APPROVED BY THE SNCHC GOVERNING BOARD
JULY 21, 2026

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING
June 16, 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 Jose L. Melendrez David Neldberg
ABSENT:	Sara Hunt, Second Vice Chair Ashley Brown Blanca Macias-Villa Fr. Rafael Pereira Randy Smith, Chief Executive Officer
ALSO PRESENT:	Isabella Peterson
LEGAL COUNSEL:	Heather Anderson-Fintak, General Counsel
CHIEF EXECUTIVE OFFICER:	
STAFF:	Chelle Alfaro, Adriana Alvarez, Emily Anelli, Tonia Atencio, Mayra Avalos, Tawana Bellamy, Todd Bleak, Donna Buss, Magali Cano, Robin Carter, Andria Cordovez Mulet, Brendan Dalton, David Kahananui, Annie Lin, Josie Llorico, Cassondra Major, Kimberly Monahan, Kyle Parkson, Chelsea Marie Perez, Luann Province, Felicia Sgovio, Ronny Soy, Greg Tordjman, Renee Trujillo, Justin Tully, Donnie (DJ) Whitaker, Merylyn Yegon, Jessica Yumul

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 Breen joined the meeting at 2:38 p.m., at which time a quorum was established.

III. RECOGNITION

1. **Southern Nevada Health District – May 2026 Employee of the Month**
    - Mayra Avalos

2. **Southern Nevada Health District – June 2026 Employee of the Month**
    - Jessica Yumul

The Governing Board recognized Ms. Avalos, Community Health Nurse II, and Ms. Yumul, Community Health Nurse II, Case Manager, as Employees of the Month of May and June. Ms. Bellamy shared excerpts from their nominations, highlighting their exceptional work ethic and consistent demonstration of SNHD's CARES values. On behalf of the SNCHC Governing Board, the Chair extended congratulations to both honorees.

IV. **FIRST PUBLIC COMMENT**: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to 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.

V. **ADOPTION OF THE JUNE 16, 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 Member Melendrez, seconded by Member Coca, and carried unanimously to approve the June 16, 2026 meeting agenda, as presented.

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

1. **APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** May 19, 2026 *(for possible action)*

2. **Approve Revisions to the CHCA-007 Legislative Mandate Review 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 Member Coca, seconded by Member Melendrez, and carried unanimously to approve the Consent Agenda, as presented.

VII. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Approve Recommendations from June 11, 2026 Quality, Credentialing & Risk Management Committee Meeting regarding the CY26 First Quarter Risk Assessment;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Dave Kahananui, FQHC Administrator Manager, presented the CY26 First Quarter Risk Assessment. Mr. Kahananui reported that FTCA requirements mandate the completion of one risk assessment each quarter, with two assessments annually focused on high-risk areas. Mr. Kahananui informed the board that the required first-quarter risk assessment had been completed, placing the organization at 100% compliance with quarterly risk assessment requirements through Q1.

   The assessment utilized the ECRI Clinical Risk Management Self-Assessment Questionnaire for Informed Consent and was conducted by Medical Director Dr. Carter on March 9, 2026. Results showed compliance with 26 of the 43 assessment criteria. Based on the findings, an action plan was developed to address 17 identified deficiencies. Mr. Kahananui explained that 12 of the 17 findings could be resolved through the development or revision of a single policy and associated forms, which is expected to streamline the corrective process.

   The Board was advised that the organization's goal is to maintain no more than 75% of corrective actions open from prior assessments. A summary of the 17 findings was reviewed, including governance-related issues and other compliance gaps identified during the assessment.

   Mr. Kahananui also reviewed the corrective action plan, noting that each activity includes assigned responsibility, timelines, and follow-up monitoring. Progress reviews will occur on a rotating three-month schedule to ensure accountability and advancement of corrective measures. The anticipated completion date for all corrective actions is October 2026.

   Mr. Kahananui explained that action plans often extend several months because outstanding items from prior assessments are addressed concurrently. Mr. Kahananui further stated that while the plan allows up to nine months for completion, corrective actions are typically finalized ahead of schedule.

   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 the CY26 First Quarter Risk Management Report, as presented.

2. **Receive, Discuss and Approve Recommendations from June 11, 2026 Quality, Credentialing & Risk Management Committee Meeting regarding the CY26 First Quarter Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the Calendar Year 2026 First Quarter Risk Management Report. Mr. Kahananui reported that the first quarter risk assessment and ECRI Clinical Risk Management Self-Assessment for informed consent were completed on March 9, 2026. Mr. Kahananui stated that 64% of the 17 identified action items had been completed, meeting the established goal.

Mr. Kahananui further reported that during the first quarter, 14 incidents were reported. None were classified as sentinel events, one was categorized as high risk, and three required root cause analysis and follow-up. Mr. Kahananui explained that increased incident reporting reflects improved staff awareness and reporting of incidents and near misses. Provider peer review scores averaged 96% for the quarter.

Mr. Kahananui advised that 92.81% of clinical staff had completed the annual FTCA-required training by the end of the first quarter, and all required risk management training for the Risk Manager had been completed. Patient satisfaction score averaged 98.5%, with no grievances, pharmacy packaging or labeling errors, or claims reported during the quarter. One HIPAA incident occurred; however, the information was recovered, corrective actions were implemented, and additional staff training was provided.

Mr. Kahananui further reported that 71% of referrals were processed and submitted, 45% of eligible patients received pregnancy intention screenings, and 100% of licensed independent practitioners and other licensed clinical practitioners maintained current credentials. Mr. Kahananui noted that some maternal health data continues to be manually tracked while data-mapping issues between the electronic medical record and population health systems are being resolved.

Mr. Kahananui advised that no claims were reported or filed in the first quarter.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Breen, and carried unanimously to approve the CY26 First Quarter Risk Management Report, as presented.

3. **Receive, Discuss and Approve Submittal of the HRSA FY26 Expanding Nutrition Services Grant;** direct staff accordingly or take other action as deemed necessary *(for possible action*

Mr. Kahananui presented a request for Board approval to submit the HRSA Expanding Nutrition Services Grant application. Mr. Kahananui reminded the board that staff had previously advised the grant opportunity was forthcoming; however, HRSA had delayed the funding announcement and reclassified the opportunity from Fiscal Year 2026 to Fiscal Year 2027. Based on the most current information available, the funding opportunity was expected to be released on June 18, 2026, with an anticipated application deadline of August 17, 2026, although those dates remained subject to change.

Mr. Kahananui reported that the grant would provide up to $350,000 to support the expansion of nutrition services, including staffing, integration of services, supplies, and other resources necessary to enhance patient care. Mr. Kahananui further noted that similar HRSA funding opportunities have historically been incorporated into an organization's ongoing annual funding award, although no guarantee had been provided.

Member Coca asked for clarification regarding the nutrition services that would be provided to patients. Mr. Kahananui explained that the proposed program would focus primarily on expanding access to nutrition counseling and preventive health services through the addition of a registered dietitian at the Fremont location. Mr. Kahananui stated that services could include nutritional education and support for patients with conditions such as diabetes, hypertension, and obesity, as well as the potential provision of nutritional supplements and related resources. Mr. Kahananui added that the initiative aligns with federal efforts to strengthen nutrition-focused healthcare and that staff are working with Medicaid managed care organizations to establish reimbursement mechanisms that would help sustain the program long-term.

The Chair called for further questions and there were none.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve the Submittal of the HRSA FY27 Expanding Nutrition Services Grant, as presented.

4. **Receive, Discuss and Approve the Recommendations from the June 15, 2026 Finance and Audit Committee Meeting regarding the April 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 April 2026 Year to Date Financial Report, unaudited as of April 30, 2026. Ms. Whitaker shared the following key highlights:

Revenue

- General Fund revenue (Charges for Services & Other) is $31.21M compared to a budget of $32.05M, an unfavorable variance of $841K.
- Special Revenue Funds (Grants) is $4.35M compared to a budget of $4.22M, a favorable variance of $127K.
- Total Revenue is $35.56M compared to a budget of $36.27M, an unfavorable variance of $710K.

Expenses

- Salary, Tax, and Benefits is $11.72M compared to a budget of $12.33M, a favorable variance of $610K.
- Other Operating Expense is $24.89M compared to a budget of $25.95M, a favorable variance of $1.06M.
- Indirect Cost/Cost Allocation is $9.01M compared to a budget of $9.67M, a favorable variance of $660K.
- Total Expense is $45.61M compared to a budget of $47.95M, a favorable variance of $2.34M.

Net Position: is ($10.05M) compared to a budget of ($11.67M), a favorable variance of $1.62M.

Ms. Whitaker reviewed patient encounter data through April 2026 and reported that total patient encounters increased by 12% compared to April 2025, reflecting continued year-over-year growth across the organization. Ms. Whitaker noted that primary and preventive care services accounted for the largest share of encounters at 35%. Ms. Whitaker also highlighted

strong utilization within Behavioral Health services, which represented 29% of encounters. Ms. Whitaker explained that some service activities are reflected differently within the FQHC reporting structure, but overall performance remained positive with a 12% increase in encounters year over year.

Ms. Whitaker also presented encounter data by location and reported that both the Fremont and Decatur health centers experienced 12% year-over-year growth through April 2026. Ms. Whitaker noted that while the two locations had performed at different rates during the prior year, both sites were now demonstrating consistent growth.

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 the April 2026 Year to Date Financial Report, as presented.

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

Member Melendrez announced a "save the date" for the Nevada Community Health Coalition Impact Summit scheduled for November 13, 2026.

No additional Board reports were presented.

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

- CEO Comments

  In the CEO report, delivered by Mr. Kahananui on behalf of Randy Smith, updates included receipt of $67,000 in supplemental funding for HIV prevention services, a successful Ryan White audit with no findings, upcoming HRSA 340B audit preparations, and ongoing efforts toward Patient-Centered Medical Home designation. Progress in data quality improvements and value-based care initiatives was also highlighted. Additionally, details of a forthcoming Board retreat were shared.

  During discussion of the board retreat, Member Coca asked whether dinner would be provided. Mr. Kahananui confirmed that food would be served at the retreat.

  Board members raised no further questions.

- Clinical Quality Performance Measures: CY26 First Quarter Update

  Felicia Sgovio, Quality Management Coordinator, presented the First Quarter 2026 FQHC Clinical Performance Measures Report and provided an overview of key quality, clinical, and patient satisfaction outcomes.

Ms. Sgovio reported that three improvement priorities were identified following 2025 UDS reporting: enhancing SBIRT screening and referral tracking, improving HIV linkage-to-care data quality, and increasing initiation and engagement in substance use disorder treatment.

First-quarter clinical performance measures showed improvement in several key areas compared to the prior year, including colorectal cancer screening, blood pressure control, depression remission, depression screening and follow-up, and diabetes-related measures. Ms. Sgovio also reported that 64.7% of prenatal patients entered care during the first trimester in 2025 and that no low-birth-weight deliveries were identified among reported births.

Ms. Sgovio advised that quality performance targets were increased for 2026 after all 2025 targets were achieved. During the first quarter, the organization exceeded its targets for Depression Screening and Follow-Up and HIV Linkage to Care. Ms. Sgovio also reported that Medicaid care-gap performance met established targets for glycemic status assessment and pediatric chlamydia screening measures.

Ms. Sgovio further advised that patient satisfaction results remained strong, with survey participation increasing following the inclusion of Sexual Health Clinic patients. The overall survey completion average was 14.43% in the first quarter. Further, 97.9% of respondents reported that scheduling appointments was easy, and satisfaction scores reflected positive experiences with providers, staff, and overall care. Commonly cited strengths included staff professionalism, provider quality, and excellent service, while opportunities for improvement included wait times, communication, and service coverage concerns.

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

The Chair concluded by expressing appreciation to staff, clinical teams, pharmacy personnel, and security staff for their commitment to patient care and service to the community.

X. INFORMATIONAL ITEMS

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

XI. SECOND PUBLIC COMMENT:

A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to 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.

XII. ADJOURNMENT

The meeting was adjourned at 3:19 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER
GOVERNING BOARD MEETING
June 16, 2026 – 2:30 p.m.
Meeting will be conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Room A and B

NOTICE

Microsoft Teams:
https://events.teams.microsoft.com/event/78541c64-5f07-456b-9bdc-971dac28db3f@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 624 879 857#

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. RECOGNITION

1. **Southern Nevada Health District – May 2026 Employee of the Month**
   - Mayra Avalos

2. **Southern Nevada Health District – June 2026 Employee of the Month**
   - Jessica Yumul

IV. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to 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 624 879 857#. 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.

V. ADOPTION OF JUNE 16, 2026 AGENDA *(for possible action)*

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

1. **APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING**: May 19, 2026 *(for possible action)*

2. **Approve Revisions to the CHCA-007 Legislative Mandate Review Policy;** *direct staff accordingly or take other action as deemed necessary (for possible action)*

VII. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Approve Recommendations from June 11, 2026 Quality, Credentialing & Risk Management Committee Meeting regarding the CY26 First Quarter Risk Assessment;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

2. **Receive, Discuss and Approve Recommendations from June 11, 2026 Quality, Credentialing & Risk Management Committee Meeting regarding the CY26 First Quarter Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **Receive, Discuss and Approve Submittal of the HRSA FY26 Expanding Nutrition Services Grant;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **Receive, Discuss and Approve Recommendations from June 15, 2026 Finance and Audit Committee Meeting regarding the April 2026 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

IX. CEO & STAFF REPORTS *(Information Only)*
- CEO Comments
- Clinical Quality Performance Measures: CY26 First Quarter Update

X. INFORMATIONAL ITEMS
- Community Health Center (FQHC) May 2026 Monthly Report

XI. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to 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.**

XII. 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
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.

<u>Revenue</u>

- 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

/tab

SOUTHERN NEVADA COMMUNITY HEALTH CENTER
DISTRICT-WIDE POLICY

DIVISION:	Administration	**NUMBER(s):**	CHCA-007
PROGRAM:	FQHC	**VERSION:**	1.02
TITLE:	Legislative Mandate Review Policy	**PAGE:**	1 of 11
		EFFECTIVE DATE: June 1, 2026	
DESCRIPTION:	To establish procedures for ensuring compliance with legislative mandates.	**ORIGINATION DATE:** August 25, 2022	
APPROVED BY: **CHIEF EXECUTIVE OFFICER - FQHC** Randy Smith, MPA — **June 1, 2026** Date		**REPLACES:** Version 1.01	

I. PURPOSE

To establish procedures for ensuring compliance with legislative mandates, including mandates in Department of Health and Human Services appropriations acts, and applicable Health Resources and Services Administration guidance.

II. SCOPE

This policy applies to all Southern Nevada Community Health Center herein referred to as Health Center operations.

III. POLICY

A. Procurement Standards for Federal Awards

1. 2 CFR Part 200; 45 CFR Part 75. Code of Federal Regulations (CFR) Title 2 Part 200 and Title 45 Part 75 contain the uniform administrative requirements, cost principles and audit requirements for federal awards. Any procurement awarded with federal (grant) funds will comply with 2 CFR 200 or 45 CFR 75 as applicable.
2. 2 CFR 200, Sections 317-326, Procurement Standards. Sections 200.317 through 200.326 contain the procurement standards. The following procurement standards apply to federally funded procurements.
    a. 200.317, Procurements by states
    b. 200.318, General procurement standards

c. 200.319, Competition

d. 200.320, Methods of procurement to be followed

e. 200.321, Contracting with small and minority businesses, women's business enterprises and labor surplus area firms

f. 200.322, Procurement of recovered materials

g. 200.323, Contract cost and price

h. 200.324, Federal awarding agency or pass-through entity review

i. 200.325, Bonding requirements

j. 200.326, Contract provisions

3. 2 CFR 200 Section 330, Subrecipient and Contractor Determination. Every contract awarded will have a subrecipient determination on file. A purchase order will be awarded to a supplier, and not a subrecipient.

4. 2 CFR 200, Sections 420-475; 45 CFR 75, Sections 420-475, General Provisions for Selected Items of Cost. These sections provide principles to be applied in establishing the allowability of certain items involved in determining cost. These principles apply whether or not a particular item of cost is properly treated as direct cost or indirect (F&A) cost.

5. 2 CFR 200, Appendix II, Contract Provisions for Non-Federal Entity Contracts under Federal Awards. The following clauses covered under this section will be included with any procurement using federal funding, including purchase orders.

   a. Remedies. Contracts for more than the simplified acquisition threshold currently set at $250,000, which is the inflation-adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.

   b. Termination. All federally funded contracts $10,000 or more must address termination for cause and for convenience by the non-federal entity including the manner by which it will be affected and the basis for settlement.

   c. Equal Employment Opportunity. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of "federally

assisted construction contract" in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

d. Davis-Bacon Act. As amended (40 U.S.C. 3141-3148). When required by federal program legislation, all prime construction contracts equal to or in excess of $2,000 awarded by non- federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction"). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-federal entity must report all suspected or reported violations to the federal awarding agency. The contracts must also include a provision for compliance with the Copeland "Anti-Kickback" Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non- federal entity must report all suspected or reported violations to the federal awarding agency.

e. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by a non-federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702

and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer based on a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

f. If the Federal award meets the definition of "funding agreement" under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

g. Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of $150,000 must contain a provision that requires the non-federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

h. Energy Efficiency. Contractor will comply with mandatory standards and policies relating to energy efficiency, which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (42 U.S.C. 6201).

i. Debarment and Suspension. (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed

on the governmentwide Excluded Parties List System in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235),

j. Debarment and Suspension. The Excluded Parties List System in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. Furthermore, each of contractor's vendors and sub-contractors will certify that to the best of its respective knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.

k. Byrd anti-Lobbying Amendment (31 U.S.C. 1352)—Contractors that apply or bid for an award of $100,000 or more must file the required certification. Each tier certifies to the tier above that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-federal funds that takes place in connection with obtaining any federal award. Such disclosures are forwarded from tier to tier up to the non-federal award.

1. PROCUREMENT OF RECOVERED MATERIALS. A non-Federal entity that is a state agency or agency of a political subdivision of a state and its contractors must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds $10,000 or the value of the quantity acquired by the preceding fiscal year exceeded $10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

IV. PROCEDURE

A. STATEMENT

1. The Health Center recognizes that as a recipient of Federal funds, they are responsible for compliance with all applicable laws, regulations, and provisions of contracts and grants. This includes understanding and adhering to allowances and/or restrictions to use of Federal funds.

2. Appropriate fiscal oversight will be maintained for all Grants and awards. With respect to Federal funding and the requirements on restrictions to limitations on use of Federal funds as mandated by the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, and Continuing Appropriations Act, the Health Center assures oversight and monitoring for compliance via grants management. The health center will comply with all requirements under the program compliance manual. The Health Center will also comply with all requirements under 45 CFR Part 75 Subpart E: Cost Principles and/or 2 Code of Federal Regulations (CFR) Part 200 (Subparts A – F). In addition, the Health Center will monitor HRSA Grants Policy Bulletins and ensure compliance.

B. RESPONSIBILITY

The grant accountant, accounting supervisor and controller are responsible to ensure that no Federal funds are used for mandated limitations/restrictions.

C. IMPLEMENTATION

1. Mandatory Disclosures

   Any violation of federal criminal law involving fraud, bribery and gratuity violations potentially affecting the award will be disclosed in writing to HHS within 14 days of discovery. This notification will be the responsibility of the CEO and the Health Center Board Chair.

2. Salary Limitation (Section 202)

   None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. The Executive Level II salary is currently set at $221,900, as of January 2024.

3. Gun Control (Section 210)

   None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

4. Anti-Lobbying (Section 503)

   a. No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for formal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit. Pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

   b. No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

   c. The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

5. Health Center shall not use federal grant funds, other than for normal and recognized executive legislative relationships, for the following:

   a. For publicity or propaganda purposes

   b. For the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or

local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

c. Health Center shall not use federal grant funds to pay the salary or expenses of any employee or agent of Health Center for activities designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

d. The prohibitions in subsections A and B include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product.

6. Acknowledgement of Federal Funding

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, Health Center shall clearly state:

a. The percentage of the total costs of the program or project which will be financed with Federal money.

b. The dollar amount of Federal funds for the project or program.

c. Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

7. Restrictions on Abortions, and Exceptions to these Restrictions

a. Health Center shall not use federal grant funds for any abortion or for health benefits coverage that includes coverage of abortion. These restrictions shall not apply to abortions (or coverage of abortions) that fall within the Hyde amendment exceptions.

b. The Hyde Amendment is a statutory provision included as part of the annual Appropriations Act, which prohibits health centers from using federal funds to provide abortions (except in cases of rape or incest, or where a woman suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed).

8. Ban on Funding Human Embryo Research - Health Center shall not use federal grant funds for:

   a. The creation of human embryos for research purposes.

   b. Research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

9. Limitations on the Use of Grant Funds for the Promotion of Legalization of Controlled Substances

   a. Health Center shall not use federal grant funds to promote the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications. This limitation shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

   b. Restriction on Distribution of Sterile Needles (Section 526) Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant

increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

10. Restriction of Pornography on Computer Networks

Health Center shall not use federal grant funds to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography. This shall not limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out lawful criminal investigations, prosecution, or adjudication activities.

11. Confidentiality Agreements

Health Center shall not require its employees or contractors seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

This limitation shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a federal department or agency governing the nondisclosure of classified information.

12. Procedure

Health Center will review HRSA's Legislative Mandates annually for the passage of a new HHS Appropriations Act or issuance of HRSA guidance regarding the Legislative Mandates and ensure Health Center's policies and procedures are updated as necessary. Any modifications to this policy will require review and approval by the Health Center Board.

REFERENCES

1. Department of Defense and labor, Health and Human Services, and Education Appropriations Act, and Continuing Appropriations Act, ,
2. HRSA Policies, Regulations, & Guidance page accessible at https://www.hrsa.gov/grants/manage-your-grant/policies-regulations-guidance
3. HRSA Grants Bulletins
4. 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

5. Hyde Amendment
6. Consolidated Appropriations Act, https://www.congress.gov/resources/display/content/Appropriations+for+Fiscal+Year+2019
7. Controlled Substances Act Schedule, https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf
8. 45 CFR Part 75 Subpart E: Cost Principle https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-E
9. 2 Code of Federal Regulations (CFR) Part 200 (Subparts A – F) https://www.govinfo.gov/app/details/CFR-2014-title2-vol1/CFR-2014-title2-vol1-part200
10. HRSA Grants Policy Bulletin

DIRECT RELATED INQUIRIES TO

Chief Executive Officer - FQHC

ATTACHMENTS-FORMS-TEMPLATES

Not Applicable

HISTORY TABLE

Table 1: History

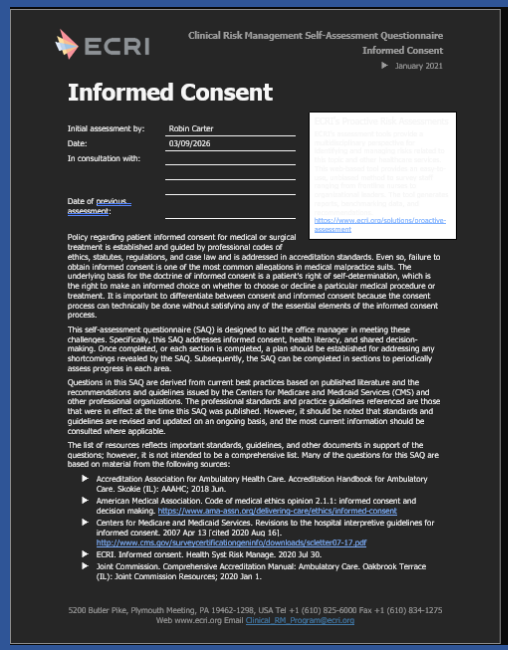
Version No.	Effective Date	Change Made
Version 2	06/01/2026	1. Section C under Procedure: provided clarity for use of federal grant funds on #9 and #10 per revised HRSA requirements. 2. Section C under Procedure: provided clarity to #11 regarding confidentiality agreements per revised HRSA requirements.
Version 1	01/21/2025	1. Policy Review
Version 0	08/25/2022	First issuance

2026 Q1 Quarterly Risk Assessment

SOUTHERN NEVADA Community HEALTH CENTER

2026 Q1 Quarterly Risk Assessment

- FTCA requires one risk assessment to be completed each quarter. 2 of the 4 risk assessments must cover a high-risk area.
- The one required risk assessment for Q1 is complete, making the requirement at 100% compliance through Q1.
- The tool used for the Q1 Risk Assessment is called the ECRI Clinical Risk Management Self-Assessment Questionnaire - Informed Consent
- Criteria Audited
  - Conducted by medical director on 3/9/2026
  - 26/43 compliant (60.5%)
  - Action Plan to correct other 17 criteria done and under way.
    - 12/17 will be corrected with a policy/form update.
- Goal is to have 75% or fewer action items open from risk assessments


ECRI
Clinical Risk Management Self-Assessment Questionnaire
Informed Consent
January 2021

Informed Consent

Initial assessment by: Robin Carter
Date: 03/09/2026
In consultation with:
Date of previous assessment:

Policy regarding patient informed consent for medical or surgical treatment is established and guided by professional codes of ethics, statutes, regulations, and case law and is addressed in accreditation standards. Even so, failure to obtain informed consent is one of the most common allegations in medical malpractice suits. The underlying basis for the doctrine of informed consent is a patient's right of self-determination, which is the right to make an informed choice on whether to choose or decline a particular medical procedure or treatment. It is important to differentiate between consent and informed consent because the consent process can technically be done without satisfying any of the essential elements of the informed consent process.

This self-assessment questionnaire (SAQ) is designed to aid the office manager in meeting these challenges. Specifically, this SAQ addresses informed consent, health literacy, and shared decision-making. Once completed, or each section is completed, a plan should be established for addressing any shortcomings revealed by the SAQ. Subsequently, the SAQ can be completed in sections to periodically assess progress in each area.

Questions in this SAQ are derived from current best practices based on published literature and the recommendations and guidelines issued by the Centers for Medicare and Medicaid Services (CMS) and other professional organizations. The professional standards and practice guidelines referenced are those that were in effect at the time this SAQ was published. However, it should be noted that standards and guidelines are revised and updated on an ongoing basis, and the most current information should be consulted where applicable.

The list of resources reflects important standards, guidelines, and other documents in support of the questions; however, it is not intended to be a comprehensive list. Many of the questions for this SAQ are based on material from the following sources:

- Accreditation Association for Ambulatory Health Care. Accreditation Handbook for Ambulatory Care. Skokie (IL): AAAHC; 2018 Jun.
- American Medical Association. Code of medical ethics opinion 2.1.1: informed consent and decision making. https://www.ama-assn.org/delivering-care/ethics/informed-consent
- Centers for Medicare and Medicaid Services. Revisions to the hospital interpretive guidelines for informed consent. 2007 Apr 13 [cited 2020 Aug 16]. http://www.cms.gov/surveycertificationgeninfo/downloads/sletter07-17.pdf
- ECRI. Informed consent. Health Syst Risk Manage. 2020 Jul 30.
- Joint Commission. Comprehensive Accreditation Manual: Ambulatory Care. Oakbrook Terrace (IL): Joint Commission Resources; 2020 Jan 1.

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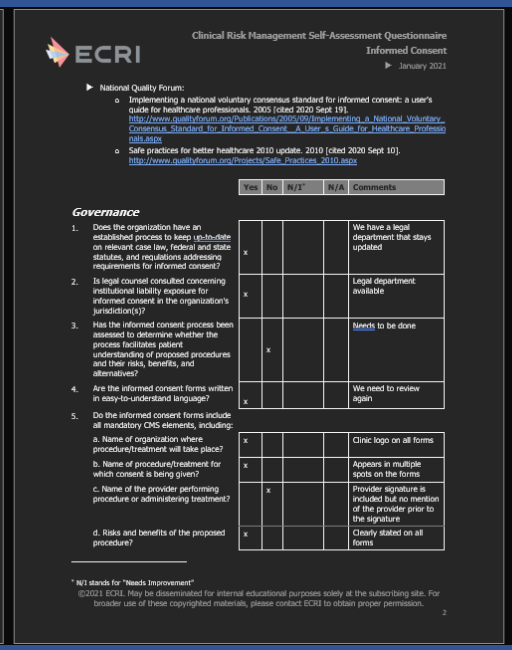
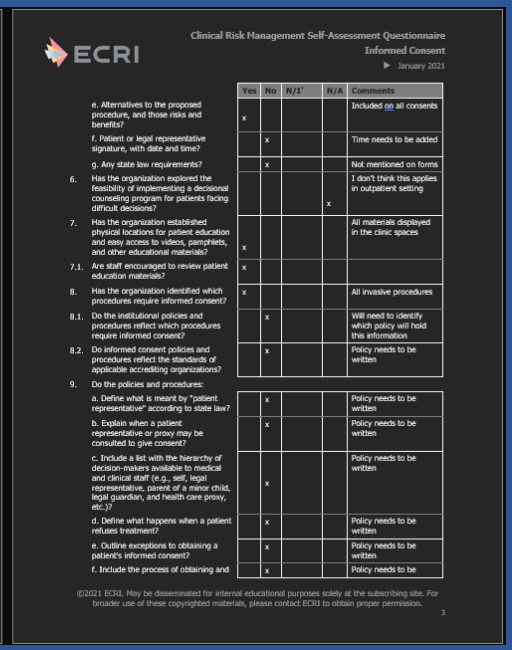
Web www.ecri.org Email Clinical_RM_Programs@ecri.org


ECRI
Clinical Risk Management Self-Assessment Questionnaire
Informed Consent
January 2021

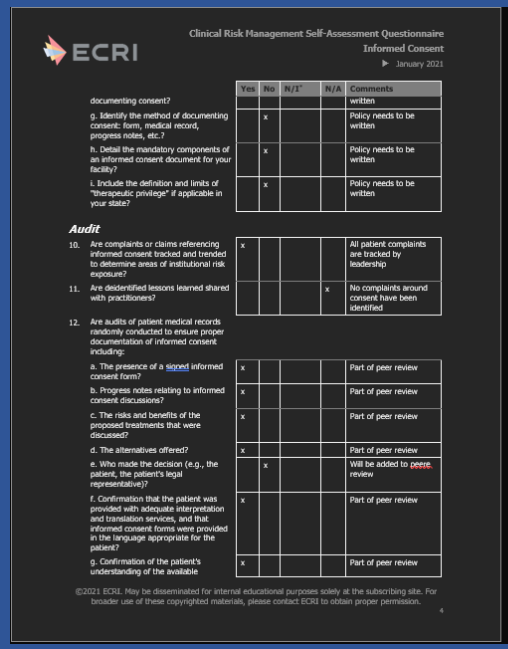
- National Quality Forum:
  - Implementing a national voluntary consensus standard for informed consent: a user's guide for healthcare professionals. 2005 [cited 2020 Sept 19]. http://www.qualityforum.org/Publications/2005/09/Implementing_a_National_Voluntary_Consensus_Standard_for_Informed_Consent__A_User_s_Guide_for_Healthcare_Professionals.aspx
  - Safe practices for better healthcare 2010 update. 2010 [cited 2020 Sept 10]. http://www.qualityforum.org/Projects/Safe_Practices_2010.aspx

		Yes	No	N/1*	N/A	Comments
Governance						
1.	Does the organization have an established process to keep up-to-date on relevant case law, federal and state statutes, and regulations addressing requirements for informed consent?	x				We have a legal department that stays updated
2.	Is legal counsel consulted concerning institutional liability exposure for informed consent in the organization's jurisdiction(s)?	x				Legal department available
3.	Has the informed consent process been assessed to determine whether the process facilitates patient understanding of proposed procedures and their risks, benefits, and alternatives?		x			Needs to be done
4.	Are the informed consent forms written in easy-to-understand language?	x				We need to review again
5.	Do the informed consent forms include all mandatory CMS elements, including:					
	a. Name of organization where procedure/treatment will take place?	x				Clinic logo on all forms
	b. Name of procedure/treatment for which consent is being given?	x				Appears in multiple spots on the forms
	c. Name of the provider performing procedure or administering treatment?		x			Provider signature is included but no mention of the provider prior to the signature
	d. Risks and benefits of the proposed procedure?	x				Clearly stated on all forms

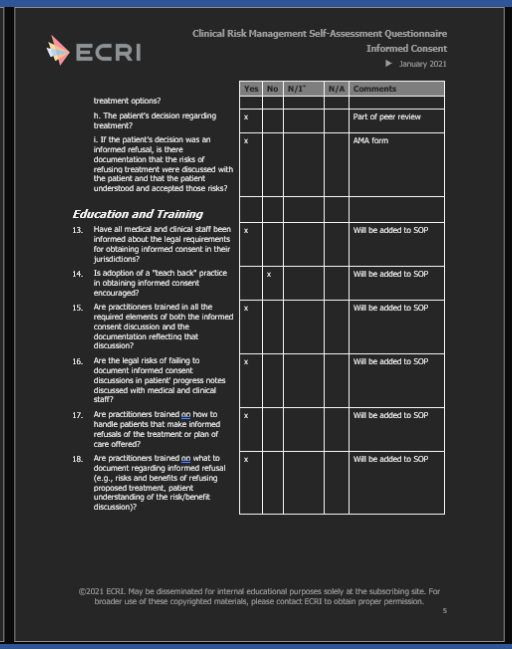
* N/1 stands for "Needs Improvement"


ECRI
Clinical Risk Management Self-Assessment Questionnaire
Informed Consent
January 2021

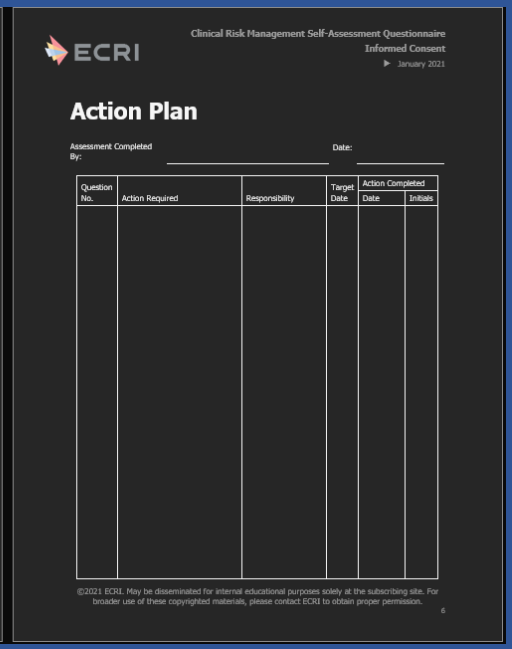
		Yes	No	N/1*	N/A	Comments
	e. Alternatives to the proposed procedure, and those risks and benefits?	x				Included on all consents
	f. Patient or legal representative signature, with date and time?		x			Time needs to be added
	g. Any state law requirements?		x			Not mentioned on forms
6.	Has the organization explored the feasibility of implementing a decisional counseling program for patients facing difficult decisions?				x	I don't think this applies in outpatient setting
7.	Has the organization established physical locations for patient education and easy access to videos, pamphlets, and other educational materials?	x				All materials displayed in the clinic spaces
7.1.	Are staff encouraged to review patient education materials?	x				
8.	Has the organization identified which procedures require informed consent?	x				All invasive procedures
8.1.	Do the institutional policies and procedures reflect which procedures require informed consent?		x			Will need to identify which policy will hold this information
8.2.	Do informed consent policies and procedures reflect the standards of applicable accrediting organizations?		x			Policy needs to be written
9.	Do the policies and procedures:					
	a. Define what is meant by "patient representative" according to state law?		x			Policy needs to be written
	b. Explain when a patient representative or proxy may be consulted to give consent?		x			Policy needs to be written
	c. Include a list with the hierarchy of decision-makers available to medical and clinical staff (e.g., self, legal representative, parent of a minor child, legal guardian, and health care proxy, etc.)?		x			Policy needs to be written
	d. Define what happens when a patient refuses treatment?		x			Policy needs to be written
	e. Outline exceptions to obtaining a patient's informed consent?		x			Policy needs to be written
	f. Include the process of obtaining and		x			Policy needs to be


ECRI
Clinical Risk Management Self-Assessment Questionnaire
Informed Consent
January 2021

		Yes	No	N/1*	N/A	Comments
	documenting consent?					written
	g. Identify the method of documenting consent: form, medical record, progress notes, etc.?		x			Policy needs to be written
	h. Detail the mandatory components of an informed consent document for your facility?		x			Policy needs to be written
	i. Include the definition and limits of "therapeutic privilege" if applicable in your state?		x			Policy needs to be written
Audit						
10.	Are complaints or claims referencing informed consent tracked and trended to determine areas of institutional risk exposure?	x				All patient complaints are tracked by leadership
11.	Are deidentified lessons learned shared with practitioners?				x	No complaints around consent have been identified
12.	Are audits of patient medical records randomly conducted to ensure proper documentation of informed consent including:					
	a. The presence of a signed informed consent form?	x				Part of peer review
	b. Progress notes relating to informed consent discussions?	x				Part of peer review
	c. The risks and benefits of the proposed treatments that were discussed?	x				Part of peer review
	d. The alternatives offered?	x				Part of peer review
	e. Who made the decision (e.g., the patient, the patient's legal representative)?		x			Will be added to peers review
	f. Confirmation that the patient was provided with adequate interpretation and translation services, and that informed consent forms were provided in the language appropriate for the patient?	x				Part of peer review
	g. Confirmation of the patient's understanding of the available	x				Part of peer review


ECRI
Clinical Risk Management Self-Assessment Questionnaire
Informed Consent
January 2021

		Yes	No	N/1*	N/A	Comments
	treatment options?					
	h. The patient's decision regarding treatment?	x				Part of peer review
	i. If the patient's decision was an informed refusal, is there documentation that the risks of refusing treatment were discussed with the patient and that the patient understood and accepted those risks?	x				AMA form
Education and Training						
13.	Have all medical and clinical staff been informed about the legal requirements for obtaining informed consent in their jurisdictions?	x				Will be added to SOP
14.	Is adoption of a "teach back" practice in obtaining informed consent encouraged?		x			Will be added to SOP
15.	Are practitioners trained in all the required elements of both the informed consent discussion and the documentation reflecting that discussion?	x				Will be added to SOP
16.	Are the legal risks of failing to document informed consent discussions in patient' progress notes discussed with medical and clinical staff?	x				Will be added to SOP
17.	Are practitioners trained on how to handle patients that make informed refusals of the treatment or plan of care offered?	x				Will be added to SOP
18.	Are practitioners trained on what to document regarding informed refusal (e.g., risks and benefits of refusing proposed treatment, patient understanding of the risk/benefit discussion)?	x				Will be added to SOP


ECRI
Clinical Risk Management Self-Assessment Questionnaire
Informed Consent
January 2021

Action Plan

Assessment Completed By: Date:

Question No.	Action Required	Responsibility	Target Date	Action Completed	
				Date	Initials

SOUTHERN NEVADA Community HEALTH CENTER

2026 Q1 Quarterly Risk Assessment Findings

17 Findings

CY26 ECRI Self-Assessment Tool for Informed Consent - Findings and Action Plan

Assessment conducted by: **Dr. Robin Carter, DO, Medical Director**

Q1 Assessment Completed on: **3/9/2026**

Overall Score: **26/43 or 60.5%**

Findings/areas of highest risk identified:

1. **Governance –**
    a. # 3: Has the informed consent process been assessed to determine whether the process facilitates patient understanding of proposed procedures and their risks, benefits, and alternatives?
        i. Assessment Notes: No - This needs to be done
    b. #5c, 5f, 5g: Do the informed consent forms include all mandatory CMS elements, including: Name of the provider performing procedure or administering treatment? Patient or legal representative signature, with date and time? Any State law requirements?
        i. Assessment Notes: No - Provider signature is included but no mention of the provider prior to the signature, Time needs to be added, and there is no mention of state law requirements.
    c. #8.1: Do the institutional policies and procedures reflect which procedures require informed consent?
        i. Assessment Notes: No - Will need to identify which policy will hold this information.
    d. #8.2: Do informed consent policies and procedures reflect the standards of applicable accrediting organizations?
        i. Assessment Notes: No - Policy needs to be written.
    e. # 9a, 9b, 9c, 9d, 9e, 9f, 9g, 9h, 9i: Do the policies and procedures: Define what is meant by "patient representative" according to state law? Explain when a patient representative or proxy may be consulted to give consent? Include a list with the hierarchy of decision-makers available to medical and clinical staff (e.g., self, legal representative, parent of a minor child, legal guardian, and health care proxy, etc.)? Define what happens when a patient refuses treatment? Outline exceptions to obtaining a patient's informed consent? Include the process of obtaining and documenting consent? Identify the method of documenting consent: form, medical record, progress notes, etc.? Detail the mandatory components of an informed consent document for your facility? Include the definition and limits of "therapeutic privilege" if applicable in your state?
        i. Assessment Notes: No - Policy needs to be written.
2. **Audit**
    a. #12e: Are audits of patient medical records randomly conducted to ensure proper documentation of informed consent including: Who made the decision (e.g., the patient, the patient's legal representative)?
        i. Assessment Notes: No - Will be added to peer review.
3. **Education and Training**
    a. #14: Is adoption of a "teach back" practice in obtaining informed consent encouraged?
        i. Assessment Notes: No - Will be added to SOP.

2026 Q1 Quarterly Risk Assessment Action Plan

6 Activities will correct and prevent 17 findings by October of 2026.

CY26 ECRI Self-Assessment Tool for Informed Consent - Findings and Action Plan

Action Plan:

CY25 Goals	CY25 Activities (What, Who, When)	CY25 Performance
		3 & 6 Month Follow Up
Governance	• Informed consent process needs to be fully assessed to determine whether the process facilitates patient understanding of proposed risks, benefits, and alternatives. • Informed consent needs to be inclusive of all CMS elements including name of provider, patient and/or legal representative's signature, time of signature, and whether there are state law requirements. • Discover if the institutional policies and procedures reflect which procedures require informed consent and reflect the standards of applicable accrediting organizations and then correct if needing correction. • Create a policy that covers the following: Do the policies and procedures: Define what is meant by "patient representative" according to state law? Explain when a patient representative or proxy may be consulted to give consent? Include a list with the hierarchy of decision-makers available to medical and clinical staff (e.g., self, legal representative, parent of a minor child, legal guardian, and health care proxy, etc.)? Define what happens when a patient refuses treatment? Outline exceptions to obtaining a patient's informed consent? Include the process of obtaining and documenting consent? Identify the method of documenting consent: form, medical record, progress notes, etc.? Detail the mandatory components of an informed consent document for your facility? Include the definition and limits of "therapeutic privilege" if applicable in your state? o Patient survey or other study needs to be conducted by July 2026 to quantify patient understanding. o Study of current practices needs to be conducted by July 2026 to create a new policy and SOP to address issues discovered. o Training needs to be conducted by August of 2026 to align all clinic practices with new policy and SOP. o Led by Medical Director and including Operations Manager and Clinical Office Supervisor to complete evaluation and develop and implement the new policy by August of 2026 and present to the Governing Board by October 2026 for approval.	May 2026 – Aug 2026 – Oct 2026 –
		3 & 6 Month Follow Up
Audit	• Peer review process needs to be amended to include ensuring that proper documentation of informed consent includes who made the decision (e.g., the patient, the patient's legal representative)? o Medical Director and/or Operations Managers to provide training to team at huddles by August 2026.	May 2026 – Aug 2026 – Oct 2026 –
		3 & 6 Month Follow Up
Education and Training	• Training process for informed consent to include the "teach back" method. o Medical Director and/or Operations Managers will provide training to appropriate team members by August 2026.	May 2026 – Aug 2026 – Oct 2026 –

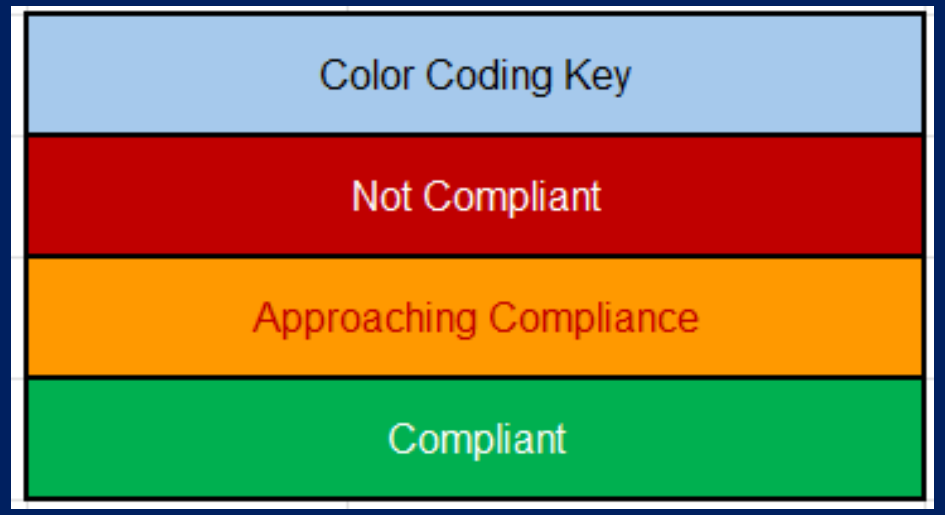
Questions?

2026 Q1 Quarterly Risk Management Report

SOUTHERN NEVADA Community HEALTH CENTER

2026 Q1 Quarterly Risk Management Report

- Grading Scale
- FTCA program requirements mandate that quarterly risk assessments, quarterly risk management reports, and the annual risk management report be presented to the Board for review and approval.



SOUTHERN NEVADA Community HEALTH CENTER

2026 Q1 Quarterly Risk Management Report

- Q1 Risk Assessment was completed on 3/9/2026, meeting the expectation of a risk assessment being completed during Q1.
- ECRI Clinical Risk Management Self-Assessment Questionnaire - Informed Consent was conducted by the medical director, Dr. Robin Carter.
- Open action plan items for the year are at 64%.

Risk Assessments			
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**	**Q1**
RM	# Completed annual high-risk assessments	≥ 2/yr	0
RM	# Completed quarterly assessments	Min 1/qtr.	3/9/2026
RM	% Open action plans	≤75%	64%

SOUTHERN NEVADA Community HEALTH CENTER

2026 Q1 Quarterly Risk Management Report

- FTCA requires SNCHC to track the quantity and level of severity of all incidents.
- Last year 87 incidents were reported
- Q1 of 2026 there were 14 incidents reported, 0 of which were sentinel events, and 1 was high risk.
- 3/14 incidents required root cause analysis and follow up.
- The average score for Provider Peer Reviews in Q1 was 96%.

Adverse Events/ Incident Reports			
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**	**Q1**
Center staff	# Sentinel Incidents	Total /qtr.	0
Center staff	# High Risk Incidents	Total /qtr.	1
Center staff	# Medium Risk Incidents	Total /qtr.	12
Center staff	# Low Risk Incidents/Near Misses	Total /qtr.	1
Quarterly Incident Totals		Prior Year - 87	14
RM	# Root Cause Analyses (RCA) completed per qtr.	Total /qtr.	3
Quarterly Peer Review Audit			
Medical Director	# Peer review audits completed (5/provider/qtr.)	80%	96%

SOUTHERN NEVADA Community HEALTH CENTER

2026 Q1 Quarterly Risk Management Report

- There are five FTCA required trainings that all clinical staff MUST participate in each year.
- By the end of Q1, 92.81% of SNCHC's clinical staff had completed 2026's annual required trainings for FTCA.
- FTCA requires that the Risk Manager take two FTCA risk related trainings each year.
- The Risk Manager, Dave Kahananui, completed the two required annual trainings in March of 2026.

Training and Education			
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**	**Q1**
FQHC Leadership	Planning, review and completion of annual OB training.	≥90% by year-end	93.75%
FQHC Leadership	Planning, review and completion of annual High Risk Area (Safe Injection) training.	≥90% by year-end	92.11%
FQHC Leadership	Planning, review and completion of annual High Risk Area (HIPAA Privacy) training.	≥90% by year-end	92.59%
FQHC Leadership	Planning, review and completion of annual Infection Prevention (BBP) training.	≥90% by year-end	91.25%
FQHC Leadership	Planning, review and completion of annual High Risk Area (Basics of Hand Hygiene for Healthcare Settings) training.	≥90% by year-end	94.37%
Average Completion Rate of Mandatory FTCA Trainings			
RM	Annual Training Completion Rate Goal of 90%	≥90% by year-end	92.81%
Risk Manager Annual Training Requirement			
RM	Required Risk Manager Annual Training	2 Required FTCA trainings by End of Year	100.00%

SOUTHERN NEVADA Community HEALTH CENTER

2026 Q1 Quarterly Risk Management Report

- Patient satisfaction score averaged 98.5% for Q1.
- 0 grievances filed in Q1.
- No pharmacy packaging and labeling errors.
- 1 HIPAA breach during Q1.
- 71% of all referrals ordered were processed and sent.
- 45% of Pts eligible for Pregnancy Intention Screening were screened.
- 11 pregnant patients were referred out for OB care to contracted providers, 1 of whom has trimester data documented. Manual process tracking this measure.
- 0 patients who had a baby this quarter have birthweight/race data documented for their newborn.
- 100% of LIP/OLCPs had current credentialing at the end of Q1.

Risk and Patient Safety Activities			
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**	**Q1**
QI/MD/Ops Mgrs/RM	Patient satisfaction score	90%	98.5%
QI/MD/Ops Mgrs/RM	# Grievances	Avg/qtr	0
QI/MD/Ops Mgrs/RM	# Grievances resolved	100%	NA
QI/Phar Mgr	Pharmacy packaging and labeling error rate	<5%	0%
Compliance/RM	HIPAA breaches	Total # of breaches	1
QI/MD/Ops Mgrs/RM	Referral completion rate	>90%	71%
QI/MD/Ops Mgrs/RM	% of Pts Screened for Pregnancy Intention	>50%	45.0%
QI/MD/Ops Mgrs/RM	# of Pts Screened for Pregnancy Intention	Total Screened	919
QI/MD/Ops Mgrs/RM	# of Pts eligible for Pregnancy Intention Screening	Total Eligible	2041
QI/MD/Ops Mgrs/RM	# of Pregnant Pts Seen	Total #	16
QI/MD/Ops Mgrs/RM	# of Prenatal pts referred out for prenatal care	# of Prenatal Pts Referred	16
QI/MD/Ops Mgrs/RM	# of Prenatal Pts w Documented Trimester of Pregnancy When First Seen	# of Prenatal Pts Referred	1
QI/MD/Ops Mgrs/RM	% of Prenatal Pts w Documented Trimester of Pregnancy When First Seen	>75%	0%
QI/MD/Ops Mgrs/RM	# of Birthweights by Race Captured	Total #	0
RM/HR	Credentialing and privileging file review rate	100%	100%

SOUTHERN NEVADA Community HEALTH CENTER

2026 Q1 Quarterly Risk Management Report

- No claims were reported or filed in Q1.

Claims Management			
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**	**Q1**
CM	# Claims submitted to HHS	NA	0
CM	# Claims settled or closed	NA	0
CM	# Claims open	NA	0
CM	# Lawsuits filed	NA	0
CM	# Lawsuits settled	NA	0
CM	# Lawsuits litigated	NA	0

Questions?

Fiscal Year 2026 Expanding Nutrition Services

Forecasted

Estimated Post Date:

June 1, 2026

Estimated Application Due Date:

July 1, 2026

Estimated Due Date Description:

Not available

Estimated Award Date:

September 1, 2026

Estimated Project Start Date:

September 1, 2026

Fiscal Year:

2026

Award

$125,000,000 Program Funding	**357** Expected awards
$350,000 Award Minimum	**$350,000** Award Maximum

Funding opportunity number:

HRSA-26-099

Cost sharing or matching requirement:

No

Funding instrument type:

Grant

$125 million for Expanded Nutrition Services (ENS): This funding will support more than 350 HRSA-funded health centers in expanding access to nutrition services and food-based interventions within primary care settings. These efforts aim to prevent and manage chronic diseases such as obesity, heart disease, and diabetes, aligning with the Administration's Make America Healthy Again priorities. Potential awards of approximately $350,000 for one year.

SOUTHERN NEVADA Community HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Financial Report
Results as of April 30, 2026

(Unaudited)

Summary of Revenue, Expenses and Net Position (April 30, 2026 – Unaudited)

Revenue

- General Fund revenue (Charges for Services & Other) is $31.21M compared to a budget of $32.05M, an unfavorable variance of $841K.
- Special Revenue Funds (Grants) is $4.35M compared to a budget of $4.22M, a favorable variance of $127K.
- Total Revenue is $35.56M compared to a budget of $36.27M, an unfavorable variance of $710K.

Expenses

- Salary, Tax, and Benefits is $11.72M compared to a budget of $12.33M, a favorable variance of $610K.
- Other Operating Expense is $24.89M compared to a budget of $25.95M, a favorable variance of $1.06M.
- Indirect Cost/Cost Allocation is $9.01M compared to a budget of $9.67M, a favorable variance of $660K.
- Total Expense is $45.61M compared to a budget of $47.95M, a favorable variance of $2.34M.

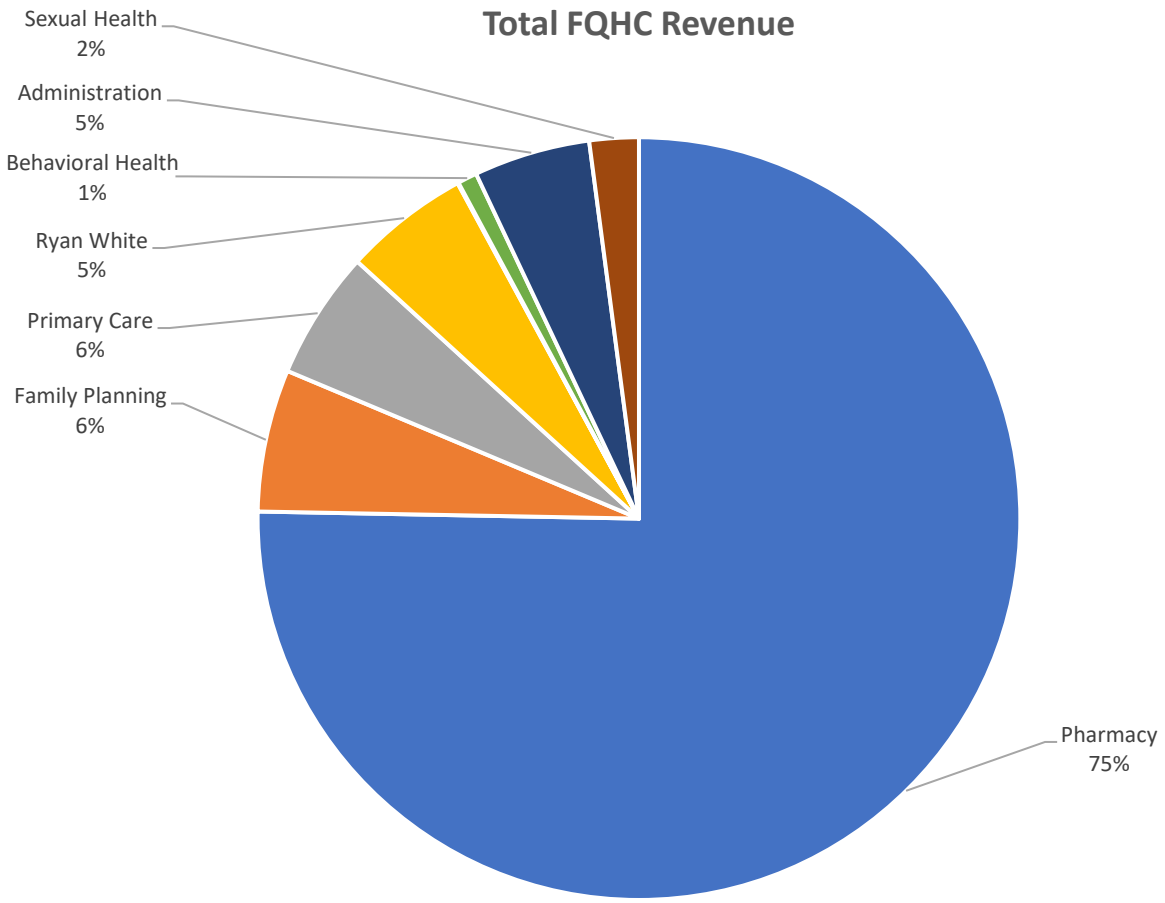
Net Position: is ($10.05M) compared to a budget of ($11.67M), a favorable variance of $1.62M.

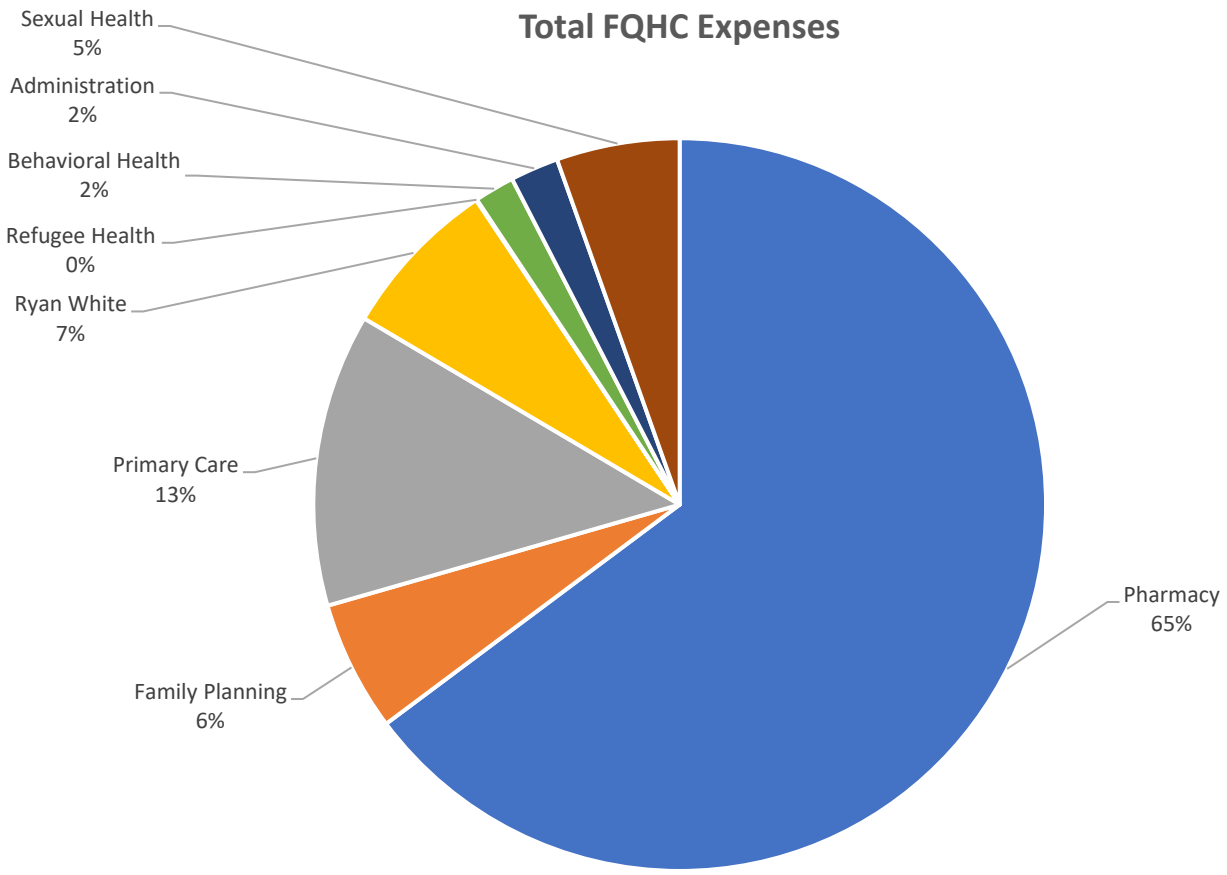
All Funds/Divisions by Type
Budget to Actual

Activity	Budget as of April	Actual as of April	Variance Favorable (Unfavorable)	%	
Charges for Services	30,713,813	29,453,658	(1,260,155)	-4%	1
Other	1,339,152	1,757,505	418,353	31%	2
Federal Revenue	2,130,679	2,202,526	71,847	3%	
Pass-Thru Revenue	1,738,652	1,444,099	(294,553)	-17%	
State Revenue	351,990	702,584	350,594	100%	
Total FQHC Revenue	**36,274,286**	**35,560,372**	**(713,914)**	**-2%**	
Salaries	8,369,976	7,863,192	506,784	6%	
Taxes & Fringe Benefits	3,959,959	3,855,039	104,920	3%	
Total Salaries & Benefits	**12,329,935**	**11,718,231**	**611,704**	**5%**	
Supplies	24,431,126	23,733,083	698,043	3%	
Capital Outlay	16,317	14,302	2,015	12%	
Contractual	1,449,400	1,110,331	339,069	23%	
Travel & Training	54,517	33,123	21,394	39%	
Total Other Operating	**25,951,360**	**24,890,839**	**1,060,521**	**4%**	
Indirect Costs/Cost Allocations	9,666,034	9,005,125	660,909	7%	
Transfers IN	(687,610)	(630,998)	(56,612)	8%	
Transfers OUT	687,604	630,998	56,606	8%	
Total Transfers	**9,666,028**	**9,005,125**	**660,903**	**7%**	
Total FQHC Expenses	**47,947,323**	**45,614,195**	**2,333,128**	**5%**	
Net Position	**(11,673,037)**	**(10,053,823)**	**1,619,214**	**14%**	

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 (April 30, 2026)





Revenues by Department
Budget to Actuals

Department	Budget as of April	Actual as of April	Variance Favorable (Unfavorable)	%	
Charges for Services, Other, Wrap					
Family Planning	201,102	463,518	262,416	130%	1
Pharmacy	29,335,567	26,776,007	(2,559,560)	-9%	2
Primary Care	401,695	1,092,035	690,340	172%	3
Ryan White	135,099	76,744	(58,355)	-43%	4
Refugee Health	16,928	12,178	(4,750)	-28%	5
Behavioral Health	130,915	293,450	162,535	124%	
Administration	1,339,152	1,754,262	415,110	31%	
Sexual Health	492,505	742,970	250,465	51%	
OPERATING REVENUE	**32,052,963**	**31,211,164**	**(841,799)**	**-3%**	
Grants					
Family Planning	1,610,950	1,681,620	70,670	4%	
Primary Care	871,719	844,055	(27,664)	-3%	
Ryan White	1,733,254	1,820,954	87,700	5%	
Refugee Health	5,399	2,579	(2,820)	-52%	5
Behavioral Health	1	-	(1)	-100%	
SPECIAL REVENUE	**4,221,323**	**4,349,208**	**127,885**	**3%**	
TOTAL REVENUE	**36,274,286**	**35,560,372**	**(713,914)**	**-2%**	

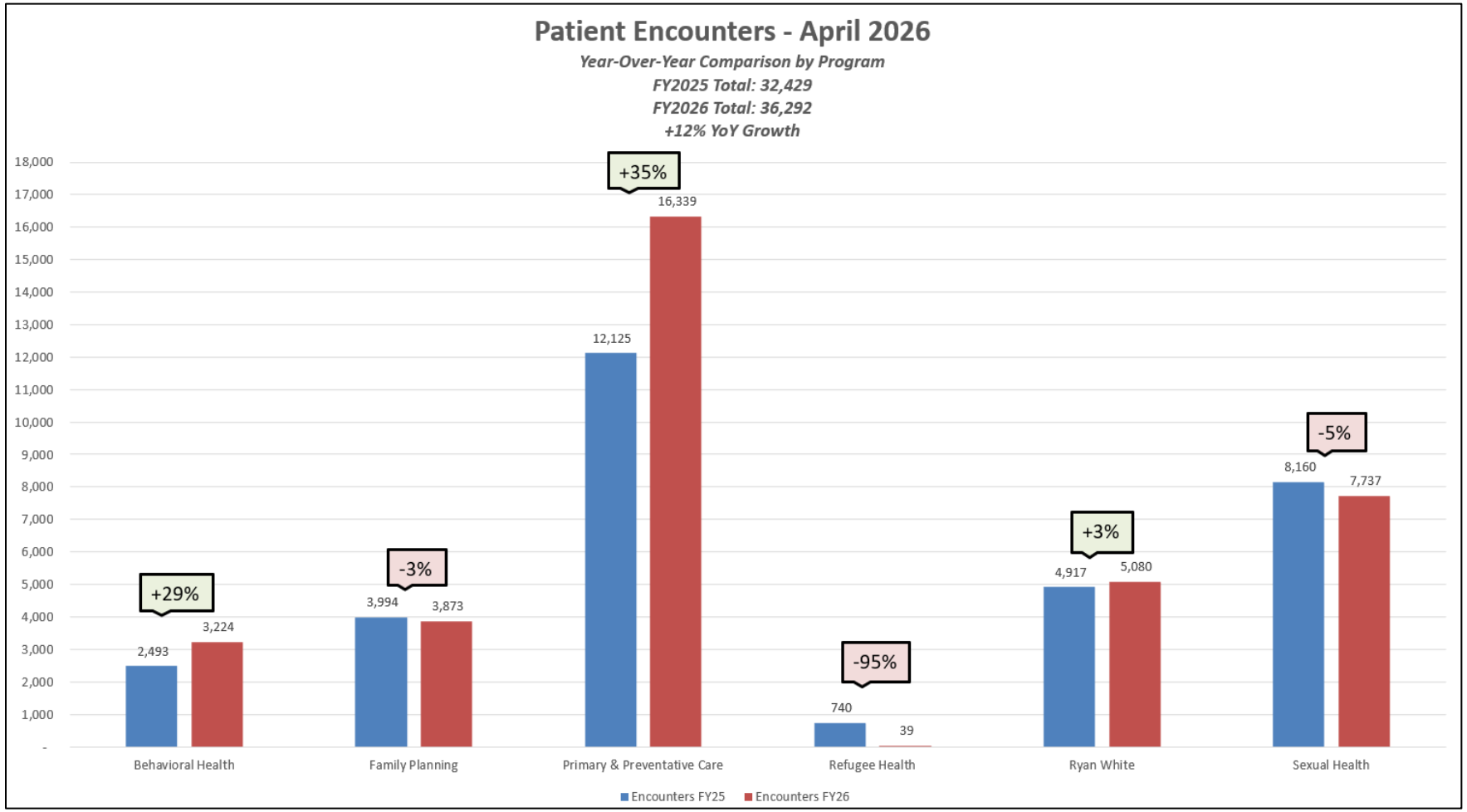
NOTES:
1) FAMILY PLANNING REVENUE IS EXCEEDING EXPECTATIONS DUE TO INCREASED DEVICE REIMBURSEMENTS.
2) REVENUE REDUCTION DUE TO CHANGES IN PAYER PATIENT ASSISTANCE PROGRAMS FOR HIGH-COST MEDICATIONS (DISCUSSED AT 2/17/26 BOARD MEETING – "PHARMACY UPDATE". PHARMACY AND FINANCE ARE ACTIVELY MONITORING CHANGES).
3) BILLABLE PRIMARY CARE ENCOUNTERS ARE UP 35% YEAR-OVER-YEAR.
4) REVENUE LAGGING BECAUSE RYAN WHITE SELF-PAY WRITE-OFF EXCEEDED TOTAL CHARGES FOR SERVICES THROUGH Q2 FY26.
5) REFUGEE HEALTH CLINIC PATIENT ENCOUNTERS REDUCED BY 95% YEAR-OVER-YEAR.

Expenses by Department
Budget to Actuals

Department	Budget as of April	Actual as of April	Variance Favorable (Unfavorable)	%	
Employment (Salaries, Taxes, Fringe)					
Family Planning	1,683,083	1,594,730	88,353	5%	
Pharmacy	583,798	600,577	(16,779)	-3%	
Primary Care	4,746,605	4,376,025	370,580	8%	
Ryan White	2,380,599	2,371,745	8,854	0%	
Refugee Health	3,402	1,904	1,498	44%	1
Behavioral Health	623,128	638,257	(15,129)	-2%	
Administration	338,567	338,073	494	0%	
Sexual Health	1,970,753	1,796,920	173,833	9%	
Total Personnel Costs	12,329,935	11,718,231	611,704	5%	
Other (Supplies, Contractual, Capital, etc.)					
Family Planning	487,397	513,437	(26,040)	-5%	
Pharmacy	23,841,842	23,119,161	722,681	3%	2
Primary Care	416,458	359,597	56,861	14%	
Ryan White	320,603	240,730	79,873	25%	
Refugee Health	28,456	12,588	15,868	56%	1
Behavioral Health	19,163	11,337	7,826	41%	
Administration	598,364	441,824	156,540	26%	
Sexual Health	239,077	192,165	46,912	20%	
Total Other Expenses	25,951,360	24,890,839	1,060,521	4%	
Total Operating Expenses	**38,281,295**	**36,609,070**	**1,672,225**	**4%**	
Indirect Costs/Cost Allocations	9,666,034	9,005,125	660,909	7%	
Transfers IN	(687,610)	(630,998)	(56,612)	8%	
Transfers OUT	687,604	630,998	56,606	8%	
Total Transfers & Allocations	9,666,028	9,005,125	660,903	7%	
TOTAL EXPENSES	**47,947,323**	**45,614,195**	**2,333,128**	**5%**	

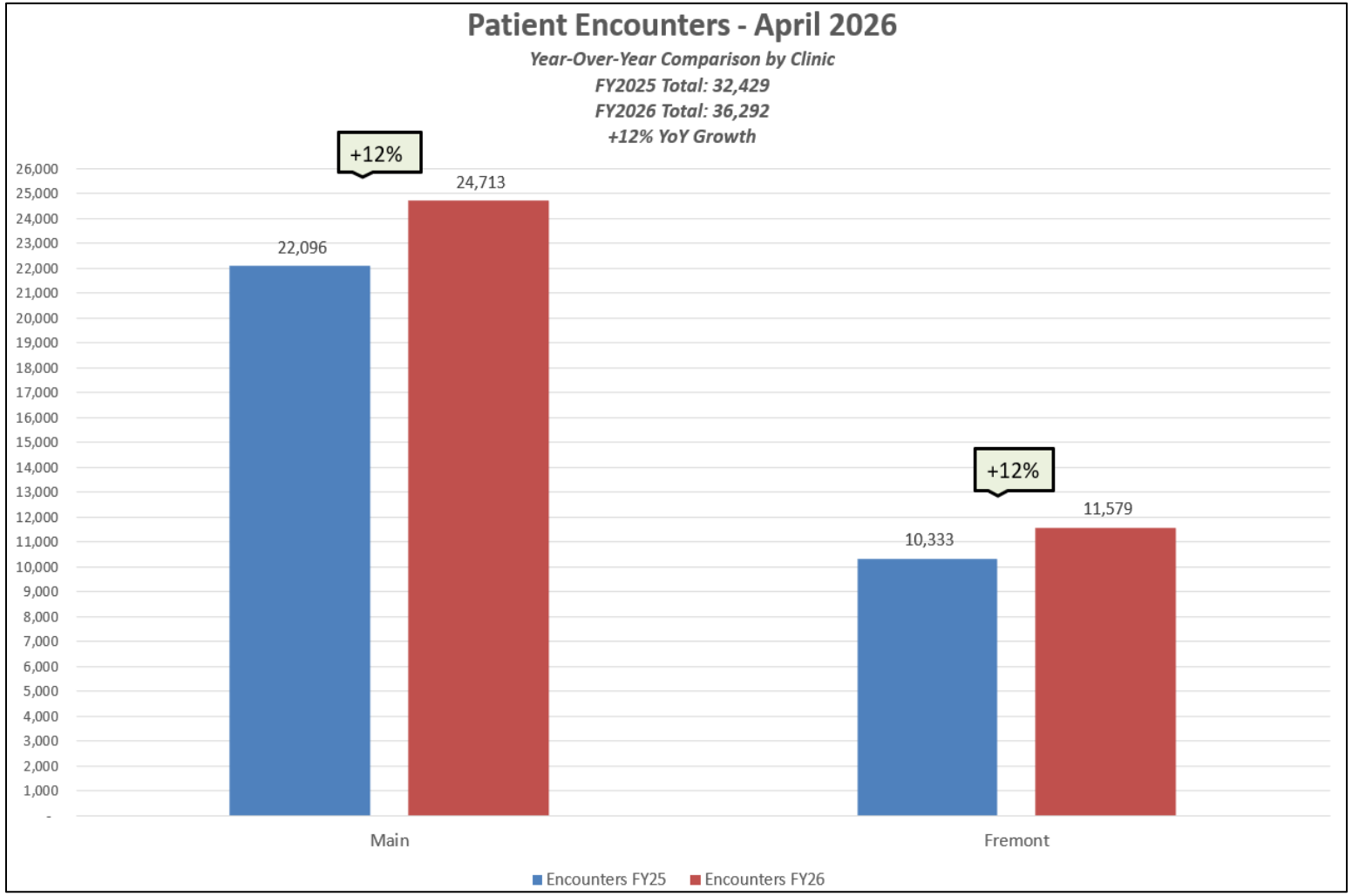
NOTES:
1) REFUGEE HEALTH CLINIC PATIENT ENCOUNTERS REDUCED BY 95% YEAR-OVER-YEAR.
2) REDUCTION IN PAYER ASSISTANCE PROGRAM FUNDING REDUCED ORDERING THROUGH APRIL 2026 FROM ANTICIPATED.

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 – April 30, 2026

By Department

DEPARTMENT	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	YTD TOTALS	YTD AVERAGES
Administration (301)	436,833	248,524	99,282	477,183	210,367	281,382	690	-	-	-	1,754,262	294,438
Family Planning (309)	124,841	227,027	154,943	402,202	251,445	182,597	242,091	286,130	244,294	236,267	2,351,837	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	2,925,371	26,776,005	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	222,199	332,693	2,046,415	159,516
Ryan White (338)	173,342	171,389	135,978	281,657	221,011	140,590	262,026	446,467	227,363	151,201	2,211,023	196,675
Refugee Health (344)	(347)	(678)	(111)	90	(706)	(824)	15,562	(1,487)	4,248	(338)	15,409	(350)
Behavioral Health (345)	33,197	27,124	16,046	38,282	21,181	(9,961)	31,439	38,361	55,673	42,107	293,450	27,166
Sexual Health (350)	72,637	32,065	36,100	25,379	42,113	26,372	155,862	122,045	103,988	126,409	742,970	41,659
TOTAL REVENUES	**4,042,364**	**3,366,756**	**3,501,828**	**4,121,937**	**3,013,657**	**3,610,519**	**3,552,553**	**3,517,345**	**3,650,700**	**3,813,710**	**36,191,370**	**3,609,308**

DEPARTMENT	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	YTD TOTALS	YTD AVERAGES
Administration (301)	70,680	79,215	83,721	138,213	106,752	83,147	92,305	94,990	84,092	137,753	970,868	95,716
Family Planning (309)	138,478	267,099	247,464	432,499	304,127	219,911	251,038	337,527	287,133	336,918	2,822,193	277,933
Pharmacy (333)	3,337,488	3,227,761	2,794,743	2,334,750	2,345,852	3,309,642	3,181,215	2,361,189	3,224,691	3,579,918	29,697,249	2,808,119
Dental Health (336)	-	-	-	-	-	-	-	-	-	-	-	-
Primary Care (337)	485,264	590,380	580,693	756,141	533,944	563,131	528,584	525,609	558,295	849,023	5,971,064	589,284
Ryan White (338)	238,561	314,910	333,259	470,966	342,630	338,303	336,122	395,066	304,056	424,617	3,498,489	340,065
Refugee Health (344)	2,709	-	-	3,695	-	-	7,152	67	1,055	4,034	18,712	1,281
Behavioral Health (345)	43,131	67,285	70,044	111,472	74,240	73,510	77,725	77,987	76,119	129,918	801,431	73,234
Sexual Health (350)	193,778	258,395	264,445	333,650	225,581	237,963	226,319	213,012	203,258	308,786	2,465,187	255,170
TOTAL EXPENSES	**4,510,088**	**4,805,046**	**4,374,370**	**4,581,386**	**3,933,125**	**4,825,607**	**4,700,459**	**4,005,447**	**4,738,699**	**5,770,966**	**46,245,193**	**4,440,803**

NET POSITION:	(467,723)	(1,438,290)	(872,542)	(459,450)	(919,468)	(1,215,088)	(1,147,905)	(488,102)	(1,087,999)	(1,957,256)	(10,053,823)	(831,495)

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 – April 30, 2026

By Type

REVENUE TYPE	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-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	3,414,510	29,453,658	2,836,079
Other	436,833	250,289	99,282	478,311	210,367	281,382	690	-	-	350	1,757,505	295,016
Contributions	-	-	-	-	-	-	-	-	-	-	-	-
Intergovernmental	263,679	383,912	341,117	624,317	446,837	383,401	443,850	580,950	501,972	379,174	4,349,209	411,972
TOTAL REVENUES	**3,998,996**	**3,305,039**	**3,447,694**	**4,022,438**	**2,941,170**	**3,547,590**	**3,481,600**	**3,416,297**	**3,605,514**	**3,794,034**	**35,560,372**	**3,543,067**

EXPENSE TYPE	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	YTD TOTALS	YTD AVERAGES
Salaries	523,875	723,389	720,359	1,068,768	734,847	721,906	714,229	711,913	713,660	1,230,247	7,863,192	754,248
Taxes and Benefits	264,484	358,856	356,812	488,386	349,107	355,739	357,567	357,217	356,819	610,051	3,855,039	363,529
Travel and Training	6,022	12,281	7,060	1,441	430	313	103	1,999	852	2,622	33,123	5,447
Supplies	2,633,040	2,586,910	2,258,924	1,907,228	1,889,343	2,616,555	2,512,191	1,945,699	2,586,494	2,796,700	23,733,084	2,255,089
Contractual	139,385	109,341	103,564	127,486	100,370	97,112	106,172	97,443	100,896	128,561	1,110,331	116,029
Property	-	-	-	-	-	-	-	-	-	14,302	14,302	-
TOTAL EXPENSES	**3,566,806**	**3,790,777**	**3,446,719**	**3,593,309**	**3,074,097**	**3,791,625**	**3,690,263**	**3,114,271**	**3,758,721**	**4,782,482**	**36,609,070**	**3,494,342**

TRANSFER TYPE	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	YTD TOTALS	YTD AVERAGES
Indirect/Cost Allocation	899,914	952,552	873,517	888,579	786,541	971,053	939,242	790,128	934,791	968,808	9,005,125	880,221
Transfer In	(43,368)	(61,717)	(54,134)	(99,499)	(72,487)	(62,929)	(70,954)	(101,048)	(45,186)	(19,676)	(630,998)	(66,241)
Transfer Out	43,368	61,717	54,134	99,499	72,487	62,929	70,954	101,048	45,186	19,676	630,998	66,241
TOTAL TRANSFERS	**899,914**	**952,552**	**873,517**	**888,579**	**786,541**	**971,053**	**939,242**	**790,128**	**934,791**	**968,808**	**9,005,125**	**880,221**

NET POSITION:	(467,723)	(1,438,290)	(872,543)	(459,450)	(919,468)	(1,215,088)	(1,147,905)	(488,102)	(1,087,999)	(1,957,256)	(10,053,823)	(831,495)

Questions?

MOTION

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

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

IX. CHIEF EXECUTIVE OFFICER & STAFF REPORTS

Randy Smith, MPA, Chief Executive Officer - FQHC

Funding and Administrative Updates

- New augmented funding
- Ryan White Audit – June 4, 2026
- CY25 Narrative Report
- Onsite HRSA 340b audit scheduled for June 24th and 25th.
- Patient Centered Medical Homes (PCMH) transformation work ongoing.
- HRSA Expanded Nutrition grant program development and grant application work underway.
- HRSA Federal Tort Claims Act (FTCA) redeeming application due June 26th .
- A new Clinical Staff Physician for Decatur starting in September 2026.
- Positive progress continues around efforts focused on valued-based care initiatives and care gap closures.

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.
- Historic 5th Street School, Thursday, August 20
  - 4:30-8:30 p.m.
- Best option for staff and board members:
  - Historic 5th Street School, Thursday, August 20, 4:30-8:30 p.m.
  - Spa water, coffee and lemonade provided.
  - Free onsite parking

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Thank you.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

First Quarter FQHC Clinical Performance Measures

June 11, 2026

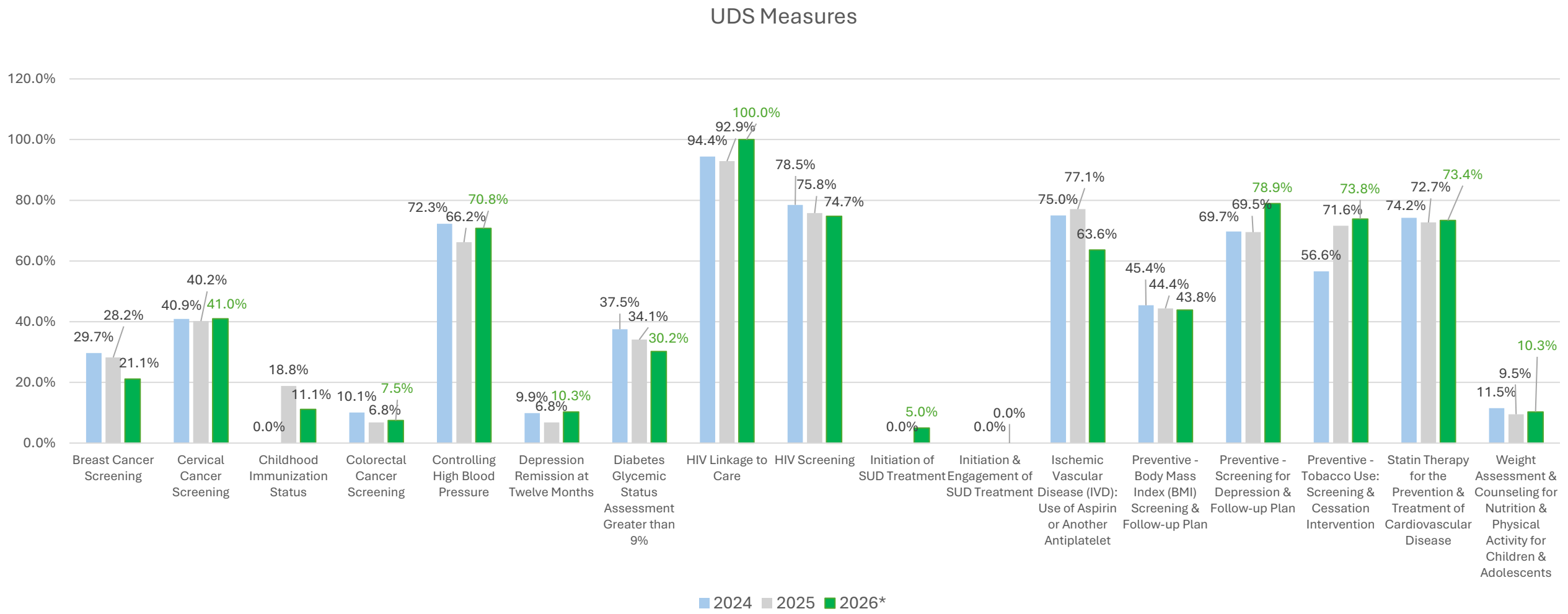
CLINICAL QUALITY MEASURES

UDS CY 2025 RECAP

Opportunities Identified:

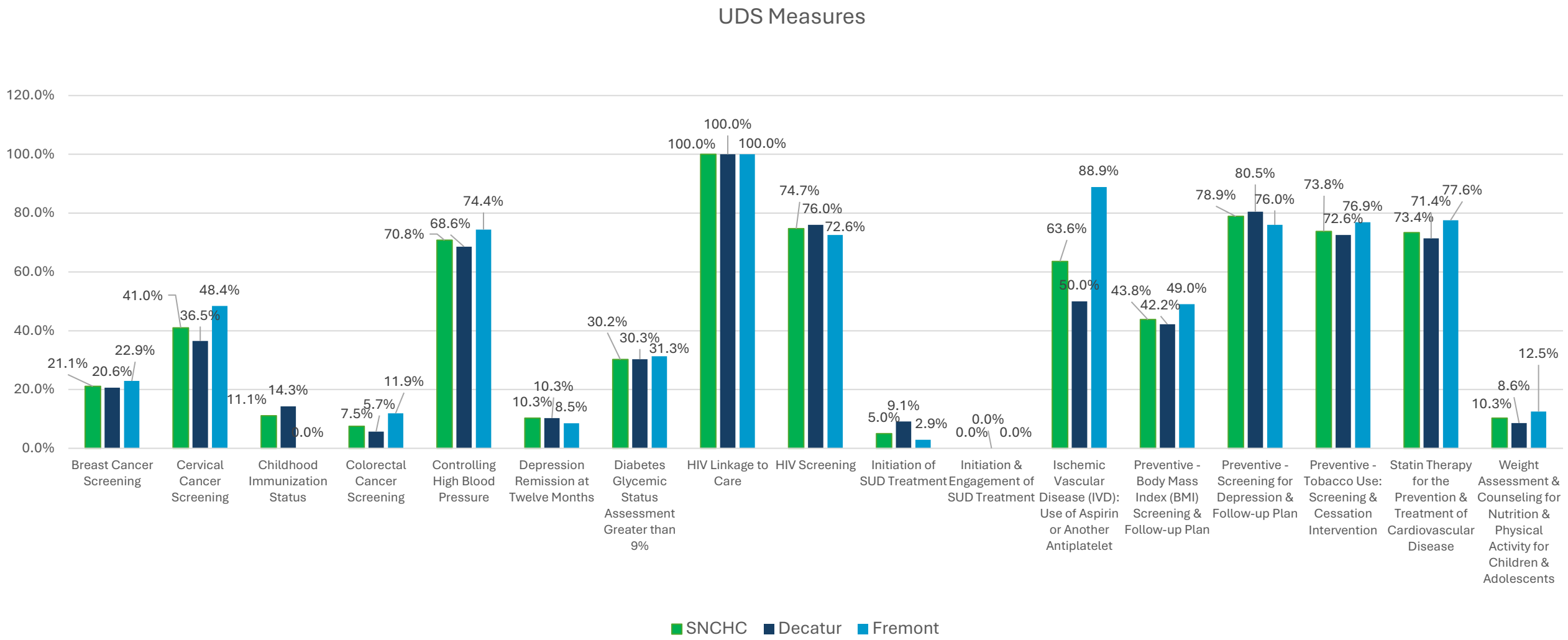
- Tracking SBIRT and PRAPARE screenings and results
  - SBIRT – Improve data capture for brief intervention and/or referral to treatment
  - PRAPARE – Identify proper report
- HIV Linkage to Care
  - Azara Data Quality - How to verify the patient's diagnosis is NEW AND they are linked to care
- Initiation and Engagement of SUD Treatment - % of patients 13 years and older with a new SUD episode who received the following:
  - Initiated treatment, that includes either an intervention or medication for the treatment of SUD within 14 days of the new SUD episode
  - Engaged in ongoing SUD treatment within 34 days of initiation

YEAR BY YEAR COMPARISON



*Q1 (Jan 2026 – March 2026)

SITE COMPARISON



Q1 (Jan 2026 – March 2026)

YEAR BY YEAR COMPARISON

UDS Measure	Results	2024	2025	2026
Early Entry Into Prenatal Care (Percentage of prenatal care patients who entered prenatal care during their first trimester)	Total Reporting Prenatal Care Received:	55	17	-
	First Trimester:	25	11	-
	% of Early Entry:	45.5%	64.7%	TBD
Low Birthweight ** (Percentage of babies of health center prenatal care patients born, whose birth weight was below normal – less than 2,500 grams.)	Prenatal Care Pts Who Delivered:	-	8	-
	Reported Birth Weight:	-	5	-
	Live Births >= 2500 grams:	-	5	-
	% Low Birth Weight **:	-	0%	TBD

2026 QUALITY MEASURES OF FOCUS

Focus Measures	Decatur		Fremont		SNCHC		
2026	2025	2026*	2025	2026*	2025	2026*	Target
Controlling High Blood Pressure	64.4%	68.6%	70.5%	74.4%	66.2%	70.8%	73.0%
Depression Screening and Follow-Up Plan	67.8%	80.5%	74.5%	76.0%	69.5%	78.9%	75.0%
Diabetes Glycemic Status Assessment Greater than 9%*	36.3%	30.3%	30.3%	31.3%	34.1%	30.2%	29.0%
HIV Screening	77.3%	76.0%	73.8%	72.6%	75.8%	74.7%	79.0%
HIV Linkage to Care	93.8%	100%	90.0%	100%	92.9%	100%	95.0%
Tobacco Use: Screening & Cessation Intervention	69.0%	72.6%	76.7%	76.9%	71.6%	73.8%	76.0%

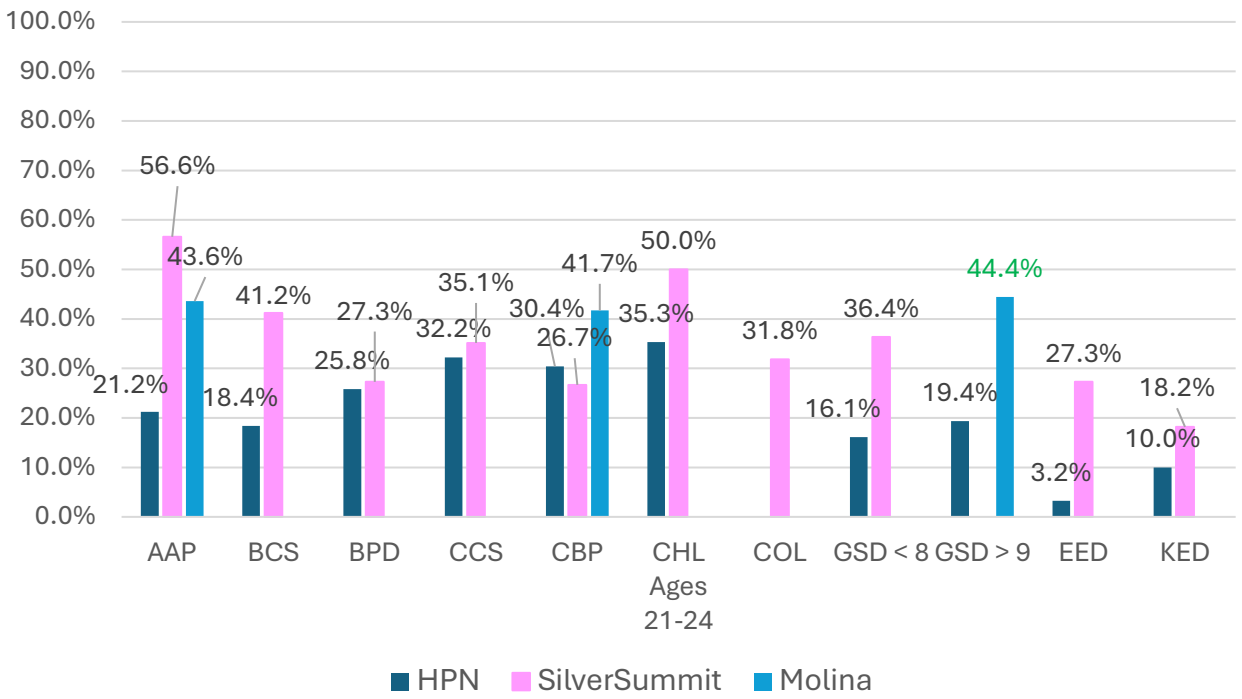
Q1 (Jan 2026 – March 2026)

2026 TARGET UPDATE (HRSA UDS CQM HEALTHY PEOPLE 2030 OBJECTIVES & BENCHMARKS, 2025)

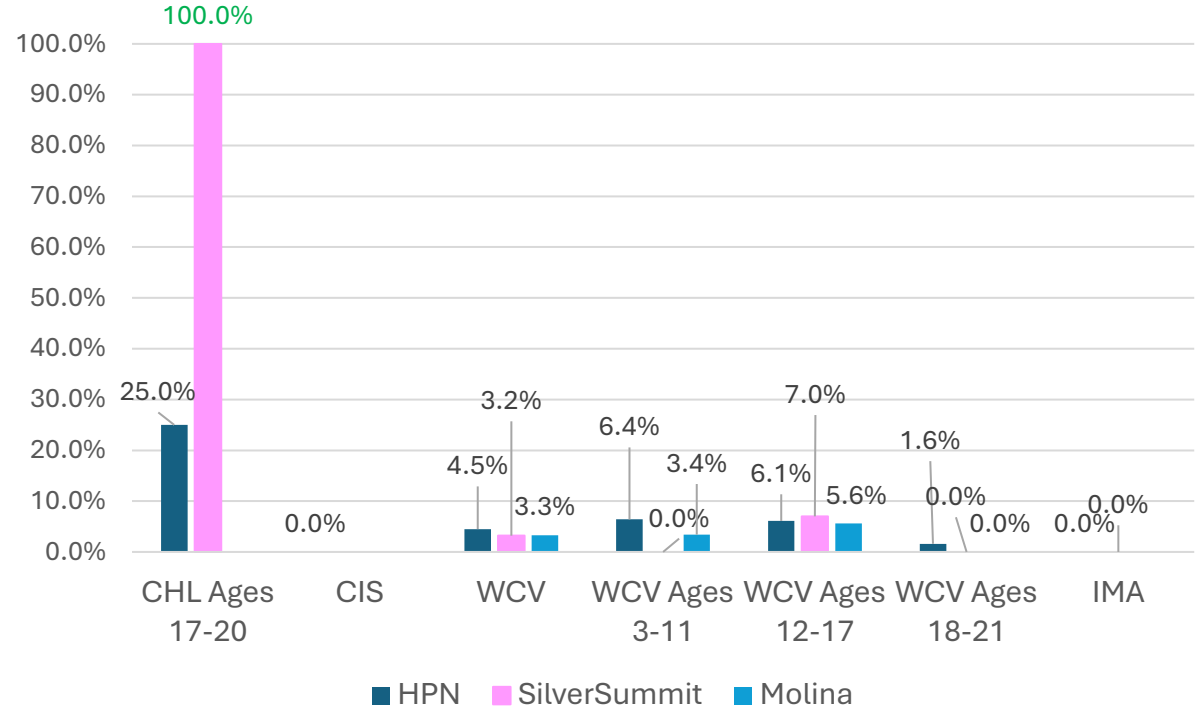
Measure Name	CY 25 Target	CY 26 Target	HRSA Target	Healthy People 2030 Target	Badge (CY 25-27)
Body Mass Index (BMI) Screening and Follow-Up Plan - Adult	70.0%	86.0%	86.0%	n/a	Diabetes Health Badge Preventative Health Badge
Breast Cancer Screening	40.0%	80.3%	80.3%	80.3%	Cancer Screening Badge Preventative Health Badge
Cervical Cancer Screening	50.0%	79.2%	79.2%	79.2%	Cancer Screening Badge Preventative Health Badge
Child Weight Screening and Counseling (Weight assessment and counseling for nutrition and physical activity for children and adolescents)	70.0%	85.1%	85% - Diabetes 85.1% - Preventative	n/a	Diabetes Health Badge Preventative Health Badge
Childhood Immunization Status	40.0%	n/a	n/a	n/a	
Colorectal Cancer Screening	40.0%	72.8%	72.8%	72.8%	Cancer Screening Badge Preventative Health Badge
Controlling High BP	65.0%	73.0%	80.0%	41.9%, 18.5%	Heart Health Badge
Depression Remission at 12 months	15.0%	18.0%	18.0%	n/a	Behavioral Health Badge
Depression Screening and Follow-up	63.0%	75.0%	85.8%	13.5%	Behavioral Health Badge Preventative Health Badge
DM Glycemic Status Assessment (A1c > 9%)	35.0%	29.0%	11.6%	11.6%	Diabetes Health Badge
HIV Linkage to Care (manual)	80.0%	95.0%		95.0%	n/a
HIV Screening	70.0%	79.0%	n/a	n/a	n/a
Initiation of SUD Tx	n/a	n/a	n/a	n/a	n/a
Initiation and Engagement of SUD Tx	n/a	n/a	n/a	n/a	n/a
IVD Use of Aspirin or Another Antiplatelet	75.0%	80.0%	80.0%	n/a	Heart Health Badge
Early Entry Intro Prenatal Care (manual)	n/a	n/a	n/a	80.5%	n/a
Statin Therapy for Prevention and Tx of Cardiovascular Disease	75.0%	80.0%	80.0%	n/a	Heart Health Badge
Tobacco Use: Screening and Cessation Intervention	64.0%	76.0%	80.0%	n/a	Heart Health Badge Preventative Health Badge

2026 MEDICAID MCO CARE GAPS

Adult Measures



Pediatric Measures



*May report with claims ending 3/31/2026

PCMH – RESOURCE STEWARDSHIP MEASURE

- Purpose: Monitor and share a measure related to resource stewardship in care coordination
- Documentation of Current Medications in the Medical Record (CMS 68v14)
  - Denominator: All qualifying visits occurring during the 12-month reporting period.
  - Numerator: Visits where an eligible clinician attests to documenting, updating or reviewing the patient's current medications using all immediate resources available on the date of the encounter.

Year	Decatur	Fremont	SNCHC	Goal
2026 Q1	86%	94%	88%	90%

PATIENT SATISFACTION

CLINIC ACCESS SURVEY

Clinic Access Survey -2026				
Question	Decatur (110)	Fremont (85)	Total (187)	%
1. Are our health center facilities open during hours that are convenient for you?				
a. Strongly Agree	67	62	129	65%
b. Agree	36	17	53	27%
c. Neutral	6	6	12	6%
d. Disagree	1	0	1	1%
e. Strongly Disagree	3	0	3	2%
2. Are our health center facilities located in areas that are convenient for you?				
a. Strongly Agree	57	58	115	59%
b. Agree	38	19	57	29%
c. Neutral	14	5	19	10%
d. Disagree	1	0	1	1%
e. Strongly Disagree	1	3	4	2%
3. SNCHC offers same-day appointments. What time of the day would you prefer for your same-day				
a. Early morning	47	32	79	39%
b. Late morning	21	15	36	18%
c. Early afternoon	10	10	20	10%
d. Late afternoon	9	18	27	13%
e. Anytime	27	15	42	21%

92% agree

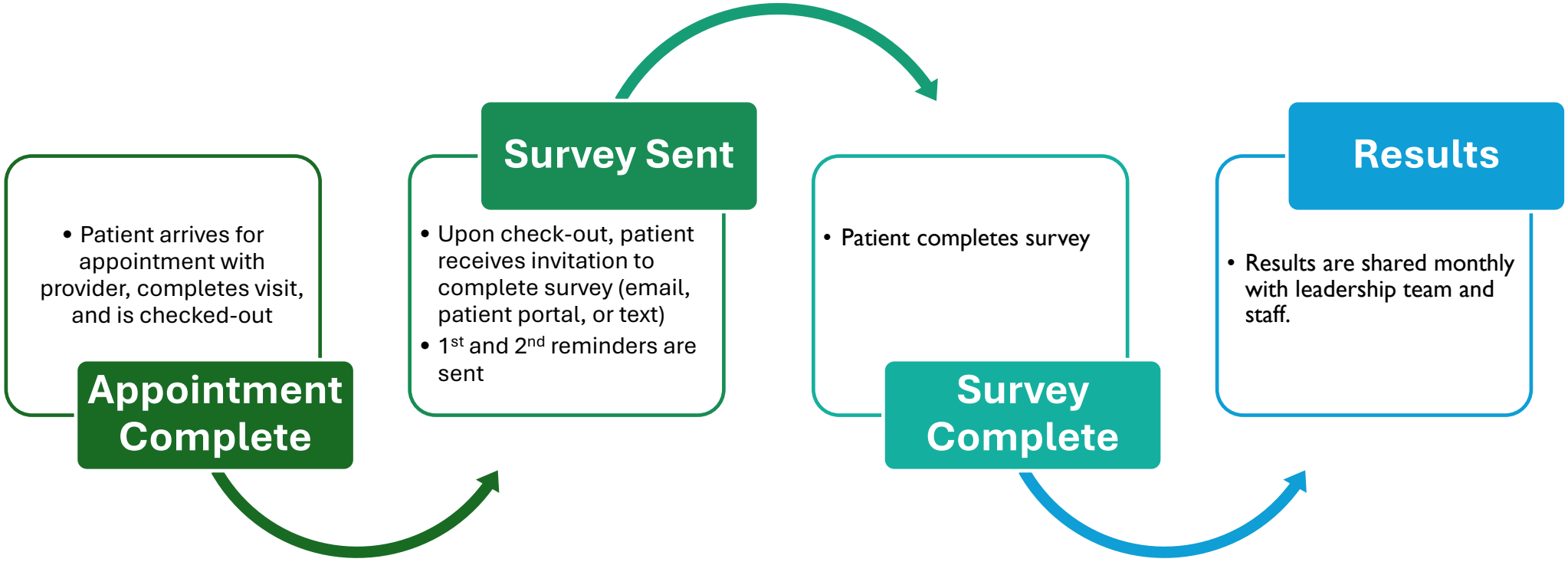
88% agree

78% prefer morning (early morning, late morning, anytime)

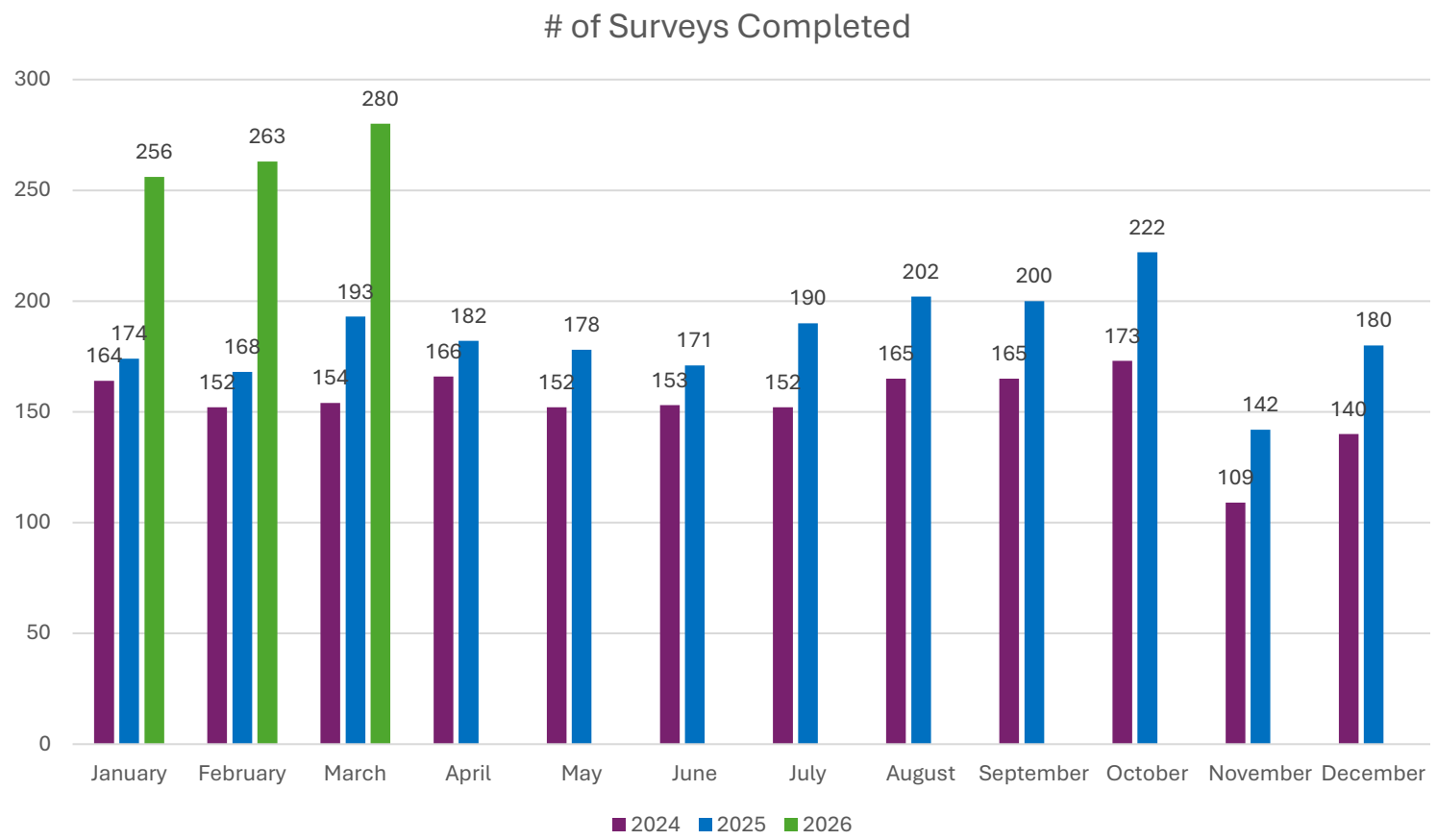
CLINIC ACCESS SURVEY - COMMENTS

- “For 20 years they have always given me excellent treatment and good service. Thanks for your attention <3”
- “Thank you to each member of the clinic staff for helping us with our services and speaking our language. Thank you.”
- “Front desk staff is awesome! Please never change them.”
- “This is my first time here, and I feel it's very good, and they are also very kind in their service.”
- “This clinic is very dependable, and the physicians and nurses are very accurate in the help they give.”
- “The health departments in Nevada continue to do great things that better our community!”

SURVEY WORKFLOW

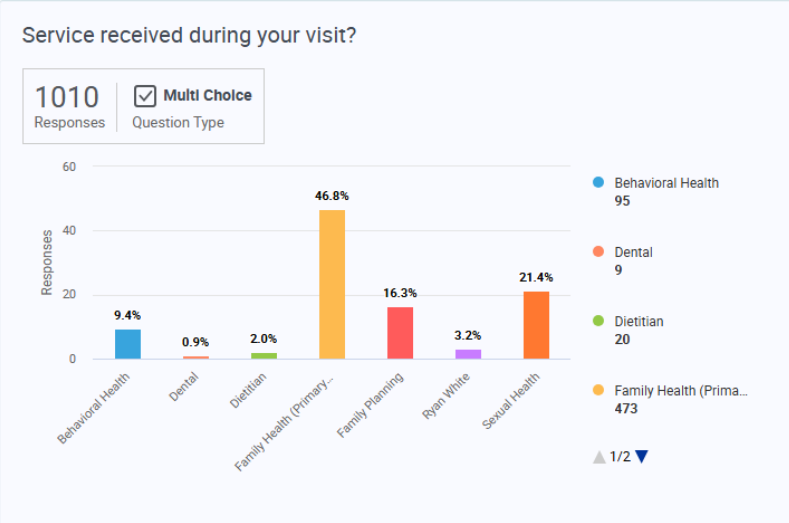


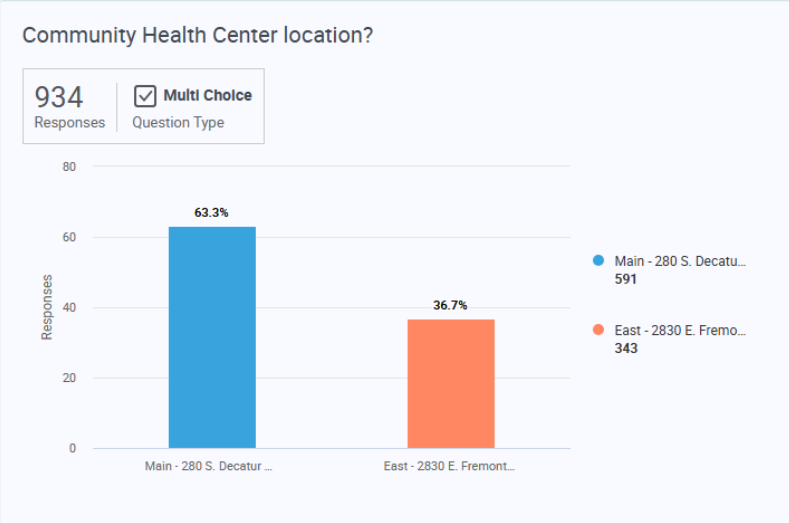
SURVEY PARTICIPATION



Month	2025 Completion %	2026 Completion %
January	10%	16.3%
February	10%	13.5%
March	10%	13.5%
April	9%	
May	10%	
June	10%	
July	10%	
August	10%	
September	10%	
August	10%	
September	8%	
October	10%	
November	10%	
December	10%	
Total Avg.	10%	14.43%

APPOINTMENTS & SCHEDULING





Survey Questions	SNCHC	Qtr. Comp.
Scheduling Method		
Phone call (you called the health center)	32.0%	-
Staff member call (the health center called you)	10.9%	-
Online Patient Portal/Healow App	4.9%	-
SNCHC Website	4.0%	-
In-Person	48.2%	-
Appointments		
Was it easy to schedule an appointment?	97.9%	-
Was the recent visit as soon as you needed?	96.8%	1.3%

**Q1 (Jan 2026 – March 2026)*

PROVIDERS, STAFF & FACILITY

Survey Questions	SNCHC	Qtr. Comp.
Provider		
Explain in a way that was easy to understand?	99.0%	0.6%
Listen carefully to you?	98.9%	0.5%
Show respect for what you had to say?	99.4%	1.0%
Spend enough time with you?	97.8%	1.0%
Staff		
Satisfied with how the staff worked to address your healthcare needs (e.g.: outstanding referrals, medications, labs, diag. results)?	97.2%	-
Treat you with courtesy and respect?	99.6%	0.6%
Facility & Overall Care		
Overall cleanliness and appearance?	99.8%	0.5%
Overall Care (Net Promoter Score):	90	2
Decatur:	86	-
Fremont:	95	2

**Q1 (Jan 2026 – March 2026)*

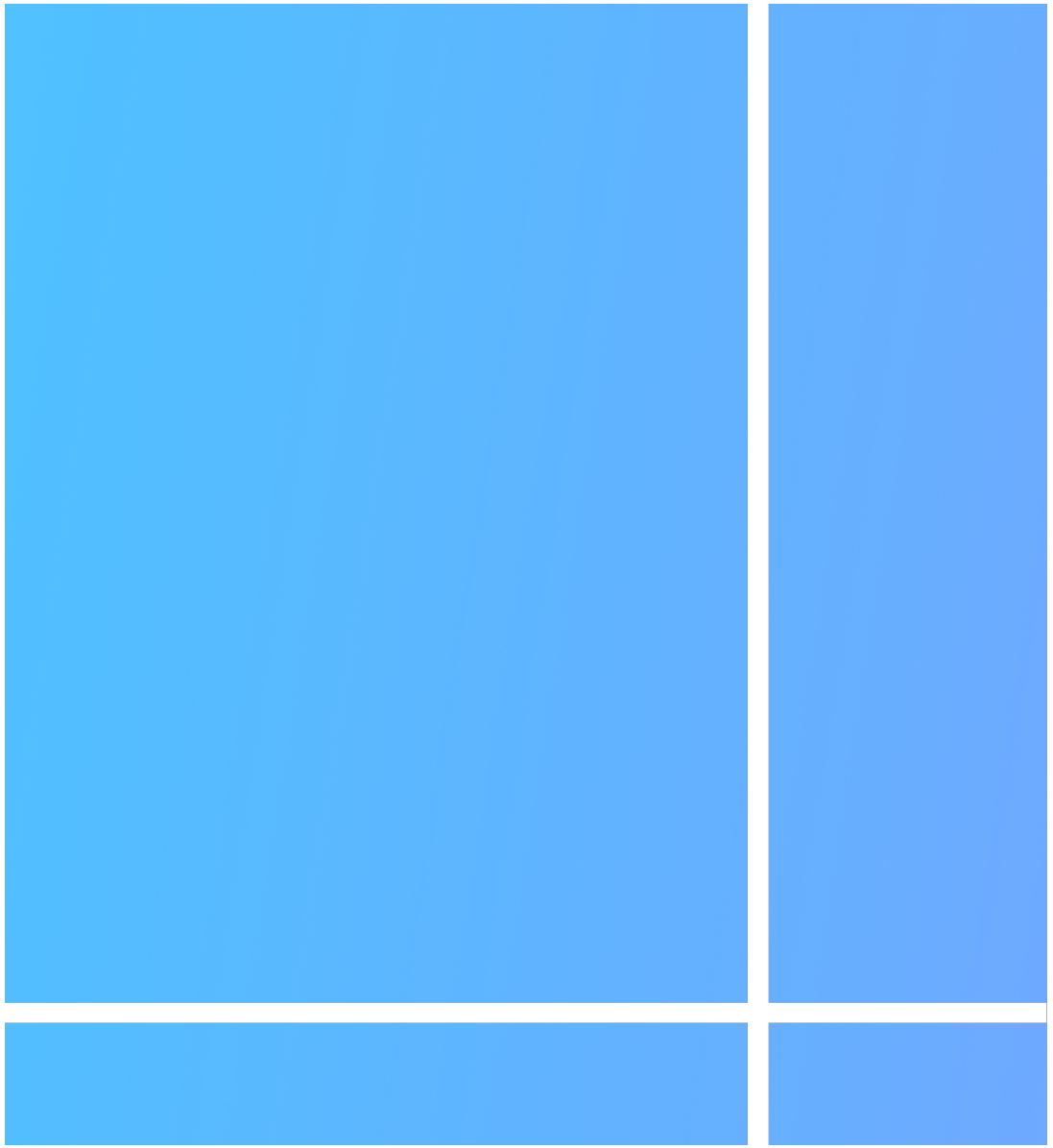
PATIENT COMMENTS

Top 3 Most Commonly Identified Strengths

1. Exceptional Staff
   - "Respectful staff, so helpful!"
2. Praise for Providers
   - "The nurse practitioner who spent the majority of the time with me was amazing. She was patient, allowed me to explain my needs and gave appropriate information to help me make an informed decision. She was knowledgeable about everything we discussed. She used statistics and graphs to represent the data she was explaining to me which was a relief."
3. Excellent Service
   - The service was beyond our expectation. People without insurance like us benefit a great deal from this service.. We cannot thank them enough!

Top 3 Most Commonly Identified Opportunities for Improvement

1. Long Wait Times
   - "My appointment was scheduled for 3:20 and I was seen at 5pm."
2. Communication & Professionalism
   - "I was asked the same set of questions three different times."
3. Service Coverage Issues
   - "Sometimes they do not cover necessary services for low-income users."



QUESTIONS?

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 – May 2026

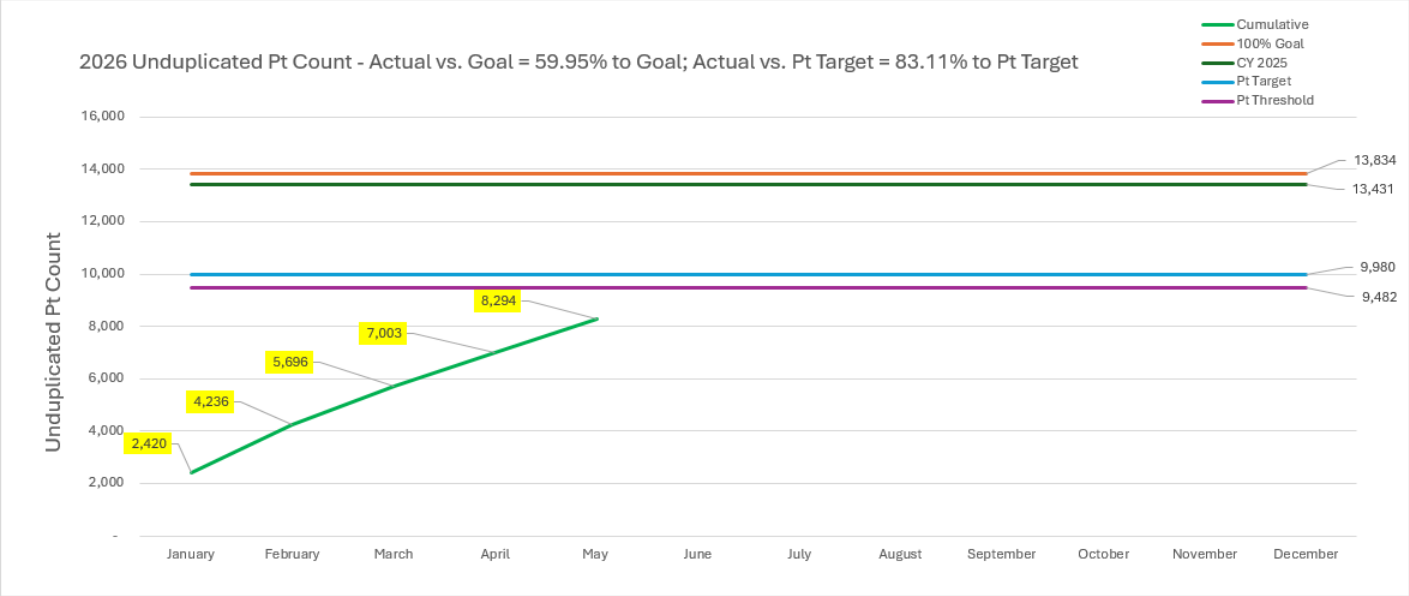
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention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

May Highlights - Administrative

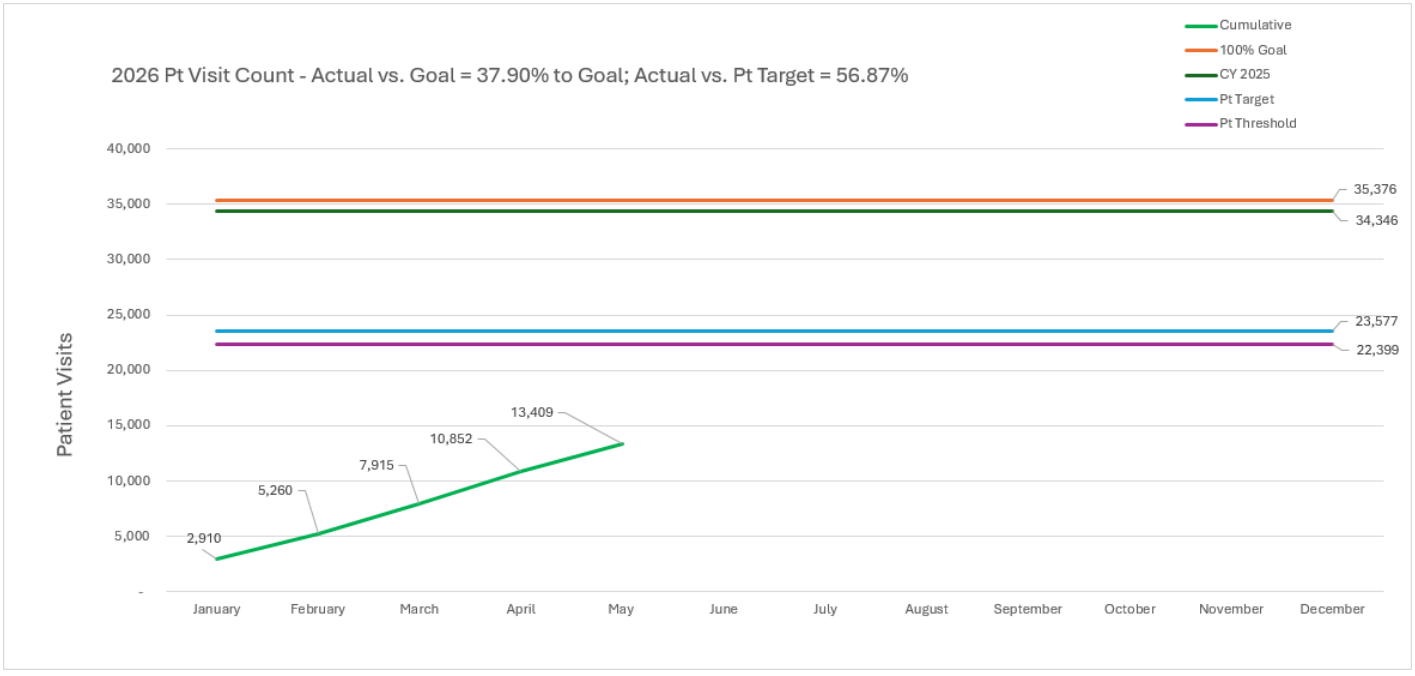
- Onsite HRSA 340b audit scheduled for June 24th and 25th.
- Patient Centered Medical Homes (PCMH) transformation work ongoing.
- HRSA Expanded Nutrition grant program development and grant application work underway.
- HRSA Federal Tort Claims Act (FTCA) redeeming application due June 26th .
- A new Clinical Staff Physician for Decatur starting in September 2026.
- Positive progress continues around efforts focused on valued-based care initiatives and care gap closures.

Access

Unduplicated Patients – May 2026



Patient Visits Count – May 2026



Provider Visits by Program and Site – May 2026

Facility	Program	MAY '26	MAY '25	MAY YoY %	FY26 YTD	FY25 YTD	FY YTD YoY%
Decatur	Family Health	612	770	-26%	8,501	7,273	14%
Fremont	Family Health	467	447	4%	5,405	4,271	21%
Total	**Family Health**	**1,079**	**1,217**	**-13%**	**13,906**	**11,544**	**17%**
Decatur	Family Planning	151	164	-9%	1,644	1,874	-14%
Fremont	Family Planning	153	132	14%	1,930	1,617	16%
Total	**Family Planning**	**304**	**296**	**3%**	**3,574**	**3,491**	**2%**
Decatur	Sexual Health	421	530	-26%	5,883	5,684	3%
Fremont	Sexual Health	126	159	-26%	1,250	1,507	-21%
ASEC	Sexual Health				0	113	
Total	**Sexual Health**	**547**	**689**	**-26%**	**7,133**	**7,304**	**-2%**
Decatur	Behavioral Health	162	122	25%	2,029	1,444	29%
Fremont	Behavioral Health	170	129	24%	1,665	1,307	22%
Total	**Behavioral Health**	**332**	**251**	**24%**	**3,694**	**2,751**	**26%**
Decatur	Ryan White	194	222	-14%	2,506	2,547	-2%
Fremont	Ryan White	24	35	-46%	299	270	10%
Total	**Ryan White**	**218**	**257**	**-18%**	**2,805**	**2,817**	**0%**
FQHC Total		**2,480**	**2,710**	**-9%**	**31,112**	**27,907**	**10%**

Pharmacy Services

	26-May	25-May		FY26 YTD	FY25 YTD		% Change YOY
Patient Encounters (Pharmacy)	1,643	1,645	↓	19,007	16,216	↑	**17.2%**
Prescriptions Filled	2,962	2,838	↑	35,156	27,494	↑	**27.9%**
Patient Clinic Encounters (Pharmacist)	75	75	→	687	720	↓	**-4.6%**
Financial Assistance Provided	10	16	↓	157	360	↓	**-56.4%**
Insurance Assistance Provided	18	6	↑	170	113	↑	**50.4%**

A. 2,962 prescriptions dispensed to 1,643 patients.

B. 75 patient clinic encounters completed by a pharmacist.

C. 10 patients assisted with obtaining medication financial assistance.

D. 18 patients assisted with insurance approvals.

Medicaid Managed Care Organization (MCO)

Medicaid # of Pts Empaneled	
Anthem	177
CareSource	591
HPN	1,686
Molina	243
SilverSummit	125
Total	2,822

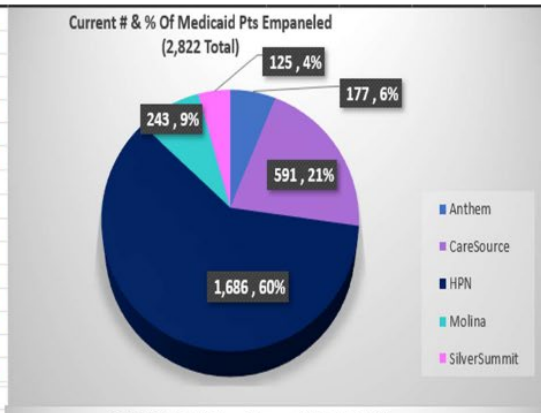
Unduplicated MCD Pts Seen YTD	
Anthem	572
Caresource	134
HPN	537
Molina	238
SilverSummit	286
Nevada Medicaid	106
Total	1,873

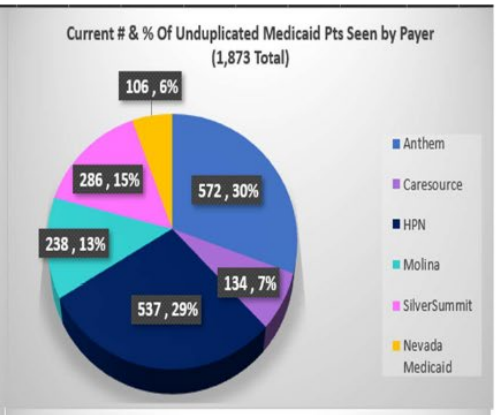
Empanelment Growth YoY - 2024 v 2025	149%
Empanelment Growth YoY - 2025 v 2026	23%

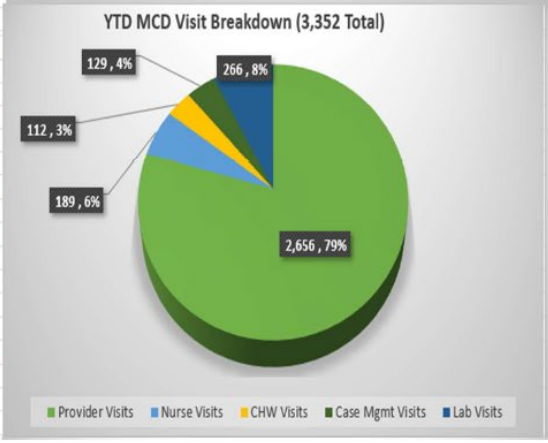
YTD MCD Visit Breakdown	
Provider Visits	2,656
Nurse Visits	189
CHW Visits	112
Case Mgmt Visits	129
Lab Visits	266
Total Visits	3,352

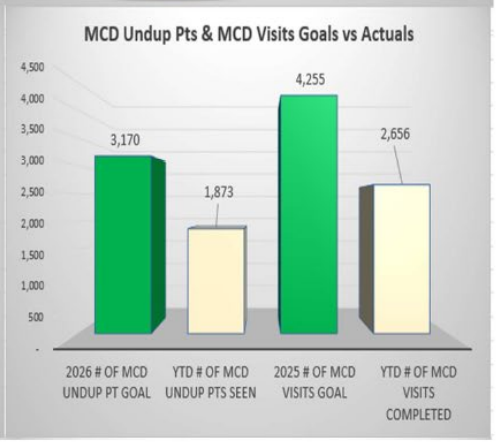
2026 # of MCD Undup Pt Goal	3,170
YTD # of MCD Undup Pts Seen	1,873
% of Unduplicated Pts to Goal	59.09%
# of Medicaid Pts Assigned to SNCHC	2,822

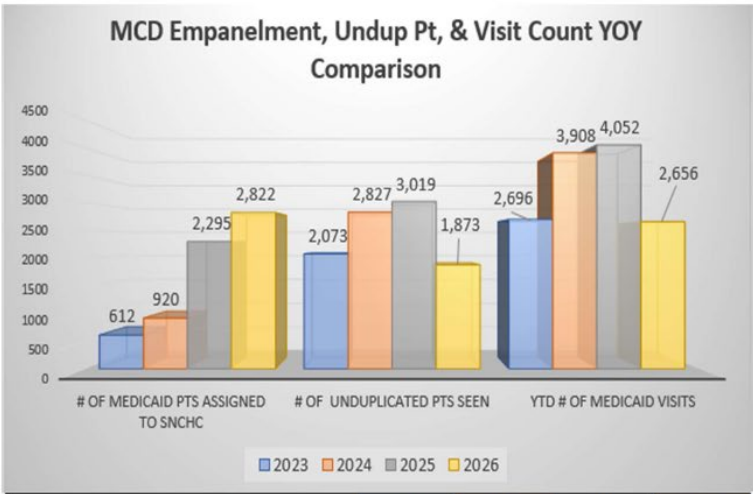
2025 # of MCD Visits Goal	4,255
YTD # of MCD Visits Completed	2,656
% of Medicaid Pts Visits to Goal	62.42%
Average # of Medicaid visits per undup pt	1.42

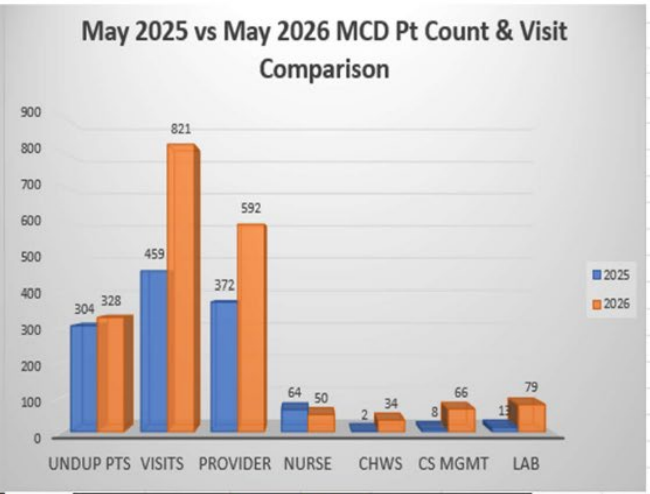












Calendar Year Comparisons	2023	2024	2025	2026
# of Medicaid Pts Assigned to SNCHC	612	920	2,295	2,822
# of Unduplicated Pts Seen	2,073	2,827	3,019	1,873
Goal of Medicaid Visits		2,831	4,104	4,255
YTD # of Medicaid Visits	2,696	3,908	4,052	2,656
% of Medicaid Pts Seen to Goal	#DIV/0!	138.04%	101.68%	59.09%
Average # of Medicaid visits per undup pt	1.30	1.38	1.34	1.42

February	2025	2026	Change	Change
MCD Undup Pts	304	328	24	7.89%
MCD Visits	459	821	362	78.87%
MCD Provider	372	592	220	59.14%
MCD Nurse	64	50	-14	-21.88%
MCD CHWs	2	34	32	1600.00%
MCD CS Mgmt	8	66	58	725.00%
MCD Lab	13	79	66	507.69%

Behavioral Health Services

A. The Behavioral Health (BH) team continues to enroll patients in Chronic Care Management (CCM) as part of Patient-Centered Medical Home (PCMH) initiatives.

B. The BH marketing campaign remains active across all Southern Nevada Health District (SNHD) social media platforms.

C. The Evolve Ryan White group therapy program continues to expand, with increasing participation from new patients.

Family Planning Services

A. Family Planning program access was 3% in May 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 May 1st and May 30th. There were three (3) pediatric clients referred to the Medical Case Management in May, and the program received one (1) referral for pregnant women living with HIV during this time.

B. There were 783 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 393 unique clients served under these programs in May.

C. The Ryan White ambulatory clinic provided a total of 440 visits in the month of May, including 22 initial provider visits, 171 established provider visits, and one (1) tele-visit to established patients. Additionally, there were 29 nursing visits and 217 lab visits provided. There were 63 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of May. There were 11 Ryan White patients seen by the Registered Dietitian under Medical Nutrition services in May.

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 four (4) patients seen under the Rapid stART Program in May.

FQHC-Sexual Health Clinic (SHC)

A. The Sexual Health Clinic (SHC) clinic provided 643 unique services to 559 unduplicated patients for the month of May.

Refugee Health Program (RHP)

Refugee Health Program for the month of May.

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	1
Referrals for TB issues	0
Referrals for Chronic Hep B	0
Referrals for STD	0
Pediatric Refugee Exams	2
Clients encounter by program (adults)	2
Refugee Health Screening for May 2026	4
Total for FY25-26	**44**

Outreach/In Reach Activity

Number of events (May 2026)	3 – Outreach 0 – In reach
Number of people reached	146
Number of people linked to the clinic	12
Number of hours dedicated to outreach	10

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.

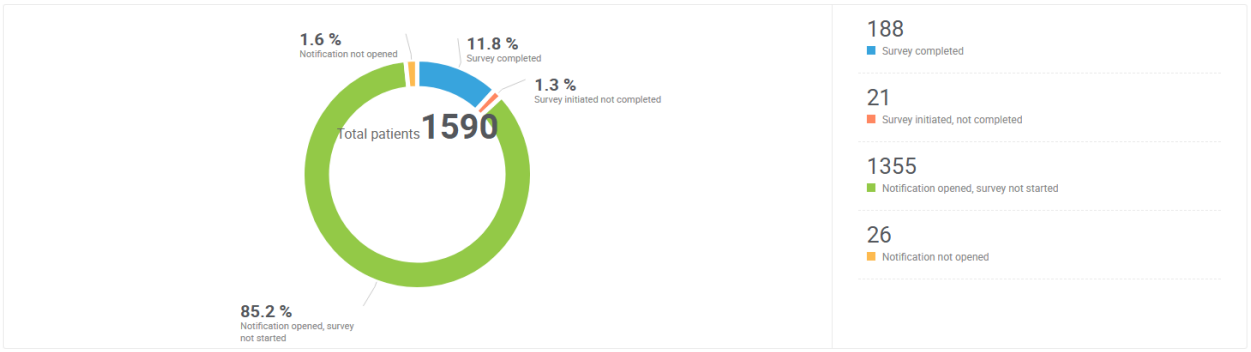
May 2026	Decatur	Fremont	Total
Medicaid	8	0	8
SNAP	7	1	8
Recert	4	0	4

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 – May 2026

Overview



Gender

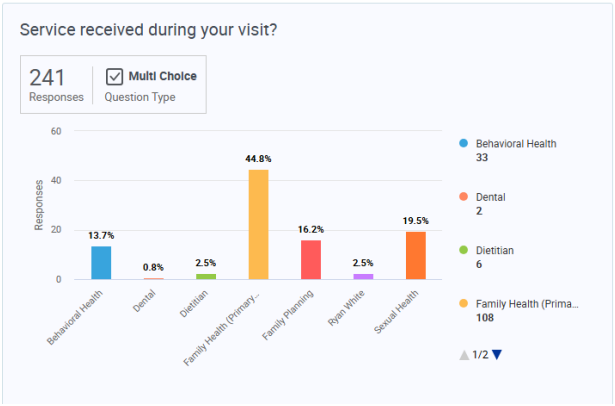
Survey Outreach	1092 Female	Most Active Age range	26 - 50 Yrs

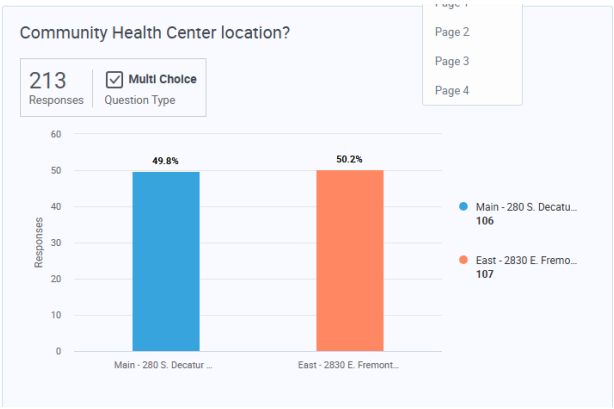
0 - 25 Yrs	18%
26 - 50 Yrs	61%
51 Yrs & Above	20%

Survey Outreach	498 Male	Most Active Age range	26 - 50 Yrs

0 - 25 Yrs	15%
26 - 50 Yrs	53%
51 Yrs & Above	31%

Service and Location

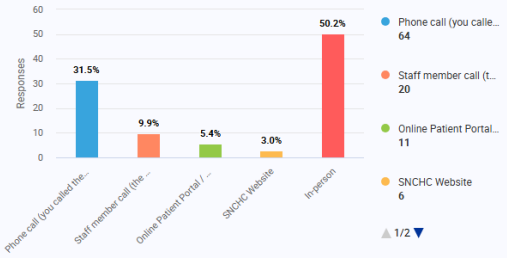




Provider, Staff, and Facility

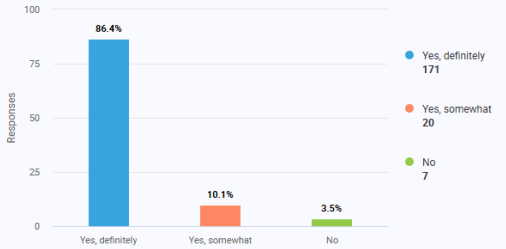
Thinking about your most recent visit, how did you make an appointment?

203 Responses | Multi Choice Question Type



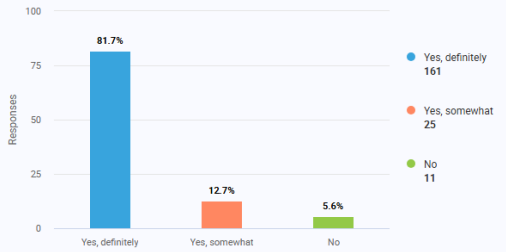
Thinking about your recent visit, was it easy to schedule an appointment?

198 Responses | Multi Choice Question Type



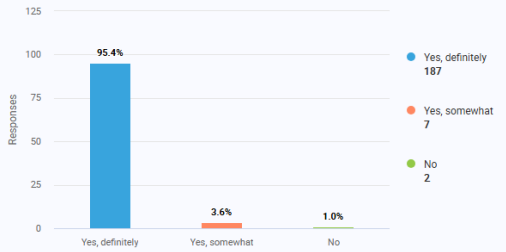
Was the recent visit as soon as you needed?

197 Responses | Multi Choice Question Type



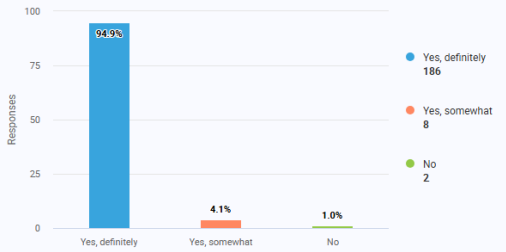
Did the provider explain things in a way that was easy to understand?

196 Responses | Multi Choice Question Type



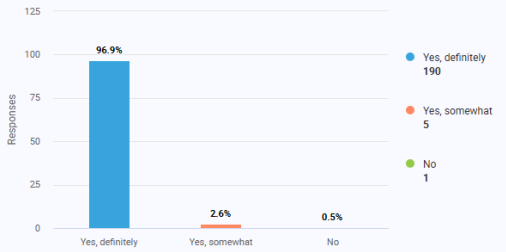
Did the provider listen carefully to you?

196 Responses | Multi Choice Question Type



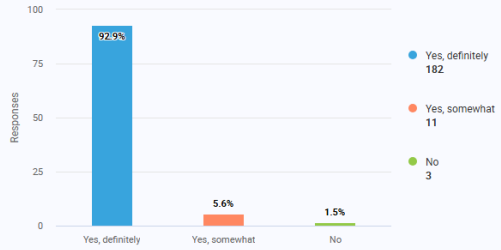
Did the provider show respect for what you had to say?

196 Responses | Multi Choice Question Type



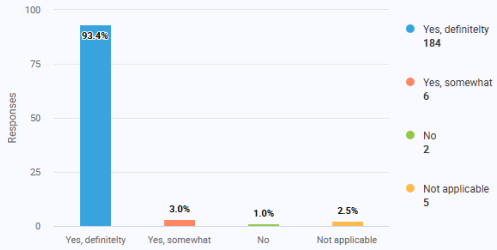
Did the provider spend enough time with you?

196 Responses | Multi Choice Question Type



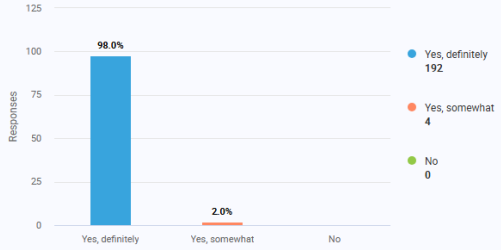
Were you satisfied with how the staff worked to address your healthcare needs (example: outstanding referrals, medications, labs, or diagnostics results)?

197 Responses | Multi Choice Question Type



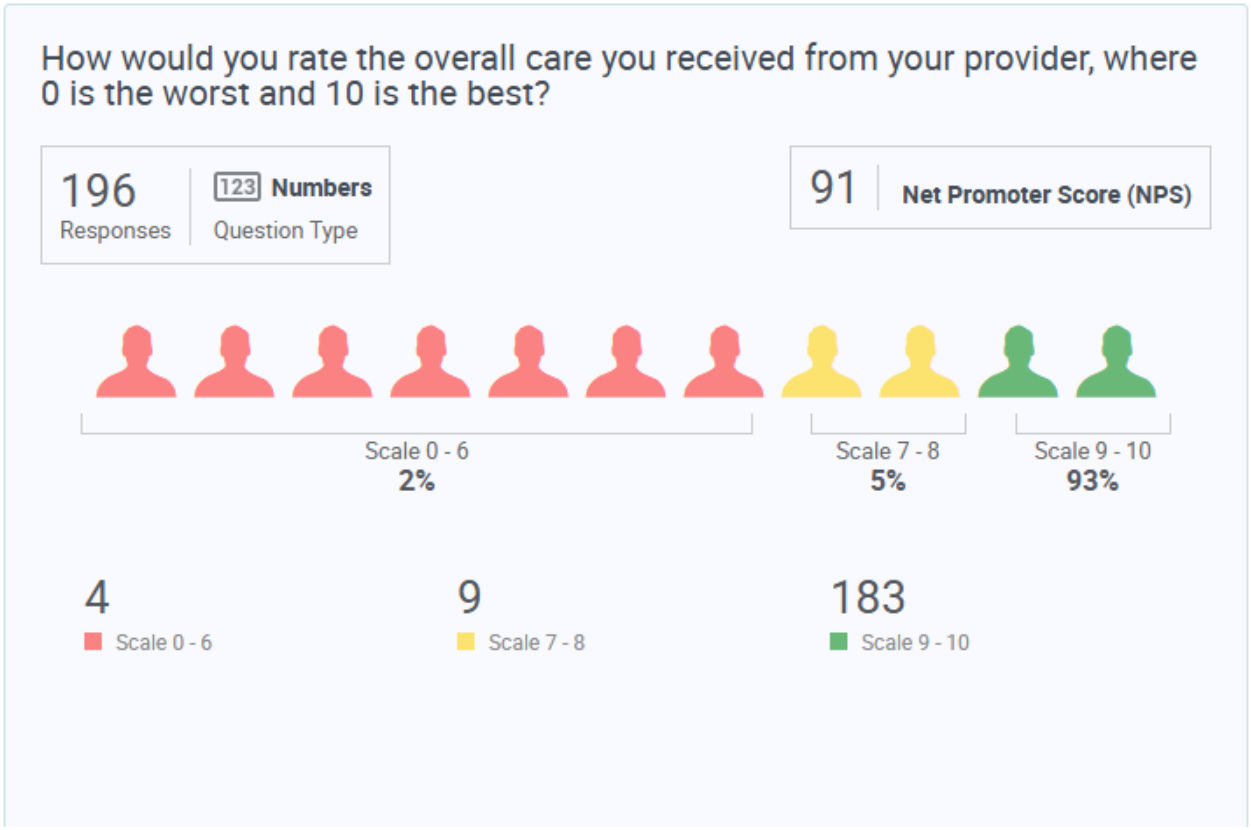
Did the staff treat you with courtesy and respect?

196 Responses | Multi Choice Question Type



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

198 Responses | Multi Choice Question Type



General Information