Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, April 24, 2024, at 12:30 PM*** at 5200 Harry Hines Blvd (WISH Building) Dallas, TX 75235, Conference Room 02-175. (If assistance is needed in locating the room, please see the Administration receptionist on the 4th floor, 04-131.) Videoconferencing access is also possible via Webex. That application is available at https://www.webex.com/downloads.html. Teleconferencing access is possible by calling +1-415-655-0001. Both virtual access forms require inputting (meeting number: 2630 207 4921; meeting password: 1234) to join the meeting. The ***Board of Managers HOMES*** reserves the right to exercise discretion and may convene in Executive Session as permitted by Texas Government Code §§551.071 (consultation with attorney), 551.072 (deliberations regarding real estate), 551.074 (personnel matters), 551.076 (deliberations regarding security devices or security audits), 551.078 and/or 551.0785 (deliberations by medical committee or by governmental body that administers a public insurance, health or retirement plan regarding individuals' medical or psychiatric records), 551.085 (deliberation by governing board of certain providers of health care services), 551.087 (deliberation regarding economic development negotiations), 551.088 (deliberation regarding test item); Texas Government Code §418.183 (deliberation of information under §§418.175 – 418.182 for purposes of disaster management or disaster planning); Texas Health & Safety Code §161.032 (medical committee or medical peer review committee records, information or reports; and/or medical committee or medical peer review committee proceedings under Tex. Health & Safety Code Chapter 161 and/or Tex. Occ. Code Chapters 151 and 160); and/or as otherwise authorized by law on any item listed below. The ***Board of Managers HOMES*** may consider any of the agenda items in open or executive session and may continue the meeting as necessary to accomplish the business at the time and place designated by the Chair to reconvene.

		PAGE	TIME (MIN)	PRESENTER(S)
I.	**Declare a Quorum Present/Call to Order/Mission Statement** ***Advance Wellness | Relieve Suffering | Develop and Educate*** **I CARE** **I**ntegrity **C**ompassion and Collaboration **A**ccountability **R**espect **E**quity **Public Comments Regarding Agenda Items** *See public comment registration information and rules at* *https://www.parklandhospital.com/board-of-managers*			Chair
II.	**Consent Agenda**			
A.	Approve Minutes 2024-03-27 HOMES	2	1	Chair
B.	Approve Minutes 2024-04-08 HOMES Advisory Board	6		
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	12	3	Kyla Rankin
B.	Management and Finance Update	13	3	
C.	Governance Update	14	3	
D.	HRSA Compliance Manual Requirements: The Big 20	15	3	
E.	HRSA Compliance Manual Requirements: Chapter 14 Collaborative Relationships	19	3	
F.	2024 State of Homelessness Address	21	3	
IV.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
V.	**Adjourn**			
A.	Closing Remarks			
B.	Call to Adjourn			

Approve Minutes 2024-03-27 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
March 27, 2024

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, March 27, 2024, scheduled for 12:30 p.m. in the WISH Building Conference Room (02-175) at Parkland Health and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Chair Marjorie Petty, JD, noted that a quorum was physically present and called the meeting to order at 12:33 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Eric G. Bing, MD, PhD; Todd Furniss, JD; Reina Gonzalez, JD; Vincent Hall; Ramon Miguez, PE; Farida Minner, RN; Elizabeth Palacios, MD; and Lisa Sutter.

Board members John Proctor and Byron Cryer, MD, were not present.

Staff Present (via Webex and in-person) included:

April Foran, Director/Corp Communications & PIO
Beall Carothers, Director-Real Estate Development/PDC
Donna Richardson, EVP & Chief Nursing Executive
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer
Forrest Stovall, Strategy Program Manager
Fred Cerise, President & Chief Executive Officer
Jessica Hernandez, SVP Chief DEI Officer
Kyla Rankin, HOMES Project Director
Michael Horne, President & CEO Parkland Foundation
Michael Lane, SVP Chief Quality & Safety Officer
Morgan Simmons, Governance Program Coordinator
Pamela Bryant, SVP/Supply Chain Management
Rick Humphrey, EVP & Chief Financial Officer
Roberto de la Cruz, EVP & CCO
Saul Cordero, SVP & Chief Governance & Strategy Officer
Steven Roth, EVP & Chief Legal Officer
Tabitha Lee, VP Finance/Controller

Additional Attendees:
Virzola Law – Pastor/ Invocation Provider (Via Webex)

II. Mission Statement

Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

IV. Conflicts of Interest

After review of the agenda, the Chair noted zero conflicts of interest for Board Members present.

V. Consent Agenda

A. Approve Minutes 2024-02-28 HOMES

Vincent Hall motioned for the approval of the Consent Agenda. Todd Furniss, seconded the motion. The motion passed unanimously.

VI. Reports Requiring Deliberation(s) or Approval(s)

The Board received information for the following updates presented by Kyla Rankin, HOMES Project Director.

A. Operations Update

Kyla Rankin reported on HOMES staffing improvements. The Advance Practice Provider (APP) accepted the position this week. Kyla is actively working with the office of talent management to fill one Dental Assistant (DA) position and one Medical Practice Assistant (MPA) position. Kyla reported on a HRSA demographic characteristics project. HRSA informed all grantees via Program Assistance Letters (PALS) of the requirement to expand the collection of race and ethnicity data. The project is challenging to implement due to potential impact of Parkland's system-wide reporting. HOMES and IT are moving close to implementation and current go-live is scheduled for June 2024. In the meantime, HOMES collects the requested data manually.

The Board asked questions and received additional information related to the Operations Update.

B. Management and Finance Update

HOMES saw 2,491 unduplicated patients thus far in 2024, 25% of the annual goal. The annual goal is 9,675. Additionally, Kyla mentioned HOMES is down two providers, they are keeping an eye on this and requesting float pool providers to assist as needed. Actual business to budget and overtime are within acceptable range.

The Board asked questions and received additional information related to the Management and Finance Update.

C. Governance Update
The next HOMES Advisory Board Meeting is Monday, April 8, 2024, in the Moody outpatient Center. A hybrid attendance option will continue.

D. HRSA Compliance Manual Requirements: The Big 20
Kyla Rankin reviewed The Big 20 manual.

E. HRSA Compliance Manual Requirements: Chapter 7: Coverage for Medical Emergencies During and After Hours
Kyla Rankin reviewed Chapter 7: Coverage for Medical Emergencies During and After Hours. She reported on the HRSA requirements and how HOMES demonstrates compliance with the HRSA requirements. Kyla referenced several Parkland polices to support the requirements.

The Board asked questions and received additional information related to the HRSA Compliance Manual Requirements.

F. HRSA Update
Kyla informed the Board of submission of the Annual Uniform Data System Report from February 2023. There were 13 follow-up questions from the report, all of which were answered by the March 15th, 2024, deadline. The report met final approval by the HRSA surveyor, and the 2023 submission closed.

G. 2024 State of Homelessness Address
Kyla reminded the Board of the Point in Time count results which will occur April 18, 2024.

The Board asked questions and received additional information related to the State of Homelessness Address.

VII. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 12:45 p.m.

SO RECORDED:

Marjorie D. Petty, JD Chair	Steven Roth, JD, MPH Assistant Secretar

Approve Minutes 2024-04-08 HOMES Advisory Board

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 4/8/2024 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

Attendees							
x	Kyla Rankin		Marjorie Petty	x	Farida Minner	x	Wanda Wonzer
x	Sara Galvez		Margie Roberts	x	Michael Gilot	x	Rebecca Hikom
x	Dolores Diaz		W.R. Cunningham		Vicki Gies		Guadalupe Ramirez
	Donna Persaud		Forrest Stovall		Elfrieda Cole	X	Saul Cordero
Guests							

	Agenda Item/ Presenter	Discussion	Action items
	Approval of February Minutes	-Motion to approve October minutes. Approved by Michael Gilot. Second by Rebecca Hikom	
	Staffing	- 1 FTE Dental Assistant (DA) position open-interviews in progress - 1 FTE Medical Practice Assistant-interviews in progress - 1 FTE APP –offer accepted-July 2024 start date - New staff – Stephanie Beal, MPA, Charsha Crump, Community Development Specialist - Kyla informed the advisory board about the timing that it typically takes to onboard medical providers at Parkland. This is typically a longer period (3-6 months) due to credentialing. Kyla also introduced Charsha and stated she would be responsible for increasing the advisory board membership/participation.	
	Operations	- Sara provided update on new site locations - Dental team is moving toward full staffing with the plan of having the mobile dental unit operational by end of May 2024 - HOMES Tex Oak location is still under construction-new target date is June 2024 - Safety posts – HOMES leaders monitoring all safety posts, staff will have annual active shooter/safety training during May staff meeting, staff also encouraged to wear Parkland provided personal alarms daily. - Outreach – HOMES continues to partner with Housing Forward on encampment decommissioning. Wanda asked, “when we do outreach with unsheltered do we connect them with housing and if so how successful are we?”. HOMES is typically not the direct link to housing. Sometimes a Peer/Social work can assist with housing, the medical visits at encampment decommissioning’s are needed forms for housing and	

Parkland

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 4/8/2024 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

		we try to ensure ALL staff are aware of the housing process. HOMES does not monitor data on success of housing. - Healthcare for the Homeless Conference 2024 – HOMES will be presenting on telehealth & leadership will attend.	
	Patient Target	- Kyla reviewed the unduplicated patient count for year to date. HOMES is at 33% to goal. HOMES is not the only grantee that is not reaching unduplicated goal. We will continue to monitor and work toward increasing this number.	
	Leadership Update	- Employee engagement –Board was informed that leadership will plan an external social activity on the months where we don't have staff meetings. The next social will be Monday, April 15-5:30-7:30pm-bowling. Kyla will reserve lanes and staff are responsible for the cost of their bowling. - Budget- leadership is monitoring and working to reduce overtime. Overtime continues to be under budget. This month, HOMES did not meet the visit target. We continue to request float providers; however, the department is down 2 providers. We may expect to not meet our volume in the coming months. - HOMES Leadership will present at the April Population Health Quality Leadership meeting-this is a yearly presentation that provides education to the division	
	COPC Metric Balance Score Cards Patient Care & Safety Audits	- Safety posts were discussed. - Vanessa reported on 1 complaint/grievance around a language barrier and communication with a shelter partner. As a follow up, HOMES did contact the patient and ensured they found resources to be seen for medical care and the complaint was resolved. - The advisory board was given an update on HOMES March patient satisfaction survey collection. The goal was 650 surveys, the team exceeded the goal by collecting 876 surveys.	
	HRSA Updates	- UDS was submitted 2/15/24. The HRSA reviewer provided 13 follow up questions on Tables 4, 5, 6b and 9d. Responses were provided for these questions and the submission was closed out. - The board was informed about the EPIC 3b demographic update. HRSA has asked grantees to expand their collection of race and ethnicity. This has been a challenge for HOMES due to the far-reaching reporting effects it may have on the Parkland system. The project is currently in process and being guided by a project manager. In the interim, Operations team will collect the data manually. - Final American Rescue Plan Act report will be submitted 4.15.2024.	

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 4/8/2024 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

	Community Relations	- Kyla reported, SOHA address would occur 4.18.24, Rebecca Hickom, Housing Forward indicated the date had changed but she was not aware of the new date. Once the date is provided, Kyla will forward to Advisory Board members. -	Provide registration and new date for 2024 SOHA.
	Recognition and Celebrations	- Saul Ortiz, HOMES Driver was recognized as UBC employee of the quarter.	
	Looking Ahead	- Looking forward to moving into our new shed location in 2024. - Dental mobile unit resuming operations after the team is fully staffed. - The Joint Commission-continual readiness.	
	Miscellaneous	- Mr. Gilot thanked us for all that we do. - Ms. Miner gave HOMES kudos on employee engagement efforts, stating it will boost morale. She also like the personal safety alarms, hoping it will help all staff feel more safe. - Ms. Hickom informed HOMES she would also be attending the Healthcare for the Homeless conference in May.	
	Next meeting	- Next meeting will be Monday, June 10, 2024.	

The minutes, records and improvement activities operate under HB 4495b and the Texas Health & Safety Code, Sec. 161.031 & 161.032 affording protection from disclosure or discovery. Records of these committees are not public and are not subject to court subpoena. Records may be made available to persons who have a right to review the records and who are required to keep the information confidential.

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – April 2024

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Operations
  - Management and Finance
- Governance
- HRSA Compliance Manual Requirements: The Big 20
- State of Homeless Address 2024

Operational Updates

Staffing

1.0 FTE Dental Assistant (DA)

1.0 FTE Medical Practice Assistant-Supervisor

Operations

- First year turnover
- Demographic Characteristics 3B
- IT connectivity

Management & Finances – March

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	3259	9675	33%	25%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3306	3611	(305)	-8.5%	20,197	19,852	345	1.7%
Expenses	$679,209	$703,030	$23,821	3.4%	$4,158,038	$4,106,300	($51,738)	-1.3%
Charges	$2,221,967	$2,586,456	($364,489)	-14.1%	$13,582,351	$14,217,781	($635,430)	-4.5%
Revenue	9,741				301,253			
Commercial	58				6,428			
Medicaid	5347				188,826			
Medicare	4337				105,999			
FTE	59.28				60.72			
FTE - OT	.98	1.05	.07	7.0%	1.11	1.03	(0.09)	-8.3%

- HRSA recommendation is claims billed in less than 30 days.
- HRSA grant year: January 1, 2024 to December 31, 2024

Governance

- HOMES Advisory Board Meeting:
  - April 10, 2024-11:30am
    - Approval of HOMES Advisory Board meeting minutes
  - Next Meeting: June 10, 2024

The Big 20

The HRSA Compliance Manual has 21 chapters which cover 19 requirements in the four (4) areas:

1. Need
2. Services
3. Management & Finance
4. Governance
5. Annual training was added as a 20th requirement

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

HRSA Requirement	Description	Board Month
1. Needs Assessment (Ch. 3)	Demonstrates and documents the needs of its target population, updating its service area, when appropriate. Community Needs Assessment	September Every 3 years (2019)
2. Required & Additional Services (Ch. 4)	Provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.	August
3. Staffing (Ch. 5)	Maintains a core staff as necessary to carry out all required health services either directly or through arrangements and referrals. Staff must be appropriately licensed, credentialed, and privileged.	August
4. Accessible Hours of Operation / Locations (Ch. 6)	Provides services at times and locations that assure accessibility and meet the needs of the population.	August
5. Coverage for Medical Emergencies During & After Hours (Ch. 7)	Provides professional coverage for medical emergencies during regularly scheduled hours and when the center is closed.	March
6. Hospital Admitting Privileges & Continuum of Care (Ch. 8)	Physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.	August and update as needed

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

7. Sliding Fee Discounts (Ch. 9)	A system is in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. • This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income. • No discounts may be provided to patients with incomes over 200 % of the Federal poverty guidelines. • No patient will be denied health care services due to an individual's inability to pay for such services by the health center, assuring that any fees or payments required by the center for such services will be reduced or waived.	Annually to align with Federal Poverty Guidelines
8. Quality Improvement/ Assurance Plan (Ch. 10)	A Quality Improvement/Quality Assurance (QI/QA) program is in place which includes clinical services and management, and confidentiality of patient records. The QI/QA program must include: • A clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high-quality patient care; • periodic assessment of the appropriateness of the utilization of services, quality of services provided or proposed to be provided to individuals served by the health center; assessments shall: – be conducted by physicians or by other licensed health professionals under the supervision of physicians; – be based on the systematic collection and evaluation of patient records; and – identify and document the necessity for change in the provision of services by the health center where indicated.	Quarterly Metric Review: February or approval of annual UDS report August November December QAPI Policy: October
9. Key Management Staff (Ch. 11)	Maintains a fully staffed team as appropriate for the size and needs of the center. Prior approval by HRSA of a change in the Project Director/Executive Director/CEO position is required.	September and update as needed
10. Contractual/Affiliation Agreements (Ch. 12)	Exercises appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center program requirements.	October and ongoing
11. Collaborative Relationships (Ch. 14)	Makes effort to establish and maintain collaborative relationships with other health care providers, and health centers, in the service area of the center. The health center secures letter(s) of support from existing health centers in the service area or provides an explanation for why such letter(s) of support cannot be obtained.	March and ongoing
12. Financial Management and Control Policies (Ch. 15)	Maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. An annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report.	July

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

13. Billing and Collections (Ch. 16)	Systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures.	November
14. Budget (Ch. 17)	Develops a budget that reflects the costs of operations, expenses, and revenues necessary to accomplish the service delivery plan, including the number of patients to be served.	HRSA approval
15. Program Monitoring & Data Reporting Systems (Ch. 18)	Have systems in place to accurately collect and organize data for program reporting and support management decision making.	March
16. Scope of Project	Maintains its funded scope of project (sites, services, service area, target population, and providers); including any increases based on recent grant awards.	Award notification & update as needed
17. Board Authority (Ch. 19)	Governing board maintains appropriate authority to oversee the operations of the center, including: • holding monthly meetings; • approval of the health center grant application and budget; • selection/dismissal and performance evaluation of the health center CEO; • selection of services to be provided and the health center hours of operations; • measure and evaluate the organization's progress in meeting its annual and long-term programmatic and financial goals and develop future plans for the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance; and establish policies for the health center.	December
18. Board Composition (Ch. 20)	Governing board is composed of individuals, a majority of whom are being served by the center and, this majority as a group represents the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. Specifically: • Governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization. • The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community. • No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.	December
19. Conflict of Interest Policy (Ch. 13)	Bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods or services to the health center. No board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the board.	December
20. Annual Board Training	Annual training of governing board. New governing board members will be trained during board orientation.	December

For additional information on these requirements, please review:

- Health Center Program Statute: Section 330 of the Public Health Service Act (42 U.S.C. §254b)
- Program Regulations: 42 CFR Part 51c and 42 CFR Parts 56.201-56.604
- Grants Regulations: 45 CFR Part 74

HRSA Health Center Program Compliance Requirements – Chapter 14 Collaborative Relationships

Requirements

- Establish and maintain collaborative relationships with other health care providers in the area, to provide access to services not available through the health center and to reduce the non-urgent use of hospital emergency departments.

- Coordinate and integrate project activities with the activities of other federally-funded, as well as State and local, health services delivery projects and programs serving the same population.

HRSA Health Center Program Compliance Requirements – Chapter 14 Collaborative Relationships

- **Service Sites**
  - **Fixed Sites:** The Bridge, Stewpot & Homeward Bound (Deflection center)
  - **Mobile Sites:** Austin Street Shelter, Cenikor, City Square, Dallas 24 Hour Club, Dallas Life Foundation, Dallas Transitional Center, Golden Gate Ministry, Good Samaritan of Garland, Homeward Bound, Jonathan's Place, Many Helping Hands, Nexus Recovery Center, Our Calling, Gateway Foundation (Creuzot), Salvation Army, Salvation Army-ARC, Soul's Harbor, St. Jude-I/II, Union Gospel Mission, Vogel Alcove
  - **Domestic Violence Sites:** Family Place, Genesis Women's Shelter & Support, & Mosaic Family Services
- **FQHC sites**
  - Foremost, Los Barrios, Healing Hands
- **Community Collaborations**
  - Office of Homeless Solutions, Housing Forward, Dallas County Health Department

2024 State of Homeless Address

- Review of progress of Dallas and Collin Counties homeless response system
- Results of the 2024 Point in Time Count
- Next steps the community must take to end homelessness

April 30, 2024-8:15am
Winspear Opera House
no virtual option

Questions