

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

December 9, 2025 – 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
Ashley Brown
Marie Dukes
Blanca Macias-Villa
Jose L. Melendrez
David Neldberg

ABSENT:

Erin Breen

ALSO PRESENT

Josh Findlay, Director and Audit Engagement Executive, Forvis Mazars LLC

LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

CHIEF EXECUTIVE OFFICER:

Randy Smith

STAFF:

Emily Anelli, Andria Cordovez Mulet, David Kahananui, Justin Tully, Felicia Sgovio, Cassius Lockett, Todd Bleak, Yin Jie Qin, Robin Carter, Luann Province, Chelle Alfaro, Emma Rodriguez

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. A quorum was not established.

II. PLEDGE OF ALLEGIANCE

Member Melendrez joined the meeting at 2:31 p.m.

Ms. Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

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 five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board

wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

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

IV. ADOPTION OF THE DECEMBER 9, 2025 MEETING AGENDA (for possible action)

The Chair called for questions or comments on the agenda. There were none.

A motion was made by Member Melendrez, seconded by Member Dukes, and carried unanimously to approve the December 9, 2025 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: November 18, 2025 (for possible action)

2. Approve Updates to the CHCA-021 Responding to Medical Emergencies Policy; direct staff accordingly or take other action as deemed necessary (for possible action)

The Chair inquired if there were any items on the Consent Agenda that board members wanted to remove for further discussion. There were no requests.

A motion was made by Member Melendrez, seconded by Member Dukes, and carried unanimously to approve the Consent Agenda, as presented.

Member Aceves joined the meeting at 2:33 p.m.

VI. REPORT / DISCUSSION / ACTION

1. Review, Discuss, and Accept the Financial Statement Report, as of June 30, 2025, from FORVIS MAZARS LLP; direct staff accordingly or take other action as deemed necessary (for possible action)

Josh Findlay, Director and Audit Engagement Executive, Forvis Mazars LLC, provided a high-level overview of the financial statement audit results for the Southern Nevada Health District's FY2025 financial audit.

- Audit Scope and Results - three separate opinions were issued:
 - Financial Statement Opinion: Unmodified (clean) opinion issued in late November.
 - Single Audit Opinions: Required due to federal expenditure exceeding \$750,000.
 - Internal control over financial reporting: No reportable findings.
 - Compliance with federal grant requirements: No reportable findings.
 - The compliance supplement from the Office of Management and Budget was delayed due to a government shutdown, which postponed issuance of the third opinion. The supplement was received last week, and the final opinion will be issued within the next few days.

- Programs Audited Under Single Audit
 - Four major federal programs were reviewed for compliance.
 - All programs received unmodified opinions with no reportable findings.
- Required Auditor Communications
 - Significant accounting policies are documented in Note 1 of the financial statements and comply with GASB standards.
 - Adoption of GASB Statement 101 (Compensated Absences) was completed smoothly with no material impact.
 - No alternative accounting treatments or disagreements with management were noted.
- Future Accounting Pronouncements
 - GASB 103 – Financial Reporting Mode Improvements: Improve key components of the financial reporting model to enhance its effectiveness in providing information that is essential for decision making and assessing a governmental entity's accountability. Effective next fiscal year: no material impact expected on the financials.
 - GASB 104 – Disclosure of Certain Capital Assets: Requires capital assets held for sale, intangible assets, lease assets, and subscription assets to be broken out separately in note disclosure; no impact on the financials.

Mr. Findlay confirmed that the audit process was completed smoothly and commended the District's finance team for their cooperation.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Hunt, and carried unanimously to accept the Financial Statement Report, as of June 30, 2025, from FORVIS MAZARS LLP, as presented.

Member Coca joined the meeting at 2:41 p.m.

2. Receive, Discuss and Approve Updates to the Southern Nevada Community Health Center Governing Board Bylaws; direct staff accordingly or take other action as deemed necessary (for possible action)

Randy Smith, Chief Executive Officer, FQHC, provided an overview of recent updates to the Health Center bylaws, prompted by revisions to the HRSA Compliance Manual for Federally Qualified Health Centers (FQHCs). Mr. Smith shared the following changes:

- Mission Statement: Updated language to reflect current organizational mission.
- Service References: Removed outdated references to dental services.
- Non-Discrimination Language: Revised language regarding race, creed, and nationality to align with HRSA guidance and laws protecting free speech.
- Patient Board Member Requirements: Previous requirements focused on demographic representation (race, ethnicity, gender) of patients served.
 - Updated requirement broadens representation to reflect individuals served by the Health Center without limiting specific demographic indicators.
 - The Health District will continue to ensure compliance with HRSA standards while maintaining practical approaches to board composition.

Mr. Smith advised these changes align the health center's bylaws with current HRSA compliance standards.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve Updates to the Southern Nevada Community Health Center Governing Board Bylaws, as presented.

3. Receive, Discuss and Approve New Board Member; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the candidacy of Father Rafael for appointment as a community board member. Father Rafael previously served on the Board and brings extensive experience in ministry and financial oversight as a CPA. Mr. Smith further shared that Father Rafael's return would provide valuable expertise, particularly considering the upcoming departure of Member Dukes in January 2026.

Mr. Smith advised the board that Father Rafael is a strong advocate for Behavioral Health Services and has supported program development at the Health Center. The previous conflict of interest has been resolved, and he is no longer affiliated with the business where services were provided. Mr. Smith stated that Father Rafael's application has been received, his orientation has been completed, and he has confirmed his availability to attend meetings.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve New Board Member, Father Rafael Pereira, as presented.

Member Melendrez inquired about appointing Father Rafael to the Finance Committee. Mr. Smith confirmed that upon Father Rafael's official onboarding in January, he will be assigned to a committee, and he has expressed interest in serving on the Finance Committee.

Mr. Smith also extended appreciation to Member Dukes for her service on the Board, noting her significant contributions to the Health Center's financial oversight and governance. Member Dukes expressed gratitude for the opportunity to serve and commended the leadership team and fellow board members.

The Chair echoed thanks on behalf of the Board, acknowledging Member Dukes dedication and impact.

4. Receive, Discuss and Approve Changes to the Southern Nevada Community Health Center's Vision Statement; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented a proposed revision to the Southern Nevada Community Health Center's Vision statement. The change involves replacing the word "equitable" with "fair" to ensure compliance with recent federal executive orders.

Mr. Smith stated that replacing “equitable” with “fair” preserves the vision statement’s intent to provide access to care by reducing healthcare disparities in our community and doing so in a comprehensive and fair way.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve Changes to the Southern Nevada Community Health Center’s Vision Statement, as presented.

5. Receive, Discuss and Accept the Third Quarter Risk Management Report; direct staff accordingly or take other action as deemed necessary (for possible action)

David Kahananui, FQHC Administrative Manager/Risk Manager, presented the Third Quarter Risk Management Report as required by FTCA. Key highlights included:

- Quarterly Risk Assessment:
 - Behavioral Health risk assessment completed in collaboration with the Medical Director and Behavioral Health Manager.
 - 67 criteria reviewed with 61 found in compliance.
- Incident Reporting & Peer Review:
 - 25 incidents reported in Q3 (70 YTD); three (3) required root cause analysis and were promptly addressed.
 - Provider peer review audits averaged 94% compliance.
- FTCA Training Compliance:
 - Five (5) annual FTCA-required trainings for clinical staff achieved 99.76% completion by Q3; now at 100%.
 - Risk Manager completed two (2) required FTCA risk-related training courses in May 2025.
- Performance Metrics:
 - Patient satisfaction averaged 98.3% for Q3; 98.1% YTD.
 - No grievances filed; no pharmacy labeling errors; one (1) HIPAA breach occurred but was contained and corrected.
 - Credentialing for all licensed practitioners remains at 100%.
 - No FTCA claims filed during Q3.
- Data Accuracy & UDS Reporting:
 - Manual data tracking implemented due to EMR mapping issues to ensure accurate UDS reporting.
 - Monthly data review meetings ongoing; improvements noted.
 - Plans underway to create a new position to support EMR optimization, onboarding, and reporting accuracy.

Mr. Smith emphasized the importance of accurate data for HRSA quality awards and Medicaid managed care partnerships, noting that manual processes and additional staffing will strengthen compliance and reporting.

The Chair called for questions and there were none.

Member Macias-Villa joined the meeting at 2:58 p.m.

A motion was made by Member Melendrez, seconded by Member Hunt, and carried unanimously to accept the Third Quarter Risk Management Report, as presented.

6. Receive, Discuss and Accept the Third Quarter Risk Management Assessment; direct staff accordingly or take other action as deemed necessary (for possible action)

Robin Carter, Medical Director, presented the Behavioral Health Risk Assessment results, noting overall score was 61 of 67 criteria compliant or 91%. Dr. Carter identified five (5) areas requiring corrective action.

The following action items were outlined:

- Policies & Procedures:
 - Develop and implement a policy for conducting debriefings and safety huddles to support safe and effective behavioral health services.
- Patient-Centered Care:
 - Recruit or designate a patient navigator specifically for behavioral health services.
 - Explore internal reassignment of existing health navigators to fulfill this role.
- Staffing and Workforce Development:
 - Establish a formal plan to address behavioral health workforce shortages and burnout.
 - Current informal practices, such as self-care discussions during staff meetings, activities will be formalized into policy.
- Safe Environment & Infrastructure:
 - Enhance behavioral health waiting area with toys and comfortable furniture; explore options for soothing music.
 - Collaboration with facilities team underway.
- Firearm Safety Counseling:
 - Develop a standardized process for counseling patients and families on firearm safety.
 - Options include educational materials (posters, pamphlets) and integration into counseling sessions.

Dr. Carter noted that action items are in progress, with completion targeted by summer 2026.

Member Hunt inquired whether policies would be HRSA-based or evidence-based. Dr. Carter advised it is a combination of things. Dr. Carter will look at risk management, best practices from other health centers and policies that have been developed.

The Chair called for further questions and there were none.

A motion was made by Member Hunt, seconded by Member Melendrez, and carried unanimously to accept the Third Quarter Risk Management Assessment, 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 reports from board members.

VIII. CEO & STAFF REPORTS (Information Only)

- CEO Comments

Mr. Smith provided updates on key operational and strategic items:

- HRSA Funding Update:
 - HRSA intends to provide six months of funding for Health Centers with project start dates of January 1st, February 1st, or March 1st to mitigate risks from potential government shutdowns.
 - SNCHC's new grant period begins February 1st; a Notice of Award for six months of funding is expected before January 30th.
- 340B Rebate Pilot:
 - Effective January 1st, a rebate model will apply to 10 medications previously purchased at 340B pricing.
 - Medications will now be purchased at wholesale cost, with rebates submitted to recover the difference.
 - Initial impact is limited due to low volume of affected drugs, but future expansion could create significant cash flow challenges.
 - Litigation is underway nationally; SNCHC is monitoring developments and implementing mitigation strategies.
 - The addition of Clinical Pharmacist Dr. Peña will allow Dr. Bleak to focus on pharmacy program administration, critical for managing increased complexity under the rebate model.
- Medicaid Shadow Billing Transition:
 - Nevada Health Authority and MCOs are transitioning to a shadow billing model, where MCOs will pay the full PPS rate directly, eliminating the need for separate PPS Wrap payments from the State.
 - While beneficial long-term, concerns exist due to lack of testing and readiness, creating potential cash flow risks.
 - SNHD's Revenue Cycle Manager is coordinating with MCOs, other Health Centers, and the Nevada Primary Care Association to ensure smooth implementation and has established manual processes for claim verification during transition.
- Patient-Centered Medical Home (PCMH) Accreditation:
 - Notice of Intent filed with HRSA to pursue NCQA PCMH accreditation.
 - Goals: First NCQA check-in by June 30, 2026; full accreditation by December 31, 2026.
 - Accreditation will enhance care quality and strengthen competitive grant applications.
 - Consultant engagement underway; board education session planned for January.
- Holiday Celebration:
 - Health Center holiday party scheduled for December 16th at the Decatur location, Red Rock Conference Room, 1:00–5:00 PM. Board members invited to attend.

Mr. Smith expressed his gratitude to the Board for their continued support and guidance throughout a challenging year. Mr. Smith noted that the progress made in serving clients and improving operations will be evident in January's review. Mr. Smith extended holiday greetings and wished all members a successful and productive new year.

IX. INFORMATIONAL ITEMS

There were no informational items.

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

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

XI. ADJOURNMENT

The meeting was adjourned at 3:27 p.m.

Randy Smith
Chief Executive Officer - FQHC

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