

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: 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: 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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