MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING
July 21, 2026 – 2:30 p.m.
Meeting was conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT:	Donna Feliz-Barrows, Chair Jasmine Coca, First Vice Chair Rebeca Aceves Erin Breen Ashley Brown Blanca Macias-Villa David Neldberg Fr. Rafael Pereira
ABSENT:	Sara Hunt, Second Vice Chair Jose L. Melendrez
ALSO PRESENT:	Maddison Proctor Julia Marroquin
LEGAL COUNSEL:	Edward Wynder, Associate General Counsel
CHIEF EXECUTIVE OFFICER:	Randy Smith
STAFF:	Emily Anelli, Tonia Atencio, Tawana Bellamy, Todd Bleak, Donna Buss, Magali Cano, Robin Carter, Bernadette Meily, Andria Cordovez Mulet, David Kahananui, Annie Lin, Cassius Lockett, Cassondra Major, Jacquelin Merino, Kyle Parkson, Chelsea Marie Perez, Felicia Sgovio, Donnie (DJ) Whitaker, Rosanna Woods, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

The Southern Nevada Community Health Center (SNCHC) Governing Board Meeting was called to order at 2:30 p.m. Ms. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. **Southern Nevada Health District – July 2026 Employees of the Month**

   - Jina Fernandez and Jacquelin Merino

   The Governing Board recognized Ms. Fernandez, and Ms. Merino, both Community Health Workers, as Employees of the Month of July. 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 JULY 21, 2026 MEETING AGENDA** *(for possible action)*

The Chair asked if there were any questions or changes to the agenda. There were none.

A motion was made by Father Rafael, seconded by Member Coca, and carried unanimously to approve the July 21, 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:** June 16, 2026 *(for possible action)*

   The Chair asked whether any Board wanted to remove anything from the Consent Agenda. There were no requests.

   A motion was made by Member Coca, seconded by Father Rafael, and carried unanimously to approve the Consent Agenda, as presented.

VII. **REPORT / DISCUSSION / ACTION**

1. **Receive, Discuss and Approve Updates to Board Governance Policies (BGPs)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   1. BGP-001: Meeting Agenda
   2. BGP-002: Public Comment

Randy Smith, Chief Executive Officer, presented the updates to the BGP-001: Meeting Agenda and BGP-002: Public Comment Governance Policies.

Mr. Smith explained that the proposed revisions to BGP 001: Meeting Agenda, would align the policy with current board practices regarding how the agenda is sent to the board and posted on the website. It also aligns with the District Board of Health's (BOH) governance procedures. Mr. Smith highlighted that one of the proposed changes would remove the requirement to recite the Pledge of Allegiance during committee meetings, noting that committee meetings are conducted virtually and that the change reflects current operational practices at the BOH committee meetings.

Mr. Smith also presented revisions to BGP 002: Public Comment, which would formally reflect the Board's current practice of allowing members of the public two (2) minutes to address the Board during the public comment period.

Member Coca asked how the proposed policy changes originated and whether they had been recommended by a committee or developed through another process. Mr. Smith responded that the revisions were part of an effort to align the Board's governance policies with those of the District BOH. Mr. Smith noted that the updates also formalize existing practices, including the current two-minute public comment period reflected in BGP 002. Member Coca thanked Mr. Smith for the clarification and indicated she had no further questions.

Member Breen expressed concern regarding the proposed removal of the Pledge of Allegiance from committee meetings. Member Breen stated that she valued the practice and wanted to voice her perspective in case others shared similar concerns but were hesitant to speak.

Mr. Smith acknowledged Member Breen's comments and emphasized that the matter was ultimately a Board decision. Mr. Smith stated that if the Board preferred to retain the Pledge of Allegiance requirement, the language could remain unchanged. Mr. Smith further clarified that the proposed revision applied only to virtual committee meetings and would not affect the Governing Board meetings, where the Pledge of Allegiance would continue to be observed.

Member Breen responded that she would support the preference of the Board as a whole but wanted to express her belief in the importance of beginning meetings with a reminder of the responsibilities and values represented by the pledge.

Mr. Smith provided additional clarification, noting that the proposed language states the Pledge of Allegiance is not required at committee meetings, but it does not prohibit any committee from continuing the practice if its members choose to do so.

A motion was made by Father Rafael, seconded by Member Coca, and carried unanimously to approve Updates to Board Governance Policies (BGPs), as presented. Member Breen opposed.

There was further discussion after the motion passed.

Member Coca asked whether it would be appropriate to survey other Board members regarding their preferences for continuing the Pledge of Allegiance at committee meetings.

The Chair responded that because the proposed policy applies only at the committee level, individual committees would retain the discretion to continue to recite the Pledge of Allegiance as part of their meeting proceedings.

Member Coca asked whether committee members could communicate their preferences and make a recommendation within their respective committees. Mr. Smith responded that committee members could discuss the issue among themselves or bring it forward as an agenda item at a committee meeting. Mr. Smith further explained this would provide each committee with the opportunity to formally consider the matter and determine whether they wanted to continue the practice of reciting the Pledge of Allegiance during its meetings. Member Coca acknowledged the explanation and expressed agreement with the proposed approach.

2. **Receive, Discuss and Approve Recommendations from July 20, 2026 Finance and Audit Committee Meeting regarding the May 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 unaudited May 2026 Year to Date Financial Report, as of May 31, 2026. Ms. Whitaker noted that because the finance committee did not meet prior to the board meeting, she would be presenting a more detailed financial overview to the full board. Ms. Whitaker shared the following key highlights:

Revenue

- General Fund revenue (Charges for Services & Other) is $33.94M compared to a budget of $35.26M, an unfavorable variance of $1.32M.
- Special Revenue Funds (Grants) is $4.70M compared to a budget of $4.63M, a favorable variance of $70K.
- Total Revenue is $38.65M compared to a budget of $39.90M, an unfavorable variance of $1.25M.

Expenses

- Salary, Tax, and Benefits is $12.87M compared to a budget of $13.56M, a favorable variance of $696K.
- Other Operating Expense is $25.45M compared to a budget of $28.55M, a favorable variance of $3.09M.
- Indirect Cost/Cost Allocation is $9.52M compared to a budget of $10.63M, a favorable variance of $1.11M.
- Total Expense is $47.84M compared to a budget of $52.74M, a favorable variance of $4.90M.

Net Position: is ($9.20M) compared to a budget of ($12.84M), a favorable variance of $3.64M.

Ms. Whitaker reviewed departmental financial activity and noted that the majority of the $1.25M unfavorable revenue variance was attributable to Pharmacy charges for services. However, Ms. Whitaker noted that several other operational areas performed above budget and partially offset the Pharmacy revenue decline.

Ms. Whitaker further explained that grant revenues had improved during the final quarter of the fiscal year and had begun tracking more closely to budget expectations.

Regarding expenditures, Ms. Whitaker stated that favorable variances in salaries, taxes, and benefits were largely attributable to vacancy savings, as several budgeted positions remained unfilled during the fiscal year. Lower Pharmacy medication expenditures also contributed significantly to the favorable expense variance. Ms. Whitaker reminded the Board that the June financial statements would include final fiscal year-end adjustments, including Pharmacy inventory reconciliations and related entries.

Father Rafael commented that the financial presentation looked great but reiterated a request he had made at previous meetings regarding information on billing, collections, accounts receivable, and write-offs. Father Rafael stated that, in addition to revenue reporting, it is important for the board to monitor collection activity for both insured and uninsured patients.

Father Rafael asked whether those figures could be included when the final Fiscal Year 2026 financial results are presented. Ms. Whitaker responded that it had previously been determined that this information would be provided on a quarterly basis. She confirmed that the June 30, 2026 financial report would include updates on accounts receivable and write-offs, as final year-end write-off activity would have been completed and posted at that time.

Father Rafael thanked Ms. Whitaker for the clarification.

Ms. Whitaker then presented the Patient Encounter Report and highlighted continued growth in service utilization.

Patient Encounters by Department
- FY2025 Total: 35,809
- FY2026 Total: 39,541
- Year-over-Year Growth: 10 percent

Ms. Whitaker reported a 31% increase in Primary and Preventive Care encounters and a 30% increase in Behavioral Health encounters compared to the same period in the previous fiscal year. By clinic location, the Fremont Clinic experienced an 11% increase in patient encounters, while the main clinic location experienced a 10% increase. Ms. Whitaker explained that the comparison reflected cumulative Fiscal Year 2026 activity through May compared to the same period in Fiscal Year 2025.

Ms. Whitaker noted that June activity would include final year-end expenditures and Pharmacy inventory adjustments, which would bring totals more in line with previous monthly activity levels.

The Chair asked whether there were any questions regarding the May 2026 Year-to-Date Financial Report. There were none.

A motion was made by Member Coca, seconded by Father Rafael, and carried unanimously to approve the May 2026 Year to Date Financial Report, as presented.

3. **Receive, Discuss and Approve Recommendations from July 20, 2026 Finance and Audit Committee Meeting regarding the Augmentation to the Southern Nevada Community Health FY2026 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Ms. Whitaker presented the FY2026 Budget Augmentation for the Southern Nevada Community Health Center. After explaining the Nevada Revised Statute (NRS) 354.626, Ms. Whitaker provided the following highlights.

   Staffing:
   - Staffing for FY26 is projected to be 117 FTEs compared to FY26 February augmented budget of 119.5 FTEs.

   Revenue:
   - General Fund revenue is projected at $37M in FY26, a decrease of $1.6M from the FY26 February augmented budget.
   - Special Revenue Fund (Grants) is projected at $5M in FY26, which remains flat to FY26 augmented budget.

   Expense:
   - FQHC combined expenditures for FY26 is projected at $54M compared to $58.4M from FY26 augmented budget.
   - General Fund Pharmacy total expenses is projected at $33M, which makes up approximately 62% of the total FQHC expenses of $54M. Pharmacy medication expenses are projected at $26M, a reduction of $2.4M from FY26 augmented budget of $28.4M.
   - Total salaries and benefits for General & Grants funds is projected at $14M**,** a decrease of $1M from the augmented budget of $14.8M. This reduction is primarily due to vacant positions.
   - Total salaries and benefits represent 26% of total FQHC expenditures. More than 30% of personnel expenses are supported by grants.

   The Chair called for questions from the board members. There were none.

   A motion was made by Member Coca, seconded by Father Rafael, and carried unanimously to approve the Augmentation to the Southern Nevada Community Health FY2026 Budget, as presented.

4. **Receive, Discuss and Approve Recommendations from July 20, 2026 of the Strategic Planning Committee Meeting regarding the Progress of the Strategic Plan Goals for CY26;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

   David Kahananui, FQHC Administrative Manager, presented an overview of the organization's strategic plan, including accomplishments achieved through calendar year 2025, proposed updates to the plan, and emerging priorities requiring board awareness and consideration.

   Mr. Kahananui reviewed the strategic plan's four primary goals. Mr. Kahananui explained that the plan consists of fourteen supporting objectives and multiple activities designed to achieve these strategic goals.

A summary of the goals and CY25 performance includes:

Goal 1: Increase Access to Services

- Unduplicated patients increased from 11,501 to 13,431, exceeding the 3% growth target and reflecting a 16.8% increase over the prior year.
- Total patient visits increased from 27,566 to 34,346, exceeding the established goal by 21%.
- Behavioral Health Integration scores exceeded both regional and national benchmarks, demonstrating strong integration of behavioral health services.
- Virtual visits decreased by 9% from the prior year, and efforts are underway to improve telehealth access through implementation of the Genie and Healow platforms.

Goal 2: Improve Financial Sustainability

- Unduplicated Medicaid patients increased to 3,019, exceeding the organization's annual growth target.
- Medicaid visits increased by 3.8% over the previous year, though slightly below the established goal of 5%.
- Total revenue increased by approximately $9.4 million (24.7%), driven in part by pharmacy reconciliations and insurance reimbursement adjustments.
- Net loss improved by approximately $1.75 million (27.6%) compared to the prior year, reflecting stronger overall financial performance.

Goal 3: Improve Quality

- The Health Center initiated the Patient-Centered Medical Home (PCMH) accreditation process and remains on track for completion in 2026.
- Achieved 100% HRSA compliance following corrective action on five identified measures after the 2025 site visit.
- Reported zero cybersecurity breaches during Calendar Year 2025.
- Continued improvement in data quality through monthly reporting, quality review meetings, and implementation of chronic care management initiatives.

Goal 4: Strengthen the Workforce

- Employee engagement survey participation achieved a record 73 responses, the highest since implementation of the survey.
- 55% of employees reported being highly engaged, significantly exceeding national industry benchmarks of 25%.
- Five workforce engagement indicators ranked within the top 25% nationally, with all remaining measures exceeding industry averages.
- FQHC employees and managers received multiple District recognitions, including Employee of the Year and Manager of the Year honors.

Mr. Kahananui further reviewed proposed changes to streamline and update the strategic plan. Recommended changes included:

- Removing references to the dental program due to a decision not to pursue oral health in the near term.
- Adding a potential new service location in ZIP code 89103 contingent upon an award of a previously submitted HRSA New Access Point grant application.

- Establishing new performance measures for pediatric and nutrition visits, with a goal of increasing both service categories by 3%.
- Incorporating implementation of the Genie and Healow platforms to expand virtual access.
- Adding business office support resources to assist with strategic planning, reporting, and organizational initiatives.
- Monitoring the impact of upcoming Medicaid work requirements, Title X eligibility, and documentation requirements.

Mr. Kahananui also reported that staff had begun developing a strategic plan dashboard that would provide the board with a more efficient method of monitoring progress toward key performance indicators.

A motion was made by Member Coca, seconded by Father Rafael, and carried unanimously to approve the Progress of the Strategic Plan Goals for CY26, as presented.

5. **Receive, Discuss and Approve Pharmacy's 340B Policies;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

1. 340B Program Duplicate Discount
2. 340B Program Patient Eligibility
3. 340B Program Compliance Monitoring and Reporting
4. 340B Program Covered Entity Eligibility
5. 340B Medication Inventory Management

Todd Bleak, Pharmacy Manager, presented five updated 340B Program policies for board review and approval. Mr. Bleak explained that the policies were updated in conjunction with a recent 340B audit to ensure continued compliance with federal program requirements and to strengthen oversight of 340B operations.

The Chair called for questions from board members and there were none.

A motion was made by Member Coca, seconded by Father Rafael, and carried unanimously to approve the Pharmacy's 340B Policies, 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)*

There were no board reports.

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

- Pharmacy Program Update

Dr. Bleak, Pharmacy Manager, presented an update on the Pharmacy Program and the work of the Pharmacy – Finance Work Group.

340B Audit
Dr. Bleak reported that HRSA conducted an on-site 340B Program audit on June 24-25, 2026. The audit focused on two primary compliance areas:

- Patient and entity eligibility under the 340B Program.
- Medicaid billing practices and prevention of duplicate discounts.

Dr. Bleak advised that the audit was limited to a specific Ryan White 340B identification number and did not evaluate all of the health center's 340B registrations or the health center's overall program operations. During the audit, HRSA reviewed purchasing records, prescription data, provider employment and contractual relationships, use of contract pharmacies, and Medicaid billing processes related to 340B medications.

Dr. Bleak noted that no preliminary findings or timeline for the final report were provided at the conclusion of the audit. HRSA is expected to issue a final report that may include findings, recommendations, corrective actions, and, if necessary, additional review activity.

Dr. Bleak further noted that although no official results have been received, the audit process provided valuable insights. The health center currently maintains eight separate 340B identification numbers, seven of which fall under the overall scope of the Health Center. Because patients often receive services supported by multiple grants and programs, maintaining separate medication inventories and tracking systems for each identifier creates significant administrative complexity. As a result, Pharmacy leadership has begun evaluating the consolidation of those identifiers into two primary 340B registrations, one for the Decatur location and one for the Fremont location, to simplify compliance processes and future audit activities.

Dr. Bleak also discussed the Health Center's use of a contract pharmacy. He explained that the arrangement was initially established to provide access to payer contracts that were unavailable through the in-house pharmacies. Since those payer relationships have since been established internally and the contract pharmacy was only filling a small number of prescriptions each month, leadership evaluated whether continued participation was necessary and ultimately decided to terminate the contract pharmacy in order to reduce administrative oversight and compliance requirements.

Additionally, Dr. Bleak emphasized the importance of implementing regular internal auditing and monitoring processes to strengthen compliance efforts between HRSA audits. These procedures are reflected in the updated 340B policies approved by the board.

340B Policy Updates
Dr. Bleak noted that the Pharmacy Department recently reviewed and updated all major 340B policies to address current compliance requirements and strengthen internal monitoring processes. The policies approved by the Board include guidance related to duplicate discounts, patient eligibility, entity eligibility, compliance and monitoring, and inventory management.

Diabetes Medication Pricing Changes
Dr. Bleak reported that the Pharmacy Department recently received notice of substantial pricing increases for two diabetes medications effective July 1, 2026. Dr. Bleak explained that the medications experienced increases exceeding 10,000 percent above previous acquisition

costs. Approximately 350 uninsured patients currently receive these medications through the Health Center. While the increase represents a significant future challenge, Dr. Bleak noted that current inventory levels are sufficient to meet the needs of existing and new patients through at least the coming year. Pharmacy leadership is working with Dr. Carter and the provider team to evaluate alternative treatment options and develop strategies to minimize the impact on patients.

HRSA 340B Rebate Pilot Program Update
Dr. Bleak provided an update on the proposed HRSA 340B Rebate Pilot Program.
He reminded the Board that the pilot was originally expected to begin earlier in the year but was delayed due to administrative requirements. HRSA has since resumed efforts to implement the program and recently issued a Request for Information through the Federal Register.

The health center submitted comments outlining the potential operational impact of the proposed program, including:

- Increased administrative workload.
- Additional staffing requirements.
- Necessary modifications to information technology systems.
- Cash flow challenges associated with a rebate-based reimbursement model.

Dr. Bleak reported that the proposal was forwarded to the White House Office of Management and Budget in May 2026 for review. Although no official implementation announcement has been made, HRSA has indicated that the program could initially include the ten medications subject to Medicare negotiated pricing in 2026, with an additional fifteen medications anticipated for inclusion in 2027.

HRSA has indicated that stakeholders would receive at least 90 days' notice prior to implementation. Dr. Bleak stated that he would continue to monitor developments and provide updates to the Board as information becomes available.

The Chair asked whether the diabetes medications affected by the pricing increases were insulin-based products. Dr. Bleak responded that the medications were oral diabetes medications rather than injectable insulin products. The Chair acknowledged the information and expressed concern regarding the reported price increase.

The Chair called for questions or comments. Board members raised no additional questions.

- CEO Comments

Mr. Randy Smith, Chief Executive Officer, provided organizational updates and highlighted key accomplishments from Fiscal Year 2026.

Fiscal Year 2026 Performance Highlights
Mr. Smith reported that the Health Center completed Fiscal Year 2026 with strong growth across multiple service areas. He noted that while previous reports presented overall activity levels, the data he was sharing reflected encounters reportable to HRSA and billable patient visits.

Overall, the Health Center achieved a 10% year-over-year increase in patient encounters. Significant growth was seen in both Behavioral Health and Primary Care services.

- Behavioral Health experienced substantial growth during the year, reflecting the success of the Health Center's integrated care model. Mr. Smith recognized Behavioral Health Manager Tabitha Johnson, Dr. Carter, and their teams for their contributions.
- Primary Care visits increased 15% year over year, despite operating with two fewer providers than the prior year. Mr. Smith attributed this success to operational efficiencies and the team's commitment to maintaining patient access.
- Same-day access and walk-in services continued to expand, improving patient access while reducing the impact of missed appointments.

Pharmacy services also experienced significant growth, with:

- A 17% increase in patients served.
- A 27% increase in prescriptions filled.
- A 63% increase in patient assistance and insurance support services, helping patients maintain access to medications while maximizing reimbursement opportunities.

Mr. Smith commended staff for their efforts in maintaining high levels of service despite staffing vacancies and organizational challenges throughout the year.

Patient Experience

Mr. Smith reported that the Health Center's June Net Promoter Score was 91%, indicating a highly positive patient experience and a strong likelihood that patients would recommend the Health Center to family and friends.

Mr. Smith stated that patient feedback continues to reflect a high level of satisfaction, demonstrating that service quality has remained strong despite increased patient volumes.

Quality and Compliance Initiatives

Mr. Smith informed the Board that the Health Center had submitted its Federal Tort Claims Act (FTCA) deeming application, which provides medical malpractice coverage and reflects the organization's commitment to quality assurance, risk management, credentialing, and privileging standards.

He also reported that the Health Center's first formal review for Patient-Centered Medical Home (PCMH) accreditation was scheduled for the following week. The application includes 30 of 39 core criteria and 19 elective criteria, and the organization remains on track to achieve accreditation by the end of Calendar Year 2026.

Nutrition Services Grant Opportunity

Mr. Smith announced that the previously delayed Expanding Nutrition Services Grant application period had opened and that the application is due September 9, 2026.

He stated that the Health Center plans to expand nutrition services and integrate them more closely into patient care, using the successful Behavioral Health integration model as a framework. The goal is to provide patients with seamless access to nutrition services through coordinated care and warm handoffs from medical providers.

Board Updates

Mr. Smith provided several updates related to Board activities:

- The annual Board Retreat was scheduled for August 20, 2026, at the Historic Fifth Street School from 4:30 p.m. to 8:30 p.m.
- Dinner will be provided, and the retreat will focus on education, information sharing, team building, and strategic discussion. No formal Board action will be taken during the retreat.
- A preview of the retreat agenda will be presented at the next Board meeting.

Mr. Smith also reported that the Board currently has one vacancy for a Community Board Member position. Mr. Smith noted that recruitment efforts have focused on identifying an individual with a clinical background to support the continued development of clinical programs. A qualified candidate has expressed interest, and the recruitment process is underway.

The Chair called for questions from the board members. There were none.

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) Monthly Report – June 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 3:39 p.m.

Randy Smith
Chief Executive Officer - FQHC

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