MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING
October 20, 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 Erin Breen Blanca Macias-Villa Jose L. Melendrez David Neldberg Fr. Rafael Pereira
ABSENT:	Ashley Brown
ALSO PRESENT:	N/A
LEGAL COUNSEL:	Edward Wynder, Associate General Counsel
CHIEF EXECUTIVE OFFICER:	Randy Smith
STAFF:	Emily Anelli, Tawana Bellamy, Todd Bleak, Robin Carter, Andria Cordovez Mulet, Xavier Gonzales, Ryan Kelsch, Annie Lin, Cassius Lockett, Cassondra Major, Bernadette Meily, Kyle Parkson, Yin Jie Qin, Emma Rodriguez, Felicia Sgovio, Justin Tully, Renee Trujillo, Donnie (DJ) Whitaker, Lourdes Yapjoco, Merylyn Yegon

I. ALL 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 confirmed quorum.

II. PLEDGE OF ALLEGIANCE

Member Macias-Villa joined the meeting at 2:31 p.m.

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 OCTOBER 20, 2026 MEETING AGENDA *(for possible action)*

The Chair called for a motion to adopt the agenda, as presented.

A motion was made by Father Rafael, seconded Member Coca, and carried unanimously to approve the October 20, 2026 meeting agenda, as presented.

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**: September 15, 2026 *(for possible action)*

2. **Approve Updates to the CHCA-005 Behavioral Health Crisis Event and Security Communication Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **Approve Updates to the CHCA-023 After Hours Coverage Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Chair called for approval of the Consent Agenda. Member Hunt requested that Item 2: Updates to the CHCA-005 Behavioral Health Crisis Event and Security Communication Policy, be pulled for further discussion. Hearing no additional requests, the Chair called for a motion to approve the Consent Agenda, as amended.

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

Item 2 Removed from Consent Agenda

The Board then proceeded to discuss Item 2: CHCA-005 Behavioral Health Crisis Event and Security Communication Policy. Member Hunt inquired whether panic buttons were installed in all clinic rooms, including those outside the behavioral health area. Staff confirmed that they were.

A motion was made by Member Hunt, seconded by Member Coca, and carried unanimously to approve Item 2, as presented.

VI. REPORT / DISCUSSION / ACTION

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

Revenue

- General Fund revenue (Charges for Services & Other) is $6.48M compared to a budget of $6.44M, a favorable variance of $36K.
- Special Revenue Funds (Grants) is $828K compared to a budget of $839K, an unfavorable variance of $11K.
- Total Revenue is $7.31M compared to a budget of $7.28M, a favorable variance of $25K.

Ms. Whitaker further advised that budget augmentation adjustments would be brought forward in the coming months to reflect negotiated cost-of-living and merit increases, vacancy savings, and reallocations between budget categories. Staff anticipated presenting these adjustments to the Board of Health in January, followed by Governing Board in February.

Expenses

- Salary, Tax, and Benefits is $2.57M compared to a budget of $2.62M, a favorable variance of $48K.
- Other Operating Expense is $5.50M compared to a budget of $4.59M, an unfavorable variance of $912K.
- Indirect Cost/Cost Allocation is $1.50M compared to a budget of $1.83M, a favorable variance of $334K.
- Total Expense is $9.56M compared to a budget of $9.03M, an unfavorable variance of $531K.

Ms. Whitaker explained that the primary cause of the unfavorable expense variance was the annual inventory adjustment recorded at the beginning of the fiscal year and noted that overall financial activity remained closely aligned with budget expectations.

Net Position: is ($2.25M) compared to a budget of ($1.74M), an unfavorable variance of $506K.

Mr. Whitaker also reviewed patient encounter data, noting that July volumes were approximately 7% below the prior year due to planned provider scheduling limitations. However, encounter volumes improved during August, and staff reported additional recovery in September. Ms. Whitaker further noted that the Fremont location experienced growth during the reporting period, while patient volumes at the main campus (Decatur) remained relatively stable.

Patient Encounters – August 2026

- FY2026 Total: 7,402
- FY2027 Total: 7,345
- Negative 1% Year-over-Year Growth

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During discussion, Father Rafael referenced a conversation from the previous day's Finance and Audit Committee meeting regarding the billing department's performance since transitioning from outsourced billing services to an in-house model. Father Rafael requested that a future report include an analysis of collections performance, accounts receivable trends, operational improvements achieved through the transition, and any ongoing challenges.

The Chair called for additional questions. No additional questions were raised.

A motion was made by Member Father Rafael, seconded by Member Coca, and carried unanimously to approve the August 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)*

Randy Smith, Chief Executive Officer, FQHC presented the Submittal of a Change in Scope to add a new clinic site in the 89103 zip code.

Mr. Smith reported that the proposed site is located at 4270 S. Decatur Blvd, Suite A2-A5 in the Fountain View Business Park near the intersection of Decatur Boulevard and Flamingo within the required 89103 zip code. The facility consists of approximately 4,400 square feet, created by combining adjoining suites. The location will operate Monday through Thursday from 7:30 a.m. to 6:00 p.m. Staff are working towards finalizing a five-year lease with an anticipated effective date of November 1, 2026. Lease costs, including base rent and common area maintenance expenses will be funded through the grant, while tenant improvements will be supported through a combination of a negotiated tenant improvement allowance and Southern Nevada Health District general funds. Mr. Smith noted that the location provides convenient access for patients, including proximity to high-density housing and public transportation.

Mr. Smith reviewed the proposed floor plan, which includes four exam rooms, a behavioral health office, laboratory space with an adjoining patient restroom, registration and waiting areas, staff workspaces, and a break room. Mr. Smith highlighted the availability of additional open space within the facility that would allow for future expansion of clinical and behavioral health services as patient demand grows. Mr. Smith also acknowledged the efforts of the legal, contracts, and facilities teams in securing the location and negotiating lease terms. Mr. Smith explained that Board approval was needed to support a formal Health Resources and Services Administration (HRSA) change-in-scope request because the site originally identified in the 2024 application was no longer available when the grant was awarded.

During discussion, Member Coca asked about staffing plans for the new site. Mr. Smith explained that the clinic would be staffed by a care team consisting of a physician, behavioral health provider, nurse, two medical assistants, and two front-office staff, with support from the Medical Director. Mr. Smith stated that current employees had been given the opportunity to express interest in transferring to the new site and that recruitment efforts were underway. Mr. Smith further reported that grant funding supports the staffing model and that the organization’s goal is to have the site operational and serving its first patient by December 10, 2026, in accordance with HRSA requirements.

Member Coca also inquired about pharmacy services. Mr. Smith stated that the facility would not initially include an on-site pharmacy due to space and operational considerations. Patients would continue to access pharmacy services through existing health center locations and courier services as needed. Mr. Smith noted that future pharmacy expansion could be considered if patient volume warrants it.

Father Rafael asked whether anticipated insurance coverage changes affecting immigrant populations could result in increased patient demand at the health centers. Mr. Smith acknowledged the uncertainty, noting that some individuals may seek care through the sliding fee schedule while others may discontinue care. Mr. Smith reported that staff at both clinic locations provide enrollment assistance and patient education and are maintaining regular communication with Medicaid managed care organizations regarding outreach efforts. In response to a follow-up question, Mr. Smith confirmed that uninsured patients would continue to have access to pharmacy services, including discounted medications through the 340B program and the pharmacy sliding fee schedule.

Member Coca asked for clarification regarding the timeline for opening the clinic. Mr. Smith confirmed that December 10, 2026, is the deadline for the clinic to see its first patient and satisfy HRSA's operational requirement for the new site

Member Breen commended staff for getting the site and program together.

In response to a question from the Chair, Mr. Smith confirmed that the selected location was the second site considered during the search process and ultimately represented the best option because of its growth potential and ability to meet program requirements.

A motion was made by Member Coca, seconded by Father Rafael, and carried unanimously to approve the Submittal of a Change in Scope to add a new clinic site in the 89103 zip code, as presented.

3. **Receive, Discuss and Approve the Recommendations from the October 15, 2026 Chief Executive Officer (CEO) Annual Review Committee regarding the CEO's Fiscal Year 2026 Evaluation Results;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ryan Kelsch, Administrative Analyst, FQHC, presented the results on behalf of the organization, noting that he was overseeing the project during the recruitment process for the Administrative Manager position previously held by David Kahananui. Mr. Kelsch explained that completion of an annual CEO evaluation is a HRSA requirement and is part of the Governing Board's responsibility to assess organizational performance and achievement of health center objectives.

Mr. Kelsch reported that the evaluation utilized a standard Likert-scale survey and received responses from eight of the ten Board members, an increase from seven responses the previous year. Mr. Kelsch explained that survey scores above three were considered positive, with five representing the highest rating.

The evaluation assessed Mr. Smith's performance in five areas:

Evaluation Area	Average Score
Equitable and fair treatment of employees, contractors, and volunteers	4.7
Leadership and oversight of HRSA program compliance	5.0
Development of long-range strategies and use of data to measure organizational success	5.0
Utilization of financial and operational data to maximize resources and achieve organizational goals	5.0
Representation of the health center within the community and development of community partnerships	4.7
Overall Weighted Score	**4.9**

Mr. Kelsch advised the overall weighted score increased from 4.5 in the prior year to 4.9 in the current evaluation period.

Mr. Kelsch further summarized comments received through open-ended survey responses from both Board members and Mr. Smith's direct reports.

Category	Summary of Feedback
Strengths Identified	• Transparency with leadership and staff; recognizing employee contributions; navigating challenges with professionalism and determination; genuine commitment to the health and well-being of the communities we serve.
Areas for Continued Growth	• Establishing and expanding community partnerships; greater deference to programs regarding personnel decisions.
Additional Comments	• I appreciate your efforts to engage employees and create opportunities for staff across clinics to come together and celebrate our successes. These efforts help strengthen teamwork, build connections and support a positive organizational culture. • Randy genuinely cares about the FQHC and the community. He is unquestionably committed to the mission. • Continue building upon accomplishments through long-term strategic planning, expanding community partnerships…and further strengthening the organization's sustainability and capacity to serve our growing and diverse community. • Randy is a respected and accomplished leader who inspires and empowers others to develop. He creates an environment for team members to flourish and is a trusted and reliable mentor.

During Board comments, Father Rafael expressed appreciation for Mr. Smith's leadership, commitment, integrity, and service to both the health center and the broader community. Father Rafael further said it's not easy to find someone who is professional with integrity and dedication like Mr. Smith nowadays. Additional Board members congratulated Mr. Smith on the positive evaluation results and commended his performance as Chief Executive Officer.

Mr. Smith expressed his gratitude to the Governing Board for its support, service, and dedication to the health center and the community. He acknowledged the Board's contributions of time and expertise and thanked the health center leadership team and staff for their commitment to the organization's mission. Mr. Smith recognized the health center's employees for their daily efforts in delivering high-quality, patient-centered care and noted that their work is reflected in positive patient experience outcomes. He also expressed appreciation for the support of Cassius Lockett, District Health Officer, and the Southern Nevada Health District Executive Leadership Team, highlighting their partnership and assistance in advancing key initiatives, including the development of the new clinic site. Mr. Smith stated that he remains committed to continuing the organization's work, particularly in strengthening community engagement and expanding partnerships, and welcomed Board members' assistance in identifying future opportunities for collaboration.

The Chair thanked Mr. Smith and Mr. Kelsch for the presentation and asked whether there were any additional comments. There were none.

A motion was made by Member Melendrez, seconded by Father Rafael, and carried unanimously to approve the CEO's Fiscal Year 2026 Evaluation Results, as presented.

4. **Receive, Discuss and Approve the Recommendations from the October 15, 2026 Chief Executive Officer Annual Review Committee regarding the CEO's Fiscal Year 2027 Goals;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the CEO's Fiscal Year 2027 Goals. Mr. Smith explained that a key component of the CEO evaluation process is the establishment of goals for the upcoming fiscal year. Working collaboratively with the health center leadership team, nine goals were identified.

Quality Goals

- **Patient-Centered Medical Home (PCMH) Accreditation**
  Mr. Smith reported that the health center is nearing achievement of Patient-Centered Medical Home accreditation. Mr. Smith acknowledged that several significant milestones remain but expressed confidence in the leadership of Felicia Sgovio, Dr. Robin Carter, and the clinical team. The goal includes both obtaining accreditation and maintaining compliance with accreditation standards moving forward.

- **Enhancement of Chronic Care Management Services**
  Mr. Smith stated that the health center initiated work in this area during the previous year and noted its alignment with the PCMH model. The focus is on expanding care planning efforts and strategically utilizing community health workers to support patients with chronic conditions. He emphasized that these services have the potential to improve patient outcomes while creating opportunities for reimbursable care, thereby supporting the organization's financial sustainability.

Access Goals

- **Increase Unique Patients Served by 3%**
  Mr. Smith indicated that this goal aligns with Health Resources and Services Administration (HRSA) expectations to expand access to care within the community.

Based on historical growth trends and the addition of a third service site, leadership projects continued organizational growth and established a target of increasing unique patients served by 3%.

- **Operationalize the New Site**
  Mr. Smith acknowledged that substantial work remains to fully implement operations at the new site. He expressed confidence that Dr. Carter, with support from clinic leadership, will successfully establish services and operations at the location.

Administrative Goals

- **Maintain Compliance with All Funding and Regulatory Requirements**
  Mr. Smith reviewed the importance of maintaining compliance with federal, state, and funding agency requirements. He noted that the business office will continue focusing on meeting all applicable compliance standards and successfully navigating audits and reviews.

- **Increase Governance Capacity**
  Mr. Smith discussed efforts launched in the prior year to strengthen board engagement through individual meetings and other educational opportunities. He highlighted the importance of ensuring board members have the resources, training, and information necessary to effectively fulfill their governance responsibilities. Additional initiatives are planned to further enhance board development and engagement.

Financial Goals

- **Maintain Medicaid Encounters at FY 2026 Levels**
  Mr. Smith stated that Medicaid encounters remain critical to both health center operations and financial performance. Given significant uncertainty within the Medicaid environment, leadership determined that maintaining current encounter levels is an appropriate goal for FY 2027. Efforts will continue through partnerships with Medicaid managed care organizations (MCOs), outreach initiatives, member engagement activities, and care gap closure strategies.

- **Reduce Expenditures on Supplies and Services**
  Mr. Smith reported recent success in reducing costs, particularly in laboratory-related expenses. Leadership will continue exploring opportunities with Ryan and the business office to identify efficiencies, negotiate favorable agreements, and ensure responsible stewardship of organizational resources.

Workforce Goal

- **Maintain an Engaged Workforce**
  Mr. Smith highlighted the organization's progress in workforce engagement and staff satisfaction. He emphasized the importance of sustaining momentum and maintaining a positive workplace culture. The goal is designed to support employee engagement, retention, and overall workforce well-being.

Member Hunt inquired about the financial goal related to maintaining Medicaid encounters and asked whether an analysis had been conducted to determine how many current Medicaid members may be affected by upcoming coverage changes.

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Mr. Smith responded that the organization has conducted preliminary analysis and estimates that approximately 20% of Medicaid members may be at risk of losing coverage. Mr. Smith further noted that the health center is evaluating additional information technology tools that can provide more detailed analysis, including potential financial impacts. Leadership continues to closely monitor the situation while pursuing strategies to enroll and retain eligible patients.

The Chair called for questions. There were none.

A motion was made by Member Melendrez, seconded by Father Rafael, and carried unanimously to approve the CEO's Fiscal Year 2027 Goals, as presented.

5. **Receive, Discuss and Approve the Recommendations from the October 15, 2026 Chief Executive Officer Annual Review Committee regarding the CEO's Annual Review Process and Evaluation Tools;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the recommendation from the Chief Executive Officer Annual Review Committee concerning the CEO annual review process and evaluation tools.

Mr. Smith explained that the committee reviewed the effectiveness of the current CEO evaluation process, including whether the existing evaluation tool adequately measures CEO performance and meets the Board's expectations. The committee also considered whether additional performance metrics should be incorporated to strengthen the evaluation process, whether changes to the evaluation methodology or timeline would improve the assessment process, and what enhancements could increase transparency, consistency, and Board engagement.

Mr. Smith reminded the Board that, in prior years, the Board recommended incorporating information related to the CEO's direct reports and leadership team into the evaluation process. He noted that this recommendation has been successfully integrated into the current evaluation approach and continues to provide valuable insight into leadership performance.

Following its review, the committee recommended revising the Board calendar to move the CEO evaluation process forward by one month. Under the proposed timeline, the evaluation process would begin in August rather than September, and the evaluation would be presented to the Board for approval in September rather than October.

Mr. Smith outlined the rationale for the recommendation:

- Aligning the evaluation more closely with the fiscal year performance period (July through June), allowing performance information to be more current and relevant at the time of review.
- Enabling approval of the CEO's annual goals earlier in the new fiscal year, ensuring goals are established closer to the beginning of the performance period.
- Reducing the volume of business conducted during the October Board meeting, which traditionally includes numerous governance and annual Board activities, thereby improving meeting efficiency and workflow.

Mr. Smith stated that the committee's recommendation was limited to the proposed timeline adjustment; however, Board members were invited to offer any additional suggestions regarding the evaluation process.

The Chair called for questions. There were none.

A motion was made by Member Coca, seconded by Member Breen, and carried unanimously to approve the CEO's Annual Review Process and Evaluation Tools, as presented.

6. **Receive, Discuss and Approve the Patient Board Member Analysis;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Felicia Sgovio, FQHC Quality Management Coordinator presented the Patient Board Member Analysis. Ms. Sgovio explained that under HRSA Health Center Program Requirements, the Governing Board must be structured to ensure responsiveness to the population served. Ms. Sgovio reviewed the key board composition requirements, including board size, consumer majority, community representation, conflict of interest restrictions, and representation of the patient population by race, ethnicity, and sex/gender.

Ms. Sgovio noted that HRSA has updated its Compliance Manual to provide health centers with greater flexibility in defining the criteria and data sources used to assess board representation. Despite this flexibility, Health Center leadership recommends continuing to use race, ethnicity, and sex demographic guidelines as the benchmark for evaluating board composition. She also clarified that the analysis included only individuals with reported demographic information and excluded those who chose not to disclose such information.

The analysis compared the demographic characteristics of the SNCHC patient population for Calendar Year 2025 with those of the Governing Board. Key findings included:

- Hispanic or Latino patients represented 56.1% of the patient population.
- White patients comprised 56.0% of reported races.
- Black or African American patients comprised 30.3% of reported races.
- Female patients represented 53.7% of the patient population, while male patients represented 46.3%.

Based on the analysis, Ms. Sgovio reported that the Health Center's Governing Board reflects the key demographic characteristics of the patient population in each category. She recommended continuing to use the current demographic guidelines as the benchmark for current and future assessments.

The Chair opened the floor for questions. No questions were raised by Board members.

A motion was made by Member Coca, seconded by Father Rafael, and carried unanimously to approve the Patient Board Member Analysis and continue using the current demographic guidelines as the benchmark for future assessments, as presented.

7. **Receive, Discuss and Approve the Recommendations from the October 19, 2026 Nominations Committee Meeting regarding New Terms for Governing Board Members;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Prior to discussion of the Nominations Committee recommendations, the Board recognized the service of outgoing board member Sarah Hunt and expressed appreciation for her contributions to the Health Center. Board members acknowledged Ms. Hunt's commitment, engagement, and the valuable behavioral health perspective she brought to the Governing Board during a period of organizational growth.

Mr. Smith thanked Member Hunt for her service, noting her consistent participation and significant contributions to the expansion of behavioral health services. Member Hunt expressed her gratitude to the Board and stated that it had been an honor to serve. She commended the Health Center's growth and encouraged the organization to continue its progress and expansion of services.

Following these remarks, the Board proceeded with consideration of the Nominations Committee recommendations.

The Nominations Committee reported that two Governing Board members, Jasmine Coca and Blanca Macias Villa, have terms that are set to expire and have expressed interest in continuing their Board service. The Committee recommended granting each member a new three-year term, with the terms beginning the following month.

The Board Chair invited comments and questions regarding the recommendations. No comments or questions were raised.

A motion was made by Member Melendrez, seconded by Father Rafael, and carried unanimously to approve the recommendations from the Nominations Committee regarding the New Terms for Governing Board Members Coca and Macias-Villa, as presented.

8. **Receive, Discuss and Approve the Recommendations from the October 19, 2026 Nominations Committee Meeting regarding the Governing Board Chair, First Vice Chair, and Second Vice Chair Officer Appointments;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Nominations Committee recommendations regarding officer appointments for the Governing Board. The current officer positions were reviewed, including the Chair, First Vice Chair, and Second Vice Chair roles, along with the nominations and expressions of interest received for each position.

Mr. Smith reported that multiple individuals were nominated or expressed interest in serving as officers. After reviewing nominations, considering member interest, availability, and committee discussions, the Nominations Committee recommended the following slate of officers:

- Donna Feliz-Barrows to serve a second term as Board Chair.
- Jasmine Coca to serve a second term as First Vice Chair.
- Rebecca Aceves to serve as Second Vice Chair.

During the discussion, clarification was provided regarding Governing Board bylaws and term limitations for officer positions. It was noted that an earlier statement made to the Committee regarding term restrictions was incorrect. The bylaws currently permit officers to serve up to

four consecutive terms (eight years) in an officer position. Therefore, no bylaw provision prevents the recommended officers from serving the proposed terms.

Member Melendrez requested that the Board consider reviewing the bylaws at a future meeting to discuss officer term limits and related language. The suggestion was acknowledged for future consideration.

The Chair invited additional comments and questions from the Board. No further comments or questions were raised.

A motion was made by Member Breen, seconded by Father Rafael, and carried unanimously to approve the recommendations from the Nominations Committee regarding the Governing Board Chair, First Vice Chair, and Second Vice Chair Officer Appointments, as presented.

9. **Receive, Discuss and Approve Committee Memberships;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the annual review of Governing Board committee memberships. He provided an overview of the Board's standing committees, including their purpose and meeting frequency. Mr. Smith reminded Board members that all members are welcome to attend and participate in committee meetings; however, only appointed committee members are authorized to vote on committee matters. He further explained that the Board Chair serves as an ex officio member of all committees and may attend any committee meeting as needed.

Mr. Smith encouraged active participation in committee work, noting the value of committees in conducting detailed discussions and advancing Board business. He also advised the Board that, with the departure of Sarah Hunt, there would be two community member vacancies on the Governing Board. Recruitment efforts are ongoing, and committee assignments should leave opportunities available for incoming Board members. The goal is to maintain approximately three members on each committee while accommodating future appointments.

Mr. Smith then requested that Board members identify their committee preferences for the upcoming term. The following interests were expressed:

- Member Coca requested to continue serving on Finance and Audit Committee and expressed interest in continuing on the Strategic Planning Committee.
- Father Rafael requested to continue serving on the Finance and Audit Committee.
- Erin Breen requested to continue serving on the Quality, Credentialing, and Risk Management Committee and the Strategic Planning Committee, with a preference for the Quality, Credentialing, and Risk Management Committee if only one assignment were available.
- Member Melendrez expressed interest in continuing on the Nominations Committee, Strategic Planning Committee, and Chief Executive Officer Annual Review Committee, indicating flexibility regarding final committee assignments.
- Member Neldberg expressed his willingness to remain with his current committee assignment.
- Member Macias-Villa confirmed her interest in serving on the Chief Executive Officer Annual Review Committee.

- Member Aceves confirmed her interest in continuing her service on both the Quality, Credentialing, and Risk Management Committee and the Strategic Planning Committee.

Following discussion, Mr. Smith indicated that he would work with staff to review and finalize committee assignments, taking into consideration current vacancies and the anticipated onboarding of two new community board members. Mr. Smith advised that a revised committee roster would be developed and shared with the Board for further consideration.

No action was taken on committee memberships. Mr. Smith stated that the matter would be re-agendized and brought back to the Board at a future meeting for final review and approval.

10. **Receive, Discuss and Approve the Governing Board Calendar Year 2027 Meeting Schedule**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the proposed Governing Board meeting schedule for Calendar Year 2027 and recommended continuing the current meeting time, location, and hybrid format, allowing for both in-person and virtual participation. Mr. Smith noted that the only anticipated change would be scheduling the December meeting earlier in the month due to the holiday season.

Mr. Smith thanked Board members for their continued attendance and commitment, noting the Board's consistent ability to maintain quorum throughout the year.

The Chair inquired whether any future meetings would be held virtually. It was noted that a meeting in July or August may be conducted virtually due to scheduling considerations, although no final decision has been made.

A motion was made by Member Coca, seconded by Father Rafael, and carried unanimously to approve the Governing Board Calendar Year 2027 Meeting Schedule, as presented.

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)*

Member Melendrez announced that the Nevada Community Health Coalition Impact Summit will be held on November 13, 2026, and encouraged Board members and staff who had not yet made plans to consider attending the event at UNLV.

The Chair asked Mr. Smith whether he planned to attend. Mr. Smith stated that the event was not currently on his calendar but that he would obtain additional information and consider attending.

There were no further board reports.

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

Mr. Smith reported that the Health Center submitted its HRSA Non-Competing Continuation (NCC) grant application for Year 4 funding, which would extend funding through January 2028. He noted that the next major funding milestone will be the Service Area Competition application process, anticipated for the following summer, to secure funding for a new four-year grant cycle.

Mr. Smith also reported that the Health Center successfully completed its Federal Tort Claims Act (FTCA) deeming renewal for Calendar Year 2027, ensuring continued medical malpractice coverage.

Regarding behavioral health services, Mr. Smith shared that the organization is moving forward with a behavioral health PPS rate change-in-scope process. He explained that the behavioral health program has significantly matured since its initial rate was established and that the Health Center is working with the State and a consultant to recalculate the rate based on current utilization and service complexity. Once approved, the revised rate is expected to generate retroactive reimbursement dating back to July 1, 2025.

Mr. Smith also provided an update on refugee health services, noting an increase in refugee patients served by the Health Center. Although Medicaid coverage for this population ended on October 1, 2026, the Health Center has identified an alternative reimbursement source through a refugee medical assistance insurance program administered through community partners. The new arrangement is expected to provide coverage for refugee patients while reimbursing the Health Center at its PPS rate, allowing continuity of care and supporting the organization's goal of establishing medical homes for refugee families.

Member Melendrez shared information from a meeting of the Governor's Office for New Americans and advised that opportunities may be available for a future presentation to the Board regarding services and resources available to refugee populations in Southern Nevada. Mr. Smith welcomed the opportunity and thanked Mr. Melendrez for his advocacy on behalf of refugee patients.

Mr. Smith reported an active recruitment for an Advanced Practice Registered Nurse (APRN) to support family planning services following the departure of a long-term provider. He also reported that recruitment is underway for the FQHC Operations and Compliance Manager position, with first-round interviews scheduled for November. He emphasized the importance of the role in supporting organizational operations and leadership succession planning.

Mr. Smith announced that he was recently elected Vice President of the Nevada Primary Care Association Board of Directors and will serve a two-year term.

Finally, Mr. Smith invited Board members to attend the Health Center's annual employee holiday celebration, scheduled for December 16, and recognized the employee engagement committee for coordinating the event.

The Chair invited questions and comments from Board members. No questions were raised.

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) Monthly Report – September 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 3:49 p.m.

Randy Smith
Chief Executive Officer - FQHC

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