOR ALL CLAIMS GOING FORWARD. REVENUE WILL BE RECORDED BY DEPARTMENT.

YTD by Month – March 31, 2026

By Type

REVENUE TYPE	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	YTD TOTALS	YTD AVERAGES
Charges for Services	3,298,484	2,670,838	3,007,294	2,919,810	2,283,967	2,882,806	3,037,059	2,835,348	3,103,542	26,039,148	2,836,079
Other	436,833	250,289	99,282	478,311	210,367	279,744	690	-	-	1,755,516	295,016
Contributions	-	-	-	-	-	-	-	-	-	-	-
Intergovernmental	263,679	383,912	341,117	624,317	446,837	383,401	388,938	644,940	420,830	3,897,971	411,972
TOTAL REVENUES	**3,998,996**	**3,305,039**	**3,447,694**	**4,022,438**	**2,941,170**	**3,545,952**	**3,426,687**	**3,480,288**	**3,524,372**	**31,692,636**	**3,543,067**

EXPENSE TYPE	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	YTD TOTALS	YTD AVERAGES
Salaries	523,875	723,389	720,359	1,068,768	734,847	721,906	714,229	711,913	1,067,643	6,986,929	754,248
Taxes and Benefits	264,484	358,856	356,812	488,386	349,107	355,739	357,567	357,217	535,561	3,423,729	363,529
Travel and Training	6,022	12,281	7,060	1,441	430	313	103	1,999	852	30,501	5,447
Supplies	2,669,901	2,586,910	2,258,924	1,907,228	1,889,343	2,616,555	2,512,191	1,945,699	2,586,477	20,973,228	2,262,461
Contractual	139,385	109,341	103,559	127,486	100,370	97,108	106,155	97,443	100,213	981,061	116,028
Property	-	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSES	**3,603,667**	**3,790,777**	**3,446,713**	**3,593,309**	**3,074,097**	**3,791,621**	**3,690,246**	**3,114,271**	**4,290,747**	**32,395,448**	**3,501,713**

TRANSFER TYPE	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	YTD TOTALS	YTD AVERAGES
Indirect/Cost Allocation	899,914	952,552	873,517	888,579	786,541	971,053	924,818	775,368	914,330	7,986,672	880,221
Transfer In	(43,368)	(61,717)	(54,134)	(99,499)	(72,487)	(62,929)	(62,242)	(92,133)	(32,828)	(581,338)	(66,241)
Transfer Out	43,368	61,717	54,134	99,499	72,487	62,929	62,242	92,133	32,828	581,338	66,241
TOTAL TRANSFERS	**899,914**	**952,552**	**873,517**	**888,579**	**786,541**	**971,053**	**924,818**	**775,368**	**914,330**	**7,986,672**	**880,221**

NET POSITION:	(504,584)	(1,438,290)	(872,537)	(459,450)	(919,468)	(1,216,723)	(1,188,377)	(409,351)	(1,680,706)	(8,689,484)	(838,866)

Questions?

MOTION

Motion to Accept the March 2026 Year-to-Date Financial Report, as presented.

Patient Origin Report and 2026 Annual Catchment Area Revision

Health Center Catchment Area Regulation

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

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

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

ZIP Codes	Total Pts	% of Total
89108	804	5.99%
89107	716	5.33%
89110	653	4.86%
89104	649	4.83%
89121	592	4.41%
89101	576	4.29%
89030	566	4.21%
89102	554	4.12%
89115	543	4.04%
89119	499	3.72%
89103	488	3.63%
89106	345	2.57%
89031	335	2.49%
89122	332	2.47%
89032	320	2.38%
89169	298	2.22%
89147	273	2.03%
89142	245	1.82%
89117	236	1.76%
89156	216	1.61%
89148	212	1.58%
89146	197	1.47%
89128	190	1.41%
89129	182	1.36%
89123	177	1.32%
	10,198	75.72%

	#	%
Rural	42	0.31%
Rural/suburban	120	0.89%
Urban	13,269	98.79%
Total	13,431	

Proposed ZIP Codes for Decatur	Proposed ZIP Codes for Fremont	Proposed ZIP Codes for Mobile
	89030	89030
89031		89031
89032		89032
	89081	89081
	89101	89101
89102		89102
89103		89103
	89104	89104
89106		89106
89107		89107
89108		89108
	89110	89110
	89115	89115
89117		89117
89119		89119
	89121	89121
	89122	89122
89123	89123	89123
89128		89128
89129		89129
	89142	89142
89146		89146
89147		89147
89148		89148
	89156	89156
89169		89169

Catchment Area Proposal for 2026

It is proposed that SNCHC's Governing Board make a motion and approve staff to submit a change in scope to HRSA to remain compliant with the catchment area regulation by:

- Removing 89081 from its catchment area for Fremont and the Mobile unit and
- Adding ZIP Codes 89128 and 89146 to the catchment areas of Decatur and the Mobile Unit.

Motion to Approve the Patient Origin Report and Change In Scope, as presented.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

VIII. CHIEF EXECUTIVE OFFICER & STAFF REPORTS

Randy Smith, MPA, Chief Executive Officer - FQHC

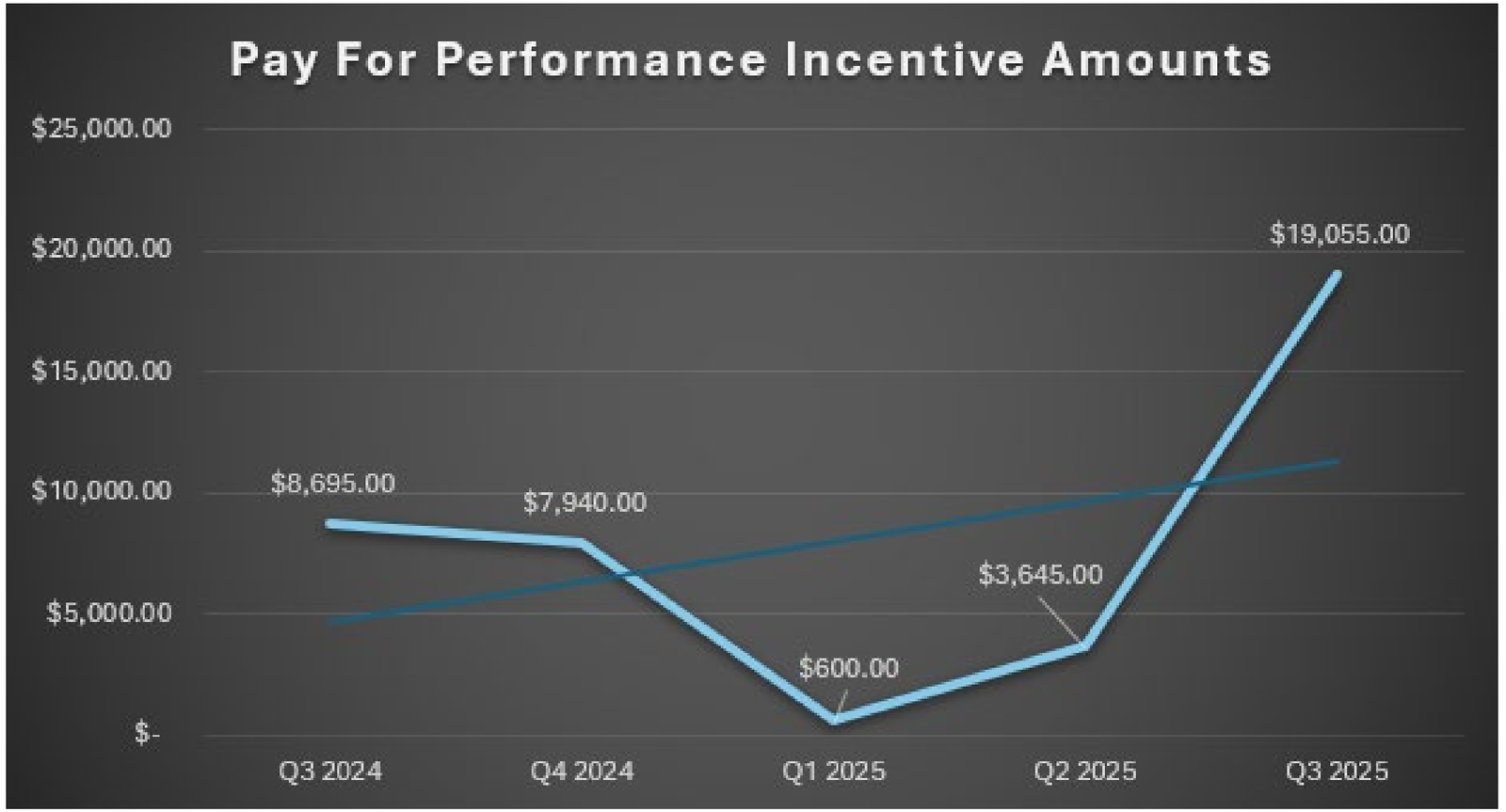
Funding and Funder Updates

- Notification received by HRSA regarding the reopening of a New Access Point (NAP) opportunity for the 89103-zip code priority area.
- Notification of a new HRSA Expanded Nutrition grant received. Applications are due on June 9th.
- Ryan White Part B program:
  - Grant funding reduction.
    - Salary savings from position vacancies used to off-set grant reduction.
  - Service category reduction (Retention, Eligibility, and Medical Case Management).
    - Ryan White Part A and Health Center specific initiatives (e.g., hospital follow up coordination and PCMH Care Plans).

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Pay for Performance (P4P) Incentives

- P4P incentives have been tracked since Q3 of 2024.



Quarterly incentive payment amounts received per quarter.

Administrative Updates

- Patient Centered Medical Home (PCMH) transformation activities are ongoing. First check-in pushed back to July. Still on track to achieve designation by 12/31/2026.
- 340B Site Visit Audit – June 24-June 25, 2026.
- Employee appreciation activities aligned with the 2026 National Health Center Week (August 3rd – 7th) will take place on August 6th at Fremont.
  - Hosted by the Employee Engagement Committee
  - Celebrations
  - Team Building
  - Training
  - Strategic Plan
- A new Physician Assistant for the Decatur site scheduled start on July 6th.
- A new Clinical Staff Physician from the Fremont Public Health Center scheduled start on July 20th.
- Recruitment for a Clinical Staff Physician for the Decatur site underway.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Board Retreat Update

- Currently holding Wednesday, July 15th and 22nd at UNLV (Gateway Bldg.)
  - 4:30 – 8:30 p.m.
- Looking at potential space and dates at Historic 5th Street School
  - 4:30-8:30 p.m.
    - Wednesday, July 29
    - Thursday, July 30
    - Tuesday, August 4
    - Wednesday, August 12
    - Wednesday, August 19
    - Thursday, August 20
    - Tuesday, August 25
- Next Steps:
  - Send survey to board members with dates to determine best option.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

2025 UDS & FPAR 2.0 Highlights

2025 UDS Report Highlights
Health Center (FQHC) Program

Sex		Male	Female	Total
	#	6,220	7,211	13,431
	%	46.3%	53.7%	100.0%

Ethnicity		Hispanic	Non Hispanic	Unknown	Total
	#	7,336	5,739	356	13,431
	%	54.6%	42.7%	2.7%	100.0%

Services Provided	Clinic Visits	Virtual Visits	Total Visits	# Patients	Visits Per Pt
Total Medical Care Services	28,905	1,886	30,791	13,125	2.35
Total Dental Services	-	-	-	-	-
Total Mental Health Services	2,410	470	2,880	830	3.47
Total Substance Use Disorder Services	9,905	-	9,905	5,314	1.86
Total Other Professional Services (RD)	600	9	609	348	1.75
Total Vision Services	-	-	-	-	-
Total Enabling Services	2,016	-	2,016	672	3.00
Total Other Program Services	-	-	-	-	-
Total Quality Improvement Services	-	-	-	-	-
Total Administration & Facility Services	-	-	-	-	-
Grand Total of Services Provided	43,836	2,365	46,201	13,431	3.44

	#	%
Pts with Limited English Proficiency	4935	36.7%

Race	#	%
Total Asian	594	4.4%
Total NHOPI	171	1.3%
Black or African	2,789	20.8%
American Indian/Alaska Native	119	0.9%
White	5,149	38.3%
More than one race	380	2.8%
Unreported/Chose not to disclose race	4,229	31.5%
Total	13,431	100.0%

Income % to FPL	#	%	
100% and below	7,582	56.45%	81.76%
101-150%	2,182	16.25%	
151-200%	1,217	9.06%	
Over 200%	1,732	12.90%	
Unknown	718	5.35%	
Total	13,431	100.00%	

Payers	Age 0-17	Age 18+	Total	%
None/Uninsured	380	7,425	7,805	58.11%
Medicaid	242	2,719		
CHIP MCD	-	-		
Total MCD	242	2,719	2,961	22.05%
Dually Eligible	-	47		
Medicare	-	139	139	1.03%
Other Public CHIP	-	-		
Total Public	-	-		
Private	46	2,480	2,526	18.81%
Total	668	12,763	13,431	100.00%

2025 FPAR 2.0 Report
Title X – Family Planning Program

		Female	Male	Total
Sex	#	2,548	55	2,603
	%	97.9%	2.1%	100.0%

		Hispanic	Non Hispanic	Unknown	Total
Ethnicity	#	1,670	522	411	2,603
	%	64.2%	20.1%	15.8%	100.0%

Cervical cancer screenings performed	1,681
STI tests conducted (Chlamidya, Gonorrhea, Syph, & HIV)	6,514
# of contraceptive devices implanted or inserted	894
Total # of Family Planning Visits	4,767

	#	%
Pts with Limited English Proficiency	1359	52.2%

Race	#	%
Total Asian	56	2.2%
Total NHOPI	35	1.3%
Black or African	204	7.8%
American Indian/Alaska Native	8	0.3%
White	1,096	42.1%
More than one race	25	1.0%
Unreported/Chose not to disclose race	1,179	45.3%
Total	2,603	100.0%

Income % to FPL	#	%	
100% and below	1,680	64.54%	91.7%
101-150%	426	16.37%	
151-200%	203	7.80%	
201% - 250%	78	3.00%	
Over 250%	82	3.15%	
Unknown	134	5.15%	
Total	2,603	100.00%	

Payers	Total	%
None/Uninsured	1,891	72.65%
Public	392	15.06%
Private	320	12.29%
Total	2,603	100.00%

QUESTIONS?

Thank you.

RYAN WHITE HIV/AIDS PROGRAM

Merylyn Yegon, RN, BSN
Community Health Nurse Manager

Magali Cano, RN, BSN
Nurse Case Manager

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

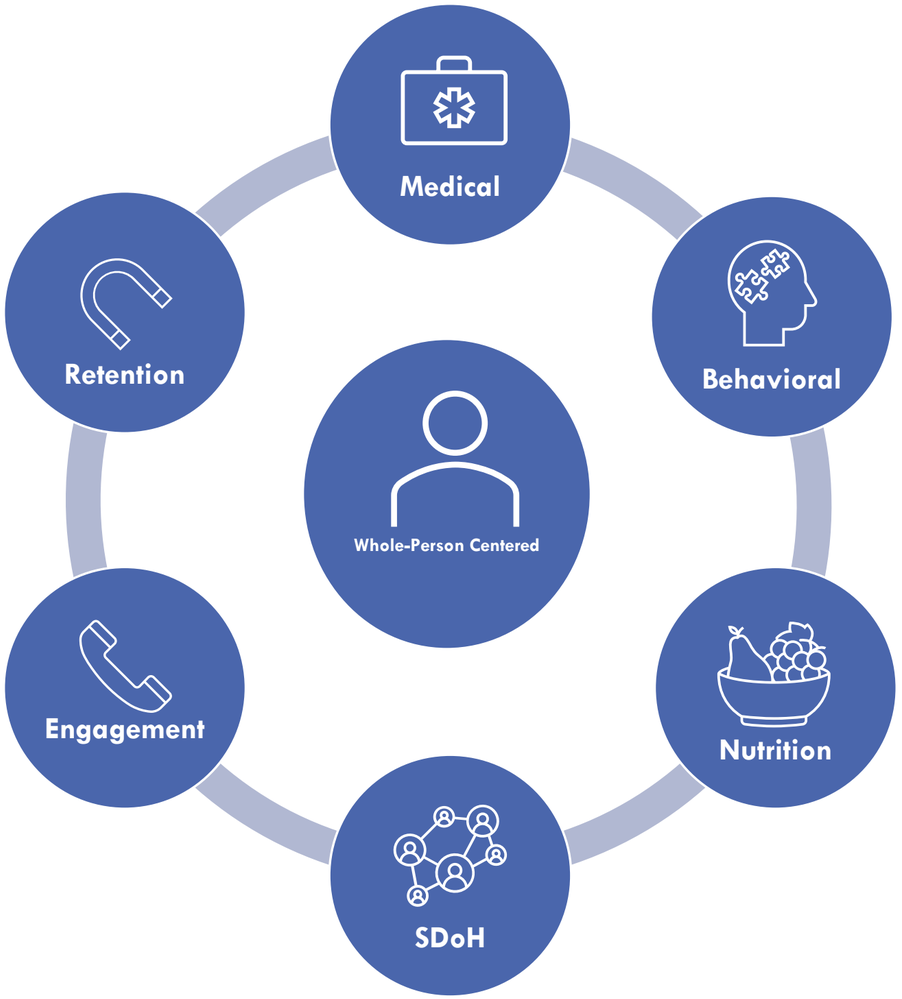
BACKGROUND

The Ryan White HIV/AIDS Program

- Federal program established in 1990 to provide funding for medical and support services for people living with HIV who are uninsured and underinsured
- It is the payor of last resort-not traditional insurance
- Goal is to improve health outcomes and reduce the spread of HIV

SNCHC RYAN WHITE MODEL

Whole-Person Approach to Care



SNCHC RW SERVICE CATEGORIES

Ryan White Part A

- Early Intervention Services
- Medical Case Mgt.
- Medical Nutrition
- Mental Health Services
- EHE/Rapid StART

Ryan White Part B

- Medical Case Mgt.
- Non-Medical Case Mgt.
- Eligiblity
- Outreach/Retention

LEVELS OF CASE MANAGEMENT

Non-Medical

- Support and retention to care
- Services provided by CHWs

Social & Medical

- For established clients to address ongoing medical & social needs
- Services provided by Care Coordinators

Intensive Medical

- High-level, hands-on approach to coordinating care for clients with complex, serious, or high-acuity medical conditions.
- Pregnant mothers and exposed infants
- Services provided by Nurse Case Managers

QUALITY IMPROVEMENT

- QI Initiatives
  - PDSA
- Ongoing Training
  - Monthly Meetings
  - Leadership Events

COMMUNITY IMPACT

COMMUNITY IMPACT

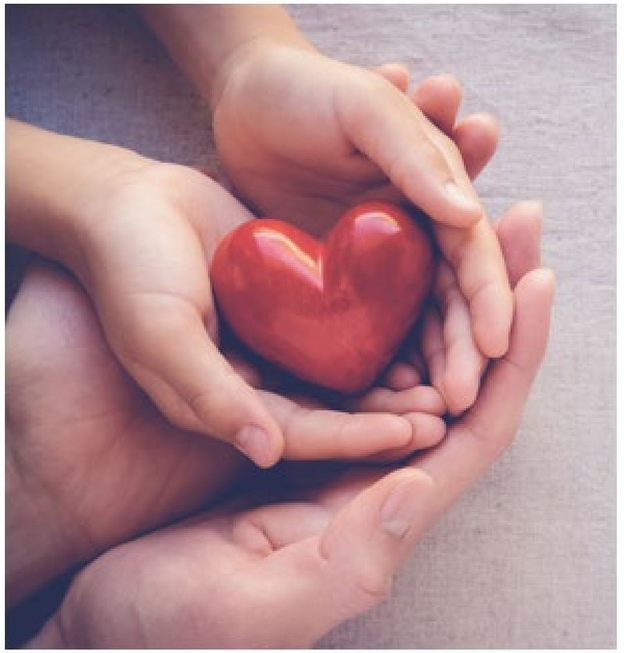
SNCHC Program Outcomes

- HIV viral suppression rate for clients accessing OAHS services is consistently 95%+
- 570 unique clients received RWA MCM services during most recent quarter (Dec ‘25-Feb ’26)
- 3000+ clients served within RWB NMCM category
  - Prior year 2,587 served

COMMUNITY IMPACT

HIV and Children

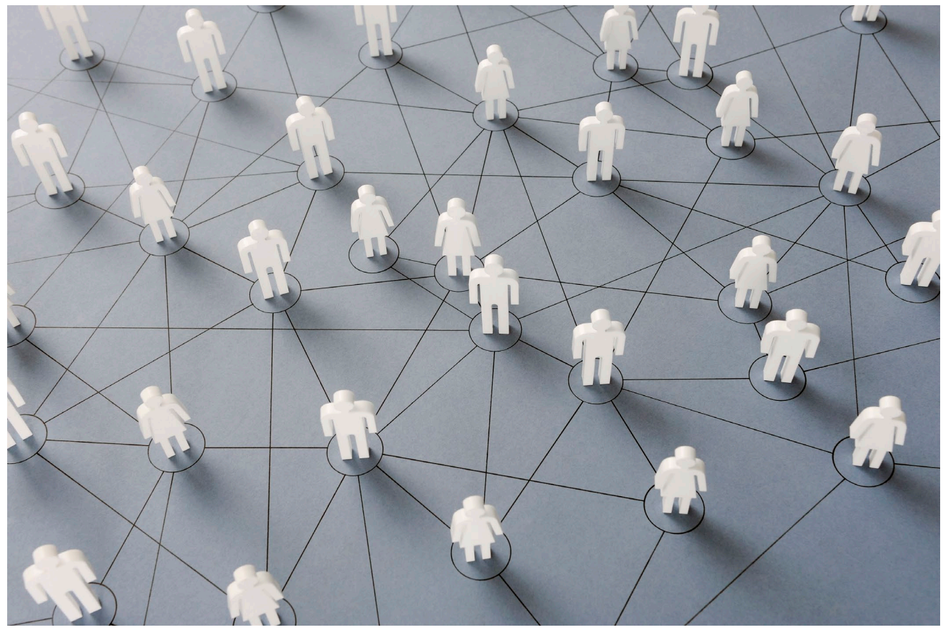
- Since the 1990's, perinatal HIV transmission has decreased by more than 95%.
- According to the CDC, 170 children younger than 13 years old were diagnosed with perinatally acquired HIV in the United States and Puerto Rico from 2018 to 2021.
- During this time, 12,139 children were born without HIV despite exposure to HIV during pregnancy, birth, or while breastfeeding.
- The use of HIV medicines and other strategies have helped to lower the rate of perinatal transmission of HIV to 1% or less in the United States and Europe.



COMMUNITY IMPACT

Education

- From March 2024-January 2026, SNHD conducted brief educational sessions across eleven hospitals in Southern Nevada, reaching over 400 nurses, providers, and staff.
- Messaging was tailored to unit-specific roles, including labor and delivery, neonatal intensive care units (NICU), post-partum, and EDs.



RSR DATA

Population	2023	2024	2025
Total Unduplicated Clients	958	1239	1150
Received OAHS Services	557 (58.1%)	669 (54.0%)	765 (66.5%)
Uninsured	277 (31.8%)	340 (33.0%)	386 (34.8%)
Newly Diagnosed*	24 (2.5%)	107 (8.6%)	86 (7.5%)
Outpatient/Ambulatory Health Services	559 (58.4%)	672 (54.2%)	773 (67.2%)
Medical Case Mgt., including Treatment Adherence Services	704 (73.5%)	912 (73.6%)	980 (85.2%)
Prescribed Antiretroviral Medications (ART)	550 (98.7%)	663 (99.1%)	759 (99.2%)

PATIENT TESTIMONIALS

Testimonial #1

Patient

- 35 YO; Female
- Newly Dx in 2nd Trimester
- Stage III (Aids)
- Refugee (Spanish-speaking)
- Linked to:
  - ID Care
  - High Risk OBGYN
  - ID Pediatrician
  - Pediatrician

Interventions

- Just One Project (Housing Assistance)
- Legal Aid (Domestic Violence)
- Car Seats for Christy
- Lullaby Connection (Children's clothing/supplies)

Outcome

- Client is now working fulltime
- Has stable housing
- Going to school part-time
- Infant is HIV negative and meeting milestones
- Client is virally suppressed and engaged in care at SNCHC.

PATIENT TESTIMONIALS

Testimonial #2

Patient

- 44 YO; Female
- Severe PTSD, high emotional distress, fear of social interaction
- Required significant accommodations (escorted into buildings, transportation)
- Unable to use public transit, relying on Uber and often missed appointments

Interventions

- Built strong rapport and provided consistent emotion support
- Scheduled and accompanied client to medical appointments
- Connected client to a support group and attended initial meetings with her
- Helped client learn and navigate the bus system
- Collaborated with Care Coordinator to secure income-based housing (Women's Development Center)
- Assisted with job interview preparation and encouraged career development
- Supported enrollment in CHW Certification Program
- Encourage attendance at a job fair

Outcome

- Became consistent with medical and behavioral health appointments
- Established care with providers at Decatur and Fremont locations
- Secured stable housing and employment
- Hired on the spot at job fair
- Maintained job and housing through CHW Certification Program
- Achieved independence and can now navigate systems on her own

THANK YOU

SOUTHERN NEVADA Community HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

MEMORANDUM

Date: **May 19, 2026**

To: Southern Nevada Community Health Center Governing Board

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

Cassius Lockett, PhD, District Health Officer

Subject: Community Health Center FQHC Chief Executive Officer Report – April 2026

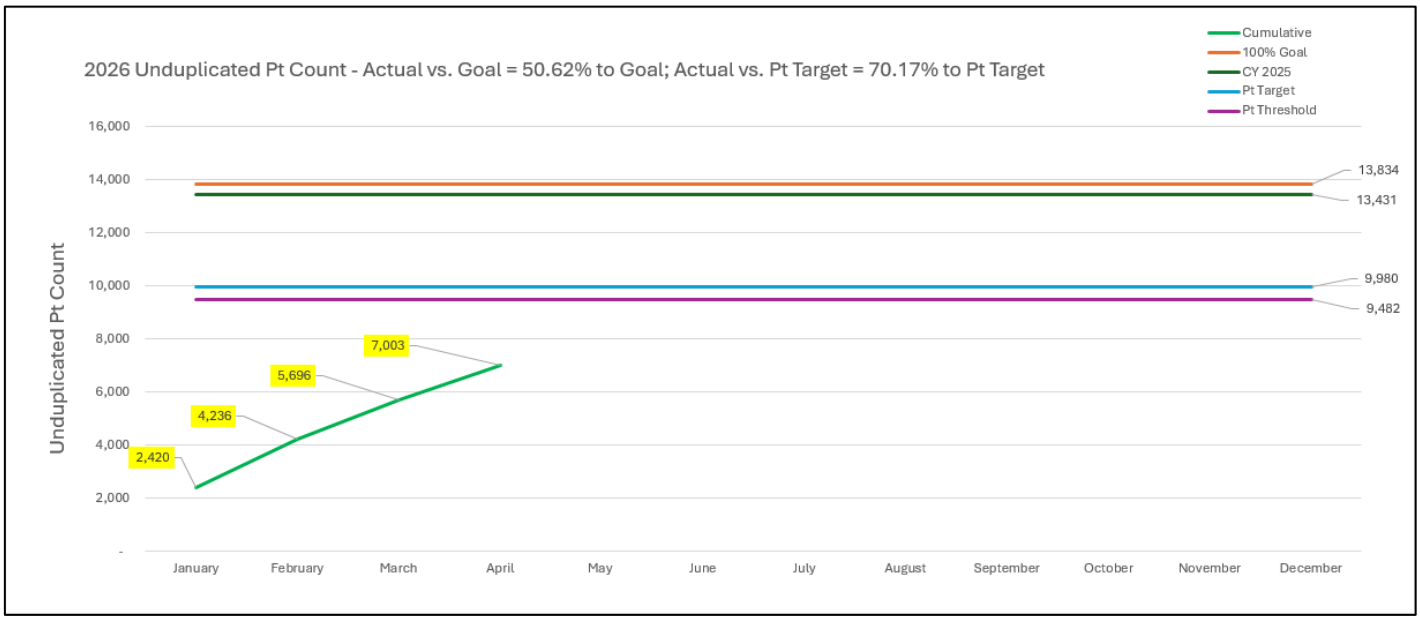
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention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

April Highlights - Administrative

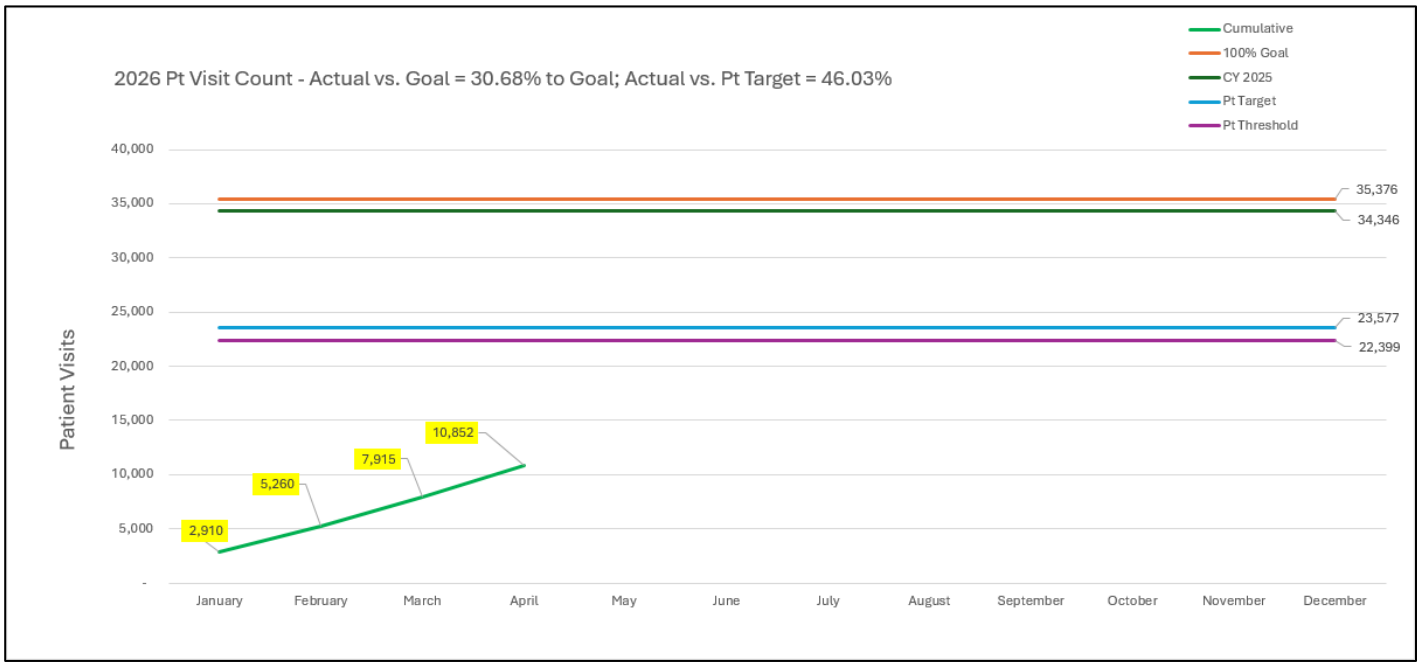
- Employee appreciation activities aligned with the 2026 National Health Center Week (August 3rd – 7th) will take place on August 6th.
- Notification received by HRSA regarding the reopening of a New Access Point (NAP) opportunity for the 89103-zip code priority area.
- Notification received by HRSA regarding extending the health center's project period from three years to four years going forward.
    - A Service Area Competition (SAC) application will be required in the summer of 2027 to maintain designation as a Federally Qualified Health Center.
- Notification of a new HRSA Expanded Nutrition grant received. Applications are due on June 9th.
- Patient Centered Medical Home (PCMH) transformation activities are ongoing.
- FTCA Redeeming activities for CY27 are ongoing. Applications are due June 27th.
- A new Clinical Staff Physician from the Fremont Public Health Center scheduled start on July 20th.
- Recruitment for a Clinical Staff Physician for Decatur underway.
- Recruitment for a mid-level (i.e., APRN or PA) provider for Decatur underway.

Access

Unduplicated Patients – April 2026



Patient Visits Count – April 2026



Provider Visits by Program and Site – April 2026

Facility	Program	APR '26	APR '25	APR YoY %	FY26 YTD	FY25 YTD	FY YTD YoY%
Decatur	Family Health	873	890	-2%	7,889	6,503	18%
Fremont	Family Health	577	534	7%	4,938	3,824	23%
Total	**Family Health**	**1,450**	**1,424**	**2%**	**12,827**	**10,327**	**19%**
Decatur	Family Planning	209	187	11%	1,493	1,710	-15%
Fremont	Family Planning	217	191	12%	1,777	1,485	16%
Total	**Family Planning**	**426**	**378**	**11%**	**3,270**	**3,195**	**2%**
Decatur	Sexual Health	560	610	-9%	5,462	5,154	6%
Fremont	Sexual Health	117	170	-45%	1,124	1,348	-20%
ASEC	Sexual Health				0	113	
Total	**Sexual Health**	**677**	**780**	**-15%**	**6,586**	**6,615**	**0%**
Decatur	Behavioral Health	221	191	14%	1,867	1,322	29%
Fremont	Behavioral Health	186	137	26%	1,495	1,178	21%
Total	**Behavioral Health**	**407**	**328**	**19%**	**3,362**	**2,500**	**26%**
Decatur	Ryan White	248	265	-7%	2,312	2,325	-1%
Fremont	Ryan White	24	19	21%	275	235	15%
Total	**Ryan White**	**272**	**284**	**-4%**	**2,587**	**2,560**	**1%**
FQHC Total		**3,232**	**3,194**	**1%**	**28,632**	**25,197**	**12%**

Pharmacy Services

	26-Apr	25-Apr		FY26 YTD	FY25 YTD		% Change YOY
Patient Encounters (Pharmacy)	1,904	1,725	↑	17,364	14,571	↑	**19.2%**
Prescriptions Filled	3,597	3,133	↑	32,194	24,656	↑	**30.6%**
Patient Clinic Encounters (Pharmacist)	104	63	↑	612	645	↓	**-5.1%**
Financial Assistance Provided	14	32	↓	147	344	↓	**-57.3%**
Insurance Assistance Provided	22	11	↑	152	107	↑	**42.1%**

A. 3,597 prescriptions dispensed to 1,904 patients.
B. 104 patient clinic encounters completed by a pharmacist.
C. 14 patients assisted with obtaining medication financial assistance.
D. 22 patients assisted with insurance approvals.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Medicaid Managed Care Organization (MCO)

Medicaid MCO	Current # Of Medicaid Pts Empaneled
Anthem	174
CareSource	591
HPN	1,686
Molina	14
SilverSummit	110
Total	2,575

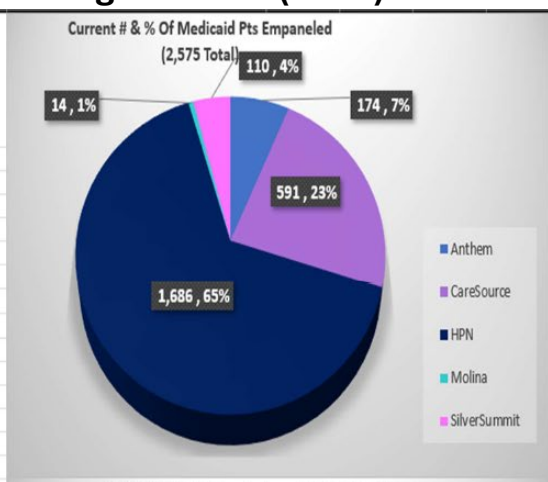
Unduplicated MCD Pts Seen YTD	
Anthem	493
Caresource	119
HPN	495
Molina	228
SilverSummit	246
Nevada Medicaid	94
Total	1,675

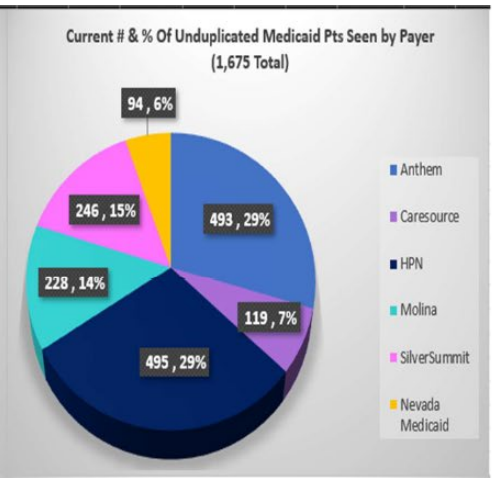
Empanelment Growth YoY - 2024 v 2025	149%
Empanelment Growth YoY - 2025 v 2026	12%

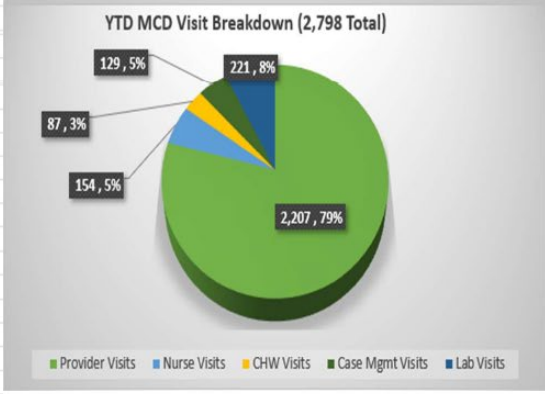
YTD MCD Visit Breakdown	
Provider Visits	2,207
Nurse Visits	154
CHW Visits	87
Case Mgmt Visits	129
Lab Visits	221
Total Visits	2,798

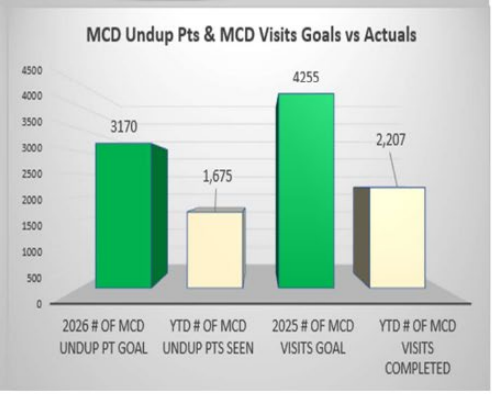
2026 # of MCD Undup Pt Goal	3170
YTD # of MCD Undup Pts Seen	1,675
% of Unduplicated Pts to Goal	52.84%
# of Medicaid Pts Assigned to SNCHC	2,575

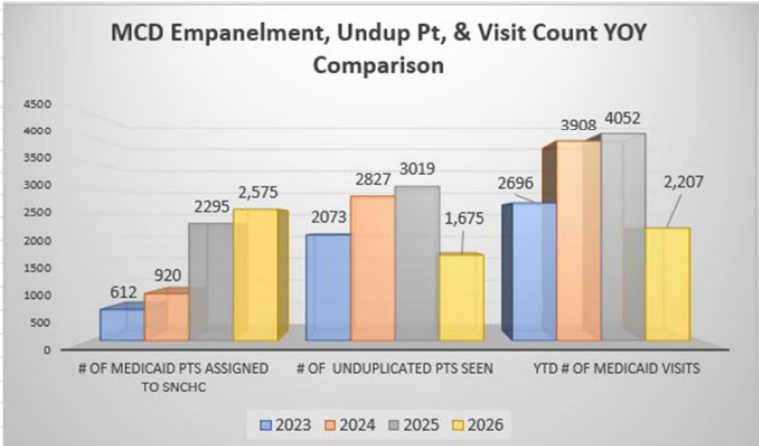
2025 # of MCD Visits Goal	4255
YTD # of MCD Visits Completed	2,207
% of Medicaid Pts Visits to Goal	51.87%
Average # of Medicaid visits per undup pt	1.32

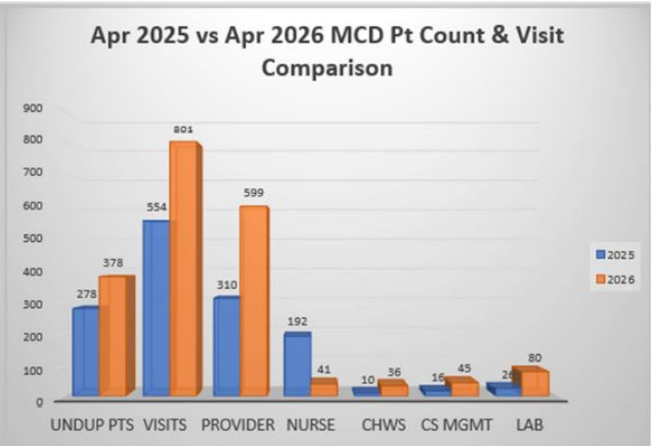












Calendar Year Comparisons	2023	2024	2025	2026
# of Medicaid Pts Assigned to SNCHC	612	920	2295	2,575
# of Unduplicated Pts Seen	2073	2827	3019	1,675
Goal of Medicaid Visits		2831	4104	4255
YTD # of Medicaid Visits	2696	3908	4052	2,207
% of Medicaid Pts Seen to Goal	#DIV/0!	138.04%	101.68%	52.84%
Average # of Medicaid visits per undup pt	1.30	1.38	1.34	1.32

February	2025	2026	Change	Change
MCD Undup Pts	278	378	100	35.97%
MCD Visits	554	801	247	44.58%
MCD Provider	310	599	289	93.23%
MCD Nurse	192	41	-151	-78.65%
MCD CHWs	10	36	26	260.00%
MCD CS Mgmt	16	45	29	181.25%
MCD Lab	26	80	54	207.69%

Behavioral Health Services

A. Behavioral Health (BH) Therapist, Taryn Smith, represented SNCHC's Behavioral Health Department at the UNLV College of Education and Human Services Site Fair.

B. The Behavioral Health marketing campaign is currently ongoing across all Southern Nevada Health District (SNHD) social media platforms.

Family Planning Services

A. Family Planning program access was 11% in April and is up 2% year-over-year. Program team administrators and clinical staff are working with SNHD's Quality Improvement and Accreditation Program Manager on a quality improvement project to increase access to care. Same day walk-ins have emerged as a viable strategy to overcome high no-show rates amongst patients with scheduled appointments. Walk-in services are available at Decatur Wednesday and Thursday. This project is ongoing.

B. Data improvement projects are underway and are being monitored monthly to enhance data quality, integrity, documentation, mapping, and results for the annual FPAR 2.0 report.

C. The health center has been notified that its Title X grant for year five of five is being funded. For the program year April 1, 2026, through April 31, 2027, the health center has been awarded flat funding of approximately $1.3 million.

D. Despite the executive budget showing that the Title X program is being defunded, a new Title X Notice of Funding Opportunity for the period of April 1, 2027, through March 31, 2032, has been announced. The application will be due around the second week of January 9, 2027.

HIV/Ryan White Program Services

A. The Ryan White program received 64 referrals between April 1st and April 30th. There were zero (0) pediatric clients referred to the Medical Case Management in April, and the program received two (2) referrals for pregnant women living with HIV during this time.

B. There were 594 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 317 unique clients served under these programs in April.

C. The Ryan White ambulatory clinic provided a total of 531 visits in the month of April, including 20 initial provider visits, 230 established provider visits , and zero (0) tele-visits to established patients. Additionally, there were 21 nursing visits and 260 lab visits provided. There were 78 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of April. There were 13 Ryan White patients seen by the Registered Dietitian under Medical Nutrition services in April.

D. The Ryan White clinic provides Rapid StART services, with a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were ten (10) patients seen under the Rapid StART Program in April.

FQHC-Sexual Health Clinic (SHC)

A. The Sexual Health Clinic (SHC) clinic provided 768 unique services to 681 unduplicated patients for the month of April.

B. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).

C. The SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the PPC - Sexual Health and Outreach Prevention Programs (SHOPP) on the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services. The SHC continues to refer pregnant patients with syphilis and patients needing complex STI evaluation and treatment to PPC SHOPP for nurse case management services.

Refugee Health Program (RHP)

Refugee Health Program for the month of April.

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	0
Referrals for TB issues	0
Referrals for Chronic Hep B	0
Referrals for STD	0
Pediatric Refugee Exams	0
Clients encounter by program (adults)	2
Refugee Health Screening for April 2026	2
Total for FY25-26	**40**

Outreach/In Reach Activity

Number of events	2 – Outreach 2 – In reach
Number of people reached	134
Number of people linked to the clinic	18
Number of hours dedicated to outreach	11

Eligibility and Insurance Enrollment Assistance

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

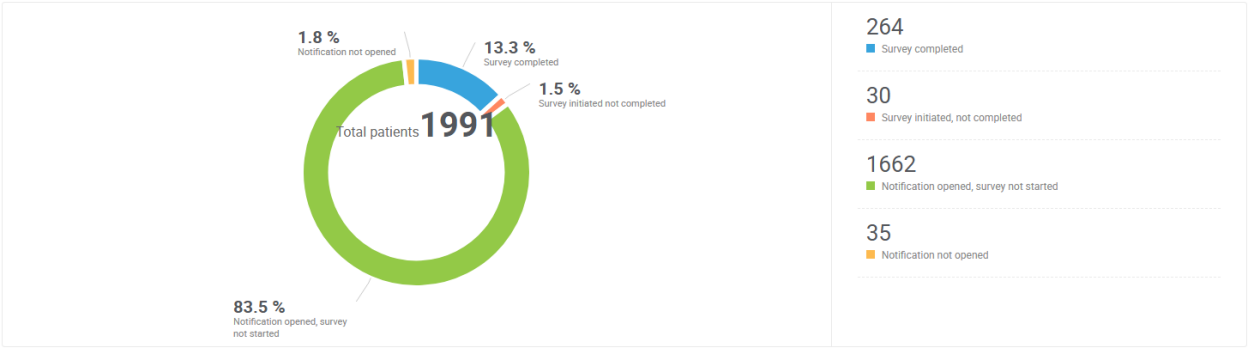
	Decatur	Fremont	Total
Medicaid	12	2	14
SNAP	11	3	14
Recert	7	0	7

Patient Satisfaction: See attached survey results.

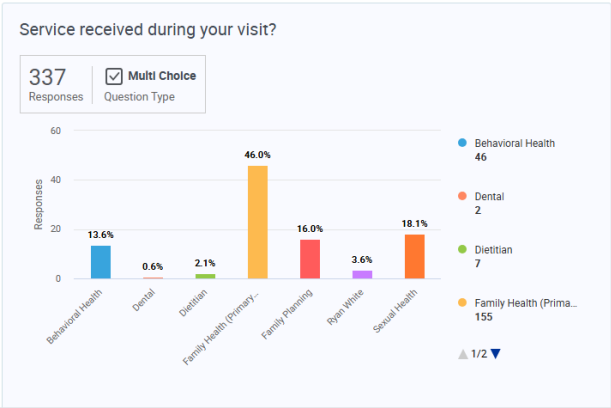
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

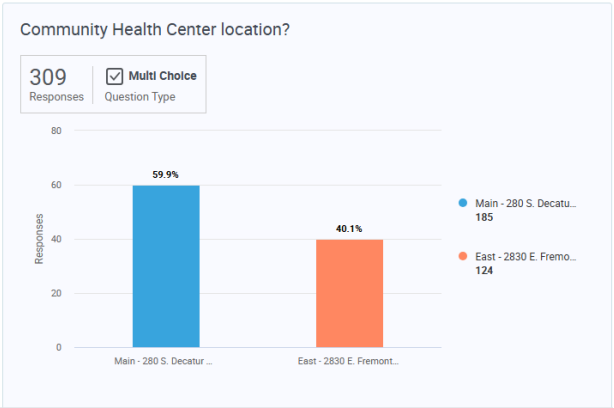
Southern Nevada Community Health Center
Patient Satisfaction Survey – April 2026

Overview



Service and Location

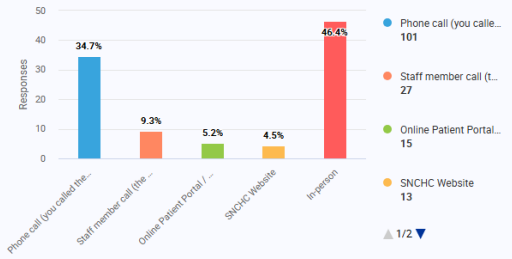




Provider, Staff, and Facility

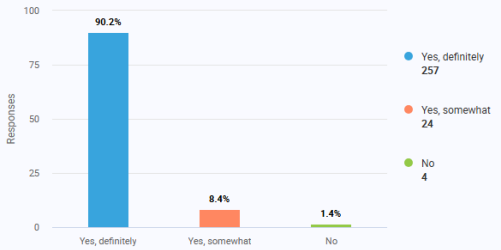
Thinking about your most recent visit, how did you make an appointment?

291 Responses | Multi Choice Question Type



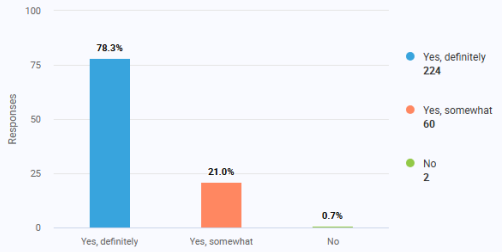
Thinking about your recent visit, was it easy to schedule an appointment?

285 Responses | Multi Choice Question Type



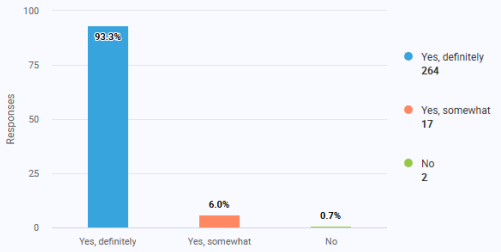
Was the recent visit as soon as you needed?

286 Responses | Multi Choice Question Type



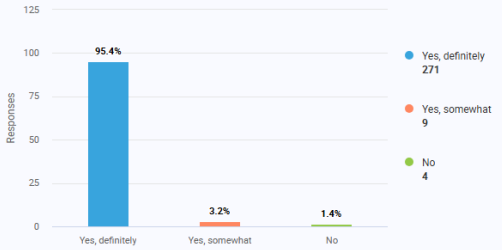
Did the provider explain things in a way that was easy to understand?

283 Responses | Multi Choice Question Type



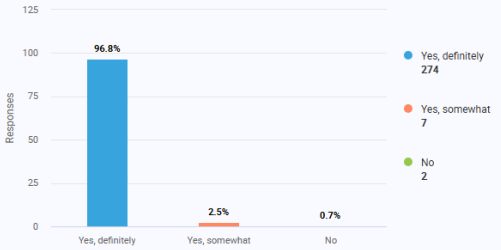
Did the provider listen carefully to you?

284 Responses | Multi Choice Question Type



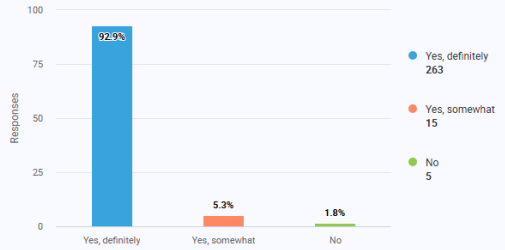
Did the provider show respect for what you had to say?

283 Responses | Multi Choice Question Type



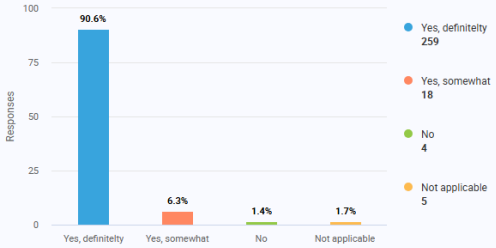
Did the provider spend enough time with you?

283 Responses | Multi Choice Question Type



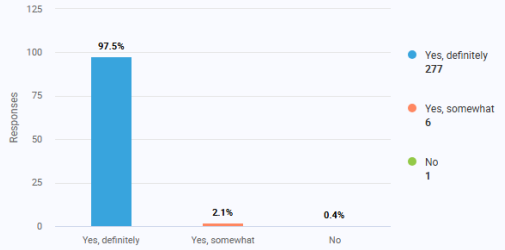
Were you satisfied with how the staff worked to address your healthcare needs (example: outstanding referrals, medications, labs, or diagnostics results)?

286 Responses | Multi Choice Question Type



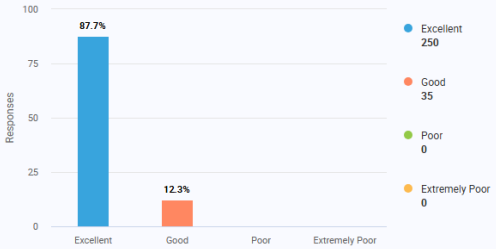
Did the staff treat you with courtesy and respect?

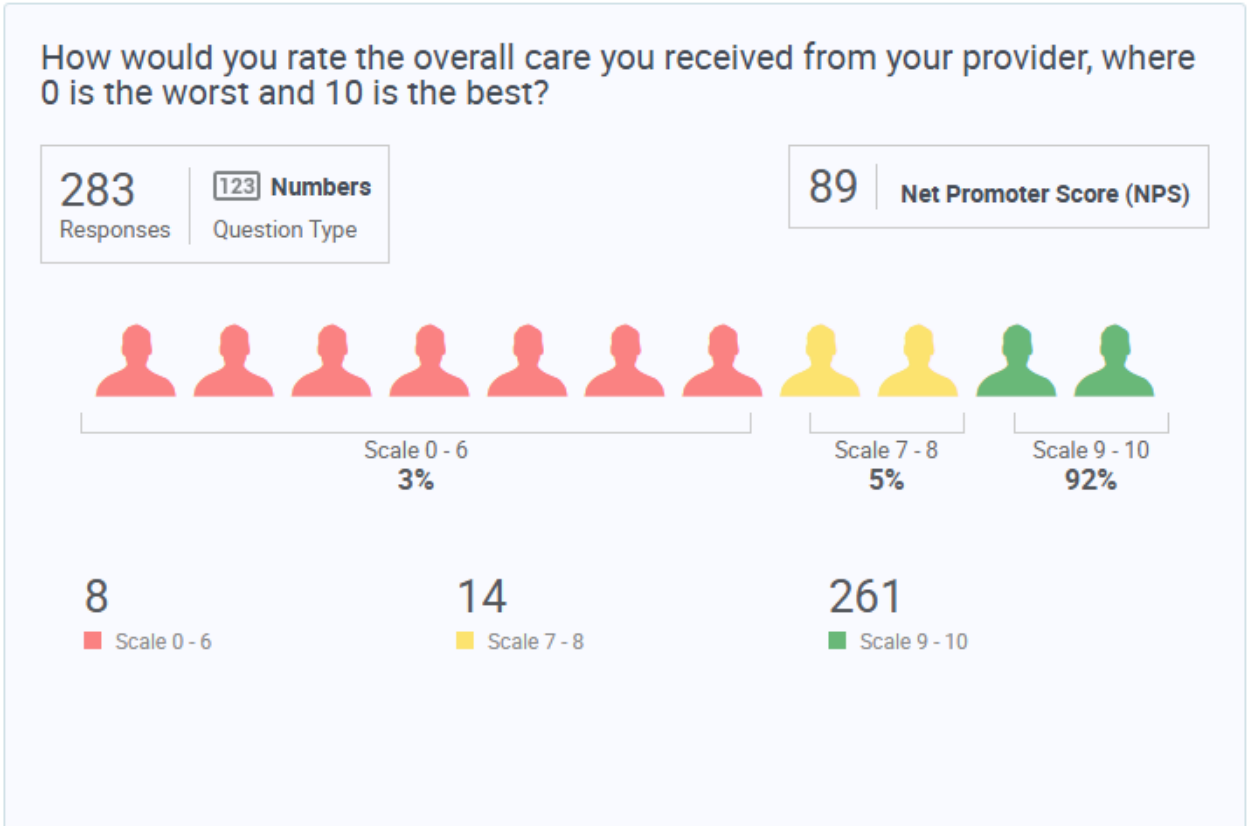
284 Responses | Multi Choice Question Type



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

285 Responses | Multi Choice Question Type





General Information