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:

<u>Revenue</u>

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

Member Melendrez announced 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

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). Mr. Smith 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.

He 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. 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.

Mr. Smith 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.

Mr. Smith 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

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