

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

September 16, 2025, 2025 – 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
Erin Breen
Ashley Brown
Marie Dukes
Jose L. Melendrez
David Neldberg

ABSENT:

Scott Black
Luz Castro
Blanca Macias-Villa

ALSO PRESENT

LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

CHIEF EXECUTIVE OFFICER:

Randy Smith

STAFF:

Tawana Bellamy, Emily Anelli, Todd Bleak, Donna Buss, Magali Cano, Robin Carter, David Kahananui, Cassius Lockett, Cassondra Major, Kimberly Monahan, Bernadette Meily, Andria Cordovez Mulet, Luann Province, Cameron Pfand, Emma Rodriguez, Felicia Sgovio, Justin Tully, Donnie (DJ) Whitaker, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:30 p.m. Tawana Bellamy, Senior Administrative Specialist, administered the roll call. A quorum was not established.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

Member Coca joined the meeting at 2:32 p.m.

Quorum was established at 2:32 p.m.

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

IV.

1. Southern Nevada Health District – September Employees of the Month

- Magali Cano

The Governing Board recognized Magali Cano a Community Health Nurse II, as one of two Southern Nevada Health District's September Employees of the Month. Ms. Bellamy read an excerpt of her nomination into the record. On behalf of the SNCHC Governing Board, the Chair congratulated Ms. Cano.

V.

FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) 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.

Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

Seeing no one, the Chair closed the First Public Comment period.

VI.

ADOPTION OF THE SEPTEMBER 16, 2025 MEETING AGENDA *(for possible action)*

The Chair advised of changes needed to the agenda. The changes consist of the followings:

- Item 4 – remove the Proposed Goals for FY26, only the CY25 Chief Executive Officer's (CEO) Report of Accomplishments will be presented.
- Item 5 – change Third Quarter to Second Quarter
- Item 6 – change Third Quarter to Second Quarter

A motion was made by Member Coca, seconded by Member Dukes, and carried unanimously to approve the changes to the September 16, 2025 meeting agenda, as amended.

VII.

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 19, 2025 *(for possible action)*

The Chair called for any changes to the consent agenda. There were none.

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

VIII.

REPORT / DISCUSSION / ACTION

Recommendations from the September 10, 2025 Nominations Committee Meeting

1. Receive, Discuss and Approve Nominations for New Terms for Governing Board Members; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, Chief Executive Officer – FQHC, advised that the Nominations Committee recommended the renewal of three board members – Members Breen, Melendrez and Feliz-Barrows for a new three-year term, based on their **consistent meeting** attendance and committee participation.

A motion was made by Member Coca, seconded by Member Dukes, and carried unanimously to approve the Nominations for New Terms for Governing Board Members Breen, Member Melendres and Member Feliz-Barrows, with Chair Feliz-Barrows abstaining.

Member Melendrez joined the meeting at 2:42 p.m.

2. Receive, Discuss and Approve New Board Member Nomination; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith reported that Rebeca Aceves's application was reviewed by the committee, which has **recommendednominated** her for an open board position. Mr. Smith provided an overview of her qualifications, highlighting her experience with Federally Qualified Health Centers (FQHCs) and her active involvement in the community. Mr. Smith also confirmed that Ms. Aceves meets all HRSA compliance requirements.

The Chair called for questions and there were none.

Member Breen commented that she believes Ms. Aceves is a terrific candidate.

A motion was made by Member Breen, seconded by Member Melendrez, and carried unanimously to approve the New Board Member Nomination, Rebeca Aceves, as presented.

SNCHC Governing Board

3. Receive, Discuss and Accept the July 2025 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 July 31, **20252025**, unaudited financial statements for the first month of FY2026. Ms. Whitaker noted that early-month figures may appear atypical, as they represent only one of twelve months. Ms. Whitaker also provided an update on the FY2025 year-end closeout. The finance team is finalizing adjustments and preparing for the upcoming audit. Ms. Whitaker advised that during reconciliation, additional revenue, particularly for the FQHC, was identified and recorded for June 30, 2025. These adjustments are expected to improve the bottom line. Ms. Whitaker further advised that the team aims to complete all entries prior to the audit to minimize post-audit changes and ensure a smooth review process.

Ms. Whitaker provided the following updates.

Revenue

- General Fund revenue (Charges for Services & Other) is \$3.09M compared to a budget of \$3.26M, an unfavorable variance of \$169K.

- Special Revenue Funds (Grants) is \$410K compared to a budget of \$637K, an unfavorable variance of \$227K.
- Total Revenue is \$3.50M compared to a budget of \$3.89M, an unfavorable variance of \$395K.

Expenses

- Salary, Tax, and Benefits is \$1.29M compared to a budget of \$1.38M, a favorable variance of \$91K.
- Other Operating Expense is \$2.79M compared to a budget of \$2.59M, an unfavorable variance of \$200K.
- Indirect Cost/Cost Allocation is \$899K compared to a budget of \$1.07M, a favorable variance of \$174K.
- Total Expense is \$4.98M compared to a budget of \$5.18M, a favorable variance of \$197K.

Net Position: is (\$1.48M) compared to a budget of (\$1.29M), an unfavorable variance of \$198K.

Ms. Whitaker further provided an overview of All Funds by Division and Type (budget to actual), noting the following:

- Federal revenue is currently lagging by approximately \$66,000.
- Pass-through revenue is under by about \$111,000.
- Net Position is currently at a \$1.4 million deficit, slightly higher than the anticipated \$1.2 million, but still within expected range.

Mr. Smith shared that in the strategic plan, one of the areas we have focused on is financial sustainability, which he ~~connected~~~~believes~~~~relates~~ to our ability to make more accurate revenue projections ~~during budgetary exercises~~. Mr. Smith emphasized that what Ms. Whitaker mentioned is ~~absolutely correct~~~~correct~~, this is one out of twelve months of the financial, so we do not want to get ahead of ourselves.

Mr. Smith further shared that, when looking at Family Planning, Primary Care, Ryan White, and Behavioral Health, these are areas where we are getting better. Mr. Smith noted that we want to be able to project revenue as accurately as possible for planning purposes.

Mr. Smith expressed his appreciation to Ms. Whitaker and her team, as well as to Mr. Kahananui and his team in the Business Office, acknowledging that considering this is just one of twelve of the financials, we are making progress in this space.

Ms. Whitaker continued to provide an overview of the following:

- Revenue by Department (Budget to Actuals)
- Expenses by Department (Budget to Actuals)
- Patient Encounters by Department and by Clinic

Regarding patient encounters, Mr. Smith shared that he is pleased with the work that Dr. Carter and our managers are doing. This progress is especially meaningful given that the ~~increase in~~~~access~~~~work~~ is being done with two fewer providers. Mr. Smith noted that the team is making great headway and working to be as efficient as possible, while also being good stewards of the resources we have.

Ms. Whitaker further shared the Year-to-Date by Month financials for July 31, 2025.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve the July 2025 Year to Date Financial Report, as presented.

4. Receive, Discuss and Approve the CY25 Chief Executive Officer's (CEO) Report of Accomplishments and Proposed Goals for FY26; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the CY25 CEO report detailing health center accomplishments over the past ~~calendar~~ year, including the outcomes of the FY25 goals. Mr. Smith highlighted the following accomplishments/achievements:

1. As of June 30, 2025, 14,729 unduplicated patients served.
 - 22% year-over-year increase
2. As of June 30, 2025, 48,372 unique encounters conducted.
 - 36% year-over-year increase
 - Licensed Independent Provider (medical & behavioral health) visits: 32,184.
 - Nurse visits: 10,588
 - Lab visits: 5,600
3. As of June 30, 2025, 17,800 unique patients served in the pharmacy.
 - 11% year-over-year increase
4. As of June 30, 2025, 30,342 prescriptions were filled.
 - 29% year-over-year increase

Member Melendrez praised Mr. Smith's leadership, stating, "You cannot have a good team without good leadership. Great work, Mr. Smith."

Member Breen expressed her appreciation to Mr. Smith and the entire team, stating: "I'd just like to say to Randy and the whole team—amazing accomplishments. Hats off. Great job."

The Chair called for questions or comments and there were none.

A motion was made by Member Melendrez, seconded by Member Breen, and carried unanimously to approve the CY25 Chief Executive Officer's Report of Accomplishments, as presented.

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

David Kahananui, Administrative Manager, FQHC presented the Second Quarter (Q2) Risk Management Report, fulfilling FTCA requirements for quarterly reporting.

Mr. Kahananui provided the following highlights.

- Quarterly Risk Assessments were completed for both Q1 and Q2, with action plans 75% completed.
- The Q2 risk assessment focused on HIPAA compliance, with 40 out of 45 criteria met. Action plans were developed for the remaining five items.

- Incident Reporting:
 - 25 incidents were reported in Q2.
 - Year-to-date total is 43, on pace to exceed last year's total of 70.
 - One root cause analysis was completed; others are pending follow-up actions.
- Peer Review Audit Scores for providers reached 95% in Q2.
- Training Compliance:
 - Required annual trainings for clinical staff are nearly complete.
 - Risk Manager training also completed.
- Patient Satisfaction:
 - Q2 average score: 97.8%
 - Year-to-date satisfaction: 98.1%
- Additional Metrics:
 - One grievance reported and resolved.
 - No pharmacy packaging/labeling errors or HIPAA breaches.
 - 100% of the referrals ordered were processed.
 - 49.23% of eligible patients received pregnancy intention screening.
 - Gaps identified in documentation for trimester and birth weight/race data; mechanisms are being developed to improve tracking.
 - 100% of licensed practitioners are current with credentialing and privileging.
 - No claims were reported in Q2.

The Chair called for questions and there were none.

A motion was made by Member Coca, seconded by Member Melendrez, and carried unanimously to approve the Second Quarter Risk Management Report, as presented.

6. Receive, Discuss and Accept the Third Second Quarter Risk Management Assessment;
direct staff accordingly or take other action as deemed necessary (*for possible action*)

Robin Carter, Chief Medical Officer/Medical Director, presented the Second Quarter (Q2) Risk Assessment, which focused on HIPAA compliance. Dr. Carter noted that while no major errors were found, five areas for improvement were identified and categorized into three key focus areas:

1. Oral Communication:
 - Due to the pod-style layout of provider workspaces surrounded by patient rooms, staff are being reminded to minimize volume and conversation outside exam rooms to protect patient privacy.
 - Managers and Dr. Carter conduct regular walkthroughs to reinforce this practice.
2. Protecting Confidentiality of Electronic Communication:
 - Staff will begin including confidentiality disclaimers in all emails containing Protected Health Information (PHI).
 - Patients are advised not to use email as their primary method of communication due to security limitations.
3. Secure Messaging and PHI Handling:
 - Staff use headsets and Teams for patient calls, but soundproofing limitations are acknowledged.
 - Patients are informed that while efforts are made to ensure privacy, complete sound isolation cannot be guaranteed.

Dr. Carter also shared that FTCA has issued new guidance requiring more detailed comments on risk assessments. In response, Dr. Carter shared she has added comments to every item in the Q2 assessment to ensure full compliance. Dr. Carter emphasized that most of the identified issues are not major corrections but require ongoing vigilance and daily reminders. Annual HIPAA training continues to be provided to all staff.

The Chair called for questions and there were none.

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

7. Receive, Discuss and Approve the Submittal of the Non-Competing Continuation Grant H80CS33641; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Kahananui provided a brief overview of the annual renewal process for the Health Center Program Non-Competing Continuation Grant H80CS33641. Mr. Kahananui advised the renewal will cover the funding period from February 1, 2026, through January 31, 2027, with a total funding amount of \$1,023,114. Mr. Kahananui further shared the application must be submitted through HRSA's Electronic Handbook system by the deadline of October 17, 2025.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve the Submittal of the Non-Competing Continuation Grant H80CS33641, as presented.

8. Receive, Discuss and Approve CY25 Second Quarter Clinical Performance Measures; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Felicia Sgovio, Quality Management Coordinator, presented the Second Quarter clinical quality measures and patient satisfaction results. Ms. Sgovio noted the addition of a new HRSA-required measure on substance use disorder treatment, which will be included in next year's UDS report.

Ms. Sgovio provided an overview of the following:

- Year-over-year improvements ending June 30, 2025
- 2025 Quality Focus Measures (adding depression screening and follow-up to support Patient-Centered Medical Home (PCMH) accreditation.
- Clinical Quality Measures – What is working well, areas of opportunity and next steps.

Ms. Sgovio reviewed the patient satisfaction survey process, noting that surveys are sent post-appointment with follow-up reminders. Surveys are active across most programs, with development underway for the Sexual Health program. Ms. Sgovio shared a new question about care team ~~collaboration~~ collaboration that was being added, and the survey has been shortened from 15 to 13 questions to improve completion rates.

Ms. Sgovio advised that quarter two results showed consistently high patient satisfaction across provider communication, staff courtesy, scheduling ease, and facility cleanliness. The

Net Promoter Score was 88, reflecting strong patient loyalty. Ms. Sgovio also highlighted an increase in responses submitted in languages such as Swahili and Korean, indicating broader engagement.

The Chair called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to approve the CY25 Second Quarter Clinical Performance Measures, as presented.

- IX. 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.

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

- Uniform Data System (UDS) Benchmark Report

Mr. Smith shared that the final UDS results were received in August and unlike last year, when the Health Center earned three Community Health Quality Recognition badges, none were awarded this year. Only one health center in Nevada received a badge, due in part to HRSA's updated eligibility criteria and automatic disqualification for any questionable data tables.

Mr. Smith emphasized that while badges are meaningful recognition, the greater challenge is in improving data accuracy and usability within the electronic health record system. Mr. Smith presented the organization's quartile rankings for clinical performance measures, noting that many fell into the fourth quartile. Mr. Smith attributed some of the lower rankings to data errors, such as early prenatal care and HIV linkage to care, and expressed optimism for improvement under Dr. Carter's leadership.

Mr. Smith shared that we had one clinical performance measure in the first quartile ranking, which was controlling high blood pressure. Mr. Smith encouraged the board to consider using these measures as future performance goals. Mr. Smith also noted that the Health Center served 11,501 unique patients, an all-time high, but acknowledged an increase in cost per patient, largely due to pharmacy expenses from the HIV program.

The Chair called for questions and there were none.

• CEO Comments

Mr. Smith reported that the Health Center completed its Title X audit earlier this month with strong results. The review team was highly ~~complimentary~~complementary, noting the team's thorough preparation and identifying several documents as best practices. The final report is pending, with potential findings subject to the discretion of the project officer.

Mr. Smith advised that the health center received Title X funding through March 2026, providing short-term stability despite ongoing uncertainty about the program's future. Mr. Smith also

addressed the potential federal government shutdown, noting concerns about access to already obligated funds. The finance team is working to ensure all ~~drawdowns~~ are current.

Additional updates included:

- FTCA coverage has been renewed through calendar year 2026.
- A second interview is scheduled for a staff physician candidate at the Fremont site.
- Progress continues toward Patient-Centered Medical Home (PCMH) accreditation.
- A major call center improvement project is underway to enhance patient access.
- Board Governance and CEO Evaluation

Mr. Smith reminded board members of the upcoming annual meeting. Ms. Bellamy will coordinate updates to conflict-of-interest disclosures, committee assignments, and the 2026 board calendar. Members were encouraged to share feedback on meeting times.

Mr. Smith provided an overview of the process for the CEO evaluation and shared the board will receive the evaluation tool, scoring rubric, and supporting materials later in the week. Mr. Smith advised the **Chief Executive Officer** Annual Review Committee will meet ahead of the October board meeting to review results and proposed goals for fiscal year 2026.

The Chair called for questions and there were none.

XI. INFORMATIONAL ITEMS

- Community Health Center (FQHC) August 2025 Monthly Report

XII. 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 five (5) 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.

XIII. ADJOURNMENT

The Chair adjourned the meeting at 3:54 p.m.

Randy Smith
Chief Executive Officer - FQHC

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