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 – April 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

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