APPROVED BY THE SNCHC GOVERNING BOARD
OCTOBER 20, 2026

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING
September 15, 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 Sara Hunt, Second Vice Chair Rebeca Aceves Erin Breen Ashley Brown Blanca Macias-Villa Jose L. Melendrez David Neldberg Fr. Rafael Pereira
ABSENT:	Jasmine Coca, First Vice Chair
ALSO PRESENT:	Maddie Proctor
LEGAL COUNSEL:	Edward Wynder, Associate General Counsel
CHIEF EXECUTIVE OFFICER:	Randy Smith
STAFF:	Chelle Alfaro, Emily Anelli, Tawana Bellamy, Andria Cordovez Mulet, Annie Lin, Cassondra Major, Bernadette Meily, Corey Morrison, Kyle Parkson, Justin Tully, Yin Jie Qin, Felicia Sgovio, Greg Tordjman, 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 2:31 p.m. Ms. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and a quorum was established.

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 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.

Member Macias-Villa joined the meeting at 2:36 p.m.

IV. ADOPTION OF THE SEPTEMBER 15, 2026 MEETING AGENDA *(for possible action)*

The Chair called for any amendments to the agenda. A request was made by Randy Smith to remove Item 2 under Reports, Discussion, and Action from the agenda and defer its presentation to a future meeting.

A motion was made by Member Breen, seconded Father Rafael, and carried unanimously to approve the September 15, 2026 meeting agenda, as amended.

V. CONSENT AGENDA

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:** August 18, 2026 *(for possible action)*

   The Chair called for consideration of the Consent Agenda and inquired whether any Board members wished to remove an item for separate discussion. Hearing none, the Chair requested a motion for approval.

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

Member Brown joined the meeting at 2:35 p.m.

VI. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Approve the Recommendations from the September 14, 2026 Finance and Audit Committee Meeting regarding the July 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 July 2026 Year to Date Financial Report, as of July 31, 2026. Ms. Whitaker shared the following key highlights:

   Revenue

   - General Fund revenue (Charges for Services & Other) is $3.18M compared to a budget of $3.22M, an unfavorable variance of $44K.
   - Special Revenue Funds (Grants) is $394K compared to a budget of $419K, an unfavorable variance of $25K.
   - Total Revenue is $3.57M compared to a budget of $3.64M, an unfavorable variance of $70K.

Expenses

- Salary, Tax, and Benefits is $1.31M compared to a budget of $1.31M, a favorable variance of $2K.
- Other Operating Expense is $2.29M compared to a budget of $2.29M, an unfavorable variance of $4K.
- Indirect Cost/Cost Allocation is $1.03M compared to a budget of $915K, an unfavorable variance of 118K.
- Total Expense is $4.64M compared to a budget of $4.52M, an unfavorable variance of $120K.

Net Position: is negative $1.06M compared to a budget of negative $874K, an unfavorable variance of $190K.

Ms. Whitaker also reported that patient encounters were 7% lower than July 2025 levels, primarily due to provider vacancies and scheduled staff time off.

- FY2026 Total: 3,848
- FY2027 Total: 3,564
- Negative 7% Year-over-Year Growth

Mr. Smith noted that physician vacancies had since been filled and that August encounter volumes were trending closer to prior-year levels.

Ms. Whitaker reviewed patient encounter activity by clinic location and noted that encounters at the main campus (Decatur) were approximately 16% lower in July 2026 compared to July 2025. Ms. Whitaker further reported that the Fremont clinic experienced growth during the same period, partially offsetting the decline at Decatur. Overall, patient encounters were down approximately 7% compared to the prior year.

Father Rafael stated that he had no questions, noting that the report had been reviewed during the committee meeting the previous day. Father Rafael thanked Ms. Whitaker for clarifying the allocation percentages, including where they originate and how they are applied, and remarked that the report looked great.

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

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

2. ~~**Receive, Discuss and Approve the Submittal of a Change in Scope to add a new clinic site in the 89103 zip code;** direct staff accordingly or take other action as deemed necessary *(for possible action)*~~

   This item was removed from the agenda.

3. **Receive, Discuss and Approve the CY26 Second Quarter Risk Assessment;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Before presenting the agenda item, the Chair expressed her personal appreciation to Mr. Kahananui for his service and contributions to the Community Health Center, noting that it had made a significant difference and meant a great deal to everyone. She also shared that the team would miss him and wished him the very best in her future endeavors.

David Kahananui, FQHC Administrative Manager, thanked the Chair for kind words.

Mr. Kahananui, who also serves as the Risk Manager for the organization, presented the Calendar Year 2026 Second Quarter Risk Assessment. He reported that, in accordance with FTCA requirements, one risk assessment must be completed each quarter, with two annual assessments focused on high-risk areas. The required second-quarter assessment was completed using the ECRI Risk Assessment and Mitigation Tool for Infection Prevention and Control.

Mr. Kahananui shared the assessment was conducted on May 4, 2026, and evaluated 36 compliance measures, of which 32 were found to be compliant. Four findings requiring corrective action were identified. These findings included opportunities to improve infection prevention and control practices through revisions to standard operating procedures and additional staff education and training. An action plan was developed for each finding, assigning responsibility and establishing timelines for corrective action.

Mr. Kahananui explained that corrective action items are tracked through the organization's ongoing risk management program and that implementation timelines are structured to accommodate overlapping assessments and action plans from previous and current quarters. Mr. Kahananui noted that the organization's risk management goal is to maintain no more than 75% open action items at any given time. The target completion date for the four corrective actions identified in the second-quarter assessment is March 2027; however, all items will likely be completed before the end of calendar year 2026.

The Chair called for questions from board members. No questions were raised.

A motion was made by Father Rafael, seconded by Member Breen, and carried unanimously to approve the CY26 Second Quarter Risk Assessment, as presented.

4. **Receive, Discuss and Approve the CY26 Second Quarter Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the Calendar Year 2026 Second Quarter Risk Management Report. He explained that FTCA requirements mandate that quarterly risk assessments, quarterly risk management reports, and an annual risk management report be presented to and approved by the Board, and that the approved meeting minutes are submitted as part of the organization's FTCA application.

Mr. Kahananui reviewed the Risk Management Dashboard and reported that the required second-quarter risk assessment was completed on May 4, 2026. He noted that infection prevention and control was identified as one of the organization's high-risk assessment areas and that open action items from risk assessments were at 26%, with 17 of 23 action items resolved by the end of the second quarter. He also advised the Board of a new FTCA process requiring an additional assessment of identified risks, including evaluation of the probability

and severity of findings observed during clinic reviews. Mr. Kahananui reported that adoption of this process resolved a previous FTCA compliance notice and contributed to the organization's FTCA deeming approval for 2027.

Mr. Kahananui then reviewed incident reporting metrics, noting that 87 incidents were reported during the previous year and 37 incidents had been reported year-to-date in 2026. During the second quarter, 23 incidents were reported, including one high-risk incident and no Sentinel Events. One incident required a root cause analysis and follow-up. He also reported that the average provider peer review score for the quarter was 97%, noting that the peer review process supports quality care and helps prevent incidents.

Mr. Kahananui next reviewed compliance with required FTCA training. He reported that completion of the five FTCA-mandated annual trainings had reached 92.39% by the end of the second quarter, exceeding organizational goals. He advised that some third-quarter completion rates had declined due to the onboarding of new employees who had not yet completed the required training. He also reported completing the required annual FTCA risk management training and stated that Ryan Kelsch, Acting FQHC Administrative Manager, would complete additional FTCA risk management training to support the role.

Mr. Kahananui then reviewed quality and patient safety indicators. He reported a patient satisfaction score of 98.4% for the second quarter and noted that only one grievance had been filed and was resolved promptly. He reported no pharmacy packaging or labeling errors, four HIPAA concerns, and no claims filed during the reporting period. He further noted that 31% of referrals ordered were processed and sent, a rate lower than typically observed due to staffing challenges that had since been addressed and would continue to be monitored. He also reported improvement in pregnancy intention screening rates and stated that 30.3% of pregnant patients reported receiving prenatal care, exceeding the organization's goal. Finally, he confirmed that 100% of licensed independent practitioners and licensed clinical practitioners maintained current credentialing through the end of the quarter.

Before concluding his presentation, Mr. Kahananui thanked the Board, leadership team, and staff for their support and mentorship during his six years with the organization. He expressed his gratitude for the opportunities he had been given to grow professionally and stated that, while he was excited about the next chapter in his career, leaving the organization was bittersweet. Mr. Kahananui also said that he cannot wait to see what the Health District does in the future.

The Chair called for questions from board members. No questions were raised.

A motion was made by Father Rafael, seconded by Member Breen, and carried unanimously to approve CY26 Second Quarter Risk Management Report, as presented.

5. **Receive, Discuss and Approve the Submittal of the HRSA Non-Competing Continuous Grant Application;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the annual Health Resources and Services Administration (HRSA) Non-Competing Continuation Grant Application. He explained that participation in the Health

Center Program requires the organization to submit an annual non-competing continuation application to maintain funding and remain in compliance with program requirements. Mr. Kahananui reported that HRSA had recently extended grant project periods from three years to four years and that the Community Health Center had received its fourth-year extension earlier in the year. The application under consideration represents the final year of the current four-year project period.

Mr. Kahananui stated that the annual award amount is $1,023,114 and that Board approval was required to authorize submission of the application. Mr. Kahananui further advised that, in the following year, the organization would participate in a Service Area Competition to compete for continued funding under a new project period.

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

A motion was made by Father Rafael, seconded by Member Breen, and carried unanimously to approve the Submittal of the HRSA Non-Competing Continuous Grant Application, as presented.

6. **Receive and Discuss the Uniform Data System (UDS) Utilization Benchmark Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Felicia Sgovio, FQHC Quality Management Coordinator, presented the Uniform Data System (UDS) Utilization Benchmark Report and reported that HRSA had recently published Health Center Program data for calendar year 2025. The report compared the Community Health Center's provider utilization performance with both Nevada statewide and national benchmarks.

Ms. Sgovio reviewed provider utilization data for calendar years 2024 and 2025 across several provider categories, including physicians, advanced practice registered nurses (APRNs), physician assistants (PAs), and behavioral health providers. She explained that the report measured average visits per provider full-time equivalent (FTE) and included year-over-year comparisons, with increases highlighted in green and decreases highlighted in red.

Ms. Sgovio noted that, for calendar year 2025, provider FTEs were adjusted for benchmarking purposes to more accurately allocate provider effort across multiple service lines and programs. She further explained that state and national UDS rates are self-reported by individual health centers and may vary based on staffing models, service mix, provider-to-patient ratios, and reporting methodologies.

Reviewing the key findings, Ms. Sgovio reported that APRNs demonstrated strong growth, with a 24% increase in annual visits from calendar year 2024 to calendar year 2025, and that the primary care APRN service line met the Nevada benchmark for 2025. She also reported significant improvement in behavioral health utilization, with an 80% increase in visits compared to the prior year.

Ms. Sgovio noted that physician and physician assistant utilization declined by 7% and 10%, respectively. She explained that productivity in those provider categories was impacted by the departure of two physicians and subsequent leave of absence periods. She further stated that while state and national benchmarks provide useful guidance, year-over-year internal trends

remain the most meaningful indicator of operational performance because they reflect the organization's consistent staffing model and service mix.
The Chair called for questions from board members. No questions were raised.

A motion was made by Member Breen, seconded by Father Rafael, and carried unanimously to accept the Uniform Data System (UDS) Utilization Benchmark Report, as presented.

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

Before presenting the agenda item, Randy Smith, Chief Executive Officer, began by recognizing David Kahananui for his contributions to the Community Health Center and introduced Ryan Kelsch, who will serve in the Acting FQHC Administrative Manager role during the recruitment process.

Mr. Smith proceeded with sharing the Fiscal Year 2026 Accomplishments Report and highlighted major achievements across operational, clinical, financial, compliance, and strategic initiatives.

Mr. Smith reported continued growth in patient access, with a 7.5% increase in unique patients served and a 7% increase in patient visits during Fiscal Year 2026. Pharmacy services also experienced significant growth, including a 17% increase in unique patients served and a 27% increase in prescriptions filled.

Under governance, compliance, and partnerships, Mr. Smith reported the appointment of one new Board member, continued participation in the Nevada Primary Care Association, ongoing collaboration with regional health center partners and Southern Nevada Health District divisions, strengthened relationships with health plan partners, and receipt of the third year of the Health Center Program award.

Mr. Smith reviewed several compliance and risk management accomplishments, including successful FTCA deeming approval, successful audits of the Ryan White Part A and Part B programs and the Nevada Family Planning Program with no findings, completion of corrective actions identified during the Title X audit, updates to risk management reporting processes, and implementation of new policies, procedures, and staff training programs.

In the area of strategic planning and organizational development, Mr. Smith reported updates to the Community Health Center's three-year strategic plan, expansion of internship opportunities, and continued employee engagement initiatives. He noted improvements in staff engagement and organizational culture, including successful National Health Center Week activities and employee recognition events.

Mr. Smith highlighted several clinical and operational accomplishments, including expansion of same-day walk-in primary care services, redesign of clinic spaces at the Decatur and Fremont locations, implementation of pharmacist-led PrEP services, enhancements to PrEP clinic workflows, integration of refugee health services into primary care operations, and expansion of dietitian services to the Fremont clinic.

Regarding quality improvement and patient engagement, Mr. Smith reported multiple quality improvement initiatives in behavioral health, family planning, and Ryan White programs; implementation of the ECW Chronic Care Management module; development of workflows to address HEDIS care gaps; and creation of new patient education resources.

Mr. Smith also reviewed efforts related to outreach, patient access, workflow modernization, and Medicaid growth, including enhanced reporting tools, kiosk and appointment tracking improvements, growth in empaneled Medicaid patients, and ongoing revenue cycle improvements through shadow billing processes.

Financially, Mr. Smith reported that Fiscal Year 2026 expenses were approximately $9.4 million below approved budget. He also noted that sliding fee adjustments totaled $6.6 million, representing a 36% increase over the prior year, and indicated that future discussions regarding adjustments to the sliding fee program would be brought to the Board.

Mr. Smith reviewed progress on goals established for Fiscal Year 2026. He reported that the health center exceeded its goal for increasing unique patients served, achieved significant growth in behavioral health integration and behavioral health encounters, maintained compliance with funding requirements, strengthened Board engagement, and realized savings through group purchasing initiatives. He also noted ongoing work related to Patient-Centered Medical Home accreditation, chronic care management implementation, and refinement of Medicaid encounter reporting data.

No action required. The Chair called for questions from board members. There were none.

8. **Receive and Discuss the Officer and Board Member Terms;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith led a discussion regarding upcoming officer elections and Board member term renewals. He reviewed the responsibilities of the Board officer positions and noted that officers serve two-year terms. He explained that the Chair works closely with management and that the First and Second Vice Chair positions serve to support the Chair and provide leadership succession opportunities.

Mr. Smith outlined the election timeline, reporting that the Nominations Committee would meet prior to the October Board meeting to review nominations and make recommendations to the full Board. Board members would receive an interest form to indicate their willingness to serve in an officer role, and officer elections would take place at the October Governing Board meeting.

Mr. Smith reported that Chair Feliz-Barrows had expressed interest in continuing to serve as Chair and that Member Coca had indicated a willingness to continue serving in an officer capacity based on Board needs. Mr. Smith further advised that Member Hunt would not seek reappointment to an officer position and would be concluding her Board service at the end of her current term due to professional and personal commitments. Member Hunt expressed appreciation for her experience serving on the Board, and Board members thanked her for her service and contributions.

Mr. Smith then reviewed Board member term requirements under the bylaws, noting that members serve three-year terms and may serve up to three consecutive terms, with provisions allowing extensions under certain circumstances. Mr. Smith reported that the terms of Member Hunt, Coca and Macias-Villa were scheduled to expire. He advised that Members Coca and Macias-Villa had expressed their willingness to continue serving and that their reappointments would be considered through the Nominations Committee process and presented to the Board for action in October.

Mr. Smith also noted that the Board currently has one community member vacancy and reported ongoing recruitment efforts to identify a candidate with a medical or healthcare quality improvement background. He stated that Board members and staff are assisting with recruitment efforts to strengthen the Board's expertise and maintain full membership.

No action required. The Chair called questions from board members. There were none.

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

There were no board reports presented.

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

HRSA New Access Point (NAP) Update

Mr. Smith reported that the Community Health Center was awarded a highly competitive New Access Point grant, providing $650,000 in annual funding to establish a new clinic site within ZIP code 89103. He noted that the grant represents a significant opportunity for both the organization and the community and explained that continued funding is contingent upon meeting patient growth targets, maintaining compliance with HRSA requirements, and demonstrating progress toward program objectives.

Mr. Smith advised that two viable locations for the new clinic had been identified. One potential site, located near the intersection of Twain Avenue and Jones Boulevard, would provide sufficient space to begin operations but offers limited opportunity for future growth. He noted that the location would require several tenant improvements, including plumbing modifications, before becoming operational. The preferred location, near the intersection of Decatur Boulevard and Flamingo Road, is a larger existing medical facility that would provide room for future expansion, create additional operational flexibility, and require fewer improvements before opening. Mr. Smith reported that a real estate broker had been engaged to assist with lease negotiations and that management was actively pursuing both options while working within the required 120-day implementation timeline. He further noted that an extension could be requested if necessary.

Father Rafael noted that the proposed location appeared to be approximately two miles from the current clinic site and inquired why the new clinic must be located within zip code 89103. Mr. Smith explained that HRSA had identified zip code 89103 as a high-priority service area and that the organization received additional points in its grant application for proposing a clinic in that location. As a result, the grant requires the clinic to remain within that ZIP code. He further

noted that the organization already serves a significant number of patients residing in ZIP code 89103 and neighboring areas and that a clinic in that location would improve access to services for those populations.
Mr. Smith reported that the new clinic is planned to provide medical, behavioral health, and enabling services and that staffing plans are being developed to support those services. He stated that HRSA will monitor the organization's progress toward serving approximately 2,560 unduplicated patients and meeting other program objectives.

Upcoming Board Activities
Mr. Smith then reviewed several upcoming annual Board responsibilities. He advised that Board members would soon receive annual conflict-of-interest and disclosure forms, as required by HRSA. He also reported that committee assignments for the upcoming year would be reviewed and that Board members would be surveyed regarding committee participation, meeting schedules, and meeting times for the next calendar year.

CEO Evaluation Process and Timeline
Mr. Smith explained that the Fiscal Year 2026 Accomplishments Report presented earlier in the meeting would support the evaluation process. Board members will receive evaluation materials and supporting information following the meeting, and the CEO Evaluation Committee will meet prior to the October Board meeting to review evaluation results, proposed Fiscal Year 2027 goals, and the existing evaluation tools. Final evaluation results and recommendations will be presented to the Governing Board for consideration at the October meeting. Mr. Smith encouraged all Board members to participate in the evaluation process to ensure comprehensive feedback and continued compliance with HRSA governance requirements.

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

IX. INFORMATIONAL ITEMS

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

X. SECOND PUBLIC COMMENT:

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 3:48 p.m.

Randy Smith
Chief Executive Officer - FQHC

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AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER
GOVERNING BOARD MEETING
September 15, 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/5bccce51-b242-4a89-95b6-4ccd776c283b@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 733 166 5#

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 733 166 5#. 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 SEPTEMBER 15, 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**: August 18, 2026 *(for possible action)*

VI. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Approve the Recommendations from the September 14, 2026 Finance and Audit Committee Meeting regarding the July 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 Submittal of a Change in Scope to add a new clinic site in the 89103 zip code;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **Receive, Discuss and Approve the CY26 Second Quarter Risk Assessment;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **Receive, Discuss and Approve the CY26 Second Quarter Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

5. **Receive, Discuss and Approve the Submittal of the HRSA Non-Competing Continuous Grant Application;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

6. **Receive and Discuss the Uniform Data System (UDS) Utilization Benchmark Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

8. **Receive and Discuss the Officer and Board Member Terms;** 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

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) August 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
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.

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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.

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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

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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:

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- 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.

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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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SOUTHERN NEVADA Community HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Financial Report
Results as of July 31, 2026

(Unaudited)

Summary of Revenue, Expenses and Net Position (July 31, 2026 – Unaudited)

Revenue

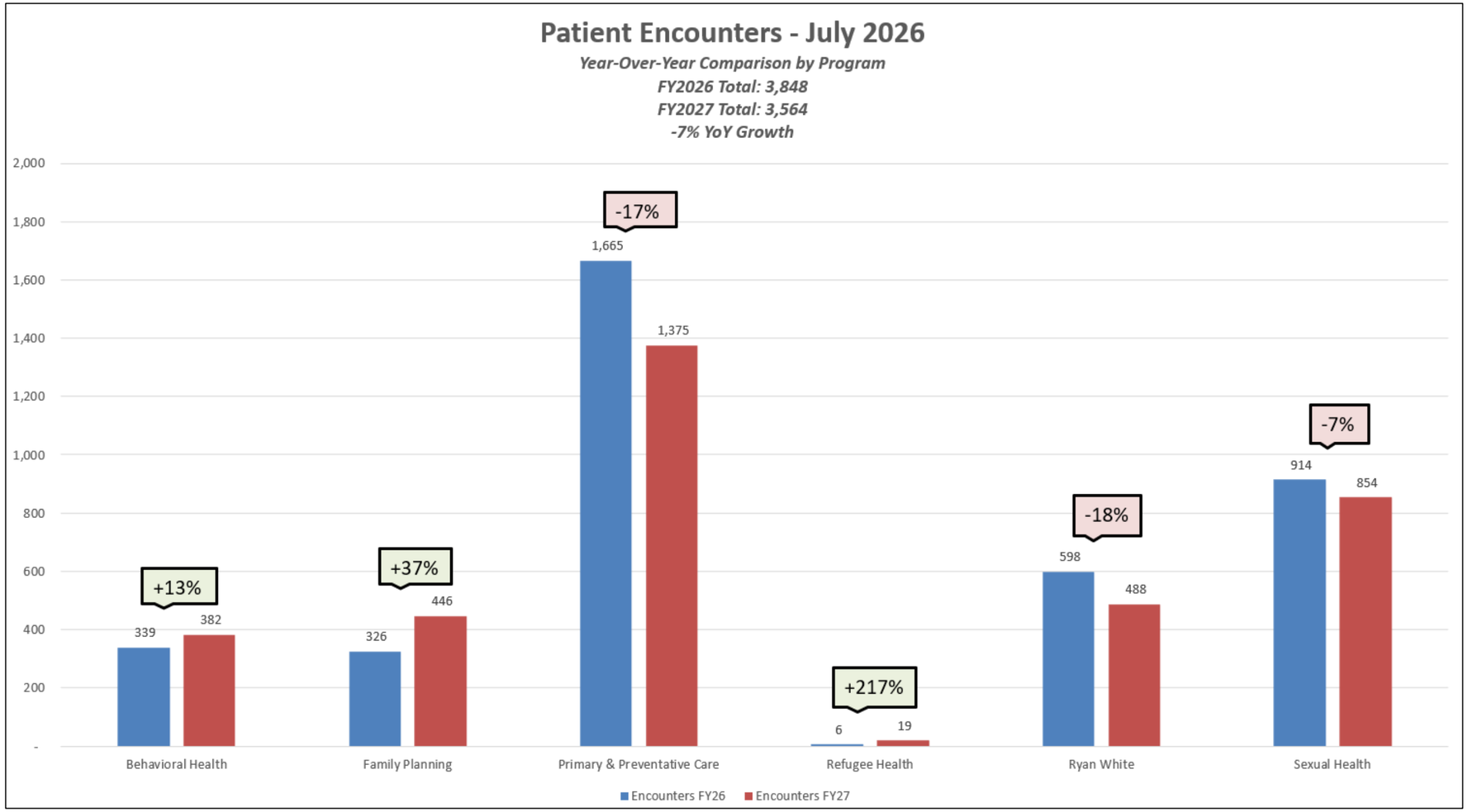
- General Fund revenue (Charges for Services & Other) is $3.18M compared to a budget of $3.22M, an unfavorable variance of $44K.
- Special Revenue Funds (Grants) is $394K compared to a budget of $419K, an unfavorable variance of $25K.
- Total Revenue is $3.57M compared to a budget of $3.64M, an unfavorable variance of $70K.

Expenses

- Salary, Tax, and Benefits is $1.31M compared to a budget of $1.31M, a favorable variance of $2K.
- Other Operating Expense is $2.29M compared to a budget of $2.29M, an unfavorable variance of $4K.
- Indirect Cost/Cost Allocation is $1.03M compared to a budget of $915K, an unfavorable variance of 118K.
- Total Expense is $4.64M compared to a budget of $4.52M, an unfavorable variance of $120K.

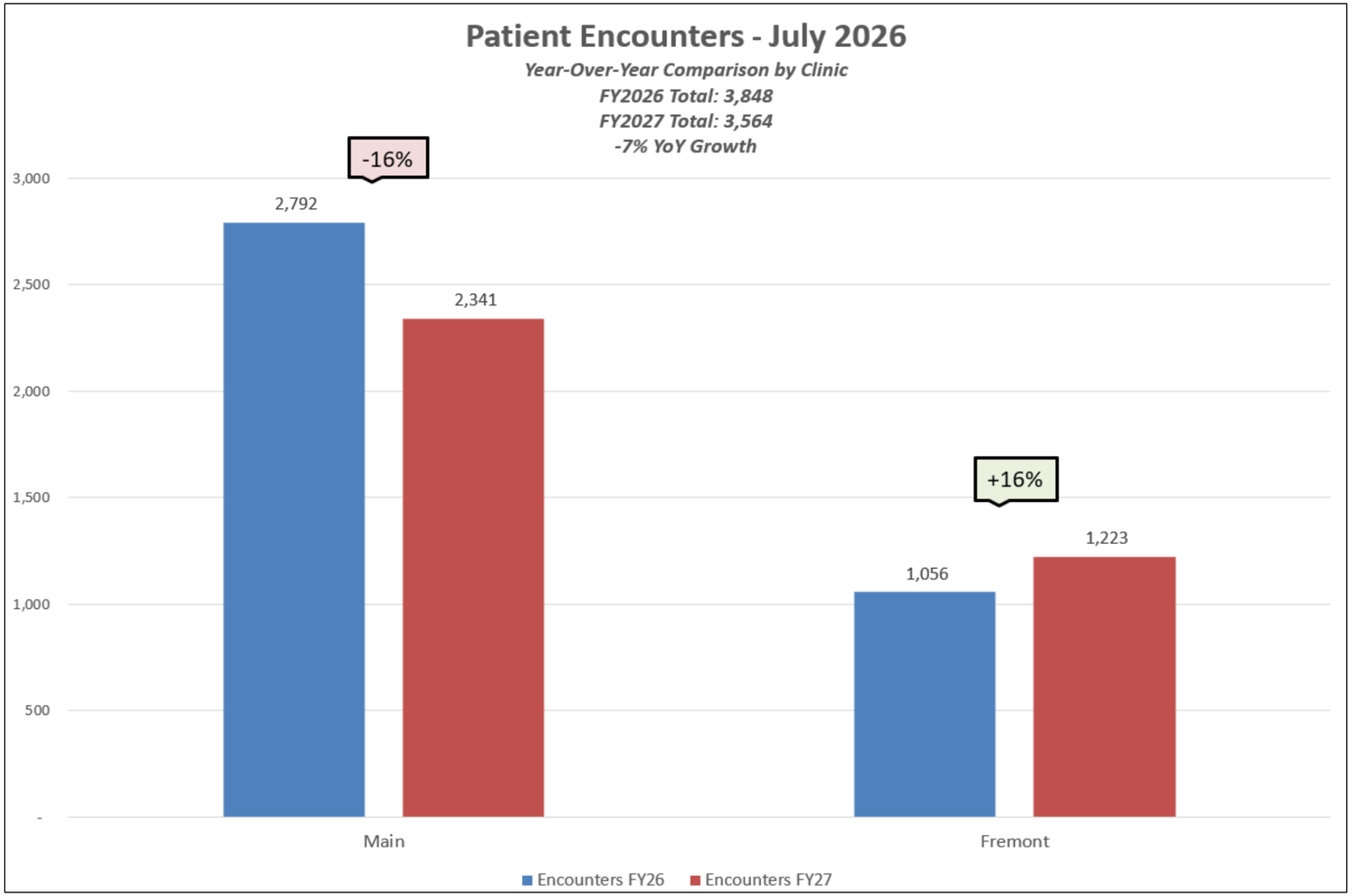
Net Position: is ($1.06M) compared to a budget of ($874K), an unfavorable variance of $190K.

Patient Encounters By Department



NOTE 1: PATIENT ENCOUNTERS INCLUDE VISITS PROVIDED BY LICENSED INDEPENDENT PRACTITIONERS (LIPS) AND NURSES. THE DECREASE IN YEAR-OVER-YEAR ENCOUNTERS IS DUE IN PART TO VACANCIES AND SCHEDULED TIME OFF.

Patient Encounters By Clinic



Questions?

MOTION

Approve the Recommendations from the September 14, 2026 Finance and Audit Committee Meeting regarding the July 2026 Year to Date Financial Report, as presented.



DRAFT YEAR-END REPORT
UNAUDITED

2026 Q2 Quarterly Risk Assessment

SOUTHERN NEVADA Community HEALTH CENTER

2026 Q2 Quarterly Risk Assessment

- FTCA requires one risk assessment to be completed each quarter. 2 of the 4 risk assessments must cover a high-risk area.
- The one required risk assessment for Q2 is complete, making the requirement at 100% compliance through Q2.
- The tool used for the Q2 Risk Assessment is called the *ECRI Risk Assessment and Mitigation Tool: Infection and Prevention and Control (IPC)*
- Criteria Audited
  - Conducted by medical director on 5/4/2026
  - 32/36 compliant (88.9%)
  - Action Plan to correct other 4 criteria done and under way.
- Goal is to have 75% or fewer action items open from risk assessments

HRSA Health Resources & Services Administration ECRI

Risk Assessment and Mitigation Tool: Infection Prevention and Control (IPC)

Information provided by ECRI is not intended to be viewed as required by ECRI or the Health Resources and Services Administration, nor should these materials be viewed as reflecting the legal standard of care. Further, these materials should not be construed as dictating an exclusive course of treatment or procedure. Practice by providers varies, for reasons including the needs of the individual patient and limitations unique to the institution or type of practice. Best practice recommendations change over time. All organizations should consult with their clinical staff or other experts for specific guidance and with their legal counsel, as circumstances warrant.

- Refer to the "Guidance and Resources" section at the end of the document for pertinent references and resources.

Objective	Yes/No	Comments/Supportive Documentation
A. Leadership and Accountability	--	--
IPC plans, policies, and procedures include non-clinical and clinical services (e.g., medical, dental, obstetrical, optometry, podiatry, chiropractic services).	Yes	We follow the district wide exposure control plan
As a best practice, the organization designates an individual (at least one) who is trained in IPC and who is responsible for overall IPC management and compliance.	Yes	The Employee Health Nurse and CMO
As a best practice, the person designated as responsible for overall IPC management and compliance obtains a certificate in IPC.	Yes	Employee Health Nurse
The organization assesses and provides resources, equipment, and supplies that are appropriate and in sufficient amounts to ensure staff have the tools necessary to adhere to disinfection, sterilization, and IPC policies.	Yes	Wipes and gloves for cleaning, autoclave and supplies for sterilization
The organization incorporates the Centers for Disease Control and Prevention (CDC) and state immunization recommendations for healthcare workers in the IPC plan.	Yes	Employee Health Nurse and CMO review upon hiring, documentation in credentialing files
The organization collects, analyzes, tracks, monitors, and reports the IPC plan and outcomes to leadership and the board.	No	--
The organization provides and maintains documentation for IPC training and competency testing as a requirement upon hiring, annually, and when new tasks or procedures are started in the health center.	Yes	Neogov BBP training, annual safe injection and hand hygiene training in TRAIN
As a best practice, the organization supports safe injection practices with additional training and competency evaluations for staff who administer injectable medications.	Yes	Annual safe injection training through TRAIN website
The organization arranges for additional training and maintain documentation on competency evaluations for staff assigned to reprocessing medical devices tasks (i.e., high-level disinfection; sterilization of instruments, equipment, and devices).	No	SOP needs to be developed
B. Communication and Documentation	--	--
The organization has developed communication materials about managing an exposure or breach in IPC (e.g., reporting to state agencies, patient notification, patient testing if indicated).	Yes	Within district wide exposure control plan
The organization retains documentation for routine equipment maintenance, quality test results, and employee trainings.	Yes	Maintenance completed annually by Silver Reed
The organization retains and ensures staff can access manufacturer's instructions for use of instruments, equipment, devices, and cleaning and disinfection products.	Yes	Held in autoclave binder
The organization preserves from each sterilizer the logs/records of sterilization cycles and monitoring measures (mechanical, chemical, and biological) according to CDC, state, and local regulations.	Yes	In autoclave binder
C. Patient Safety, Risk, Quality	--	--
The organization monitors community transmission levels to decide what infection control interventions need to be implemented.	Yes	Through ODS
The organization performs a risk assessment at least annually to help prioritize resources for areas that pose greater risks to patients and staff and to prevent outbreaks.	Yes	Through ODS and other district departments
The organization conducts infection control rounds periodically (e.g., quarterly as a best practice, annually) to ensure procedures have been correctly implemented.	No	We can set up a schedule for this
The organization adheres to local, state, and federal requirements for surveillance, disease, and outbreak reporting.	Yes	District wide process
D. Procedures	--	--

Objective	Yes/No	Comments/Supportive Documentation
IPC procedures include, but are not limited to, hand hygiene, choice of personal protective equipment, mask usage, safe injection practices, and sharps handling practices.	Yes	Outline in exposure control plan and reviewed with staff regularly, all PPE stocked and available, annual training completed for hand hygiene and safe injections.
The organization utilizes manufacturer's instructions when writing policies for all reusable medical/surgical/dental devices and equipment cleaning, proper solution, and soak/dwell times.	Yes	Available
The organization has developed a procedure for checking expiration dates, proper storage, and temperatures for supplies, vaccines, and medications and recording the procedure.	Yes	Vaccines only
The organization has developed a system for early detection and management of potentially infectious persons at initial points of the patient encounter.	Yes	Communicable disease response SOP
The organization has trained staff to initiate standard, airborne, contact, and droplet precautions based on policy guidelines.	Yes	Communicable disease response SOP
The organization enforces CDC safe injection and sharps safety guidelines.	Yes	Annual training completed
The organization utilizes the special work practices of one-hand scoop technique and removal of burs before disconnecting in dental procedures.[1]	N/A	No dental clinic
The organization assesses infection prevention skill and technique by observation and simulation as part of the risk management plan.	No	We could adopt this process
E. Emergency Concerns	--	--
The organization acts promptly when exposures or outbreaks of bacteria, viruses, parasites (e.g., measles, mumps, bed bugs) occur.	Yes	Outlined in exposure control plan
The organization follows the bloodborne pathogen and exposure control plan directions to ensure time-sensitive actions are promptly initiated.	Yes	Annual training completed as well
When mechanical, chemical, or biological test results suggest that a sterilizer is not functioning promptly, the organization responds promptly by recalling sterilized devices, removing the sterilizer from service, and conducting repeat testing.	Yes	SOP in autoclave binder
F. Sterilization and Disinfection	--	--
The organization ensures that single-use (disposable) devices are not reprocessed and that they are properly disposed of after one use.	Yes	Contained in district ECP
Staff clean and disinfect point-of-care testing devices after every use.	Yes	Lab protocols
The organization sterilizes equipment that are classified as critical that penetrate soft tissue or bone (e.g., extraction forceps, scalpel blades, bone chisels, periodontal scalers, surgical scalpels, burs).	N/A	Dental services not provided
The organization sterilizes dental instruments that are not intended to penetrate soft tissue or bone (e.g., amalgam condensers, air-water syringes) but that might contact oral tissue and are heat tolerant, although classified as semi-critical. *	N/A	No dental clinic
The organization enforces that dental handpieces or intraoral devices are removed for sterilization or have U.S. Food and Drug Administration clearance not to be removed *	N/A	No dental clinic
The organization performs high-level disinfection for reusable semi-critical equipment that touches either mucous membranes or	Yes	Autoclave

[1] Items marked with a (*) apply only to dental services.

Objective	Yes/No	Comments/Supportive Documentation
nonintact skin, even if probe covers have been used (e.g., vaginal probes, speculums, cryosurgical probes, scopes, respiratory tubing).		
The organization performs low-level disinfection with a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant for non-critical patient care surfaces and equipment (e.g., blood pressure cuff, thermometer) that touch intact skin.	Yes	Caviwipes
G. Environmental Safety	--	--
The organization consults with a heating, ventilation, and air conditioning (HVAC) professional to ensure that clinical airflow patterns and air exchanges per hour are sufficient to reduce airborne contaminants, including any viruses and bacteria produced from aerosolized procedures.	yes	Internal
Aerosol-generating procedures are performed cautiously to reduce spread (e.g., use of airborne infection isolation room, ultrasonic scaler, high-speed dental hand pieces, air/water syringe, nebulizers).	N/A	Procedures not performed in FQHC
The organization monitors dental treatment units' water quality to meet EPA standards for drinking, provided by the manufacturer of the unit or waterline treatment product. The organization uses sterile water as a coolant when performing surgery. *	N/A	No dental clinic
Staff respond to community boil water notices by following procedures on how to modify care delivery during such notices.	N/A	No such procedures performed in clinic
Between patients, staff clean and disinfect or provide barrier protection to noncritical clinical contact surfaces that are touched often with gloved hands, that are likely to become contaminated with blood or body substances, and that are difficult to clean with EPA-registered hospital disinfectants (e.g., exam lamps, curing lights, light handles, dental units).	Yes	Cleaning protocol in ECP
Staff clean surfaces with EPA-registered products (e.g., floors, tabletops) on a regular basis, when spills occur, and when surfaces are visibly soiled.	Yes	Caviwipes
Staff dispose of waste (e.g., regular, biohazard, sharps) properly following current state and federal regulations.	Yes	nightly
H. Equipment and Technology Safety	--	--
The health center makes certain medical devices and instruments supplied by or on loan from vendors, contracted providers, mobile dental vans, or portable dental equipment meet or exceed infection control and equipment management requirements outlined in health center ICP policies and procedures.	N/A	No dental clinic
The health center has a preventive maintenance plan that includes routine and annual inspection, calibration, updates, and repair to ensure proper function.	Yes	Internal SOP

End of document

SOUTHERN NEVADA Community HEALTH CENTER

2026 Q2 Quarterly Risk Assessment

4 Findings

SOUTHERN NEVADA Community HEALTH CENTER

CY26 ECRI Risk Assessment and Mitigation Tool: Infection Prevention and Control (IPC)

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

Q2 Assessment Completed on: **5/4/2026**

Overall Score: **32/36 or 88.9%**

Findings/areas of highest risk identified:

1. **Leadership and Accountability –**
    a. Does the organization collect, analyze, track, monitor, and report the IPC plan and outcomes to leadership and the board.
        i. Assessment Notes: No - This needs to be done
    b. Does the organization arrange for additional training and maintain documentation on competency evaluations for staff assigned to reprocessing medical devices tasks (i.e., high-level disinfection; sterilization of instruments, equipment, and devices).
        i. Assessment Notes: No – A Standard Operating Procedure needs to be developed.
2. **Patient Safety, Risk, Quality**
    a. Does the organization conduct infection control rounds periodically (e.g., quarterly as a best practice, annually) to ensure procedures have been correctly implemented?
        i. Assessment Notes: No – A schedule will be set up to establish this practice.
3. **Procedures**
    a. Does the organization assess infection prevention skill and technique by observation and simulation as part of the risk management plan?
        i. Assessment Notes: No – SNCHC could adopt this process.

SOUTHERN NEVADA Community HEALTH CENTER

2026 Q2 Quarterly Risk Assessment

4 Activities will correct and prevent 4 findings by March of 2027.

CY26 ECRI Risk Assessment and Mitigation Tool: Infection Prevention and Control (IPC)

Action Plan:

CY26 Goals	CY26 Activities (What, Who, When)	CY26 Performance
		3 & 6 Month Follow Up
Leadership and Accountability	• Infection Prevention plan and outcome reports will be developed, implemented, and monitored by the Medical Director and the Quality Work Group (QWG), in a manner that it can be regularly presented to the Leadership team and Governing Board. o Medical director will decide what data to capture, how to report it, and how and what to monitor by the end of September 2026. o Medical director will decide how the reporting formats will be designed for presentation to the leadership team and board and create a template by December 2026. o Medical director will present first report with steps to continue monitoring the data to leadership team and board by March 2027. • Medical director will identify a way of annually measuring the infection prevention competency and training of the team and their ability to safely handle and reprocess medical devices and create a standard operating procedure (SOP) that governs this activity by December 2026.	Sep 2026 – Dec 2026 – Mar 2027 –
		3 & 6 Month Follow Up
Patient Safety, Risk, Quality	• Medical Director will ensure the new Infection Prevention SOP includes a standardized expectation of leadership to round throughout the clinic to ensure infection prevention practices have effectively been trained and are occurring. This practice will be enacted and sustained beginning January 2027.	Sep 2026 – Dec 2026 – Mar 2027 –
		3 & 6 Month Follow Up
Procedures	• Medical Director will ensure the new Infection Prevention SOP includes a standardized expectation of leadership to assess infection prevention skill and technique by observation and simulation as part of the risk management plan. This practice will be enacted and sustained beginning January 2027, and after trial and error have refined the process, it will be added to the risk management plan by the end of March 2027 by the medical director.	Sep 2026 – Dec 2026 – Mar 2027 –

Questions?

MOTION

Approve the CY26 Second Quarter Risk Assessment, as presented.

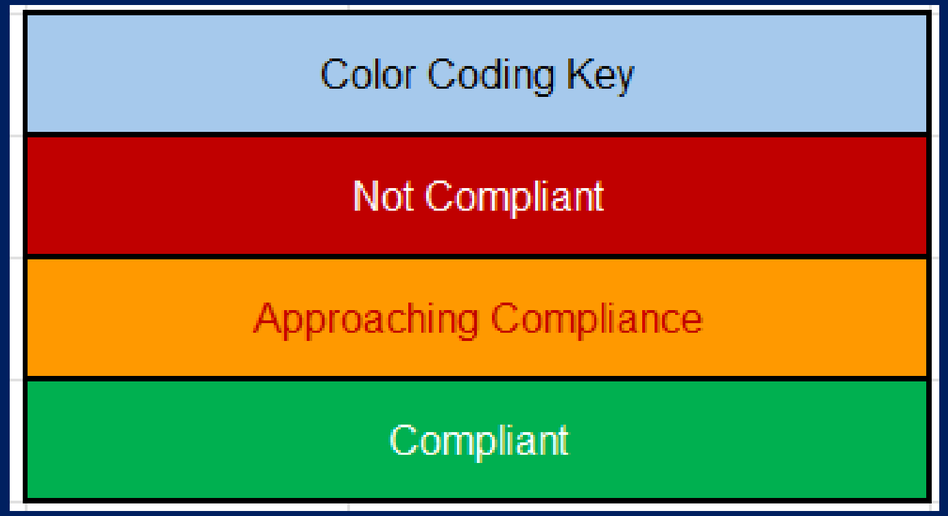
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AT THE SOUTHERN NEVADA HEALTH DISTRICT

Quarterly Risk Management Report for Q2 2026

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2026 Q2 Risk Management Report

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



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2026 Q2 Risk Management Report

- Q2 Risk Assessment was completed on 5/4/2026, meeting the expectation of a risk assessment being completed during Q2.
- ECRI Risk Assessment and Mitigation Tool: Infection and Prevention and Control (IPC) was conducted by the medical director, Dr. Robin Carter.
- Open action plan items from CY2026 Risk Assessments are at 26.1% (17/23 findings resolved through Q2).

Risk Assessments				
Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2
RM	# Completed annual high-risk assessments	≥ 2/yr	0	1
RM	# Completed quarterly assessments	Min 1/qtr.	1	1
RM	% Open action plans	≤75%	64.0%	26.1%

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2026 Q2 Risk Management Report

- FTCA requires SNCHC to track the quantity and level of severity of all incidents. Last year 87 incidents were reported.
- 37 incidents have been reported year to date.
- Q2 of 2026 there were 23 incidents reported, 0 of which were sentinel events, and 1 was high risk.
- 1/23 incidents required root cause analysis and follow up.
- The average score for Provider Peer Reviews in Q2 was 97%.

Adverse Events/ Incident Reports				
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**	**Q1**	**Q2**
Center staff	# Sentinel Incidents	Total /qtr.	0	0
Center staff	# High Risk Incidents	Total /qtr.	1	1
Center staff	# Medium Risk Incidents	Total /qtr.	12	22
Center staff	# Low Risk Incidents/Near Misses	Total /qtr.	1	0
Quarterly Incident Totals		Prior Year - 87	14	23
RM	# Root Cause Analyses (RCA) completed per qtr.	Total /qtr.	3	1
Quarterly Peer Review Audit				
Medical Director	# Peer review audits completed (5/provider/qtr.)	80%	96%	97%

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2026 Q2 Risk Management Report

- There are five FTCA required trainings that all clinical staff MUST participate in each year.
- By the end of Q2, 92.39% of SNCHC's clinical staff had completed 2026's annual required trainings for FTCA.
- FTCA requires that the Risk Manager take two FTCA risk related trainings each year.
- The Risk Manager, Dave Kahananui, completed the two required annual trainings in March of 2026.

Training and Education				
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**	**Q1**	**Q2**
FQHC Leadership	Planning, review and completion of annual OB training.	≥90% by year-end	93.75%	93.75%
FQHC Leadership	Planning, review and completion of annual High Risk Area (Safe Injection) training.	≥90% by year-end	92.11%	88.61%
FQHC Leadership	Planning, review and completion of annual High Risk Area (HIPAA Privacy) training.	≥90% by year-end	92.59%	94.44%
FQHC Leadership	Planning, review and completion of annual Infection Prevention (BBP) training.	≥90% by year-end	91.25%	93.98%
FQHC Leadership	Planning, review and completion of annual High Risk Area (Basics of Hand Hygiene for Healthcare Settings) training.	≥90% by year-end	94.37%	91.18%
Average Completion Rate of Mandatory FTCA Trainings				
RM	Annual Training Completion Rate Goal of 90%	≥90% by year-end	92.81%	92.39%
Risk Manager Annual Training Requirement				
RM	Required Risk Manager Annual Training	2 Required FTCA trainings by End of Year	100.00%	100.00%

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2026 Q2 Risk Management Report

- Patient satisfaction score averaged 98.4% for Q2.
- 1 grievances filed in Q2.
- No pharmacy packaging and labeling errors.
- 4 HIPAA concerns reported during Q2.
- 31% of all referrals ordered were processed and sent.
- 47.1% of Pts were screened for Pregnancy Intention
- 30.3% of Pregnant Pts report receiving prenatal care.
- 100% of LIP/OLCPs had current credentialing at the end of Q2.

Risk and Patient Safety Activities				
Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2
QI/MD/Ops Mgrs/RM	Patient satisfaction score	90%	98.5%	98.4%
QI/MD/Ops Mgrs/RM	# Grievances	Avg/qtr	0	1
QI/MD/Ops Mgrs/RM	# Grievances resolved	100%	NA	100%
QI/Phar Mgr	Pharmacy packaging and labeling error rate	<5%	0%	0%
Compliance/RM	HIPAA concerns	Total # of concerns	1	4
QI/MD/Ops Mgrs/RM	Referral completion rate	>90%	71%	31%
QI/MD/Ops Mgrs/RM	% of Pts Screened for Pregnancy Intention	>50%	45.0%	47.1%
QI/MD/Ops Mgrs/RM	# of Pts Screened for Pregnancy Intention	Total Screened	919	943
QI/MD/Ops Mgrs/RM	# of Pts eligible for Pregnancy Intention Screening	Total Eligible	2041	2004
QI/MD/Ops Mgrs/RM	# of Pregnant Pts Seen	#	32	33
QI/MD/Ops Mgrs/RM	# of Prenatal Pts who report receiving prenatal care	#	9	10
QI/MD/Ops Mgrs/RM	% of Prenatal Ptsreporting they are receiving prenatal care	25%	28.1%	30.3%
RM/HR	Credentialing and privileging file review rate	100%	100%	100%

SOUTHERN NEVADA Community HEALTH CENTER

2026 Q2 Risk Management Report

- No claims were reported or filed in Q2.

Claims Management				
Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2
CM	# Claims submitted to HHS	NA	0	0
CM	# Claims settled or closed	NA	0	0
CM	# Claims open	NA	0	0
CM	# Lawsuits filed	NA	0	0
CM	# Lawsuits settled	NA	0	0
CM	# Lawsuits litigated	NA	0	0

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Questions?

MOTION

Approve the CY26 Second Quarter Risk Management Report, as presented.

SOUTHERN NEVADA Community HEALTH CENTER
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Fiscal Year 2027 Health Center Program Noncompeting Continuation Application

Recipient Information

1. Recipient Name
   SOUTHERN NEVADA HEALTH DISTRICT
   SOUTHERN NEVADA HEALTH DISTRICT PO BOX 3902
   LAS VEGAS, NV 89127-3902
2. Congressional District of Recipient
   01
3. Payment System Identifier (ID)
   1880151573A1
4. Employer Identification Number (EIN)
   880151573
5. Data Universal Numbering System (DUNS)
   137055492
6. Recipient's Unique Entity Identifier
   ND67WQ2LD8B1
7. Project Director or Principal Investigator
   Randy Smith
   Chief Executive Officer
   smithra@snhd.org
   (702)759-1780
8. Authorized Official
   Donnie Whitaker
   cfo.grants@snhd.org
   (702)759-1540

Federal Award Information

11. Award Number
    3 H80CS33641-07-03
12. Unique Federal Award Identification Number (FAIN)
    H8033641
13. Statutory Authority
    42 U.S.C. § 254b
14. Federal Award Project Title
    Health Center Program
15. Assistance Listing Number
    93.224
16. Assistance Listing Program Title
    Health Center Program
17. Award Action Type
    Competing Supplement
18. Is the Award R&D?
    No

Year 4 of 4 Noncompeting Continuation Application for Service Area Competition

Budget Period: 2/1/2027 – 1/31/2028

Project Period: 2/1/2024 – 1/31/2028

Annual Funding Amount $1,023,114

This is the annual health center program award that designates the Southern Nevada Community Health Center as an FQHC.

Seeking Board approval to submit the application to continue the health center program award.

MOTION

Approve the Submittal of the HRSA Non-Competing Continuous Grant Application, as presented.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Uniform Data System (UDS) Utilization Benchmark Report

September 15, 2026

UDS Provider Utilization Comparison Report

UDS Provider Visits (Annual)					
Provider Type	**CY23 National**	**CY23 Nevada**	**CY23 SNCHC**	**YoY**	**YoY (%)**
Physicians (Family Medicine)	2549	n/a	1509	n/a	n/a
APRNs	2427	2292	2085	n/a	n/a
PAs	2679	2159	1999	n/a	n/a
Behavioral Health (Psychiatrist, LCSW, LMHP)	1048.37	1284.28	617.09	n/a	n/a
Provider Type	**CY24 National**	**CY24 Nevada**	**CY24 SNCHC**	**YoY**	**YoY (%)**
Physicians (Family Medicine)	2554	2128	2233	725	48%
APRNs	2457	2208	1695	-390	-19%
PAs	2752	2415	2192	194	10%
Behavioral Health (Psychiatrist, LCSW, LMHP)	1065	1270	402	-215.15	-35%
Provider Type	**CY25 National**	**CY25 Nevada**	**CY25 SNCHC***	**YoY**	**YoY (%)**
Physicians (Family Medicine)	2533	2584	2080	-153	-7%
APRNs	2491	2408	2110	414	24%
Family Planning			1853		
Primary Care			2427		
Ryan White			1566		
Sexual Health			2005		
PAs	2764	2902	1977	-216	-10%
Behavioral Health (LCSW, LMHP, MHP)	883	944	722	320	80%

** CY25 FTEs adjusted for purposes of determining benchmarks*

UDS Provider Utilization Analysis

Methodology:

- FTE adjustments for SNCHC were made to appropriately allocate provider effort across multiple service lines and programs.
- State and national UDS rates are reported by individual health centers and may reflect variation in provider staffing models, service mix, provider FTE-to-patient ratios, and reporting methodologies.
    - E.g., The year over year Nevada rates for PAs increased in CY25 despite the slight FTE reduction.

Key Findings:

- **APRNs** demonstrated strong growth with a **24% increase** in annual visits.
    - Primary Care APRN service line met the Nevada benchmark for CY25.
- **Behavioral Health** showed the most dramatic improvement with an **80% increase** from CY24.
- **Physicians** and **PAs** experienced declines of **7%** and **10%**, respectively.
    - Productivity in CY25 was impacted by the departure of two physicians, followed by LOAs.
- While state and national benchmark comparisons provide guidance, internal year-over-year trends are a stronger indicator of operational improvement.

Thank you.

Questions?

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SNCHC FY26 ACCOMPLISHIMENTS

Randy Smith, Chief Executive Officer - FQHC
Southern Nevada Community Health Center
September 15, 2026

Access to Care

- As of June 30, 2026, 15,060 unduplicated patients served.
  - *7.5% year-over-year increase*
- As of June 30, 2026, 51,636 unique encounters conducted.
  - *7% year-over-year increase*
    - Licensed Independent Providers (medical & behavioral health) visits: 39,385
    - Nurse visits: 4,981
    - Lab visits: 6,921
    - Case Management visits: 123
    - Community Health Worker visits: 226
- As of June 30, 2026, 20,841 unique patients served in the pharmacy.
  - *17%% year-over-year increase*
- As of June 30, 2026, 38,540 prescriptions were filled.
  - *27% year-over-year increase*

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AT THE SOUTHERN NEVADA HEALTH DISTRICT

Governance, Compliance & External Partnerships

- Recruited and onboarded one new board member.
- Ongoing participation by the FQHC CEO on the Nevada Primary Care Association Board of Directors.
    - Member of the Finance and Policy Committees
- Ongoing participation in a HRSA Health Center Controlled Network (HCCN).
- Cultivated relationships with other SNHD divisions for referrals and coordination of care for mutual patients.
- Established new relationships and meeting cadences with payer provider relations departments.
- Awarded a new budget period for the Health Center program.

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Regulatory Compliance, Risk Management & Accreditation

- Successfully received Federal Tort Claims Act (FTCA) deeming.
- Successful completion of a HRSA 340B Program audit.
- Successfully completed Ryan White Part A and Part B program audits with no findings.
- Successfully completed Nevada Family Planning Program audit with no findings.
- Successfully completed Title X Family Planning Program audit with three (3) findings which were subsequently corrected.
- Revised quarterly FTCA risk assessment reporting processes and documentation.
- First virtual review for Patient-Centered Medical Home (PCMH) accreditation completed.
- Developed and implemented a new Sliding Fee Discount Program and COI training.
- Implemented eight (8) new policies and eight (8) new standard operating procedures.

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AT THE SOUTHERN NEVADA HEALTH DISTRICT

Strategic Planning & Organizational Development

- Updated the health center's three-year strategic plan.
- New intern opportunities provided in administration.
- Employee fundraising program established by the Employee Engagement Committee.
- Two health center wide events hosted by the Employee Engagement Committee
  - National Health Center Week celebration
  - Year-end holiday party
- Significant year-over-year employee engagement improvement was realized through the Organization Vital Survey.
    - Engagement scores exceed national benchmarks

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Clinical Operations, Care Delivery & Service Integration

- Increased access to care through the addition of more same-day appointments and dedicated primary care walk-in clinics.
- Redesigned clinical space at the Decatur and Fremont health centers.
  - Created dedicated pediatric spaces at Decatur.
- Started pharmacist-led PrEP services at Decatur.
- Designed and implemented a new PrEP clinic workflow.
- Successfully integrated Refugee Program services into Primary Care at Fremont.
- Integrated Dietitian services into Primary Care.
  - Implemented Dietitian services at Fremont.

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Quality Improvement, Population Health & Patient Education

- Multiple quality improvement projects completed in Behavioral Health, Family Planning, and Ryan White.
- Implemented the eCW Chronic Care Management module.
- New HEDIS clinical care gap workflows established.
- Created and implemented patient education videos.

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Virtual Workflows and Outreach/In-reach Reporting

- Implemented new workflows for tracking and reporting in-reach and outreach activities.
- Enhanced electronic patient registration workflows established.
- Implemented a new appointment tracking board.

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Medicaid Growth and Revenue Cycle Management

- Enhanced the Medicaid Dashboard.
- Increased the number of empaneled Medicaid patients by 149% (920 to 2,295).
- Implemented new shadow billing procedures with the Medicaid MCOs.

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Financial Performance & Patient Affordability

- Improved financial stability by reducing expenditures, resulting in exceeding financial performance compared to the original FY26 budget.
  - *Expenses came in $9.4 million or 15% below approved budget.*

- Implemented a new Sliding Fee Discount schedule.
  - *Total sliding fee adjustments for 2025 equal $6.6 million, an increase of 36% year-over-year.*

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Grants Received

Health Center Program	$1,023,114
Ryan White Part A	$1,177,934
Ryan White Part B	$905,933
HIV Epidemic – Rapid start	$260,540
Title X Family Planning	$1,400,000
Family Planning of Nevada	$400,500

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Community Partnerships

- University of Las Vegas, Nevada (UNLV)
- Mexican Consulate
- El Salvador Consulate
- Racial and Ethnic Approaches to Community Health (REACH)
- Health Center Controlled Networks (HCCN)
- Arizona Association of Community Health Centers (AACHC)
- Nevada Primary Care Association (NVPCA)
- Catholic Charities
- Las Vegas Promotoras
- Three Square

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Community Partnerships – cont'd

- Dept of Welfare and Social Services. (DWSS)
- Local Federally Qualified Health Centers
- Center for HOPE/Huntsman Cancer Institute
- The Center
- Nevada HAND
- University Medical Center
- CareSource
- Tuoro University
- Chamberlin University
- CSN School of Nursing

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Community Partnerships – cont’d

- Las Vegas School of Nursing
- Grand Canyon University
- BYU - Idaho
- Health Plan of Nevada
- Molina Healthcare
- Silver Summit Healthplan
- Anthem
- SafeNest
- Dignity Health
- Just One Project

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AT THE SOUTHERN NEVADA HEALTH DISTRICT

Community Partnerships – cont’d

- Chicanos Por La Causa (CPLC)
- Women’s Development Center
- Puentes
- Vegas Stronger
- Local Ryan White Agencies
- Volunteers in Medicine of Southern Nevada
- Nathan Adelson Hospice

SOUTHERN NEVADA Community HEALTH CENTER
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Goals for FY26 (7.1.25 – 6.30.26)



(Quality): Obtain Patient Centered Medical Home accreditation

Outcome: First visit completed. Seeking full accreditation by 12/31/26.



(Quality): Implement CHW Chronic Care Management services

Outcome: Ongoing.



(Access): Increase the number of unique patients served by 5%

Outcome: 7.5% increase.



(Access) Reduce program silos through primary care training and integration

Outcome: Ongoing. BH Benchmark Study score @ 85% vs. national trend of 66%.



(Access) Increase Behavioral Health encounters by 5%

Outcome: 27.8% increase.



(Administration) Maintain compliance with all funders

Outcome: No conditions on any awards.



(Administration) Increase governance capacity

Outcome: Ongoing: CEO 1:1s meetings.



(Finance) Increase the number of Medicaid encounters 5%

Outcome: 8.8% decline. Numbers are being reviewed and validated. Payer Mix report development.



(Finance): Reduce expenditures on supplies and services through Group Purchasing Organizations

Outcome: Quest GPO pricing plan.

SOUTHERN NEVADA Community HEALTH CENTER

Thank you!

Questions?

Randy Smith
Chief Executive Officer

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Officer Terms and Roles

Officer Terms: Two (2) Years

Section 1: Officers

- A Chair, a First Vice Chair, and Second Vice Chair and such other officers the Board deems necessary shall be chosen from among the Board membership.

Section 2: Chair

- The Chair shall preside over, plan, and carry out the agenda for each Board meeting, and:
- May delegate a reasonable portion of his/her duties to the First Vice Chair, in the event of the Chair's absence, resignation, or inability to perform.
- Shall appoint, with the approval of the Board, all standing and special committees of the Board, serve as an ex-officio member of all standing committees, and report annually to the Board on the current state of the CHC and plans for the future.
- Shall discharge all other duties as may be required by these Bylaws and from time to time may be assigned by the Board.

Section 3: Vice-Chairs

- First Vice Chair:
  - Shall assist the Chair in his or her duties as needed.
  - Shall perform the duties of Chair in the latter's absence and shall discharge additional duties that may from time to time be prescribed by the Chair or the Board.
- Second Vice-Chair
  - Shall assist the Chair and the First Vice Chair in their respective duties as needed.
  - Shall perform the duties of the Chair in the absence of the Chair and First Vice Chair and shall discharge additional duties that may from time to time be prescribed by the Chair, the First Vice Chair, or the Board

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Current Officer Terms Ending

- Nominations Committee will meet in October to discuss nominations and recommendations for the board.
- Voting and selection at the October Governing Board Meeting (10/20/26).
- Interest form will be sent to board members by September 18th.
- New Terms begin November 2026.

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

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Board Member Terms

Section 5: Term of Office

- The Governing Board Members will be elected to terms as follows:
- Members shall each serve three (3) year terms;
- Unless otherwise provided in these Bylaws, a Member shall be limited to three (3) consecutive terms of membership.

Section 6: Term Extensions

- A current or former Member may serve additional terms if the Board determines after careful deliberation and as reflected in the minutes, it is in the best interest of the organization and in furtherance of best practices.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Current Member Terms Ending

- Nominations Committee will meet in October to discuss recommendations for the board.
- Voting and selection at the October Governing Board Meeting (10/20/26).
- One existing vacancy for a community board member.
  - Seeking someone with clinical (medical) and/or quality improvement expertise

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

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CHIEF EXECUTIVE OFFICER & STAFF REPORTS

Randy Smith, MPA, Chief Executive Officer - FQHC

HRSA New Access Point (NAP) Update

- $650,000 annual grant
- Funding is to support the opening of a new clinic site.
  - The new site must be located within the 89103 zip-code.
    - Two viable locations have been identified and are being worked through to determine the best fit.
  - The site must be operational by December 10, 2026.
  - The unique patient goal for the new site = 2,560.
    - *HRSA will assess progress toward goals at eight (8) months and again through the 2027 UDS Report.*
  - Services include Medical, Behavioral Health, and Enabling.
- Ongoing funding is contingent on the availability of federal funds, the health center's compliance with program requirements, and the achievement of unique patient goals.

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AT THE SOUTHERN NEVADA HEALTH DISTRICT

Upcoming Board Activities

- Annual Conflict of Interest/Disclosure statements.
- Committee Assignments for CY27
  - Identify desired committees to participate on.
  - Each committee will have three (3) members.
  - Asking each Board member to participate on at least one (1) committee.
  - Interest Forms will be sent by Tawana.
- CY27 Governing Board Meeting Schedule
  - Currently meet on the 3rd Tuesday of the month at 2:30 p.m. except for December, meeting on the second Tuesday at 2:30 p.m.
  - Survey will be sent to board members to confirm this schedule will work for calendar year 2027.

SOUTHERN NEVADA Community HEALTH CENTER
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Chief Executive Officer Evaluation Process and Timeline

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Chief Executive Officer Annual Review

HRSA required activity.

The health center Governing Board is responsible for assessing the achievement of project objectives.

The Governing Board is responsible for evaluating the performance of the Chief Executive Officer (CEO) of the Southern Nevada Community Health Center.

The CEO Annual Review Committee will evaluate performance and provide feedback and support to the Governing Board and the CEO as a part of the CEO's Annual Evaluation process.

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Evaluation Timeline

- The evaluation tool and process will be reviewed along with the health center's FY26 accomplishments at the September 15th board meeting.
- Following the September 15th meeting, the evaluation tool, the CEO's direct reports input, and the health center's FY26 accomplishments will be emailed to board by Tawana.
- Evaluation responses will be tracked and organized by Tawana and Ryan.
- Survey results will be provided to the CEO Annual Review Committee.
- The Committee will meet prior to the October 20th board meeting to review the evaluation results, FY26 accomplishments, proposed FY27 goals, the evaluation tool/methodology, and will provide a recommendation to the full board.
- The CEO's evaluation and the health center's FY27 goals will be reviewed by the Governing Board at the October 20th meeting with a request to approve its acceptance.

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Evaluation Tool

➢Five (5) Scored Questions - Scoring Guide

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Unsure
- 4 = Agree
- 5 = Strongly Agree

➢Two (2) Non-Scored Narrative Questions

- General Strengths
- Areas for Growth

➢Weight of Each Question

- Question 1 – Weighted 15% of overall score
- Question 2 – Weighted 40% of overall score
- Question 3 – Weighted 15% of overall score
- Question 4 – Weighted 15% of overall score
- Question 5 – Weighted 15% of overall score

SOUTHERN NEVADA Community HEALTH CENTER
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SNHD Internal Direct Reports Evaluation Questions

1. SNCHC's CEO consistently demonstrates equitable and fair treatment of the health center's employees, contractors, and volunteers.
2. SNCHC's CEO consistently provides thorough administrative leadership and oversite of the health center's compliance with HRSA program requirements.
3. SNCHC's CEO ensures that the health center has a viable long-range strategy to achieve its mission and utilizes data to measure progress towards achieving programmatic, clinical, and financial goals.
4. SNCHC's CEO appropriately utilizes financial and utilization data to ensure the health center is maximizing budgetary and human resources to achieve health center goals.
5. SNCHC's CEO properly represents the health center in the community and fosters the establishment of new community partners and develops existing partnerships.

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Q1: CEO ensures that the agency has a long-range strategy which achieves its mission, and toward which it makes consistent timely progress through:

- Providing Leadership in Program development and org plans with BOD.
- Meets or exceeds program goals in quantity and quality.
- Evaluates how well goals and objectives have been met.
- Demonstrates quality of analysis and judgment in program planning, implementation, and evaluation.
- Shows creativity, and initiative in developing new programs.
- Maintains and utilizes a working knowledge of significant developments and trends in the field (such as healthcare legislation, public health concerns, health disparities, other disease and healthcare issues in communities served).

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AT THE SOUTHERN NEVADA HEALTH DISTRICT

Q2: Administration and Human Resource Management:

- Divides and assigns work effectively, delegating appropriate levels of freedom and authority.
- Establishes and makes use of an effective management team.
- Maintains appropriate balance between administration and programs.
- Ensures that job descriptions are developed, and that regular performance evaluations are held and documented.
- Ensures compliance with personnel policies and state and federal regulations on workplaces and employment.
- Ensures that employees are licensed and credentialed as required.
- Recruits and retains a diverse staff.
- Ensures that policies and procedures are in place.
- Encourages staff development and education.
- Maintains a climate which attracts, keeps, and motivates a diverse staff of top-quality people.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Q3: When representing the organization in the communities the CEO:

- Serves as an effective spokesperson for the agency; represents the programs and point of view of the organization to the agencies, organizations and the general public.
- Establishes sound working relationships and cooperative arrangements with community groups and organizations.
- Welcomes and pursues opportunities to share organizational objectives and perspectives in local, regional, and national forums as strategically appropriate.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Q4: The CEO exhibits sound knowledge of the financial management of the organization through the following demonstrated activities:

- Assures adequate control and accounting of all funds, including developing and maintaining sound financial practices.
- Works with the staff, Finance Committee, and the board in preparing a budget; sees that the organization operates within budget guidelines.
- Maintains official records and documents, and ensures compliance with federal, state, and local regulations and reporting requirements (such as annual information returns, payroll withholding and reporting, etc.).
- Executes legal documents appropriately.
- Assures that funds are disbursed in accordance with contract requirements and donor designations.

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Two Open Ended Questions

- General strengthens
- Areas for improvement

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Questions?



MEMORANDUM

Date: **September 15, 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 – August 2026

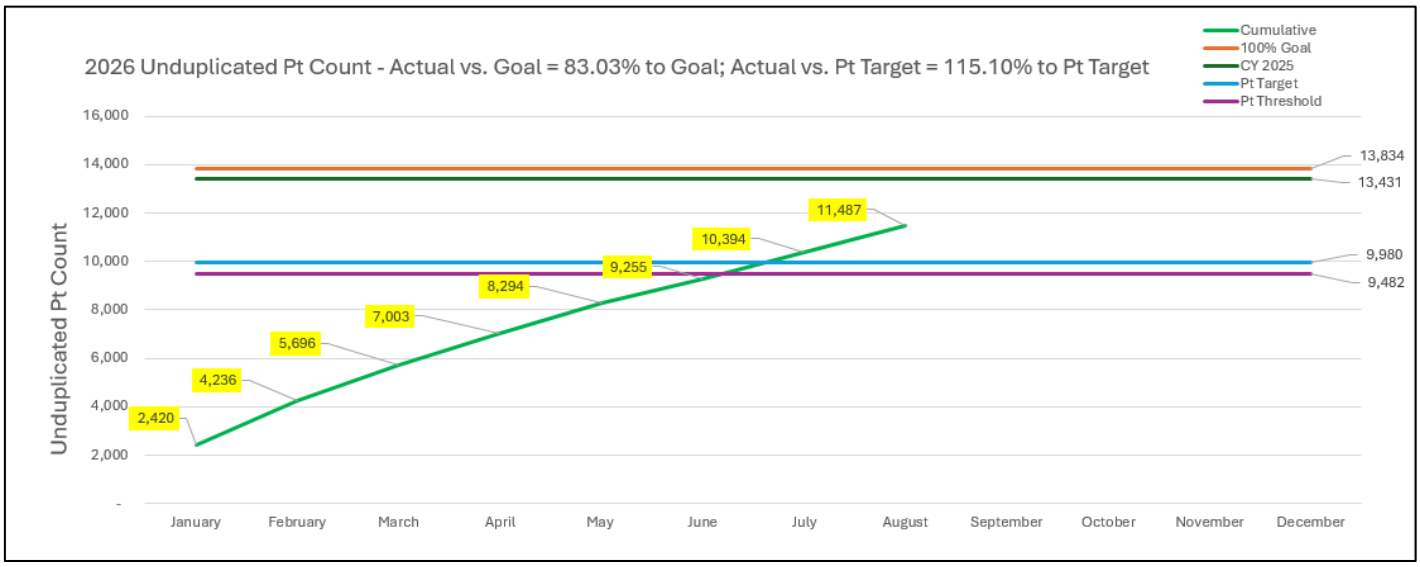
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention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

August Highlights - Administrative

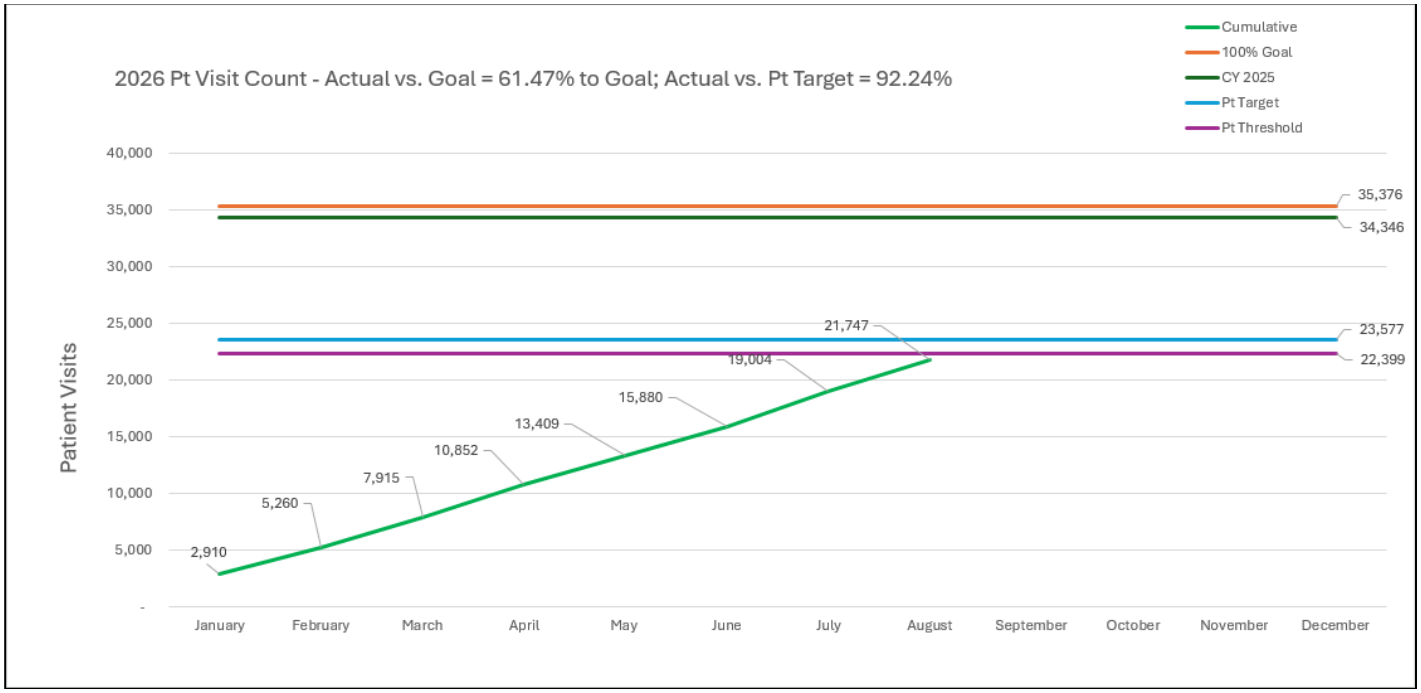
- HRSA New Access Point (NAP) Grant:
  - A NAP grant for $650,000 has been awarded to SNHD.
  - Funding is to support the opening of a new clinic site.
  - The new site must be located within the 89103 zip-code.
    - Two viable locations have been identified and are being worked through to determine the best fit.
  - The site must be operational by December 10, 2026.
  - The unique patient goal for the new site = 2,560.
    - HRSA will assess progress toward goals at eight (8) months and again through the 2027 UDS Report.
  - Services include Medical, Behavioral Health, and Enabling.
  - Ongoing funding is contingent on the availability of federal funds, the health center's compliance with program requirements, and the achievement of unique patient goals.
- The health center has applied for the HRSA Expanded Nutrition grant for a project period spanning December 1, 2026, through November 30, 2028. The grant provides upwards of $350,000 over the two-year project period.
- The HRSA Non-Competing Continuous grant application for year four (4) of four (4) of Health Center program funding is being developed and is due in October.

Access

Unduplicated Patients – August 2026



Patient Visits Count – August 2026



Provider Visits by Program and Site – August 2026

Facility	Program	AUG '26	AUG '25	AUG YoY %	FY27 YTD	FY26 YTD	FY YTD YoY%
Decatur	Family Health	811	819	-1%	1,404	1,754	-25%
Fremont	Family Health	518	521	-1%	1,059	936	12%
Total	**Family Health**	**1,329**	**1,340**	**-1%**	**2,463**	**2,690**	**-9%**
Decatur	Family Planning	188	83	56%	410	147	64%
Fremont	Family Planning	195	201	-3%	368	398	-8%
Total	**Family Planning**	**383**	**284**	**26%**	**778**	**545**	**30%**
Decatur	Sexual Health	486	510	-5%	969	1,147	-18%
Fremont	Sexual Health	130	122	6%	270	255	6%
Total	**Sexual Health**	**616**	**632**	**-3%**	**1,239**	**1,402**	**-13%**
Decatur	Behavioral Health	182	150	18%	402	363	10%
Fremont	Behavioral Health	150	153	-2%	324	297	8%
Total	**Behavioral Health**	**332**	**303**	**9%**	**726**	**660**	**9%**
Decatur	Ryan White	222	194	13%	426	493	-16%
Fremont	Ryan White	26	31	-19%	58	45	22%
Total	**Ryan White**	**248**	**225**	**9%**	**484**	**538**	**-11%**
FQHC Total		**2,908**	**2,784**	**4%**	**5,690**	**5,835**	**-3%**

Pharmacy Services

	26-Aug	25-Aug		FY27 YTD	FY26 YTD		% Change YoY
Patient Encounters (Pharmacy)	1,841	1,694	↑	3,608	3,454	↑	**4.5%**
Prescriptions Filled	3,389	3,084	↑	6,810	6,292	↑	**8.2%**
Patient Clinic Encounters (Pharmacist)	63	53	↑	143	114	↑	**25.4%**
Financial Assistance Provided	14	10	↑	27	24	↑	**12.5%**
Insurance Assistance Provided	27	5	↑	41	21	↑	**95.2%**

A. 3,389 prescriptions dispensed to 1,841 patients.
B. 63 patient clinic encounters completed by a pharmacist.
C. 14 patients assisted with obtaining medication financial assistance.
D. 27 patients assisted with insurance approvals.

Behavioral Health Services

A. Behavioral Health (BH) Manager and BH Psychiatric APRNs attended the Overdose Prevention Summit to enhance knowledge and support ongoing community and patient care initiatives.

B. The BH team continues efforts to identify eligible patients for Chronic Care Management (CCM) services to improve care coordination and health outcomes.

C. BH is collaborating with Community Health Workers (CHWs) and the medical team to facilitate hospital follow-up visits for patients. Behavioral Health visits are being conducted as part of the integrated care model.

Family Planning Services

A. Family Planning program access was 26% in August and is up 30% 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 been 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 is due in early January 2027.

D. The role of Project Director for the Title X Family Planning Program is being transferred from the FQHC Administrative Manager to the FQHC CEO.

HIV/Ryan White Program Services

A. The Ryan White program received 60 referrals between August 1st and August 31st. There was one (1) pediatric clients referred to the Medical Case Management in August, and the program received one (1) referral for a pregnant women living with HIV during this time.

B. There were 680 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 358 unique clients served under these programs in August.

C. The Ryan White ambulatory clinic provided a total of 483 visits in the month of August, including 23 initial provider visits, 196 established provider visits, and two (2) tele-visit to established patients. Additionally, there were 22 nursing visits and 242 lab visits provided. There were 77 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of August. There were eight (8) Ryan White patients seen by the Registered Dietitian under Medical Nutrition services in August.

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 11 patients seen under the Rapid stART Program in August.

E. The role of Project Director for Ryan White Part A and B is being transferred from the FQHC Administrative Manager to the FQHC CEO.

FQHC-Sexual Health Clinic (SHC)

A. The Sexual Health Clinic (SHC) clinic provided 728 unique services to 657 unduplicated patients for the month of August.

Refugee Health Program (RHP)

Refugee Health Program for the month of August.

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	0
Referrals for TB issues	0
Referrals for Chronic Hep B	0
Referrals for STD	0
Pediatric Refugee Exams	4
Clients encounter by program (adults)	8
Refugee Health Screening for August 2026	12
Total for FY26-27	31

Outreach/In Reach Activity

Number of events (August 2026)	1 – Outreach 0 – In reach
Number of people reached	45
Number of people linked to the clinic	3
Number of hours dedicated to outreach	2

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.

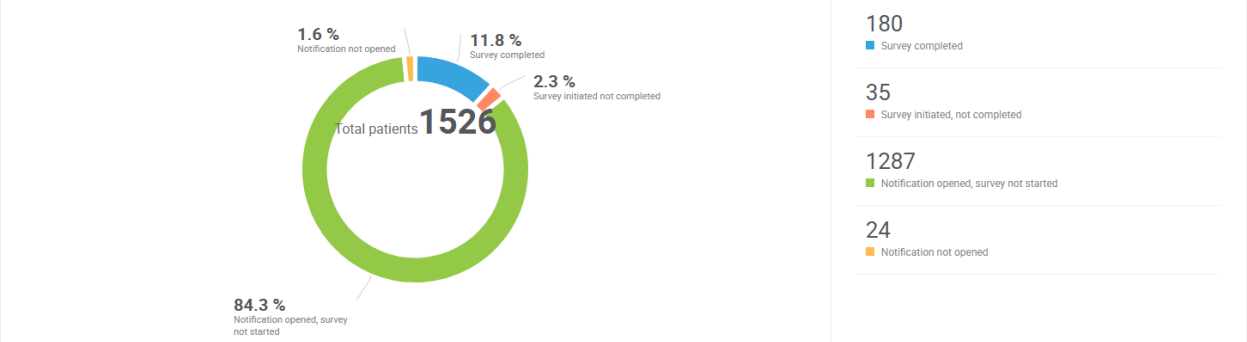
August 2026	Decatur	Fremont	Total
Medicaid	11	3	14
SNAP	7	3	10
Recert	13	0	13

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 – August 2026

Overview

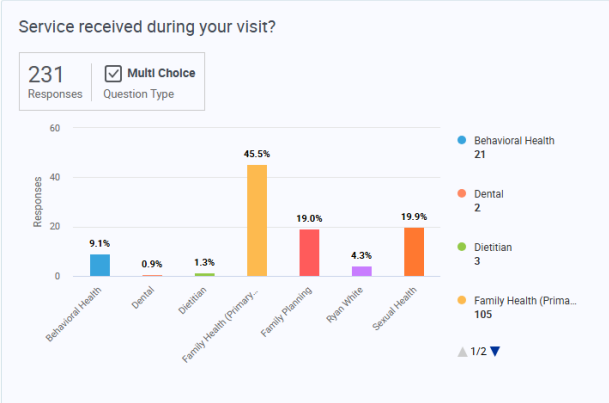


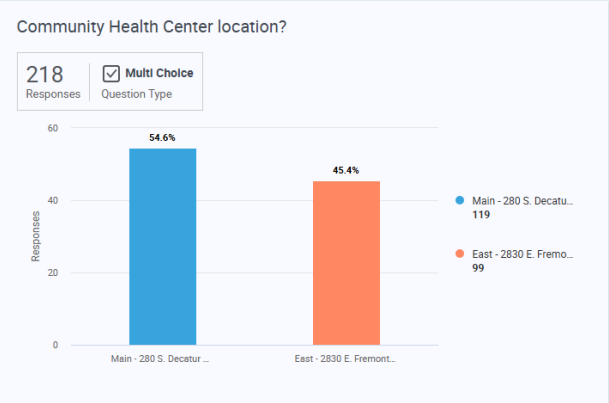
Gender





Service and Location

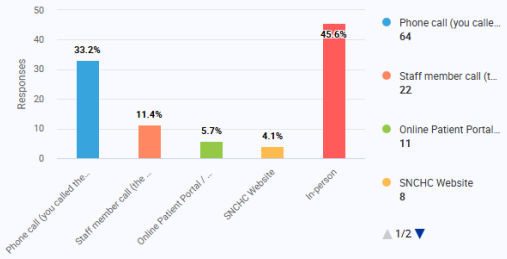




Provider, Staff, and Facility

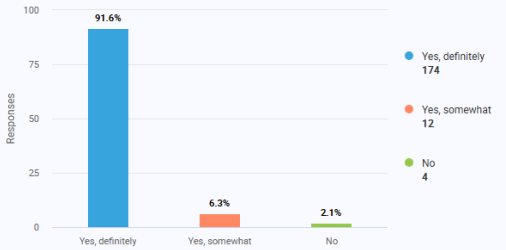
Thinking about your most recent visit, how did you make an appointment?

193 Responses | Multi Choice Question Type



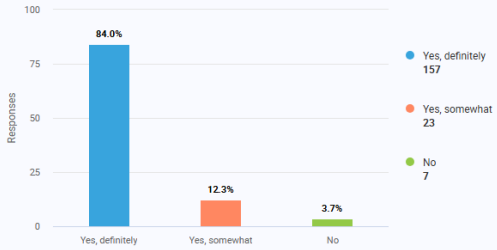
Thinking about your recent visit, was it easy to schedule an appointment?

190 Responses | Multi Choice Question Type



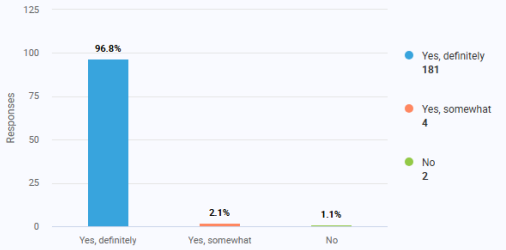
Was the recent visit as soon as you needed?

187 Responses | Multi Choice Question Type



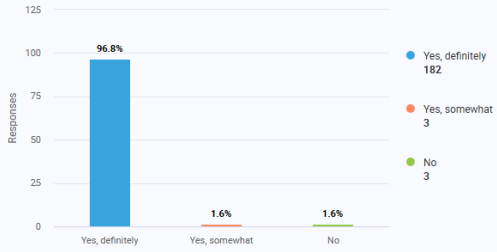
Did the provider explain things in a way that was easy to understand?

187 Responses | Multi Choice Question Type



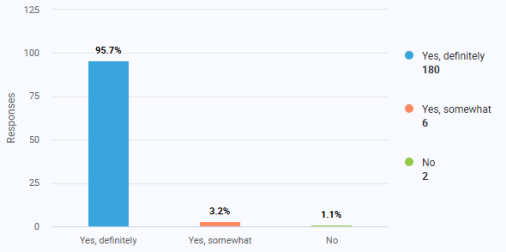
Did the provider listen carefully to you?

188 Responses | Multi Choice Question Type



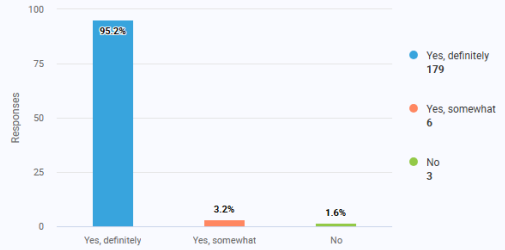
Did the provider show respect for what you had to say?

188 Responses | Multi Choice Question Type



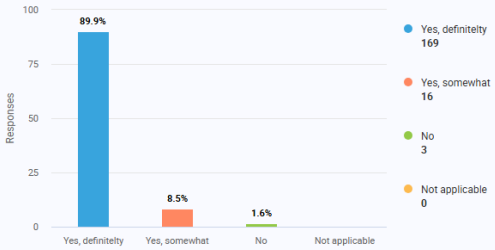
Did the provider spend enough time with you?

188 Responses | Multi Choice Question Type



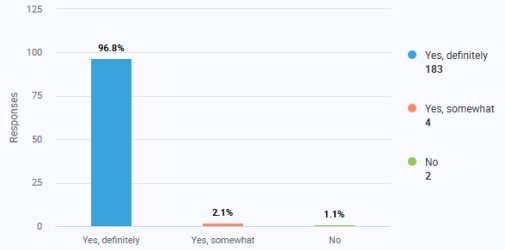
Were you satisfied with how the staff worked to address your healthcare needs (example: outstanding referrals, medications, labs, or diagnostics results)?

188 Responses | Multi Choice Question Type



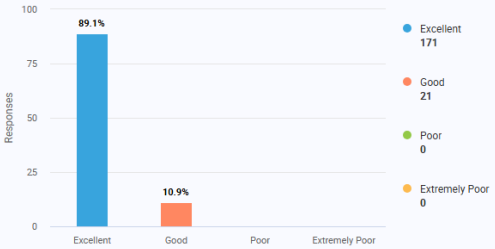
Did the staff treat you with courtesy and respect?

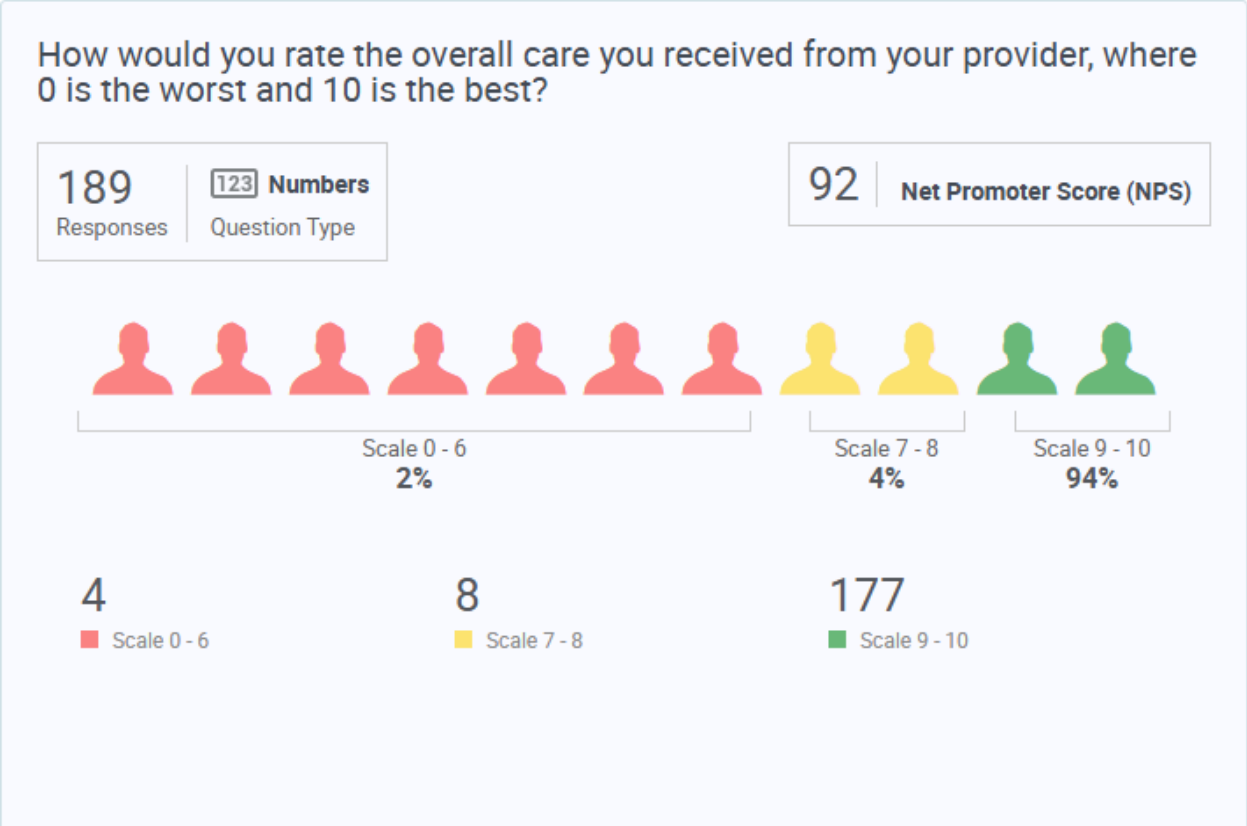
189 Responses | Multi Choice Question Type



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

192 Responses | Multi Choice Question Type





General Information

