Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Thursday, June 20, 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: 2634 079 5618; 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 2024-05-22 HOMES	2	1	Chair
B.	Approve Minutes 2024-06-10 HOMES	7	1	Chair
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	13	3	Kyla Rankin
B.	Management and Finance Update	14	3	
C.	Governance Update	15	3	
D.	HRSA Compliance Manual Requirements: The Big 20	16	3	
E.	HRSA Compliance Manual Requirements: Chapter 8: Continuity of Care & Hospital	20	3	
F.	HRSA Update	22	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 2024-05-22 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
May 22, 2024

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, May 22, 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 12:30 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Todd Furniss, JD; Reina Gonzalez, JD; Vincent Hall; Ramon Miguez, PE; Farida Minner, RN; Elizabeth Palacios, MD; and Byron Cryer, MD.

Board member John Proctor, Lisa Sutter and Eric G. Bing were not present.

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

April Foran, Dir./Corp Communications & PIO
Donna Richardson, EVP & Chief Nursing Executive
Donna Persaud, Medical HOMES Director
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer
Fred Cerise, President & Chief Executive Officer
Jessica Hernandez, SVP Chief DEI Officer
Joseph Chang, SVP & CMO
Kyla Rankin, HOMES Project Director
Michael Lane, SVP Chief Quality & Safety Officer
Morgan Simmons, Governance Program Coordinator
Pamela Bryant, SVP/ Supply Chain Management
Rick Humphrey, EVP & Chief Financial Officer (via Webex)
Roberto de la Cruz, EVP & CCO
Saul Cordero, SVP & Chief Governance & Strategy Officer
Steven Roth, EVP & Chief Legal Officer

Additional Attendees:
Kristen Harrison, Associate Director at the Smith Group Dallas (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 2024-04-24 HOMES

Vincent Hall motioned for the approval of the Consent Agenda. Byron Cryer 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. Kyla is actively working with the office of talent management to fill one Dental Assistant (DA) position and one Medical Practice Assistant (MPA) Supervisor position. Kyla mentioned the HOMES mobile units are in a temporary location on Butler Street but will be moved to the Tex Oak permanent location by the end of June. Kyla reported the HOMES staff is working on Joint Commission Readiness by rounding various units weekly.

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

B. Management and Finance Update

HOMES saw 4,034 unduplicated patients thus far in 2024, 42% of the annual goal. The annual goal is 9,675. Additionally, Kyla mentioned the amount of visits this month was over the allotted number which caused expenses to exceed the budgeted amount as well. Kyla reported the overtime is under the amount budgeted for the month.

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 June 10th, 2024, in the Moody outpatient Center. A hybrid attendance option will be available.

D. Quality Improvement Update

Dr. Donna Persaud presented on the HRSA Quality Measure Goals for YTD as of March 31, 2024. Dr. Persaud mentioned the notable improvements in vaccination measures and steadiness of all other quality measures. Additionally, Dr. Persaud mentioned the goal for breast cancer screening HOMES would like to see at 80% versus the current 76%. Measures needing improvement include: Access to prenatal care, cervical screening, colorectal screening, controlled hypertension, and depression screening and follow-up. Dr. Persaud mentioned the challenges regarding these screening areas are due to a lack of follow-up from patients, yet the HOMES medical teams are working to continuously reach out and reschedule appointments with these patients to improve screening results. Dr. Persaud presented on the Safety Audits for the month. The top safety data and audits continue to surround behaviorally violent and disruptive patients.

E. HRSA Compliance Manual Requirements: The Big 20

Kyla Rankin reviewed The Big 20 manual.

F. HRSA Compliance Manual Requirements: Chapter 18: Program Monitoring & Data Reporting Systems

Kyla Rankin reviewed Chapter 18: Collaborative Program Monitoring & Data Reporting Systems. Kyla reported on the HRSA requirements and how HOMES gathers and submits data via various reporting systems.

G. HRSA Updates

Kyla presented two Notice of Funding Opportunities (NOFO) one being the FY24 Behavioral Health Service Expansion and another being the Year 2025 Quality Improvement Fund-Transitions in Care for Justice Involved Populations. Kyla mentioned HOMES is considering applying for both funding opportunities.

H. Point in Time Count Data

Kyla presented on the Point in Time count data from January at a total of 3,718 which is the lowest count in Dallas County in about 10-12 years. Kyla mentioned the methodology may be flawed due to general optics in Dallas County but based on the current methodology in place the count is accurate.

The Board asked questions and received additional information related to the Point in Time Count Data.

I. Celebrations/Recognitions

Kyla presented on the HOMES nursing team as they were recognized with the Daisy Team of the Year Award. Additionally, the HOMES team attended the National Healthcare for the Homeless Conference where Parkland presented on equitable approaches to mobile health care.

VII. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 12:53 p.m.

SO RECORDED:

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

Approve Minutes 2024-06-10 HOMES

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 6/10/2024 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

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

	Agenda Item/ Presenter	Discussion	Action items
	Staffing	- Current posted positions are Dental Assistant (DA), MPA Supervisor, Mobile Medical Unit (MMU)Driver, Medical Practice Assistant (MPA), and Advanced Practice Provider (APP). - Charles Daniels, MMU driver, will be retiring after 30 plus years of service. MPA is transferring internally. The MPA supervisor position had been filled but the employee decided she was not interested in that position and wanted to go back to MPA position. - Alexis Michel is new dental assistant.	
	Operations	- Operations leaders continue to evaluate current sites and consider potential new sites to visit. - Dental unit has been out of operation since August due to staffing, services will resume this week (Monday-Wednesday) at Salvation Army and Creuzot. - Stewpot dental clinic needs compressor repairs. Compressor is in the closet causing some issues. HOMES is working with facilities at both sites to make sure this is taken care of. - We anticipate mid-July for HOMES to move into the Tex Oak site. Rain has caused some delays and prevented laying cement. - Maintenance/Repairs – our older MMUs serve as backups. Supervisor manages the units for repairs and is working to have more vendors available for us to use for these needs. - At our May staff meeting we had our annual safety training. Staff appeared very engaged in this training. - We are in our Joint Commission window until February 2025. They can come and visit any of our sites at any time as the provide oversight and ensure we are doing what we need for patient care. - We will implement an RN Led Hypertension clinic at The Bridge. Patients will be referred by our providers and nurses will provide an education role to patients to promote healing, provide psychological support, monitor patient's condition, and perform nursing interventions. We will start at The Bridge and as we go, we will consider using our outreach unit to provide this service to other sites.	
	Patient Target	- Unduplicated patients for 2024 as of end of May is 4,737. Despite being down providers, our volume has remained steady with the use of float providers.	

Parkland

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 6/10/2024 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

	Leadership Update	- There are no changes in HOMES but there are changes in Population Health. Kyla will now be reporting to James Perez in the interim of this restructuring. Mr. Cordero asked if we need to report this change to HRSA. Kyla said she doesn't think we have to but will remove Christina Mintner as a contact and will double check. - HOMES remains within budget. - Labor optimization – we are sending staff to other clinics as needed	
	COPC Metric Balance Score Cards **Patient Care & Safety Audits**	- Our safety posts are mostly from Deflection Center. - We continue to do well in all other areas.	
	HRSA Updates	- Demographics Characteristics 3B – after two years of this project, it went live last week. The change would not be possible without extensive internal collaboration to ensure appropriate mapping and accurate reporting. - HRSA has three notice of funding opportunities (Behavioral Health Service Expansion, Transitions in Justice Care and Expansion Hours). HOMES will not purse any of these opportunities. - Bridge funding (HOMES already has through the end of 2024) is to promote COVID vaccine and we will plan to promote COVID at outreach events in coordination with other vaccines.	
	2024 Point in Time (PIT) Count Data	- Data was distributed by Housing Forward. According to the 2024 Point in Time Count (PIT) 3,718 individuals are experiencing homelessness on a single night. This is the biggest decrease that has been seen in approximately 10 years. Ms. Wonzer asked if this number was only for adults and how often do we see families unhoused. Kyla explained that this number included adults and children. Kyla mention that we may typically see families unhoused when an older male child is with a female head of household. In those instances, the male child may have to go into the shelter as an adult male and most mothers would not want that scenario. Ms. Wonzer also asked if we knew Family Gateway had moved from downtown. Kyla is aware that Family Gateway is now in Collin County but continue to utilize the coordinate access system (CAS). Families can contact Family Gateway (the entry point for families experiencing homelessness) and they will assess the family and decide next steps.	
	Recognition and Celebrations	- Charles Daniels will be retiring after 30 plus years of being a Mobile Medical Unit Driver. - HOMES nurses won the Daisy Team of the Year. - ICARE Value awards were won by Dr. Aretha Fisher, Psychiatrist and Domingo Davila, Licensed Professional Counselor (LPC). Dr. Fisher and Domingo were nominated by Parkland staff. Dr. Fisher for leading the Employee Resource Group and Domingo for his collaboration with staff. - HOMES Leadership attended the 2024 National Healthcare for the Homeless Conference in May. Team presented about virtual care and information was well received.	
	Looking Ahead	- Shed move (Tex Oak for MMUs) - Dental Mobile - Survey Readiness	

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 6/10/2024 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

	Miscellaneous	- Mrs. Gies stated that her biggest problem right now is Homeless Solutions. Her and her husband were told they needed to go to the shelter to be able to receive housing. She states they receive checks, but it is not enough for an appointment. Kyla is going to connect her with Rebecca from Housing Forward and they can talk offline. - Mrs. Roberts will send a picture of the new City of Dallas building to Kyla so that she can research a bit more about this facility.	
	Next meeting	- Next meeting is August 12, 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 –June 2024

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Staffing/Services
  - Management and Finance
- Governance
- Quality Improvement/Assurance
- The Big 20
- HRSA compliance manual requirement
- HRSA update
- Celebrations/Recognitions

Operations

- Staffing

Posted

  - 1.0 FTE Dental Assistant
  - 1.0 FTE MPA Supervisor
  - 1.0 FTE MPA
  - 1.0 FTE MMU Driver
  - 0.5 FTE APP

- Dental
- EPIC 3B update
- Encampment initiative
- City Square plans

Management & Finances – May

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	4737	9,675	48%	41%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3515	2979	536	18%	27,227	26,023	1204	4.6%
Expenses	$748,852	$670,661	($78,191)	-11.7%	$5,590,794	$5,445,624	($145,170)	-2.7%
Charges	$2,043,429	$2,133,370	($89,941)	-4.2%	$17,743,127	$18,636,954	($893,827)	-4.8%
Revenue	$50,203				$421,600			
Commercial	$1029				$8455			
Medicaid	$22,447				$255,877			
Medicare	$26,727				$157,268			
FTE	63.29				61.24			
FTE - OT	.92	.99	0.07	7.0%	1.09	1.02	(0.07)	-6.6%

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

Governance

- Monday, June 10, 2024
  - 3 consumer members attended
- Next Meeting
  - Monday, August 12, 2024
  - Hybrid and in person option

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

Developed a calendar to review each chapter with the Board of Managers.

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.	May
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.	June
4. Accessible Hours of Operation / Locations (Ch. 6)	Provides services at times and locations that assure accessibility and meet the needs of the population.	May
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.	April
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.	June 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.	September
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.	February May August November
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.	April 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.	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.	February 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.	February

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.	September
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.	August
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.	April
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.	September
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.	October
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.	October
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.	October
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 8: Continuity of Care & Hospital Admitting

Requirements

- Provider required primary health services
- Ongoing referral relationship with one or more hospitals

HRSA Health Center Program Compliance Requirements – Chapter 8: Continuity of Care & Hospital Admitting

Demonstrating Compliance

- HRSA Approved Form 5A: Services Provided
- Documentation of admitting privileges
  - All MDs have the approved privilege: Admission to the Internal Medicine or Family Medicine Services of PHHS for patients requiring inpatient services.
- Documentation of addressing hospitalization/ER department referrals, discharge follow-up, and patient tracking to assure continuity of care for hospitalized health center patients
  - System-wide EMR
  - Discharge summaries forwarded to PCP in-basket

HRSA Updates-Notice of Funding Opportunities (NOFO)

- Recent NOFOs
  - FY24 Behavioral Health Service Expansion (FY24 BHSE)
  - Year 2025 Quality Improvement Fund-Transitions in Care for Justice-Involved Populations (QIF-TJI)
  - FY 2025 Expanded Hours (EH)
- Current Supplemental Funds
  - Bridge
  - QIA-UDS+
  - Carryover

Questions?