

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 Ordon, 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 – 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.

XI. ADJOURNMENT

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

Randy Smith
Chief Executive Officer - FQHC

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