Parkland

HOMES
Homeless Outreach Medical Services
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, January 29, 2025, 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: 2310 385 1697; 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.	**Determine the Presence of a Quorum /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* The agenda has been developed by the Chief Governance Officer in consultation with the Board Chair and reviewed and affirmed by Counsel.			Chair
II.	**Consent Agenda**			
A.	Appropriate Action Regarding Minutes 2024-12-18 HOMES	3	1	Chair
III.	**Reports Requiring Deliberation(s) and/or or Possible Action**			
A.	Operations Update (day-to-day operations including but not limited to-staffing/operational challenges/partner site activity)	10	3	Kyla Rankin
B.	Management and Finance Update (volume, revenue, expenses, overtime)	11	3	
C.	Governance Update: Organization of HOMES meetings, Upcoming Meetings (HOMES advisory board which meets the 2nd Monday of every other month)	12	3	
D.	HRSA (Health Resources and Services Administration) Compliance Manual Requirements: The Big 20	13	3	
E.	HRSA Update	17	3	

		PAGE	TIME (MIN)	PRESENTER(S)
I.	Universal Data System (UDS) Reporting Update and Report (patient demographics, services, staffing)		3	
II.	Update and Report on HRSA Operational Site Visit 2025		3	
i.	Findings			
ii.	Recommendations			
iii.	Next steps			
F.	Point in Time Count (unhoused/unsheltered population data collection)	20	3	
G.	Sock Drive Count and Accomplishments	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			

Appropriate Action Regarding Minutes 2024-12-18 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
December 18, 2024

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, December 18th, 2024, scheduled for 12:30 pm, or directly following the Quality and Safety Meeting 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 12:42 pm.

Board Member attendees included: Vincent Hall; Elizabeth Palacios, MD; Farida Minner, RN, Todd Furniss, JD, Ramon Miguez, PE, Byron Cryer, MD, Reina Gonzalez, JD, Lisa Sutter (via Webex) and Eric G. Bing, MD.

Board member John Proctor was not present.

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

Donna Richardson, EVP & CNE
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer
Fred Cerise, President & Chief Executive Officer
James Orrison, Administrative Resident
James Perez, VP, Clinic Operations
Jessica Hernandez, Chief DEI Officer
Joseph Chang, SVP & CMO
Guy Toliver, Dir Inclusion-Supply Diversity
Keri Disney-Story, VP/Clinical Finance
Kyla Rankin, HOMES Project Director
Morgan Simmons, Governance Program Coordinator
Melanie Roberts, SVP/ Chief Compliance & Ethics Officer
Rick Humphrey, EVP & Chief Financial Officer (via Webex)
Pamela Bryant, SVP/Supply Chain Management
Saul Cordero, SVP & Chief Governance & Strategy Officer
Steven Roth, EVP & Chief Legal Officer
Vic Summers, SVP Internal Audit

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. Appropriate Action Regarding Minutes 2024-11-20 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 (day-to-day) operations including but not limited to – staffing/operational challenges/partner site activity)
Kyla mentioned there are still five vacancies for a registered nurse, a dental assistant, a medical practice assistant, and a peer navigator. Kyla mentioned her team is optimistic as they work with the Office of Talent Management to get these filled.

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

B. Management and Finance Update – volume, revenue, expenses, and overtime
Kyla presented on the November HOMES metrics. Kyla mentioned HOMES saw 8,038 unduplicated patients YTD which is 85% of the annual goal of 9,192 unduplicated patients leaving HOMES at 92% complete to the yearly goal. Kyla reported, HOMES will likely not meet the unduplicated patient count for 2024. Kyla mentioned there was an increase in PTO due to the holidays approaching which led to increased variance to budget regarding over time as well. Kyla mentioned some of the current vacancies are leading to increased over time as well.

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

C. Governance Update: Upcoming Meetings
Kyla mentioned there will not be a HOMES Advisory Board meeting for December. The next advisory meeting will occur on February 10th, 2025, with a hybrid option available. Kyla also mentioned Board Members attended the Holiday-joint community advisory

board celebration in December. Lastly, Kyla presented the HRSA Big 20 overview. The HRSA compliance manual has 21 chapters.

D. HRSA (Health Resources and Services Administration) Compliance Manual Requirements: The Big 20

Kyla mentioned the HRSA Big 20 manual which has 21 chapters that cover 19 requirements in four service areas. Kyla has developed a calendar to continue to review these chapters and service needs with the Board.

E. HRSA (Health Resources and Services Administration) Compliance Manual Requirements: Chapter 12: Contracts & Subawards

Kyla reviewed chapter 12 of the HRSA Compliance Manual which covers procedural requirements regarding purchasing and procurement, annual audits and contracts which include the HRSA scope of service. In order to demonstrate compliance Kyla reviewed the purchasing and procedural manual, contracts, financial records and statistical records.

F. HRSA (Health Resources and Services Administration) Update- Annual Review 2024

Kyla reviewed the HRSA Health Center Program Compliance Requirements. Kyla discussed the federal award funds under the Health Center Program authorized by section 330 of the Public Health Service Act. Kyla reminded the Board of the HRSA Site Visit in January 2025. Kyla reviewed the HRSA Health Center Program requirements and reported the annual amount requested from January 2024 through December 2026 which totaled to $3,618,018. Kyla reported on the scope of project for HOMES including a review of the form 5A, 5B and 5C. Kyla reviewed the HRSA Compliance Manual Chapter 17 on Board Authority to remind the Board of their duty to familiarize with the scope, approve health center policies, approve the selection and termination of the project director and ensure compliance of the health center. Kyla also reviewed chapter 18 of the HRSA manual on board composition.

G. Consideration and Appropriate Action Regarding HOMES Billing and Collecting Policy and HOMES QAPI Policy

Ramon Miguez motioned for the approval of the HOMES Billing and Collections Policy and the HOMES Quality Assessment and Performance Improvement Policy. Farida Minner seconded the motion. The motion passed unanimously.

H. Update and Report on the 2025 Point in Time Count

Kyla mentioned the 2025 point in time count requirement under federal law which will occur on Thursday January 23, 2025, to determine the extent of homelessness and the changing trends in our county.

VII. Executive Session

At 12:55pm the Board went into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

a. Performance Appraisal of HOMES Project Director: Kyla Rankin

Members of management in executive session attendance included:
Edmundo Castañeda, Fred Cerise, and Kyla Rankin
Chair adjourned Executive Session and moved into Open Session at 1:09 p.m.

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

A. Approve Performance Appraisal of HOMES Project Director: Kyla Rankin

Vincent Hall motioned for the approval of Performance Appraisal of HOMES Project Director: Kyla Rankin. Ramon Miguez, PE, seconded the motion. The motion passed unanimously.

VIII. Adjourn

With no further business to discuss, Marjorie Petty, JD, adjourned the meeting at 1:09pm.

SO RECORDED:

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

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – January 2025

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Operations
  - Management and Finance
- Governance
- The Big 20
- HRSA update
- Point in Time (PIT) count
- Unit Based Council (UBC) update

Operational Updates

Staffing

- 1.0 FTE Mobile Medical Unit (MMU) Driver
- 1.0 FTE Dental Assistant (DA)
- 1.0 FTE Medical Practice Assistant (MPA)
- 1.0 FTE Peer Navigator
- 1.0 FTE Registered Nurse (RN)

Operations

- Inclement Weather Shelter (IWS)
- Stewpot

Management & Finances – December

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	8905	9192	96%	100%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	2915	2637	278	10.5%	9344	9676	(332)	-3.4%
Expenses	$650,326	$739,058	$88,732	12.0%	$2,123,568	$2,217,477	$93,909	4.2%
Charges	$1,969,608	$2,065,435	($95,827)	-4.6%	$6,841,956	$7,579,269	($737,313)	-9.7%
Revenue	$50,807				$148,287			
Commercial	$1142				$2813			
Medicaid	$29,979				$88,022			
Medicare	$19,686				$57,452			
FTE	60.91				60.34			
FTE - OT	1.31	1.11	(0.20)	-17.8%	1.27	1.11	(0.15)	-13.9%

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

Governance

- Next HOMES Advisory Board Meeting:
  - February 10, 2025-12:00pm
  - Moody Outpatient Center
  - Hybrid option available

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 Update

- **Annual Uniform Data System (UDS) Reporting**
  - Report due February 15th
  - Patient demographics, services provided, staffing, clinical processes & results, patients' use of services, costs, and revenues
  - HRSA review and corrections-typically mid February to mid March 2025
  - Final data-April 2025
- **Operational Site Visit (OSV)**
  - January 14-16, 2025
  - 3 day announced survey
  - 3 reviewers (governance, clinical & fiscal) and 1 HRSA representative
  - Tours and onsite interviews with HOMES Leadership and Parkland Collaborators

HRSA Update

Findings

Required and Additional Health Services (clinical)

Element A-Providing and Documenting Services within Scope of Project

- Addition of gynecological care to form 5A
- Update the written referral agreement with the specific language to align

Sliding Fee Discount Program (SFDP) (fiscal)

Element L-Evaluation of the Sliding Fee Discount Program

- Addition of 2 evaluation questions on HOMES patient satisfaction survey
- Include the findings from the evaluation in the quarterly data provided to the Board

HRSA Update

Recommendations

- Inclusion of Standard Operating Procedure Documents (governance)
- Quarterly Peer reviews (medical, dental and behavioral health) (clinical)
- Updated verbiage in Billing and Collections, SFDP Policy and Bylaws (fiscal and governance)
- More specific documentation of meeting minutes (governance)

Next Steps

- Corrective Review Opportunity period (CRO)
  - Two-week time period to address findings

2025 Point in Time Count

- Requirement under Federal Law
- Extent of homelessness
- Changing trends
- Measure of their success in making homelessness rare, brief and nonrecurring

Thursday, January 31, 2024

Register to volunteer or provide gender neutral care packages

https://housingforwardntx.org/volunteer/

5th Annual Sock Drive

- Goal: collect 10,000 socks
- HOMES UBC in collaboration with PEN Council
- Final sock count 7486

Questions?