APPROVED BY THE SNCHC GOVERNING BOARD
SEPTEMBER 15, 2026

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING
August 18, 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 Sara Hunt, Second Vice Chair Rebeca Aceves Ashley Brown Blanca Macias-Villa Jose L. Melendrez David Neldberg
ABSENT:	Erin Breen Fr. Rafael Pereira
ALSO PRESENT:	Bella Peterson, Maddie Proctor
LEGAL COUNSEL:	Edward Wynder, Associate General Counsel
CHIEF EXECUTIVE OFFICER:	Randy Smith
STAFF:	Chelle Alfaro, Emily Anelli, Tawana Bellamy, Todd Bleak, Donna Buss, Robin Carter, Raychel Holbert, Ryan Kelsch, Annie Lin, Bernadette Meily, Andria Cordovez Mulet, David Kahananui, Cassius Lockett, Cassondra Major, Kimberly Monahan, Felicia Sgovio, Justin Tully, Donnie (DJ) Whitaker

I. CALL TO ORDER and ROLL CALL

The Southern Nevada Community Health Center (SNCHC) Governing Board Meeting was called to order at 2:30 p.m. Ms. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and a quorum was established. The Chair noted that the meeting would proceed while awaiting the arrival of additional Board members.

II. PLEDGE OF ALLEGIANCE

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

Upon Member Brown joining, 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.

Seeing no members of the public were present in the meeting room, and no public comments were received from participants attending virtually, the Chair closed the First Public Comment period.

IV. **ADOPTION OF THE AUGUST 18, 2026 MEETING AGENDA** *(for possible action)*

The Chair presented the August 18, 2026 agenda and announced the removal of the following item under Reports, Discussion and Actions - Item #2: Receive, discuss, and approve the Fiscal Year 2026 Chief Executive Officer Report of Accomplishments and proposed Fiscal Year 2027 Goals. There were no other changes to the agenda.

A motion was made by Member Melendrez, seconded by Member Macias-Villa, and carried unanimously to approve the August 18, 2026 meeting agenda, as amended.

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:** July 21, 2026 *(for possible action)*

   The Chair called for consideration of the Consent Agenda and asked whether any board member wished to remove an item for separate discussion. Hearing no requests, the Chair requested a motion to approve the Consent Agenda.

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

Member Hunt joined the meeting at 2:37 p.m.

VI. **REPORT / DISCUSSION / ACTION**

1. **Receive, Discuss and Approve Recommendations from July 20, 2026 Finance and Audit Committee Meeting regarding the June 2026 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

   The Finance and Audit Committee did not meet on July 20, 2026.

   Donnie (DJ) Whitaker, Chief Financial Officer, presented the unaudited June 2026 Year to Date Financial Report, as of June 30, 2026. Ms. Whitaker shared the following key highlights:

Revenue

- General Fund revenue (Charges for Services & Other) is $36.57M compared to a budget of $36.82M, an unfavorable variance of $248K.
- Special Revenue Funds (Grants) is $5.05M compared to a budget of $5.18M, an unfavorable variance of $130K.
- Total Revenue is $41.62M compared to a budget of $42.00M, an unfavorable variance of $378K.

Expenses

- Salary, Tax, and Benefits is $13.96M compared to a budget of $13.82M, an unfavorable variance of $135K.
- Other Operating Expense is $27.49M compared to a budget of $29.23M, a favorable variance of $1.74M.
- Indirect Cost/Cost Allocation is $10.46M compared to a budget of $10.22M, an unfavorable variance of $238K.
- Total Expense is $51.91M compared to a budget of $53.27M, a favorable variance of $1.36M.

Net Position: is ($10.28M) compared to a budget of ($11.27M), a favorable variance of $988K.

Ms. Whitaker noted that the amounts were measured against the fiscal year 2026 augmented budget approved by the board in July 2026 and remain subject to change pending final year-end entries.

Ms. Whitaker reported a 10% year-over-year increase in patient encounters, rising from 39,289 encounters in fiscal year 2025 to 43,107 encounters in fiscal year 2026. Both clinic locations experienced comparable growth, with the Fremont and the Decatur clinics each reporting approximately 10% increases in patient volume.

Ms. Whitaker presented the twelve-month activity reports detailing departmental revenues and expenditures. Ms. Whitaker explained that these reports are used to monitor operational trends and identify significant fluctuations, such as months containing three payroll cycles or other unusual activity. Additional reports outlining revenue and expense categories, as well as transfers, were presented to assist in monitoring organizational performance and identifying variances.

Accounts Receivable Aging Report

At the request of Father Rafael, Ms. Whitaker presented an accounts receivable aging analysis comparing fiscal year 2025 and fiscal year 2026 balances.

Key observations included:

- Total accounts receivable increased from approximately $1.053 million in Fiscal Year 2025 to approximately $1.267 million in Fiscal Year 2026.
- Receivables greater than 180 days remained relatively stable year over year.
- Increases were observed in the 151-to-180-day category.
- Growth in the 0-to-30-day category reflected increased patient encounters and revenue activity.

- Medicaid receivables increased as anticipated due to implementation of shadow billing procedures.

Ms. Whitaker advised that the Revenue Cycle Manager and finance staff continue to address billing backlogs, claim reprocessing, denials, and related collection activities. Additional explanatory notes were included in the report regarding trends in self-pay, Medicaid, and insurance receivables.

The Chair invited questions from board members. No questions were raised.

A motion was made by Member Melendrez, seconded by Member Macias-Villa, and carried unanimously to approve the June 2026 Year to Date Financial Report, as presented.

Member Aceves joined the meeting at 2:45p.m.

~~**2. Receive, Discuss and Approve the Fiscal Year 2026 Chief Executive Officer's Report of Accomplishments and Proposed Fiscal Year 2027 Goals;** direct staff accordingly or take other action as deemed necessary *(for possible action)*~~

This item was removed from the agenda.

VII. <u>BOARD REPORTS</u>: 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 the upcoming Nevada Community Health Coalition Impact Summit, noting that the organization was formerly known as the Nevada Minority Health and Equity Coalition. Member Melendrez encouraged participation in the event, which is scheduled to take place on November 13, 2026, at the University of Nevada, Las Vegas (UNLV).

The Chair congratulated Member Macias-Villa on her recent promotion to Executive Director of Make the Road Nevada, recognizing the achievement as a significant professional accomplishment. Member Macias-Villa expressed her appreciation for the acknowledgment.

Member Coca also offered congratulations to Member Macias-Villa on her new leadership role.

No additional board member reports were presented.

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

- Clinical Quality Performance Measures: CY26 Second Quarter Update

Ms. Felicia Sgovio presented the Clinical Performance Measures Report for the second quarter of Calendar Year 2026 with the following highlights.

HRSA Community Health Quality Recognition (CHQR) Awards

Ms. Sgovio provided an overview of the Health Resources and Services Administration (HRSA) Community Health Quality Recognition (CHQR) program, which recognizes health centers for achievements in access, quality, health information technology (HIT), and patient outcomes. Southern Nevada Community Health Center received two CHQR badges for 2026:

- The Improving Health Care Access award was earned through demonstrated improvement in clinical quality measures across consecutive Uniform Data System (UDS) reporting years, including tobacco screening and cessation intervention and ischemic vascular disease (IVD) aspirin/antiplatelet therapy measures. The Health Center also achieved increases in overall patient volume and substance use disorder services.

- The Advancing Health Information Technology for Quality award recognized the Health Center's use of telehealth services, participation in the Nevada Health Information Exchange, patient engagement through electronic health tools, secure messaging, online scheduling, and collection of social determinants of health data through PREPARE screenings.

Ms. Sgovio also noted the Health Center's continued display of its certification of compliance resulting from its successful HRSA Operational Site Visit conducted in 2025.

HRSA Quartile Rankings

Ms. Sgovio reviewed HRSA-adjusted quartile rankings used to compare health center performance nationally across clinical quality measures. Ms. Sgovio explained that:

- The ranking of one (1) is a health center in the top 25 percent nationally.
- The ranking of four (4) is a health center in the bottom 25 percent nationally.
- Gray rankings indicate insufficient data or patient populations too small for national comparison.

The Health Center demonstrated year-over-year improvement in several chronic disease management measures, including:

- Ischemic vascular disease use of aspirin or another antiplatelet medication.
- Diabetes Hemoglobin A1c poor control.
- Substance use disorder treatment measures.

Ms. Sgovio reported significant growth in the total number of patients served compared to the previous year. She noted that while increased patient volume positively reflects expanded access to care, it also increases the number of patients included in clinical quality measure denominators, creating additional challenges in closing care gaps. Ms. Sgovio further explained that many patients seek services on a walk-in basis for urgent or acute needs and may already have established primary care providers elsewhere, which can make long-term preventive care follow-up more challenging.

Clinical Quality Measures

Ms. Sgovio reviewed the year-over-year performance comparisons for UDS clinical quality measures, comparing 2024, 2025, and January through June 2026 performance. Ms. Sgovio clarified that some previously reported first-quarter metrics were adjusted after enhancements and data-processing updates were completed within the Azara population health platform. The second quarter's report reflects the most current and accurate data available.

Performance improvements were noted in several quality measures, including:

- Colorectal cancer screening.
- HIV linkage to care.
- Substance use disorder treatment measures.
- Statin therapy for prevention and treatment of cardiovascular disease.

Quality Measures of Focus

Ms. Sgovio reviewed focused quality measures aligned with Healthy People 2030 targets where applicable. Notable second-quarter results included:

- An approximate 8% increase in depression screening and follow-up planning.
- A 10.3% reduction in the diabetes glycemic status assessment measure, which represents improvement because lower rates indicate better outcomes.
- A 1.4% increase in tobacco use screening and cessation intervention.

Quality Improvement Activities

Ms. Sgovio summarized key quality improvement initiatives conducted during the second quarter, including:

- Continued monitoring of HIV linkage to care measures.
- Manual tracking of prenatal care and birth weight measures while reporting processes are refined.
- Enhanced data collection strategies for substance use disorder treatment measures.
- Reviews of adult and pediatric weight management measures, resulting in documentation improvement opportunities being identified and shared with staff.
- Ongoing implementation of Patient-Centered Medical Home (PCMH) initiatives.
- Launch of a pediatric outreach campaign to reconnect with patients no longer actively engaged in care.
- Continued development of care management processes.

Ms. Sgovio reported that the Health Center completed its first PCMH virtual review on July 28, 2026. Of the required criteria reviewed:

- 29 of 39 criteria were reviewed and successfully met.
- 26 elective credits were achieved, exceeding the minimum requirement of 25.
- The Health Center continues working toward a goal of 30 elective credits.
- A second virtual review is anticipated later in the year.

Patient Satisfaction Survey Results

Ms. Sgovio reviewed second-quarter patient satisfaction survey results.

Patients receive satisfaction surveys via email, patient portal, or text message following their visits. Key findings included:

- Year-to-date survey participation averaged 13.7%, exceeding participation levels from the prior year.
- Family Health services represented the largest share of survey responses, followed by Sexual Health and Family Planning services.
- Forty-eight percent of respondents reported scheduling appointments in person, with telephone scheduling being the next most common method.
- 97% of respondents reported that scheduling appointments was easy and that they were seen as soon as needed.

Provider Ratings
Ms. Sgovio shared that the patient satisfaction regarding providers remained exceptionally high:

- Easy to understand: above 98%.
- Listened carefully: above 98%.
- Showed respect: above 98%.
- Spent enough time with patients: above 98%.

Staff and Facility Ratings
Survey results indicated:

- 96% satisfaction with staff efforts to address patient healthcare needs.
- 99.7% satisfaction regarding being treated with courtesy and respect.
- 100% satisfaction with clinic cleanliness and appearance.
- A Net Promoter Score (NPS) of 90, consistent with first-quarter results.

Patient Feedback
Ms. Sgovio reported the following sentiment analysis of patient comments:

- 84% Strengths
- 12% Opportunities for Improvement
- 4% non-feedback comments
- Common themes identified as strengths included:
  - Friendly, caring staff.
  - Excellent service and overall satisfaction.
  - Strong provider communication and professionalism.
- Common opportunities for improvement included:
  - Wait time.
  - Communication and follow-up responsiveness.
  - Scheduling and access processes.

The Chair invited questions from the board. No additional questions or comments were raised.

- CEO Comments

Mr. Randy Smith, Chief Executive Officer, presented organizational updates and highlights.

New Access Point (NAP) Award
Mr. Smith announced that Southern Nevada Community Health Center had been awarded a highly competitive New Access Point (NAP) grant award from the Health Resources and Services Administration (HRSA). He noted that the Health Center was originally established through a NAP award in 2019 and recognized the contributions of leadership and finance staff involved in preparing the successful application.

The award will provide $650,000 in federal funding to establish a new clinic site within the 89103 ZIP code, which HRSA identified as a priority service area. Mr. Smith stated that the Health Center also serves a significant number of patients residing in that area.

Mr. Smith explained that, provided the Health Center remains compliant with applicable program requirements and meets patient service targets, the funding is expected to continue annually as long as federal funding remains available. He further noted that NAP awards

typically increase over time through supplemental funding opportunities and occasional base funding increases.

Mr. Smith advised that the Health Center has 120 days to become operational at the new site, with a required opening date of December 10, 2026. Key implementation activities include securing a lease, completing any necessary facility improvements, and meeting new patient service goals for medical and behavioral health programs.

Mr. Smith congratulated Health Center staff, the Southern Nevada Health District, and the Governing Board for their contributions to securing the award and emphasized the significant opportunity it represents for expanding services within the community.

Patient-Centered Medical Home (PCMH) Initiative
Mr. Smith commended Ms. Felicia Sgovio for her leadership of the Health Center's Patient-Centered Medical Home (PCMH) initiative, describing the process as a substantial and transformative organizational effort that extends beyond documentation and requires ongoing operational improvements.

He reported that the organization remains on track to obtain PCMH designation by the end of calendar year 2026. Once achieved, annual maintenance and continuous quality improvement activities will be required to maintain the designation.

Provider Recruitment
Mr. Smith reported the successful recruitment of a new physician who joined the organization on July 20, 2026. The provider is assigned primarily to the Fremont Clinic and will focus on both Primary Care and Ryan White HIV/AIDS Program services.

The Health Center continues efforts to build internal capacity for Ryan White services and reduce dependence on contracted providers. Mr. Smith noted that integrating Ryan White services with primary care aligns with the organization's goal of serving as a comprehensive medical home for patients.

He also announced that an additional physician is expected to join the organization in September 2026 and will likewise support both Primary Care and Ryan White services.

National Health Center Week Celebration
Mr. Smith reported on the organization's National Health Center Week celebration held on August 6, 2026.

Mr. Smith expressed appreciation to the Employee Engagement Committee and the Fremont Clinic team, led by Clinic Manager Bernie Meily, for coordinating a successful event. Mr. Smith noted that the celebration provided staff from multiple locations with an opportunity to connect, collaborate, and recognize one another's contributions.

2025 Uniform Data System (UDS) Results
Mr. Smith reviewed highlights from the Health Center's 2025 UDS performance data, which was released during National Health Center Week.

Key accomplishments included:

- 17% year-over-year increase in unique patients served.
- 52% year-over-year increase in unique behavioral health patients served.

Mr. Smith recognized the work of the Behavioral Health team, led by Behavioral Health Manager Tabitha Johnson and supported by Medical Director Dr. Robin Carter. He also acknowledged the critical role of medical providers in facilitating referrals and integrated care coordination.

Mr. Smith stated that the strong growth in patient volume and behavioral health services positions the organization well for expansion into the newly funded clinic site.

Governing Board Retreat
Mr. Smith reminded Board members of the upcoming Board Retreat scheduled for August 20, 2026, from 4:30 p.m. to 8:30 p.m.

Mr. Smith explained that the retreat would focus on networking, team building, board education, and strategic discussion rather than formal board business. Steve Messenger of the Nevada Primary Care Association is scheduled to participate as a presenter. Board members unable to attend were encouraged to communicate with staff, and Mr. Smith expressed appreciation for the commitment of those planning to participate.

Board Recruitment
Mr. Smith reported that recruitment efforts continue for an open community board position.

Mr. Smith indicated a particular interest in identifying candidates with clinical expertise, such as healthcare providers, nurses, or quality improvement professionals, who could provide additional support and insight regarding clinical performance and quality initiatives. Board members were encouraged to refer qualified candidates to management for consideration.

Board Officer Elections and Term Renewals
Mr. Smith informed the Board that current officer terms are approaching expiration and that officer elections are expected to occur in October 2026, with new officers assuming their roles in November 2026.

Current officers include:
- Donna Burrows, Chair
- Jasmine Coca, First Vice Chair
- Sara Hunt, Second Vice Chair

Mr. Smith advised that nominations would be solicited and presented to the board before a formal vote.

Mr. Smith also noted that the board terms of Sara Hunt, Jasmine Coca, and Blanca Macias-Villa are scheduled to expire in October 2026. Discussions regarding reappointment and continued service were underway.

Member Coca commended Mr. Smith and the Health Center team for the positive accomplishments highlighted in the report.

Member Aceves congratulated staff on the success of the National Health Center Week celebration and commented positively on the staff's enthusiasm and engagement during the event.

The Chair expressed pride in the organization's growth and accomplishments during her tenure on the Board and thanked Mr. Smith and staff for their continued dedication and success.

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

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) Monthly Report – July 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 3:19 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER
GOVERNING BOARD MEETING
August 18, 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/8afe6d18-20bd-4c5a-8ccf-38e35d8e0ebf@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 715 232 611#

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. 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 715 232 611#. 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.

IV. ADOPTION OF AUGUST 18, 2026 AGENDA *(for possible action)*

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**: July 21, 2026 *(for possible action)*

VI. **REPORT / DISCUSSION / ACTION**

1. **Receive, Discuss and Approve Recommendations from August 17, 2026 Finance and Audit Committee Meeting regarding the June 2026 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

2. **Receive, Discuss and Approve the Fiscal Year 2026 Chief Executive Officer's Report of Accomplishments and Proposed Fiscal Year 2027 Goals;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VII. **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)***

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

- CEO Comments
- Clinical Quality Performance Measures: CY26 Second Quarter Update

IX. **INFORMATIONAL ITEMS**

- Community Health Center (FQHC) July 2026 Monthly Report

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. **See above for instructions for submitting public comment.**

XI. **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
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

/tab

SOUTHERN NEVADA Community HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Financial Report
Results as of June 30, 2026

(Unaudited)

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

Revenue

- General Fund revenue (Charges for Services & Other) is $36.57M compared to a budget of $36.82M, an unfavorable variance of $248K.
- Special Revenue Funds (Grants) is $5.05M compared to a budget of $5.18M, an unfavorable variance of $130K.
- Total Revenue is $41.62M compared to a budget of $42.00M, an unfavorable variance of $378K.

Expenses

- Salary, Tax, and Benefits is $13.96M compared to a budget of $13.82M, an unfavorable variance of $135K.
- Other Operating Expense is $27.49M compared to a budget of $29.23M, a favorable variance of $1.74M.
- Indirect Cost/Cost Allocation is $10.46M compared to a budget of $10.22M, an unfavorable variance of $238K.
- Total Expense is $51.91M compared to a budget of $53.27M, a favorable variance of $1.36M.

Net Position: is ($10.28M) compared to a budget of ($11.27M), a favorable variance of $988K.

NOTE: THE BUDGETED AMOUNTS REFLECT THE FY26 AUGMENTED BUDGET ACCEPTED AT THE JULY MEETING. ACTUAL AMOUNTS ARE PRELIMINARY AND SUBJECT TO CHANGE VIA YEAR-END CLOSING ENTRIES.

All Funds/Divisions by Type

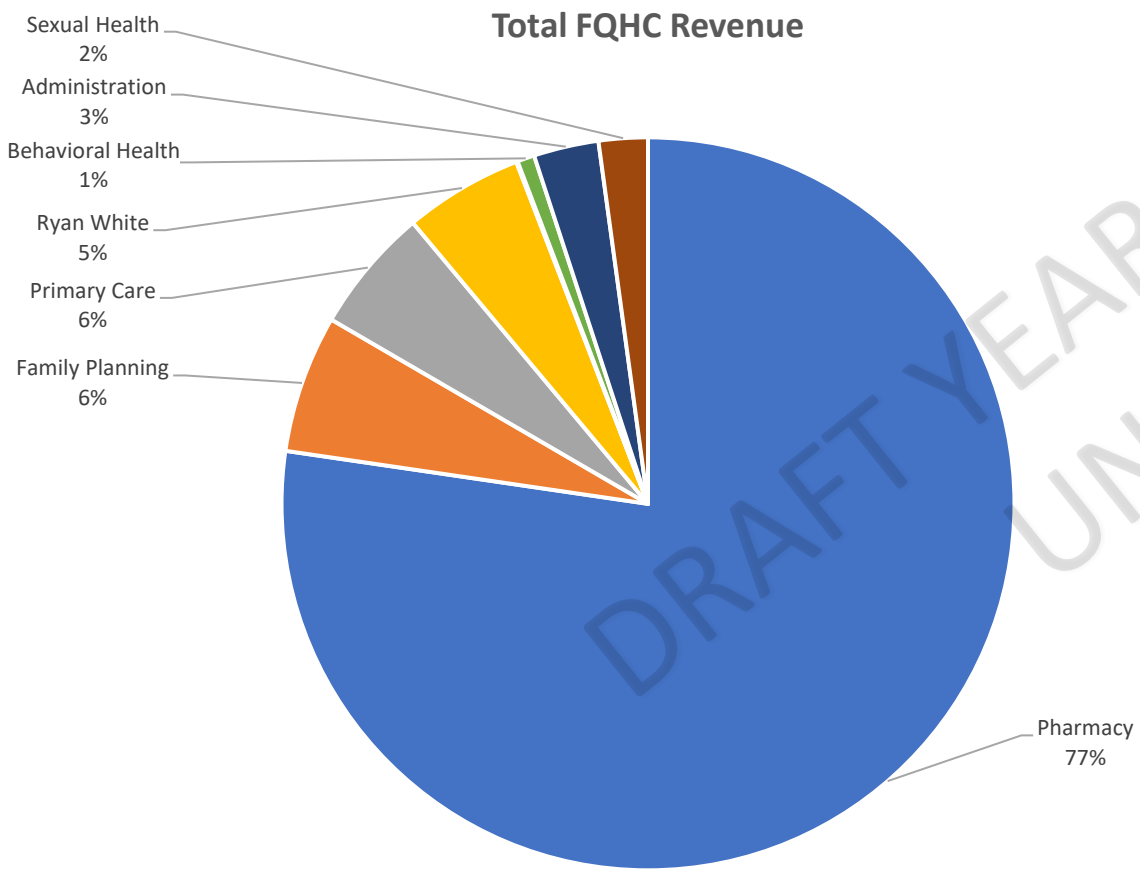
Budget to Actual

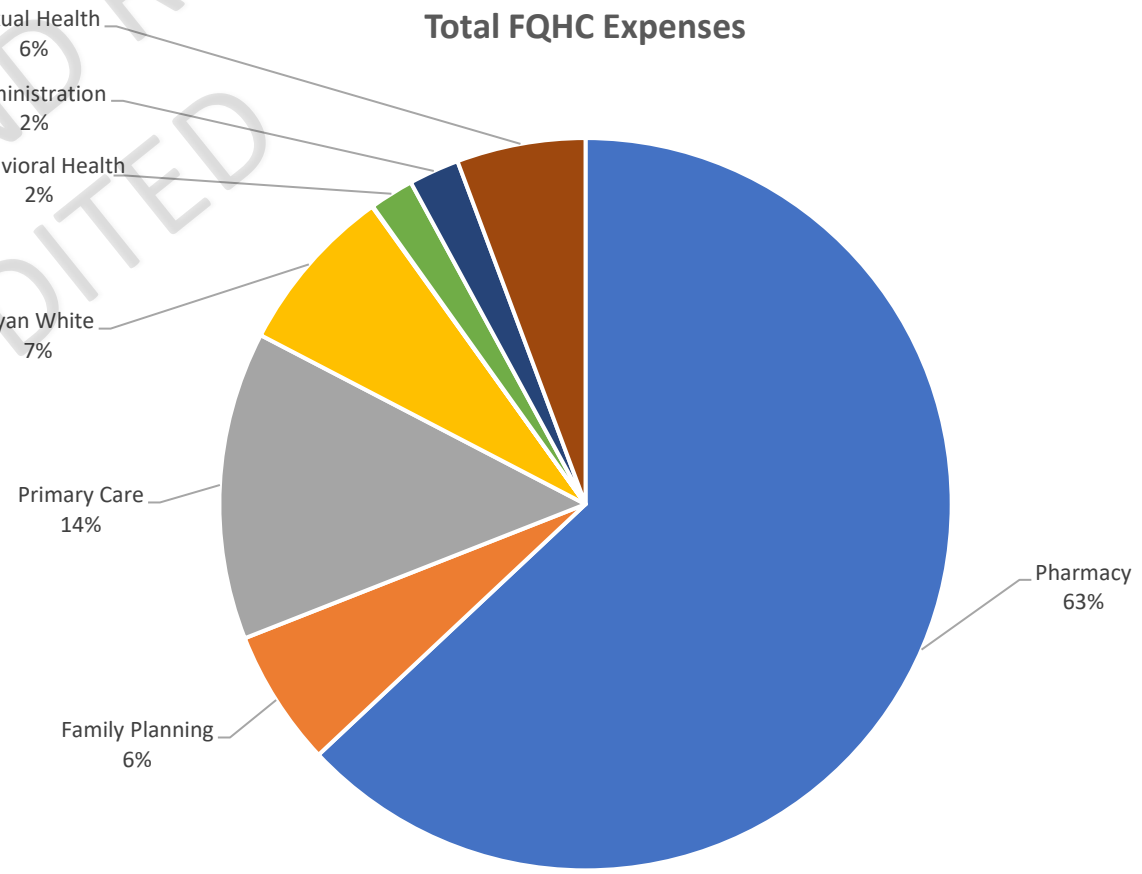
Activity	Budget as of June	Actual as of June	Variance Favorable (Unfavorable)	%	
Charges for Services	35,070,403	35,377,217	306,814	1%	1
Other	1,752,623	1,197,066	(555,557)	-32%	2
Federal Revenue	2,656,875	2,576,141	(80,734)	-3%	
Pass-Thru Revenue	1,694,217	1,653,623	(40,594)	-2%	
State Revenue	828,961	820,572	(8,389)	-1%	
Total FQHC Revenue	**42,003,079**	**41,624,619**	**(378,460)**	**-1%**	
Salaries	9,361,606	9,408,775	(47,169)	-1%	
Taxes & Fringe Benefits	4,460,232	4,547,822	(87,590)	-2%	
Total Salaries & Benefits	**13,821,838**	**13,956,597**	**(134,759)**	**-1%**	
Supplies	27,407,859	26,125,134	1,282,725	5%	s
Capital Outlay	19,740	7,155	12,585	64%	
Contractual	1,740,536	1,323,587	416,949	24%	
Travel & Training	62,091	35,076	27,015	44%	
Total Other Operating	**29,230,226**	**27,490,952**	**1,739,274**	**6%**	
Indirect Costs/Cost Allocations	10,222,444	10,460,160	(237,716)	-2%	
Transfers IN	(854,272)	(830,216)	(24,056)	3%	
Transfers OUT	854,272	830,216	24,056	3%	
Total Transfers	**10,222,444**	**10,460,160**	**(237,716)**	**-2%**	
Total FQHC Expenses	**53,274,508**	**51,907,709**	**1,366,799**	**3%**	
Net Position	**(11,271,429)**	**(10,283,090)**	**988,339**	**9%**	

NOTES:

1) INCLUDES ALL FOUR QUARTERLY WRITE-OFFS SUBJECT TO FINAL RECONCILIATIONS AND AUDIT REVIEW.
2) NEVADA MEDICAID WRAP PAYMENTS SHIFTED FROM OTHER TO CHARGES FOR SERVICES STARTING IN JANUARY 2026. BILLING IS STILL WORKING WITH NEVADA MEDICAID FOR WRAP LOOKBACK PAYMENTS WHICH WILL BE RECORDED IN FUTURE PERIODS IN FY27.
3) YEAR-END INVENTORY INCLUDES ADJUSTMENT FOR INVENTORY ON-HAND AT 6/30 RESULTING IN A REDUCTION IN SUPPLIES EXPENSES BY $757K.

Percentage of Revenues and Expenses by Department (June 30, 2026)





Revenues by Department

Budget to Actuals

Department	Budget as of June	Actual as of June	Variance Favorable (Unfavorable)	%	
Charges for Services, Other, Wrap					
Family Planning	526,505	565,749	39,244	7%	1
Pharmacy	32,174,909	32,181,848	6,939	0%	
Primary Care	1,186,923	1,287,174	100,251	8%	2
Ryan White	136,049	106,266	(29,783)	-22%	3
Refugee Health	16,706	22,599	5,893	35%	4
Behavioral Health	332,657	316,254	(16,403)	-5%	
Administration	1,752,623	1,193,823	(558,800)	-32%	5
Sexual Health	696,652	900,572	203,920	29%	
OPERATING REVENUE	**36,823,024**	**36,574,285**	**(248,739)**	**-1%**	
Grants					
Family Planning	2,074,790	1,962,844	(111,946)	-5%	
Primary Care	999,734	1,012,638	12,904	1%	
Ryan White	2,101,227	2,071,537	(29,690)	-1%	
Refugee Health	4,304	3,315	(989)	-23%	4
Behavioral Health	-	-	-	0%	
SPECIAL REVENUE	**5,180,055**	**5,050,334**	**(129,721)**	**-3%**	
TOTAL REVENUE	**42,003,079**	**41,624,619**	**(378,460)**	**-1%**	

NOTES:

1) FAMILY PLANNING REVENUE IS EXCEEDING EXPECTATIONS DUE TO INCREASED DEVICE REIMBURSEMENTS.
2) BILLABLE PRIMARY CARE ENCOUNTERS ARE UP 27% YEAR-OVER-YEAR.
3) REVENUE LAGGING BECAUSE RYAN WHITE SELF-PAY WRITE-OFF EXCEEDED TOTAL CHARGES FOR SERVICES THROUGH Q3 FY26.
4) REFUGEE HEALTH CLINIC PATIENT ENCOUNTERS REDUCED BY 94% YEAR-OVER-YEAR.
5) NEVADA MEDICAID WRAP PAYMENTS SHIFTED FROM OTHER TO CHARGES FOR SERVICES STARTING IN JANUARY 2026. BILLING IS STILL WORKING WITH NEVADA MEDICAID FOR WRAP LOOKBACK PAYMENTS WHICH WILL BE RECORDED IN FUTURE PERIODS IN FY27.

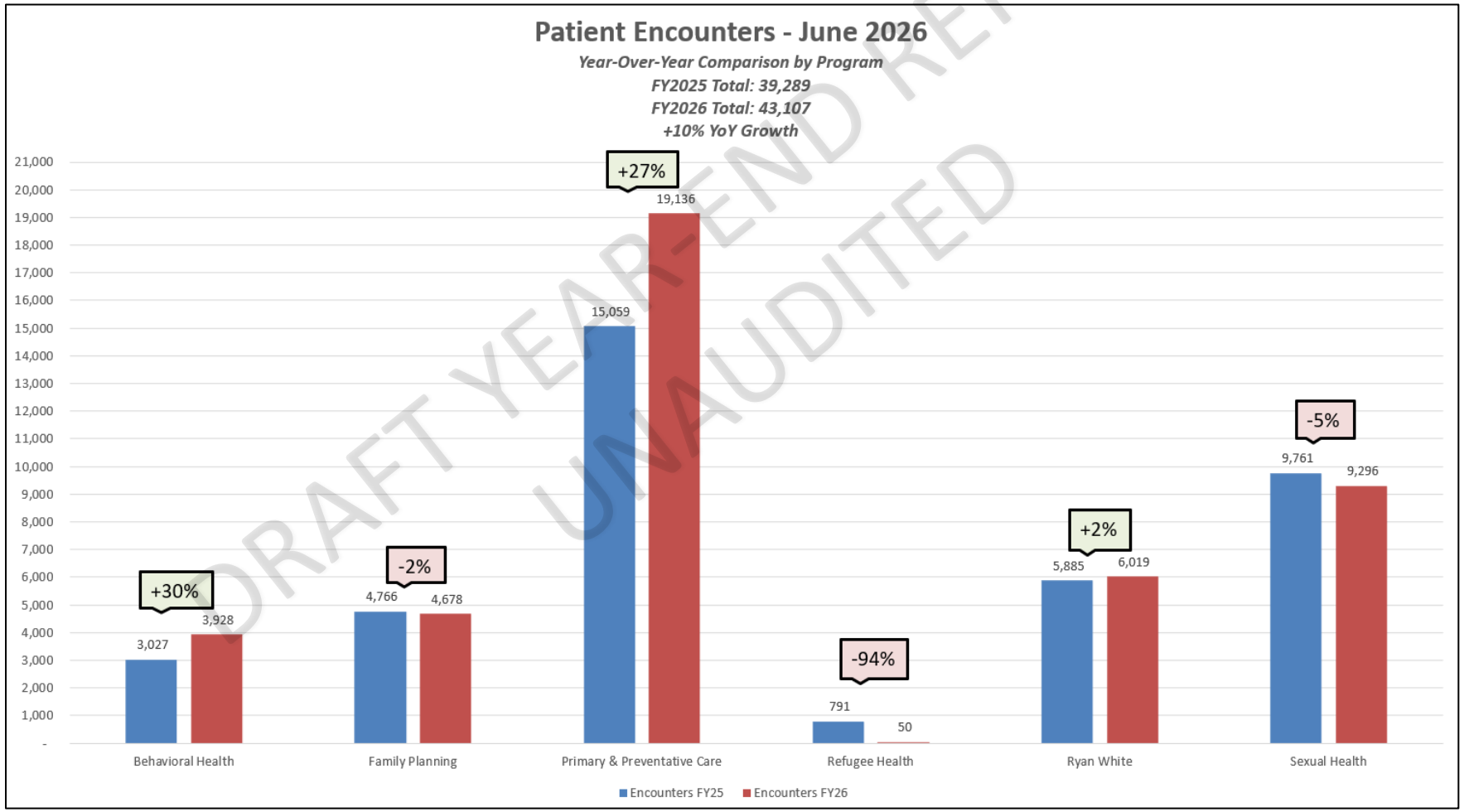
Expenses by Department

Budget to Actuals

Department	Budget as of June	Actual as of June	Variance Favorable (Unfavorable)	%	
Employment (Salaries, Taxes, Fringe)					
Family Planning	1,897,034	1,890,001	7,033	0%	
Pharmacy	729,352	735,923	(6,571)	-1%	
Primary Care	5,147,779	5,200,592	(52,813)	-1%	
Ryan White	2,794,493	2,806,153	(11,660)	0%	
Refugee Health	1,904	2,324	(420)	-22%	1
Behavioral Health	777,870	789,303	(11,433)	-1%	
Administration	407,464	409,627	(2,163)	-1%	
Sexual Health	2,065,942	2,122,674	(56,732)	-3%	
Total Personnel Costs	13,821,838	13,956,597	(134,759)	-1%	
Other (Supplies, Contractual, Capital, etc.)					
Family Planning	834,238	610,491	223,747	27%	
Pharmacy	26,388,147	25,377,120	1,011,027	4%	2
Primary Care	516,166	436,654	79,512	15%	
Ryan White	445,088	286,355	158,733	36%	
Refugee Health	34,147	11,701	22,446	66%	1
Behavioral Health	22,996	19,421	3,575	16%	
Administration	702,552	515,224	187,328	27%	
Sexual Health	286,892	233,986	52,906	18%	
Total Other Expenses	29,230,226	27,490,952	1,739,274	6%	
Total Operating Expenses	**43,052,064**	**41,447,549**	**1,604,515**	**4%**	
Indirect Costs/Cost Allocations	10,222,444	10,460,160	(237,716)	-2%	
Transfers IN	(854,272)	(830,216)	(24,056)	3%	
Transfers OUT	854,272	830,216	24,056	3%	
Total Transfers & Allocations	10,222,444	10,460,160	(237,716)	-2%	
TOTAL EXPENSES	**53,274,508**	**51,907,709**	**1,366,799**	**3%**	

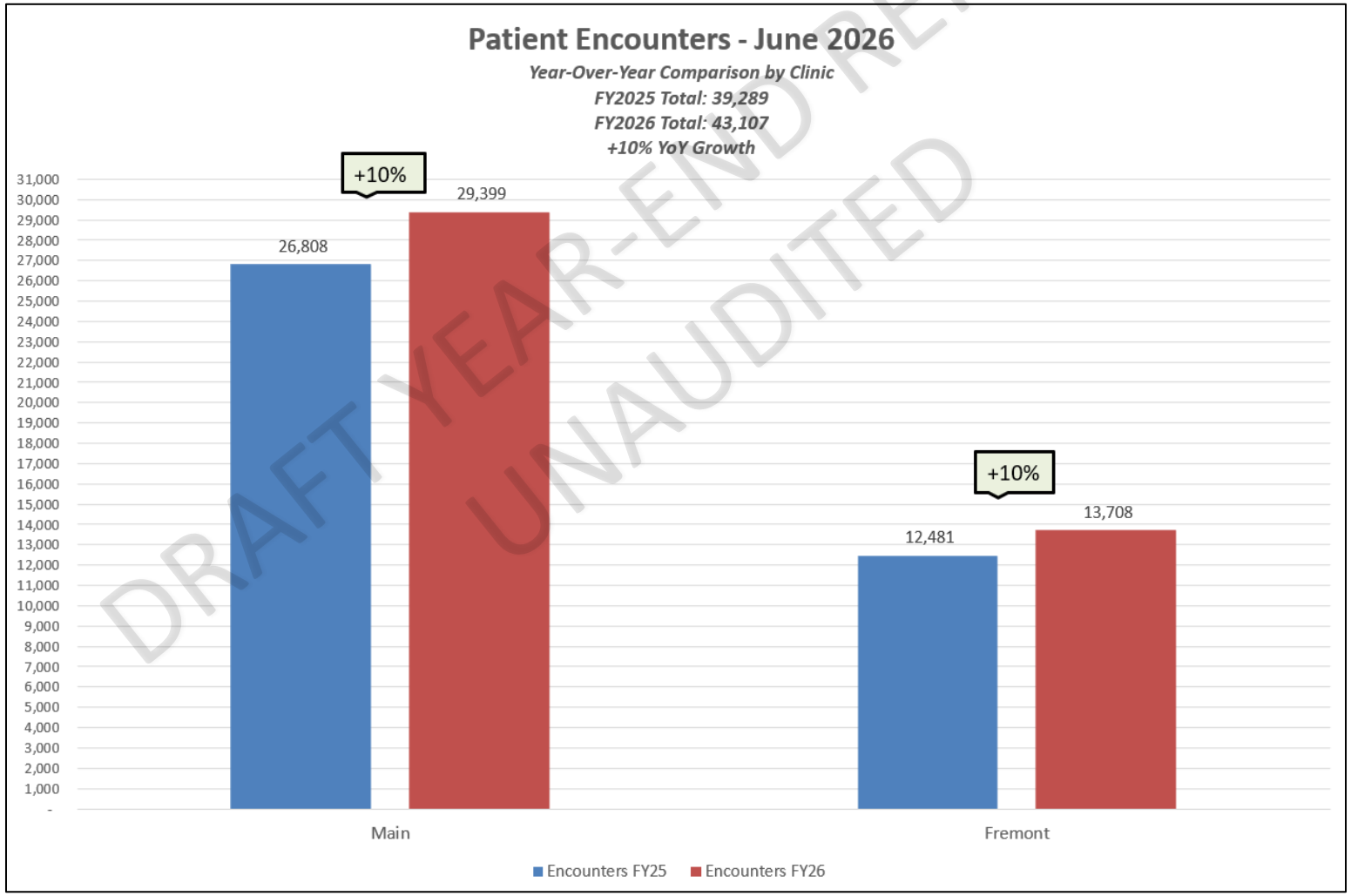
NOTES:
1) REFUGEE HEALTH CLINIC PATIENT ENCOUNTERS REDUCED BY 94% YEAR-OVER-YEAR.
2) YEAR-END INVENTORY INCLUDES ADJUSTMENT FOR INVENTORY ON-HAND AT 6/30 RESULTING IN A REDUCTION IN SUPPLIES EXPENSES BY $757K.

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 – June 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	May-26	Jun-26	YTD TOTALS	YTD AVERAGES
Administration (301)	(313,204)	141,888	3,200	349,266	98,193	330,303	107,326	96,082	127,917	131,258	4,900	116,693	1,193,823	99,485
Family Planning (309)	124,841	227,027	154,518	402,202	251,445	182,597	242,091	286,130	244,293	155,085	256,258	254,476	2,780,963	231,747
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	2,792,948	2,925,991	2,482,270	2,922,940	32,181,847	2,681,821
Dental Health (336)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary Care (337)	122,170	178,371	146,645	192,671	157,724	142,313	341,467	210,161	222,199	284,421	223,844	218,214	2,440,201	203,350
Ryan White (338)	173,342	171,389	135,978	281,657	221,011	140,590	262,026	396,959	120,093	217,496	272,437	221,448	2,614,425	217,869
Refugee Health (344)	(347)	(678)	(111)	90	(706)	(824)	15,562	(1,487)	4,248	(338)	2,539	8,804	26,751	2,229
Behavioral Health (345)	33,197	27,124	16,046	38,282	21,181	(9,961)	31,439	38,361	55,673	42,107	(10,693)	33,497	316,254	26,355
Sexual Health (350)	72,637	32,065	36,100	25,379	42,113	26,372	155,862	122,045	103,988	126,409	65,174	92,428	900,572	75,048
TOTAL REVENUES	**3,292,327**	**3,260,120**	**3,405,321**	**3,994,020**	**2,901,484**	**3,659,440**	**3,659,189**	**3,563,919**	**3,671,359**	**3,882,430**	**3,296,729**	**3,868,499**	**42,454,836**	**3,537,903**

DEPARTMENT	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-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	114,709	107,816	102,735	1,158,375	96,531
Family Planning (309)	138,478	267,099	247,464	432,499	304,127	219,911	251,038	337,527	287,133	237,972	391,702	269,329	3,384,279	282,023
Pharmacy (333)	3,154,255	3,227,761	2,794,743	2,334,750	2,345,852	3,309,842	3,181,215	2,361,189	3,224,691	3,650,567	616,962	2,504,761	32,706,588	2,725,549
Dental Health (336)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary Care (337)	485,264	590,380	580,693	756,141	533,944	563,131	528,584	525,609	561,082	569,392	820,334	686,485	7,201,039	600,087
Ryan White (338)	238,561	314,910	333,259	470,966	342,630	338,303	336,122	395,546	328,152	330,073	460,509	415,584	4,304,615	358,718
Refugee Health (344)	2,709	-	-	3,695	-	-	7,152	67	1,055	4,034	-	(326)	18,386	1,532
Behavioral Health (345)	43,131	67,285	70,044	111,472	74,240	73,510	77,725	77,987	76,119	83,001	124,983	133,431	1,012,927	84,411
Sexual Health (350)	193,778	258,395	264,445	333,650	225,581	237,963	226,319	213,012	203,258	205,251	287,750	302,315	2,951,717	245,976
TOTAL EXPENSES	**4,326,855**	**4,805,046**	**4,374,370**	**4,581,386**	**3,933,125**	**4,825,807**	**4,700,459**	**4,005,927**	**4,765,582**	**5,194,998**	**2,810,056**	**4,414,315**	**52,737,926**	**4,394,827**

NET POSITION:	(1,034,528)	(1,544,926)	(969,049)	(587,366)	(1,031,641)	(1,166,368)	(1,041,269)	(442,008)	(1,094,223)	(1,312,569)	486,673	(545,816)	(10,283,090)	(856,924)

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 – June 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	May-26	Jun-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	3,103,554	3,415,131	2,706,676	3,216,251	35,377,217	2,948,101
Other	(313,204)	143,653	3,200	350,394	98,193	330,303	107,326	96,082	127,917	131,608	4,900	116,693	1,197,066	99,755
Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Intergovernmental	263,679	383,912	340,692	624,317	446,837	383,401	443,850	531,441	382,893	286,990	502,957	459,366	5,050,337	420,861
TOTAL REVENUES	**3,248,959**	**3,198,403**	**3,351,186**	**3,894,522**	**2,828,997**	**3,596,511**	**3,588,236**	**3,462,871**	**3,614,364**	**3,833,729**	**3,214,533**	**3,792,310**	**41,624,620**	**3,468,718**

EXPENSE TYPE	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-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	728,614	1,075,163	972,053	9,408,775	784,065
Taxes and Benefits	264,484	358,856	356,812	488,386	349,107	355,739	357,567	357,217	356,819	356,711	490,377	455,745	4,547,822	378,985
Travel and Training	6,022	12,281	7,060	1,441	430	313	103	1,999	852	2,622	699	1,254	35,076	2,923
Supplies	2,449,807	2,586,910	2,258,923	1,907,228	1,889,343	2,616,755	2,512,191	1,945,699	2,586,494	2,913,892	534,933	1,922,961	26,125,137	2,177,095
Contractual	139,385	109,341	103,564	127,486	100,370	97,112	106,172	97,923	104,162	129,573	104,862	103,635	1,323,587	110,299
Property	-	-	-	-	-	-	-	-	-	14,302	(7,146)	-	7,155	596
TOTAL EXPENSES	**3,383,573**	**3,790,777**	**3,446,718**	**3,593,309**	**3,074,097**	**3,791,825**	**3,690,263**	**3,114,751**	**3,761,988**	**4,145,713**	**2,198,889**	**3,455,648**	**41,447,551**	**3,453,963**

TRANSFER TYPE	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	YTD TOTALS	YTD AVERAGES
Indirect/Cost Allocation	899,914	952,552	873,517	888,579	786,541	971,053	939,242	790,128	946,598	1,000,585	528,971	882,478	10,460,160	871,680
Transfer In	(43,368)	(61,717)	(54,134)	(99,499)	(72,487)	(62,929)	(70,954)	(101,048)	(56,995)	(48,700)	(82,196)	(76,189)	(830,216)	(69,185)
Transfer Out	43,368	61,717	54,134	99,499	72,487	62,929	70,954	101,048	56,995	48,700	82,196	76,189	830,216	69,185
TOTAL TRANSFERS	**899,914**	**952,552**	**873,517**	**888,579**	**786,541**	**971,053**	**939,242**	**790,128**	**946,598**	**1,000,585**	**528,971**	**882,478**	**10,460,160**	**871,680**

NET POSITION:	(1,034,528)	(1,544,926)	(969,049)	(587,366)	(1,031,641)	(1,166,368)	(1,041,269)	(442,008)	(1,094,223)	(1,312,569)	486,673	(545,816)	(10,283,090)	(856,924)

SOUTHERN NEVADA Community HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Accounts Receivable Aging - Medical

(Unaudited)

Medical Accounts Receivable Aging
As of June 30, 2025 and June 30, 2026

Fiscal Year 2025

Payer Type	0 - 30	Type %	31 - 60	Type %	61 - 90	Type %	91 - 120	Type %	121 - 150	Type %	151 - 180	Type %	> 180	Type %	Total	Type %
Insurance	113,427	32%	23,067	31%	22,239	34%	27,834	39%	17,768	23%	13,612	23%	113,106	32%	331,054	31%
Medicaid	166,332	47%	24,580	33%	18,287	28%	18,644	26%	34,979	46%	25,233	42%	108,686	31%	396,742	38%
Medicare	10,319	3%	3,402	5%	4,862	7%	2,605	4%	3,028	4%	3,354	6%	36,114	10%	63,685	6%
Self Pay	65,024	18%	23,163	31%	20,853	31%	22,191	31%	20,677	27%	17,529	29%	92,714	26%	262,151	25%
Grand Total	**355,103**		**74,212**		**66,241**		**71,274**		**76,453**		**59,727**		**350,621**		**1,053,632**	
% by Period	**34%**		**7%**		**6%**		**7%**		**7%**		**6%**		**33%**		**100%**	

Fiscal Year 2026

Payer Type	0 - 30	Type %	31 - 60	Type %	61 - 90	Type %	91 - 120	Type %	121 - 150	Type %	151 - 180	Type %	> 180	Type %	Total	Type %
Insurance	122,171	28%	20,656	23%	14,988	16%	14,878	19%	20,556	21%	24,109	20%	66,948	19%	284,306	22%
Medicaid	285,070	66%	41,721	47%	43,546	46%	31,596	40%	41,277	42%	57,931	49%	114,699	32%	615,840	49%
Medicare	10,843	3%	7,065	8%	3,643	4%	3,155	4%	2,182	2%	4,041	3%	41,331	12%	72,259	6%
Self Pay	14,800	3%	19,581	22%	32,186	34%	28,978	37%	33,632	34%	31,787	27%	134,147	38%	295,110	23%
Grand Total	**432,884**		**89,022**		**94,362**		**78,607**		**97,647**		**117,867**		**357,125**		**1,267,515**	
% by Period	**34%**		**7%**		**7%**		**6%**		**8%**		**9%**		**28%**		**100%**	

Medical Accounts Receivable Aging
FY 2026 Notes by Type

- **Self-Pay**: This AR includes balances from patients that receive the sliding fee adjustment. Billing sends 3 patient statements and maintains outstanding balances for 12 months from date of service. Accounts are not referred to collections and are written off in accordance with SNCHC policy after the 12-month period has lapsed.

- **Medicaid**: Some MCO payers experienced system configuration errors, claim adjudication delays, and claim backlogs throughout FY26, resulting in delayed payment of outstanding claims. Billing continues to work closely with these payers to resolve outstanding claims and ensure reimbursement.

- **Insurance:** Similar adjudication trends have also been identified with some Commercial payers, contributing to delayed reimbursement. Billing continues to work closely with these payers to resolve these claims.

- **Medicare:** These claims remain within Medicare's one-year timely filing limit and are actively being worked to maximize reimbursement.

NOTE: All patients on the sliding fee schedule must demonstrate eligibility following the health center's board-approved Sliding Fee Discount policy.

Questions?

MOTION

Motion to Approve the June 2026 Year-to-Date Financial Report and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on August 18, 2026, as presented.

SOUTHERN NEVADA Community HEALTH CENTER

SECOND QUARTER CLINICAL PERFORMANCE MEASURES

August 18, 2026

HRSA CHQR AWARDS & QUARTILE RANKINGS

HRSA CHQR BADGE AWARDS

Community Health Quality Recognition (CHQR)

- This year, SNCHC was awarded two badges:
  - **Improving Health Care Access:**
    - Improved by at least 15% in one or more CQMs in back-to-back UDS reporting years (Tobacco Screening & Cessation, IVD Use of Aspirin/Another Antiplatelet)
    - Increase total patients and a specific service category by at least 5% in back-to-back UDS reporting year (Total patients, SUD patient services)
  - **Advancing HIT For Quality:**
    - Offer telehealth services
    - Exchange clinical information online with key providers in health care settings (HIE)
    - Engage patients through HIT (patient portal, kiosk, secure messaging via web encounters, online/virtual scheduling)
    - Collect data on patient health-related needs (PRAPARE Screenings)

NV COMPARISON - QUARTILE RANKINGS

CY25 - FQHC Nevada Comparison Report

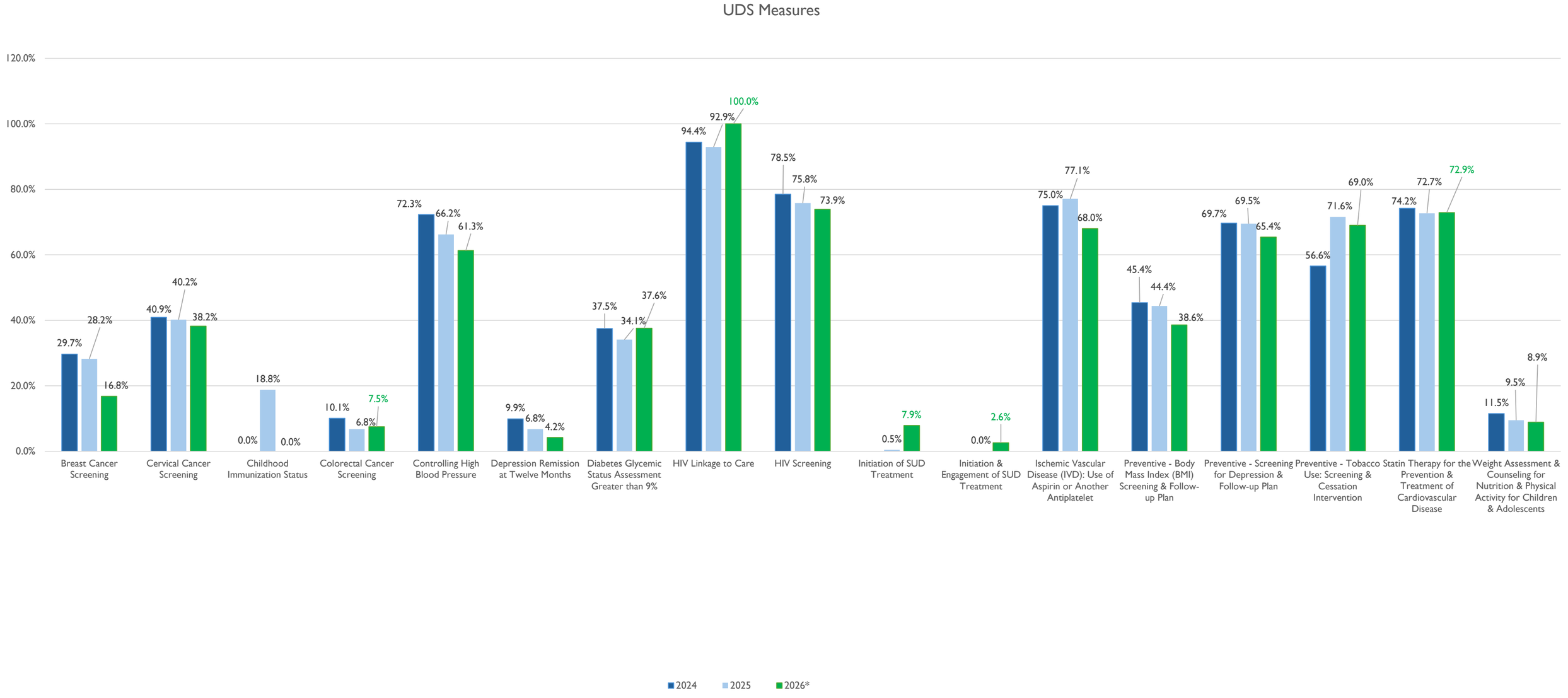
	Community Health Alliance*	First Person Care Clinic	FirstMed Health & Wellness Center	Hope Christian Health Center Corp	Nevada Health Centers#	Northern Nevada HIV Outpatient Program, Education & Services*	**Southern Nevada Health District**	Southern Nevada Health District CY 24	Southern Nevada Health District CY 23
Quality Measures									
Perinatal Health									
Early Entry Into Prenatal Care (first visit in first trimester)	4							4	1
Low Birth Weight	4								
Preventive Health Screening & Services									
Cervical Cancer Screening	3	4	3	3	3	3	**4**	4	4
Breast Cancer Screening	2	4	3	2	3	2	**4**	4	4
Weight Assessment & Counseling for Nutritional & Physical Activity for Children & Adolescents	2	4	3	1	3	2	**4**	4	4
Body Mass Index (BMI) Screening & Follow-Up Plan	1	4	2	1	3	3	**4**	4	4
Adults Screened for Tobacco Use & Receive Cessation Intervention	2	4	3	1	2	3	**4**	4	4
Colorectal Cancer Screening	3	4	4	2	4	3	**4**	4	4
Childhood Immunization Status	2		4	4	3	2			
Screening for Depression & Follow-Up Plan	1	4	2	1	3	3	**3**	3	3
Dental Sealants for Children between 6-9 Years	2				1				
HIV Screening	3	4	2	2	3	1	**2**	1	1
Chronic Disease Management									
Statin Therapy for the Prevention & Treatment of Cardiovascular Disease	2	4	1	3	3	2	**4**	3	3
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	2	4	3	4	4	2	**3**		
Controlling High Blood Pressure	1	4	1	2	3	1	**2**	1	2
Diabetes Hemoglobin A1c Poor Control	1	4	3	2	3	3	**3**	4	4
HIV Linkage to Care							**3**	3	3
Initiation of Substance Use Disroder (SUD) Treatment	3			3	3	1	**4**		
Engagement of Substance Use Disroder (SUD) Treatment	2			4	4	2			
Depression Remission at Twelve Months	1		2	1	4	4	**4**	3	4
Total First Quartile									
	5	0	2	5	1	3	**0**	2	2
Total Patients Serviced									
	34,624	7,502	5,657	10,102	48,221	16,376	**13,431**	11,501	9,863
Cost per Patient									
	$ 1,251.50	$ 2,133.88	$ 2,629.99	$ 1,358.89	$ 1,427.36	$ 3,333.22	**$3,767.67**	$3,768.55	$3,399.65

*Northern Nevada

#Northern & Southern Nevada

CLINICAL QUALITY MEASURES

YEAR BY YEAR COMPARISON



*Q2 2026

2026 QUALITY MEASURE FOCUS

Focus Measures	SNCHC		
2026	**2025**	**2026***	**Target**
Controlling High Blood Pressure	66.2%	61.3%	73.0%
Depression Screening and Follow-Up Plan	69.5%	65.4%	75.0%
Diabetes Glycemic Status Assessment Greater than 9%**	34.1%	37.6%	29.0%
HIV Screening	75.8%	73.9%	79.0%
HIV Linkage to Care***	92.9%	100%	95.0%
Tobacco Use: Screening & Cessation Intervention	71.6%	69.0%	76.0%

** Q2 2025*
*** Reverse measure*
**** Manual report*

Q2 QUALITY ACTIVITIES

Uniform Data System (UDS)

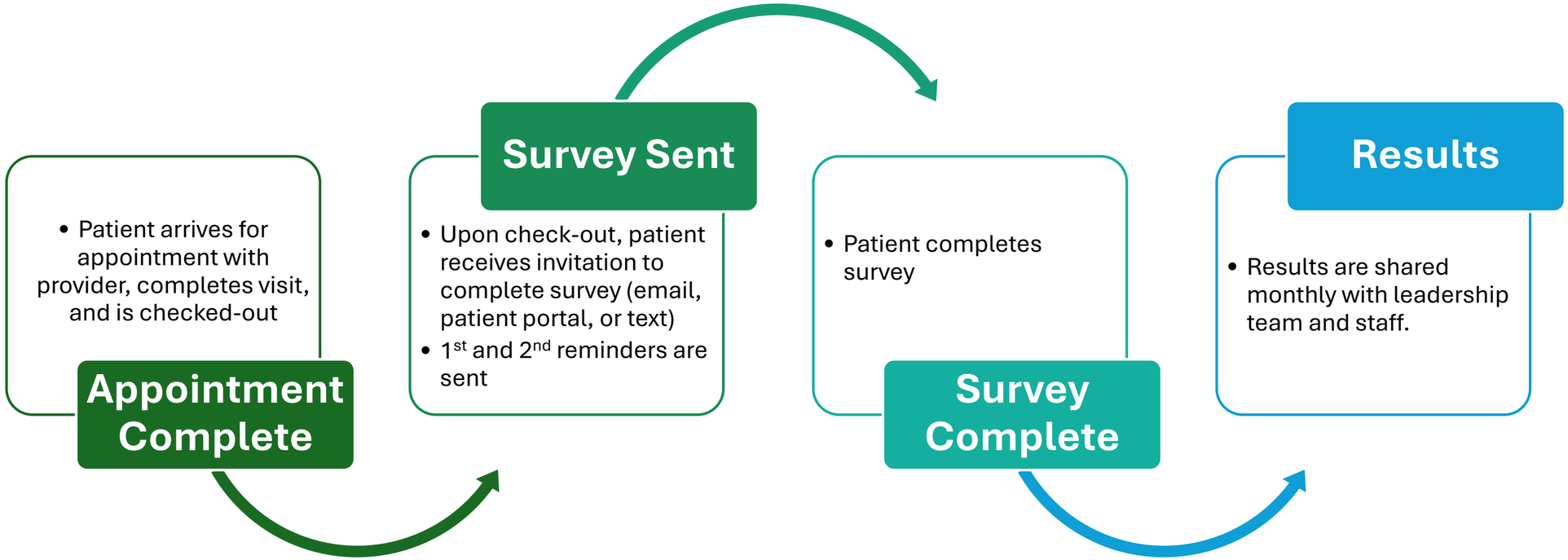
- **HIV Linkage to Care**
  - ➢Manually tracking
  - ➢Pending Azara's update on structured diagnosis facility
- **Initiation & Engagement of SUD Treatment**
  - ➢Structured data field created to capture counseling
- **BMI Screening and Follow-Up 18+ Years**
  - ➢Documentation opportunities
- **Child Weight Assessment/Nutrition Counseling/Physical Activity**
  - ➢Documentation opportunities
- **Prenatal Care and Birthweight Measure**
  - ➢Manually tracking/outreaching

Patient Centered Medial Home (PCMH)

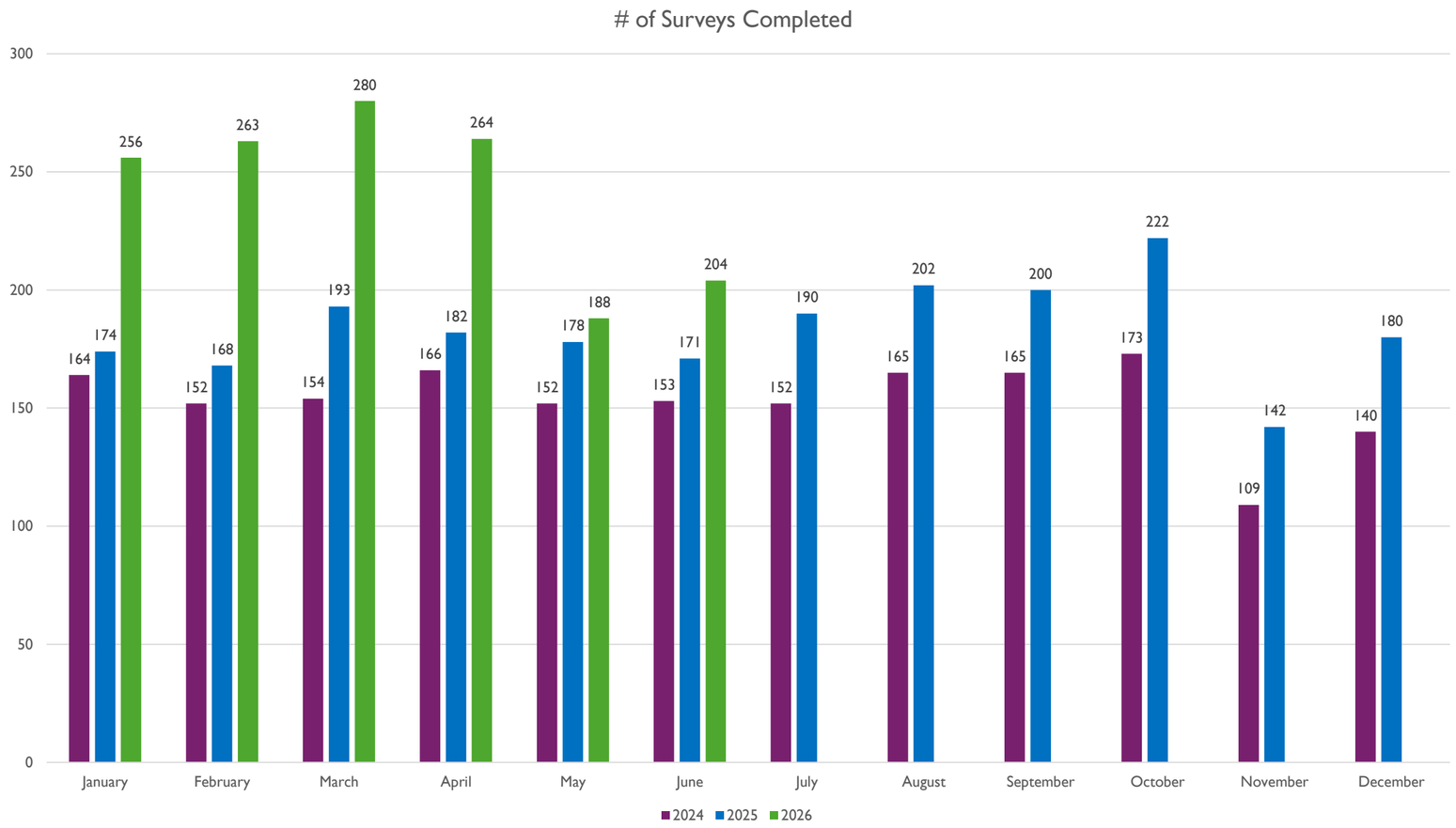
- **Preparations for Virtual Review 1**
  - ➢Pediatric Outreach Campaign (re-engage care)
  - ➢Capturing all quality work in progress/completed over the past year
- **Care Management**
  - ➢Chronic Care Management (CCM)
  - ➢Ryan White
  - ➢Behavioral Health
- **Virtual Review 1 (7/28/26) – Successful!**
  - ➢**Core Criteria:** 29 out of 39 reviewed & met
  - ➢**Elective Criteria:** 26 credits reviewed & met (only 25 required, but goal is to reach 30)
  - ➢**Next Steps** – Virtual Review 2 in November TBD

PATIENT SATISFACTION

SURVEY WORKFLOW

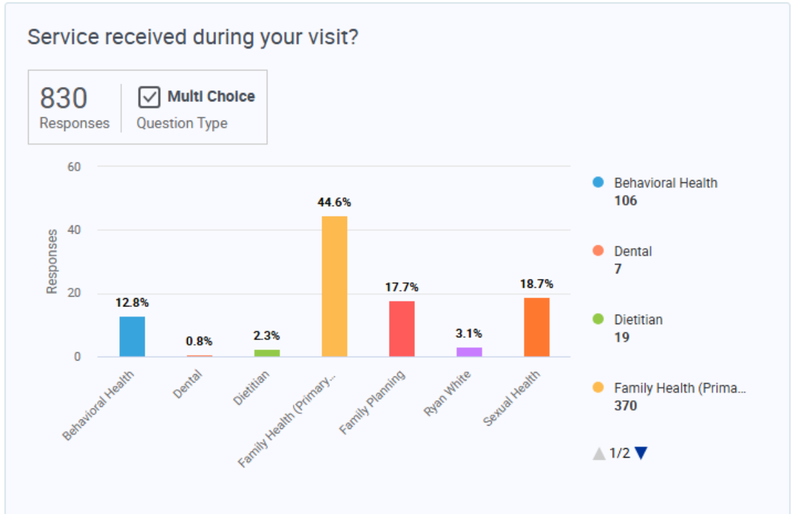


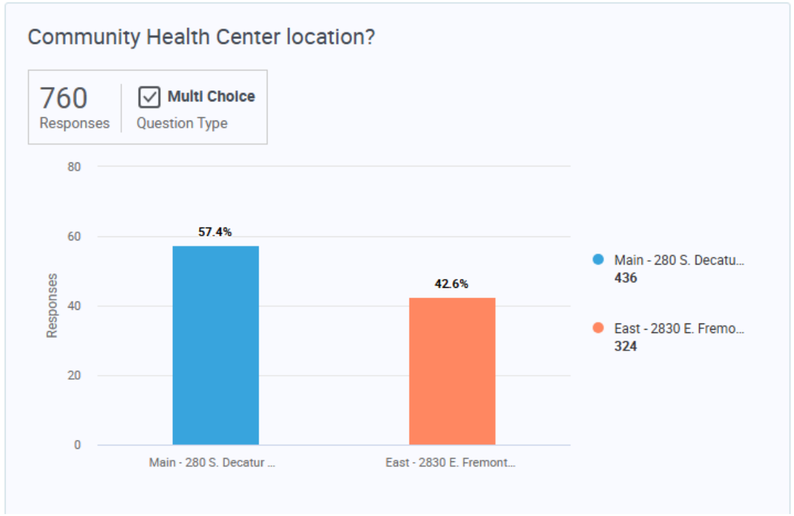
SURVEY PARTICIPATION



Month	2025 Completion %	2026 Completion %
January	10%	16.3%
February	10%	13.5%
March	10%	13.5%
April	9%	13.3%
May	10%	11.8%
June	10%	13.9%
July	10%	
August	10%	
September	10%	
August	10%	
September	8%	
October	10%	
November	10%	
December	10%	
YTD Total Avg.	10%	13.7%

APPOINTMENTS & SCHEDULING





Survey Questions	SNCHC	Qtr. Comp.
Scheduling Method		
Phone call (you called the health center)	31.5%	-0.5%
Staff member call (the health center called you)	11.2%	0.3%
Online Patient Portal/Healow App	5.6%	0.7%
SNCHC Website	3.6%	-0.4%
In-Person	48.0%	-0.2%
Appointments		
Was it easy to schedule an appointment?	97.5%	-0.4%
Was the recent visit as soon as you needed?	97.2%	0.4%

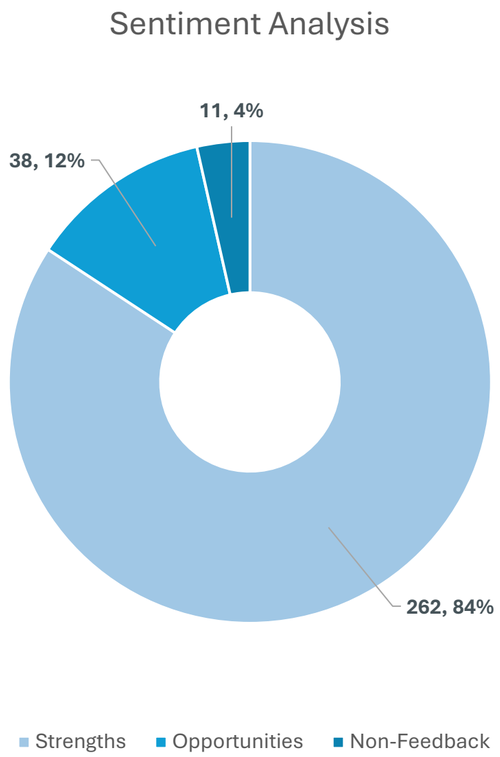
*Q2 2026

PROVIDERS, STAFF & FACILITY

Survey Questions	SNCHC	Qtr. Comp.
Provider		
Explain in a way that was easy to understand?	99.2%	0.2%
Listen carefully to you?	99.0%	0.1%
Show respect for what you had to say?	99.5%	0.1%
Spend enough time with you?	98.4%	0.6%
Staff		
Satisfied with how the staff worked to address your healthcare needs (e.g.: outstanding referrals, medications, labs, diag. results)?	96.5%	-0.7%
Treat you with courtesy and respect?	99.7%	0.1%
Facility & Overall Care		
Overall cleanliness and appearance?	100.0%	0.2%
Overall Care (Net Promoter Score):	90	0
Decatur:	87	1
Fremont:	95	0

*Q2 2026

PATIENT COMMENTS



Top Strengths

1. **Friendly & Caring Staff**
   "They make you feel like you matter."
2. **Excellent Service & Satisfaction**
   "The service from the entire staff was excellent, from the moment I walked in until I left."
3. **Provider Communication & Professionalism**
   "I felt cared for, understood, and my doctor really wanted to help me."

Top Improvement Opportunities

1. **Wait Times**
   "Really wish appointments were at the exact time but unluckily that can't be controlled."
2. **Communication Follow-Up/Responsiveness**
   "There was an issue with contacting (the office) but overall they were caring."
3. **Scheduling & Access Processes**
   "Long hold times when trying to schedule."

*Q2 2026

QUESTIONS?

HRSA New Access Point (NAP) Award

- SNHD received a $650k grant to open a new clinic site in zip code 89103.
  - Provided SNCHC remains in compliance with program requirements/patient targets and federal funding remains available, the $650k grant will be made available annually
- The site must be operational within 120 days
  - Thursday, December 10, 2026
- New unduplicated patient goals for medical and behavioral health

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Funding and Administrative Updates

- The first Patient Centered Medical Home (PCMH) review successfully passed 29/39 Core Criteria and 26 Elective Criteria. The second review will occur in November.
- A new Clinical Staff Physician started on August 20th. This clinician will provide comprehensive Primary Care and Ryan White services and will work at both the Decatur and Fremont health centers once fully onboarded.
- 2026 National Health Center Week activities themed around, “Building Innovative Care Where it Matters Most”, concluded on August 6th with a high successfully employee celebration and retreat.
- 2025 HRSA UDS information released showing an overall 17% year-over-year increase in the number of unique patients served.
    - Unique patients served in Behavioral Health increased 52% year-over-year.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Governing Board Updates

Board Retreat

- Historic 5th Street School
- Thursday, August 20th
- 4:30-8:30 p.m.
- Dinner will be provided.
  - Dona Maria Tamales
- Parking is free.
- No business can be conducted.

Agenda	
4:30 – 5 p.m.	Board Arrives
5 – 6 p.m.	Eat and Network
6 – 6:30 p.m.	Steve Messinger, Policy Director, Nevada Primary Care Association • *Legislative Policies & Federal updates*
6:30 – 7 p.m.	Business Office & Strategic Plan
7 – 8 p.m.	*Manager Presentations– (PC/SHC, RW, FP, BH, Pharmacy)* • *Highlights from FY26* • *Goals/Aspirations for FY27*

Governing Board Updates

- Board Recruitment – Community Member (selected for their expertise)
  - Clinical background
- Committee Assignments
  - Interest form will be sent by Tawana for CY27
  - Voting in October and appointment in November

Current Officer Appointments (terms ending October 2026)		
Chair	**First Vice Chair**	**Second Vice Chair**
Donna Feliz-Barrows	Jasmine Coca	Sara Hunt

Board Member Terms (ending October 2026)		
Sara Hunt	Jasmine Coca	Blanca Macias-Villa

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Thank you.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

MEMORANDUM

Date: **August 18, 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 – July 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.

July Highlights - Administrative

- HRSA New Access Point Grant awarded to SNHD in the amount of $650K to open a new health center site in the 89103 zip code.
- 2026 National Health Center Week activities themed around, "Building Innovative Care Where it Matters Most", concluded on August 6th with a high successfully employee celebration and retreat.
- 2025 HRSA UDS information released showing an overall 17% year-over-year increase in the number of unique patients served.
    - Unique patients served in Behavioral Health increased 52% year-over-year.
- Two HRSA Community Health Quality Recognition (CHQR) awards were received for 2026.

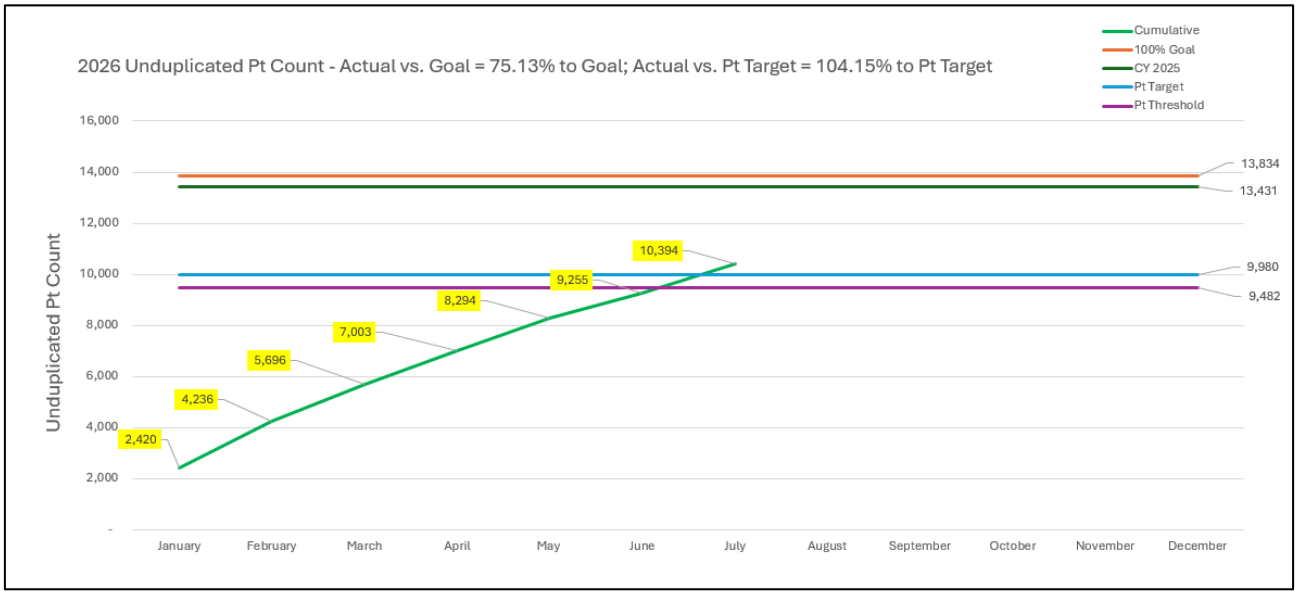
- Improving Health Care Access:
    - Improved by at least 15% in one or more CQMs in back-to-back UDS reporting years (Tobacco Screening & Cessation, IVD Use of Aspirin/Another Antiplatelet)
    - Increase total patients and a specific service category by at least 5% in back-to-back UDS reporting year (Total patients, SUD patient services)
- Advancing HIT For Quality:
    - Offer telehealth services
    - Exchange clinical information online with key providers in health care settings (HIE)
    - Engage patients through HIT (patient portal, kiosk, secure messaging via web encounters, online/virtual scheduling)

- Collect data on patient health-related needs (PRAPARE Screenings)

- The first Patient Centered Medical Home (PCMH) review successfully passed 29/39 Core Criteria and 26 Elective Criteria. The second review will occur in November.
- A new Clinical Staff Physician started on August 20th. This clinician will provide comprehensive Primary Care and Ryan White services and will work at both the Decatur and Fremont health centers once fully onboarded.
- The health center received an overall Net Promoter patient satisfaction score of 85% in July.

Access

Unduplicated Patients – July 2026



Patient Visits Count – July 2026

Provider Visits by Program and Site – July 2026

Facility	Program	JULY '26	JULY '25	JULY YoY %	FY27 YTD	FY26 YTD	FY YTD YoY%
Decatur	Family Health	593	935	-58%	593	935	-58%
Fremont	Family Health	541	415	23%	541	415	23%
Total	**Family Health**	**1,134**	**1,350**	**-19%**	**1,134**	**1,350**	**-19%**
Decatur	Family Planning	222	64	71%	222	64	71%
Fremont	Family Planning	173	197	-14%	173	197	-14%
Total	**Family Planning**	**395**	**261**	**34%**	**395**	**261**	**34%**
Decatur	Sexual Health	483	637	-32%	483	637	-32%
Fremont	Sexual Health	140	133	5%	140	133	5%
Total	**Sexual Health**	**623**	**770**	**-24%**	**623**	**770**	**-24%**
Decatur	Behavioral Health	220	213	3%	220	213	3%
Fremont	Behavioral Health	174	144	17%	174	144	17%
Total	**Behavioral Health**	**394**	**357**	**9%**	**394**	**357**	**9%**
Decatur	Ryan White	204	299	-47%	204	299	-47%
Fremont	Ryan White	32	14	56%	32	14	56%
Total	**Ryan White**	**236**	**313**	**-33%**	**236**	**313**	**-33%**
FQHC Total		**2,782**	**3,051**	**-10%**	**2,782**	**3,051**	**-10%**

Pharmacy Services

	26-Jul	25-Jul		FY27 YTD	FY26 YTD		% Change YoY
Patient Encounters (Pharmacy)	1,767	1,760	↑	1,767	1,760	↑	**0.4%**
Prescriptions Filled	3,421	3,208	↑	3,421	3,208	↑	**6.6%**
Patient Clinic Encounters (Pharmacist)	80	61	↑	80	61	↑	**31.1%**
Financial Assistance Provided	13	14	↓	13	14	↓	**-7.1%**
Insurance Assistance Provided	14	16	↓	14	16	↓	**-12.5%**

A. 3,421 prescriptions dispensed to 1,767 patients.
B. 80 patient clinic encounters completed by a pharmacist.
C. 13 patients assisted with obtaining medication financial assistance.
D. 14 patients assisted with insurance approvals.

Behavioral Health Services

A. Behavioral Health access increased by 24% year over year, demonstrating continued growth in service utilization and improved access to care.

B. Norma Ramirez-Rodriguez, Licensed Mental Health Therapist, celebrated five years of dedicated service with the Southern Nevada Health District.

C. The Behavioral Health and Clinical Leadership teams successfully completed their first Patient-Centered Medical Home (PCMH) virtual review, with valuable support and coordination provided by Felicia Sgovio, Quality Management Coordinator.

Family Planning Services

A. Family Planning program access was 34% in July and is up 34% year-over-year. Program team administrators and clinical staff continue to work with SNHD's Quality Improvement and Accreditation Program Manager on quality improvement projects designed to increase access to care. Same day walk-ins have identified as a viable strategy to overcome high no-show rates amongst patients with scheduled appointments. Walk-in services are available at Decatur Monday through Thursday. This project is ongoing.

B. Data improvement projects are underway and are being monitored monthly to enhance data quality, integrity, documentation practices, EHR mapping, and results for the annual FPAR 2.0 report.

C. 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 July 1st and July 31st. There were two (2) pediatric clients referred to the Medical Case Management in July, and the program received two (2) referrals for pregnant women living with HIV during this time.

B. There were 776 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 399 unique clients served under these programs in July.

C. The Ryan White ambulatory clinic provided a total of 446 visits in the month of July, including 15 initial provider visits, 83 established provider visits, and four (4) tele-visit to established patients. Additionally, there were 20 nursing visits and 228 lab visits provided. There were eight (8) Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of July. There were 14 Ryan White patients seen by the Registered Dietitian under Medical Nutrition services in July.

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 five (5) patients seen under the Rapid stART Program in July.

FQHC-Sexual Health Clinic (SHC)

A. The Sexual Health Clinic (SHC) clinic provided 988 unique services to 795 unduplicated patients for the month of July.

Refugee Health Program (RHP)

Refugee Health Program for the month of July.

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	4
Clients encounter by program (adults)	15
Refugee Health Screening for July 2026	19
Total for FY25-26	**19**

Outreach/In Reach Activity

Number of events (July 2026)	9 – Outreach 0 – In reach
Number of people reached	690
Number of people linked to the clinic	8
Number of hours dedicated to outreach	31

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.

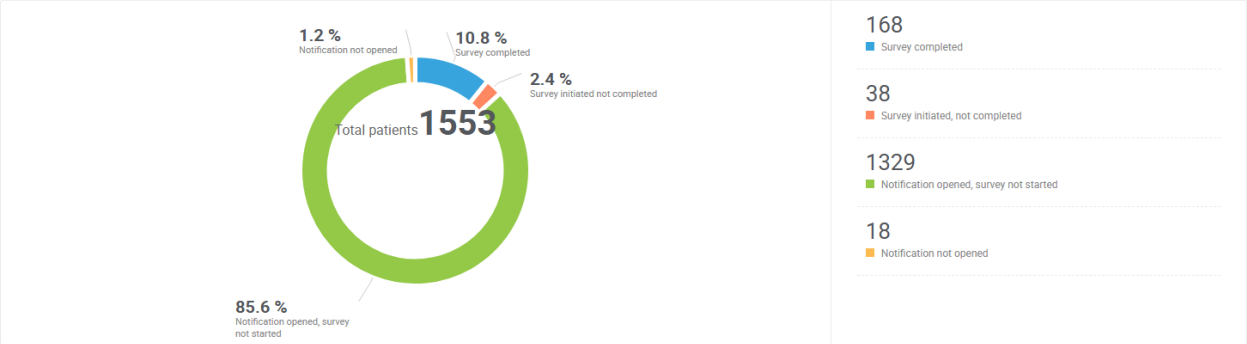
July 2026	Decatur	Fremont	Total
Medicaid	19	1	20
SNAP	15	1	16
Recert	11	1	12

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.

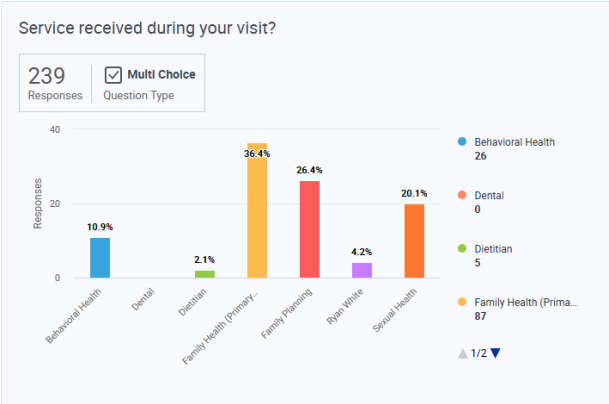
Southern Nevada Community Health Center
Patient Satisfaction Survey – July 2026

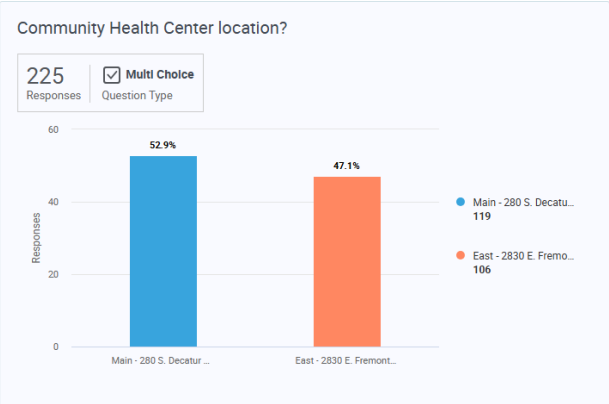
Overview



Gender

Service and Location

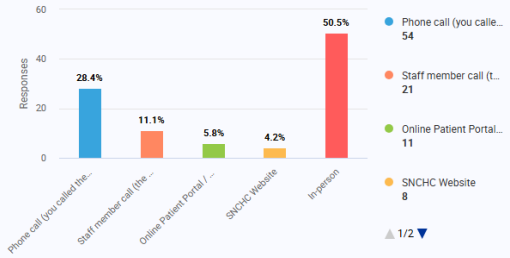




Provider, Staff, and Facility

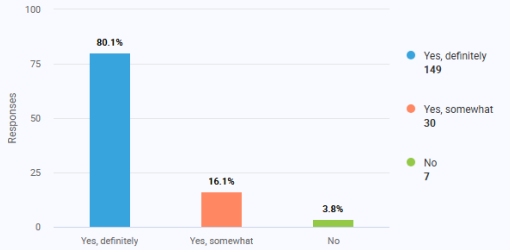
Thinking about your most recent visit, how did you make an appointment?

190 Responses | Multi Choice Question Type



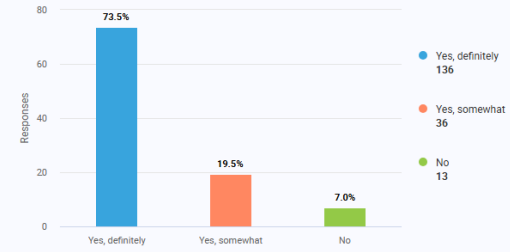
Thinking about your recent visit, was it easy to schedule an appointment?

186 Responses | Multi Choice Question Type



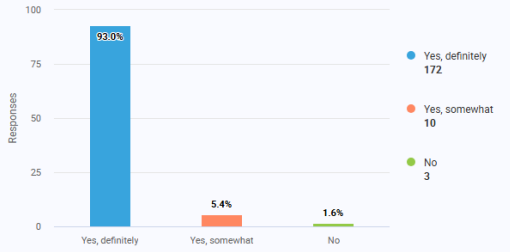
Was the recent visit as soon as you needed?

185 Responses | Multi Choice Question Type



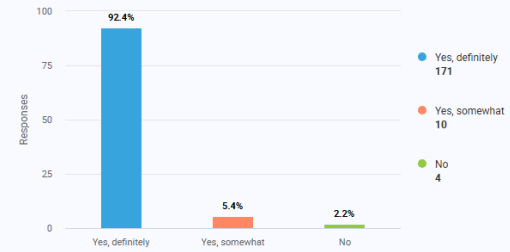
Did the provider explain things in a way that was easy to understand?

185 Responses | Multi Choice Question Type



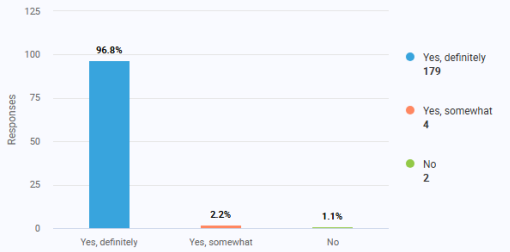
Did the provider listen carefully to you?

185 Responses | Multi Choice Question Type



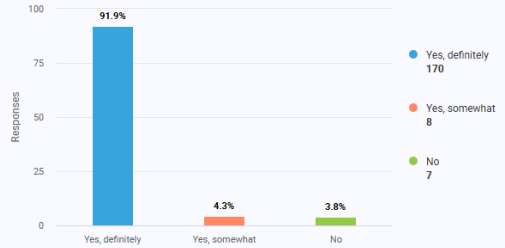
Did the provider show respect for what you had to say?

185 Responses | Multi Choice Question Type



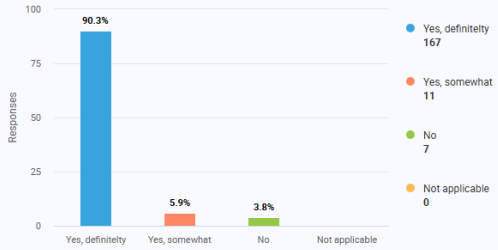
Did the provider spend enough time with you?

185 Responses | Multi Choice Question Type



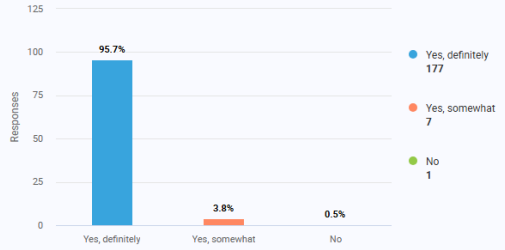
Were you satisfied with how the staff worked to address your healthcare needs (example: outstanding referrals, medications, labs, or diagnostics results)?

185 Responses | Multi Choice Question Type



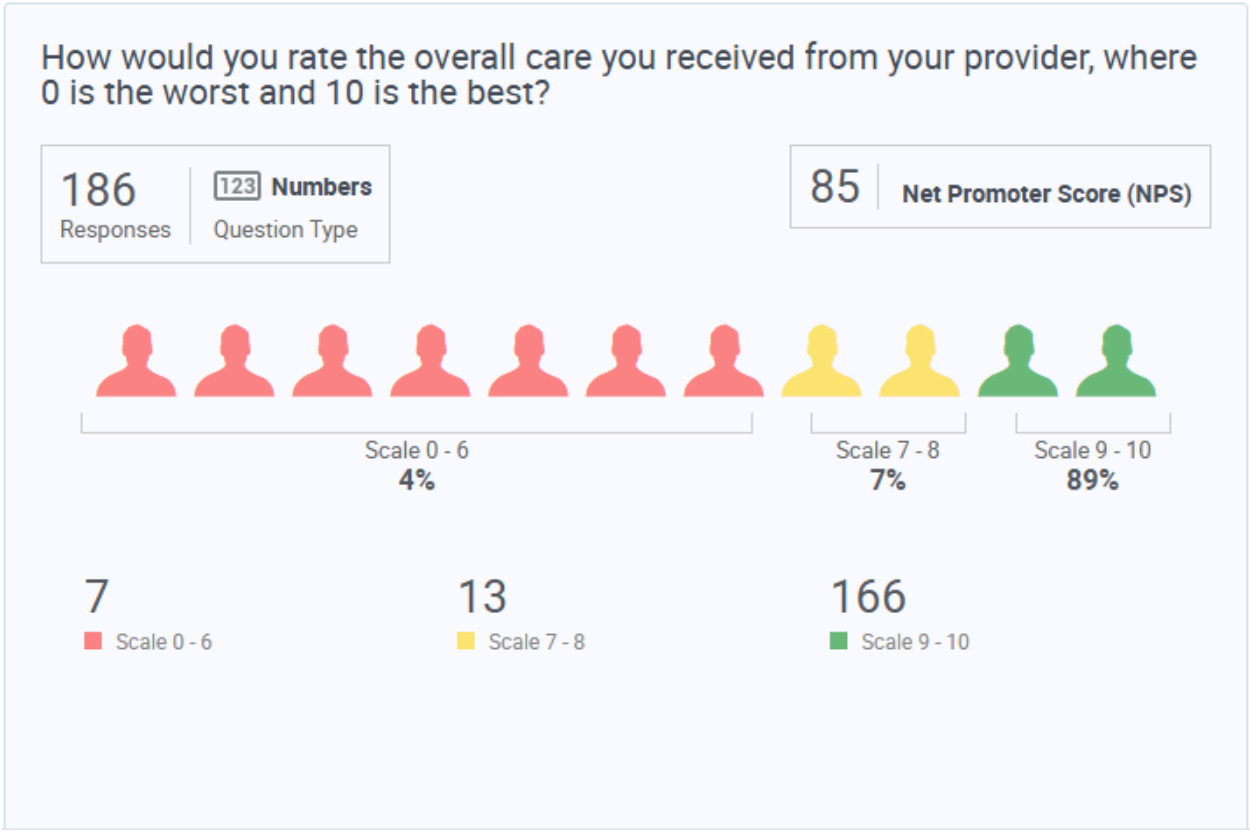
Did the staff treat you with courtesy and respect?

185 Responses | Multi Choice Question Type



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

186 Responses | Multi Choice Question Type



General Information