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:

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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

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ATTEST:

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

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