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, February 26, 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: 2302 569 3855; 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 2025-01-29 HOMES	4	1	Chair
B.	Appropriate Action Regarding Minutes 2025-02-10 HOMES Advisory Board	10	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)	15	3	James Perez
B.	Management and Finance Update (volume, revenue, expenses, overtime)	16	3	
C.	Governance Update: Organization of HOMES meetings, Upcoming Meetings (HOMES advisory board which meets the 2nd Monday of every other month)	17	3	

		PAGE	TIME (MIN)	PRESENTER(S)
D.	Review and discuss provisions of the Health Resources and Services Administration (HRSA) Compliance Manual Requirements	18	3	
E.	Quarterly Update and Report Regarding HOMES Program Operational Compliance	20	3	Shana Garrett

IV. Action Items

A. Board May Take Action on Any Agenda Item(s) Above — Chair

V. Adjourn

A. Closing Remarks

B. Call to Adjourn

Homeless Outreach Medical Services Program Monthly Update Report – February 2025

Kyla Rankin, Project Director

Parkland

Appropriate Action Regarding Minutes 2025-01-29 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
January 29, 2025

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, January 29th, 2025, 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 12:30 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 and Eric G. Bing, MD.

Board member John Proctor was not present.

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

Brett Moran, Chief Health Officer
Blanca Garcia, Strategy Program Director
Donna Richardson, EVP & CNE
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer
Fred Cerise, President & Chief Executive Officer
Forrest Stovall, Strategy Program Manager
James Orrison, Administrative Resident
Jessica Hernandez, Chief Health Equity Officer
Joseph Chang, SVP & CMO (via Webex)
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
Samia Zia, Director Strategy
Saul Cordero, SVP & Chief Governance & Strategy Officer
Steven Roth, EVP & Chief Legal Officer
Stephanie Crank, Nursing Professional Development

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 2024-12-18 HOMES

Vincent Hall motioned for the approval of the Consent Agenda. Todd Minner 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.

Marjorie Petty started the meeting by congratulating Kyla on scoring so well during the HRSA On Site Visit. Parkland had only 2 out of 93 possible findings and was compliant in all other areas. Marjorie also thanked Farida Minner, Reina Gonzalez and Vincent Hall for their participation in the HRSA survey.

A. Operations Update (day-to-day) operations including but not limited to – staffing/operational challenges/partner site activity)

Kyla mentioned there are five full time position vacant regarding staffing. There is one mobile medical unit driver position, one dental assistant, one medical practice assistant, one peer navigator and one registered nurse position available. Kyla mentioned her continue work with the Office of Talent Management to fill this position although it was difficult to do so over the month of December with the holidays. In terms of operations, there was inclement weather recently which means the inclement weather shelter was operational for 17 days and HOMES operating for 8 days at the shelter seeing 95 patients total. Kyla mentioned the typical layout and management related to the shelter operations. Kyla mentioned the Stewpot operational update. The current states are that Parkland HOMES has a fixed site dental clinic and medical clinic on the property. During this interim phase, HOMES will run the clinics from the new CitySquare site. This will affect volume for HOMES.

The Board asked if both sites were going to operate at the same time for the foreseeable future. Kyla clarified that the clinics will only operate at the new location and will not run at the Stewpot location.

B. Management and Finance Update – volume, revenue, expenses, and overtime
Kyla presented on the December HOMES metrics. Kyla mentioned HOMES saw 8,905 unduplicated patients YTD which is 96% of the annual goal of 9,192 unduplicated patients leaving HOMES just shy of the yearly goal. Kyla reported, HOMES expected to not meet the unduplicated patient count for 2024. Kyla mentioned the same target is set for 2025 yet due to the Stewpot location moving the count may be short again for 2025. Kyla also mentioned the data on overtime is due to the current vacancies which have yet to be filled.

C. Governance Update: Organization of HOMES meetings, Upcoming Meetings (HOMES advisory board which meets the 2nd Monday of every other month)
Kyla mentioned the next advisory meeting will occur on February 10th, 2025, with a hybrid option available. This meeting will be held in Moody.

D. HRSA (Health Resources and Services Administration) Compliance Manual Requirements: The Big 20
Kyla briefly reviewed the HRSA Big 20 manual which has 21 chapters that cover 19 requirements in four service areas.

E. HRSA Update:

I. Universal Data System (UDS) Reporting Update and Report (patient demographics, services, staffing)

Kyla and her team are working on gathering the UDS data which is due on February 15th and covers all patient demographics, services, staffing, processes & results, costs and revenues. HRSA review and corrections typically arrive in mid-February to mid-March 2025 with the final data arriving in April 2025.

II. Update and Report on HRSA Operational Site Visit 2025

Kyla reviewed the OSV timeline from January 14-16th. There were three reviewers on site from governance, clinical & fiscal areas along with one HRSA representative.

i. Findings

a. Kyla reviewed the findings with the Board. HOMES were compliant with 91/93 elements. The first finding is regarding Required and Additional Health Services (clinical administrative finding) - Element A-Providing and Documenting Services within Scope of Project. This finding requires the addition of gynecological care to form 5A and an update to the written referral agreement with the specific language

to align. Additionally, there was a finding regarding the 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 is required. Inclusion of the findings from the evaluation in the quarterly data provided to the Board will be required as well.
Kyla mentioned HOMES is operating in this manner but the documentation is sub-par. Both findings are being improved upon currently.

The Board commended Kyla on the HOMES performance. The Board also asked a follow up question regarding the fiscal section that stated some people who access HOMES are required to pay. The Board asked what percentage of patients are asked to pay and is it a deterrent of receiving care?
Kyla answered and said it is a very small percent of patients but rarely occurs where HOMES services.

ii. Recommendations
   a. Kyla reviewed the recommendations given by HRSA:
      i. Include Standard Operating Procedure Documents so surveyors can visualize how Parland operates. Next, perform quarterly peer reviews for clinical areas. Update verbiage in Billing and Collections, SFDP policy and bylaws. Lastly more specific documentation of conversation that occurs during Board meetings.

iii. Next steps
   a. Kyla mentioned the corrective review opportunity period and the two week time period to address findings which are the next steps in the process.

Melanie Roberts, Chief Compliance and Ethics Officer, added to the next steps portion as it relates to Compliance. Melanie mentioned the conflict-of-interest disclosure process which encompasses everything that the requirements include, but because the surveyors didn't see it worded a particular way, the surveyors struggled to check this box. There will be an additional question added to the FY25 conflict of interest survey to fulfill this.

F. Point in Time Count (unhoused/unsheltered population data collection)

Kyla updated the Board on the Point in Time count location and date which moved due to inclement weather to January 30th.

G. Sock Drive Count and Accomplishments

Kyla reviewed the 5th annual sock drive collection results which reached 7,486 out of the 10,000-count goal. This drive was in collaboration with PEN Council.

VII. Adjourn

With no further business to discuss, Marjorie Petty, JD, adjourned the meeting at 12:49pm.

SO RECORDED:

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

Appropriate Action Regarding Minutes 2025-02-10 HOMES Advisory Board

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 2/10/2025 **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	x	Margie Roberts		Michael Gilot		Rebecca Hickom
x	Dolores Diaz		W.R. Cunningham		Vicki Gies	x	Morgan Simmons
x	Donna Persaud				Elfrieda Cole	x	Saul Cordero
Guests							

	Agenda Item/ Presenter	Discussion	Action items
	Minutes	- Minutes were approved by Ms. Wonzer and Ms. Minner. - We have one correction on the RN Led discussion. A provider needs to make a referral so that they can see RN.	
	Staffing	- Staff recently hired are Jacqueline Garza, MPA, Imelda Vigil, DA and Debbie Howard, RN. - We are in the process of interviewing for MPA, Driver and Peer Navigator.	
	Operations	- RN Led clinic requires a referral and can see RN in between visits with providers. - Mobile unit that was in the accident is still being repaired. - HOMES is in the process of purchasing a new shuttle unit. - Stewpot purchased the City Square building, and they are moving their services to this location. Stewpot would like HOMES to move too, we would like to move but we must follow Parkland process to bring a new clinic online. In the meantime, the interim plan will impact HOMES operations. The interim plan is to utilize a mobile medical unit and a mobile dental unit. One dental team would support Jubilee Park Community Clinic and the other two dental teams would operate on the mobile unit. Decisions regarding the daily location of the dental mobile unit would have to be made. Podiatry services would move to the Bridge. We had about 7,000-8,000 visits from Stewpot in CY2024, we anticipate fewer visits due to less efficiency on the mobile units as opposed to fixed sites. - Kyla will attend a meeting regarding Salvation Army with Parkland Sr. Leaders and Salvation Army Sr. Leaders. Salvation Army plans to open a new site in 2027, HOMES is planned to have medical, dental and potentially podiatry services onsite. - We continue to monitor safety issues with staff/sites. - We attended Feast of Sharing and Operation Care as outreach opportunities in Fall 2024.. - Kyla, Dolores and Dr. Persaud will be attending the Healthcare for the Homeless conference this year, located in Baltimore, MD - In January we had two weeks of inclement weather. During this time, we sent MMU's to Inclement weather site at Fair Park. We had additional staff inside to help identify patients. For awareness, there was one person that died at the inclement weather shelter. He was a male in his 60's, he was a previous patient but had not been seen by HOMES staff recently.	

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 2/10/2025 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

		They did express gratitude to partners for all the help and glad that this patient did not have to die outside, alone in the cold. .	
	Patient Target	- HOMES was on target for visits until November 2024. This is a time where we see decrease in new patients. In January, we experienced inclement weather and operations were halted for approximately 1.5 days.	
	Leadership Update	- HOMES continues to work on employee engagement. In November and December, we had luncheons. November was potluck at the staff request. In December, staff participated in a bakeoff. Leadership has decided to return to monthly staff meetings instead of every other month. In our last meeting we had James Perez, VP of Operations complete a customer service training for all staff. - Dr. Persaud & Kyla attended an ambulatory care leadership retreat off-site. They participated in the 80's theme. The full day retreat focused on collaboration. - Last month, we were short 150 visits and overtime was under budget.	
	COPC Metric Balance Score Cards **Patient Care & Safety Audits**	- We do not have any quality data available today. 1st quarter quality data will be presented at the April Advisory Board along with 2024 UDS data.	
	HRSA Updates	- Currently working on UDS submission which is due 2/15/2025. - Bridge Access annual report is due in March 2025. - In January we had our HRSA operational site visit (OSV). Surveyors toured sites and conducted interviews with HOMES Leaders and Parkland collaborators. Big thank you to Ms.Wonzer and Mr. Gilot for being available at the last minute to speak to surveyors. Also, thank you to Ms. Minner for attending. We only had two findings of 93. The findings were under Required and Additional Health Services (clinical) and the second one was under Sliding Fee Discount Program (fiscal). There is a two-week time period to address the findings. These two findings have been addressed and submitted via HRSA portal. - We received an email on 1/31/25 from HRSA regarding Executive orders since we do receive funding from the government. Then on 2/5 email was rescinded.	
	Executive Orders	- We received an email on 1/31/25 from HRSA regarding Executive orders since we do receive funding from the government. Then on 2/5 email was rescinded. - Kyla is meeting with Legal and senior leaders regarding SOGI, providing transgender care. Ms. Wonzer asked if we had to stop transgender services. Kyla said we have a lot of uncertainty right now, but we will continue with our mission.	

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 2/10/2025 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

		- Information has been sent to staff on what to do if Immigration offices (ICE) shows up at one of our locations. We are also mindful that we may see a decline in patient visits due to fear of being picked up by immigration. Ms. Wonzer asked if ICE shows up here, can they legally do that? HOMES Leaders responded that all staff will be directed to follow the policy. Kyla reiterated that these are uncertain times.	
	Community Relations	- Point in Time count was held in January, Dolores and Ms. Minner participated as part of the Ambulatory Care Team. They handed out cards regarding ICE. During the count, the team received good feedback from people, for example a recommendation to hand out vouchers for a shower. Data from the point in time count will be presented in May. Ms. Minner expressed concern as to why people do not want to go to shelters. People the team encountered told her how shelters are a horrible environment and there are drugs sometimes. Kyla said we do not have control of shelters, but we can give feedback to shelters/partners. - We had our 5th Annual Sock Drive in which we received 7,486 pairs of socks. We did not meet our 10,000 goal.	
	Recognition and Celebrations	- HOMES Leadership, Wanda, Marjorie and Farida attended the Joint Community Advisory Board Holiday luncheon in December. - Carmin Zambrano and Saramma Mani were the nurses selected as Daisy Award Honorees for the month of December and January. Both nurses were very surprised.	
	Looking ahead	- Stewpot transition - FY26 Budget Plans - HRSA UDS submission	
	Next meeting	- Next meeting will be held April 10, 2025.	

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.

Agenda

- Operational Updates
    - Operations
    - Management and Finance
- Governance
- Compliance Manual Requirements
- HRSA Update
- Quarterly Compliance Report

Operations Updates

- **Staffing**
  - 1.0 FTE Dental Assistant (DA) (offer accepted)
  - 1.0 FTE Mobile Medical Unit Driver (MMU) (offer accepted)
  - 1.0 FTE Medical Practice Assistance (MPA) (offer accepted)
  - 1.0 FTE Peer Navigator (offer accepted)
  - 1.0 FTE RN
- **Site review**
    - Stewpot
    - Inclement Weather Shelter (IWS)
- **Mobile Medical Unit Updates**
- **Community Health Needs Assessment (CHNA)**

Management & Finances – January

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	1432	9192	15%	8%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3158	3327	(169)	-5.1%	12,502	13,003	(501)	-3.9%
Expenses	$773,199	$894,866	$121,667	13.6%	$2,896,767	$3,112,343	$215,576	6.9%
Charges	$1,630,027	$2,606,007	($975,980)	-37.5%	$8,471,983	$10,185,276	($1,713,293)	-16.8%
Revenue	36,009				$184,298			
Commercial	$375				$3189			
Medicaid	$24,606				$112,628			
Medicare	$11,028				$68,481			
FTE	59.07				59.98			
FTE - OT	0.14	1.11	0.97	87.0%	.89	1.11	0.22	19.7%

- HRSA recommendation is claims billed in less than 30 days.
- HRSA grant year: January 1, 2025 to December 31, 2025

Governance

- HOMES Advisory Board Meeting
    - February 9, 2025-11:30am
    - 2 community members
- Next HOMES Advisory Board Meeting:
    - April 14, 2025-11:30 am
    - 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 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

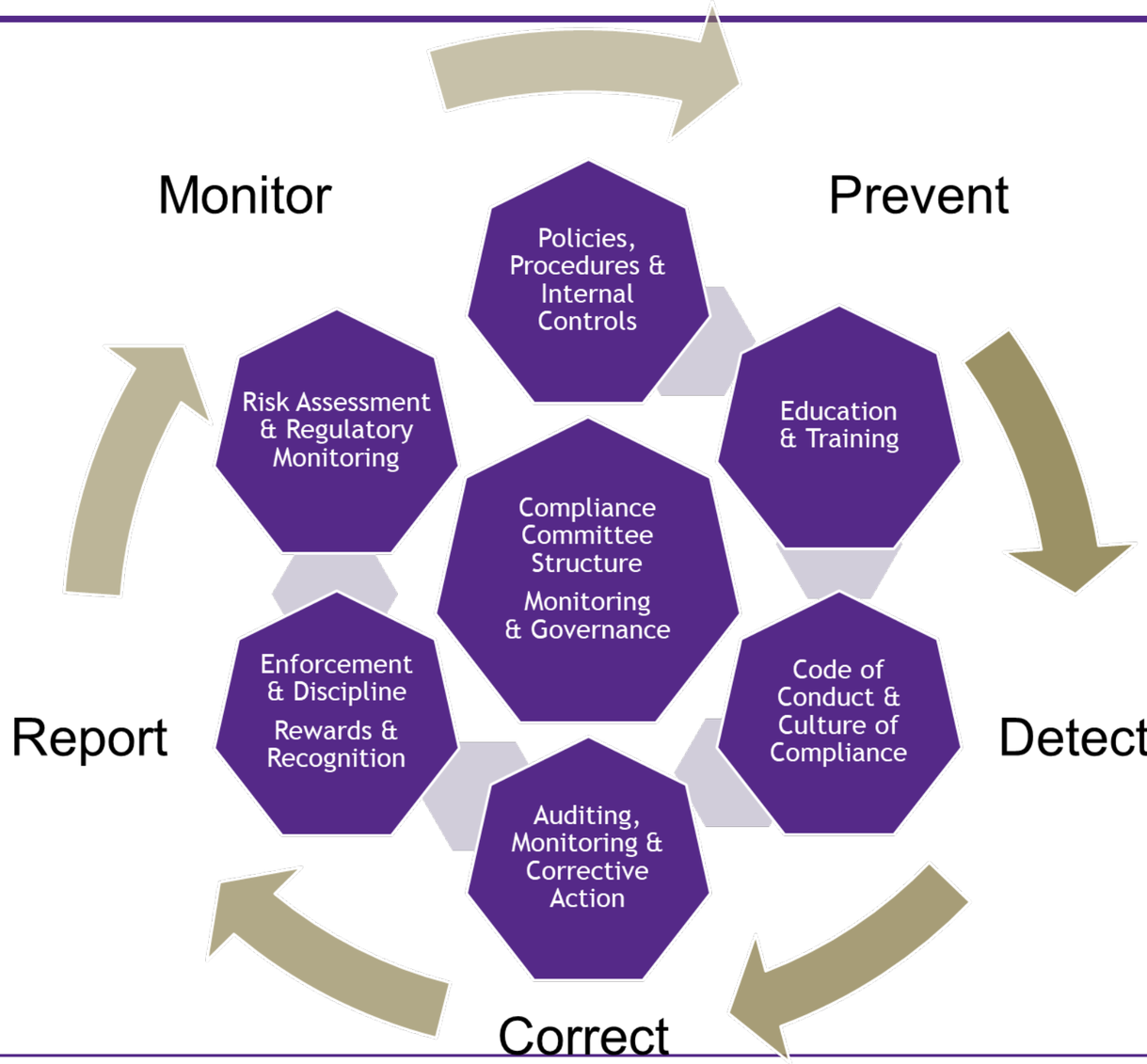
HRSA review and corrections- mid February to mid March 2025

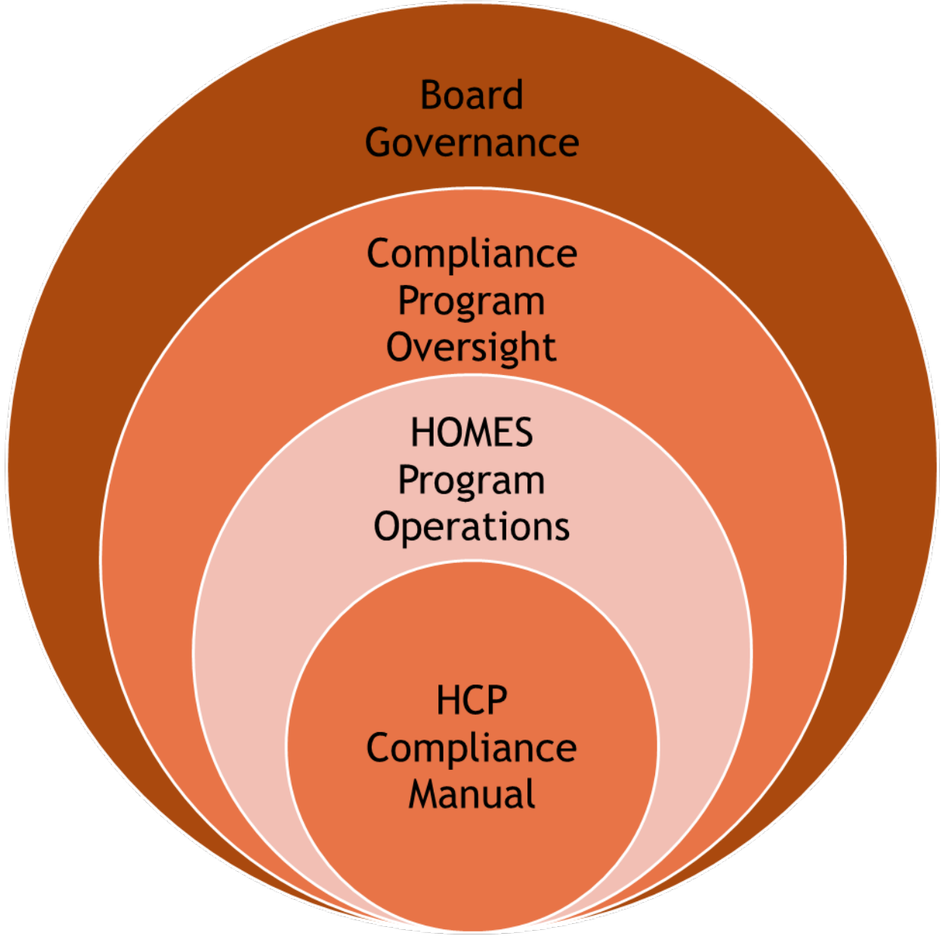
Final data-April 2025

Quarterly Compliance Report

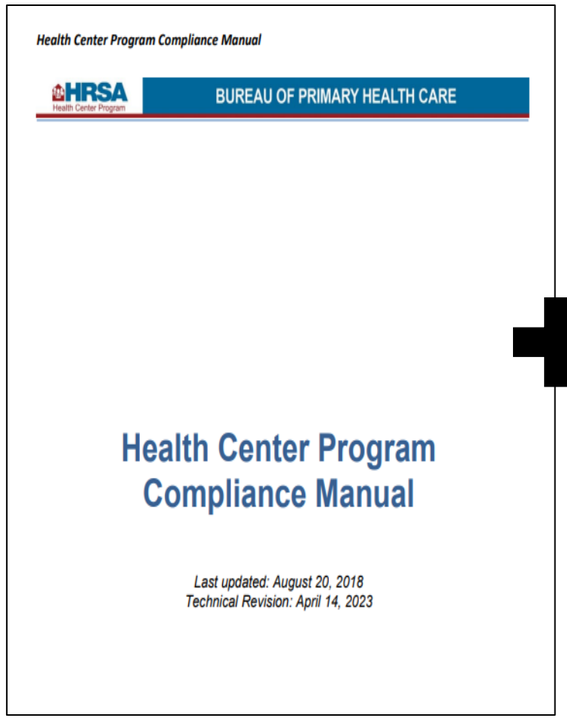
Elements of an Effective Compliance Program

Parkland's Program Framework





The “Seven Elements” and Program Evaluation Guidance



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7 Elements of a Successful Compliance Program

1. Written Policies and Procedures
2. Compliance Leadership and Oversight
3. Training and Education
4. Effective Lines of Communication with the Compliance Officer and Disclosure Program
5. Enforcing Standards: Consequences and Incentives
6. Risk Assessment, Auditing, and Monitoring
7. Responding to Detected Offenses and Developing Corrective Action Initiatives

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DOJ Evaluation Guidance for Prosecutors (2024)

I. Program Well Designed

- **Risk Assessment** (5) elements
- **Policies & Procedures** (5) elements
- **Training & Communications** (4) elements
- **Confidential Reporting Structure & Investigation Process** (5) elements
- **Third Party Management** (4) elements
- **Mergers & Acquisitions** (4) elements

II. Adequately Resourced & Empowered

- **Commitment by Senior and Middle Management** (3) elements
- **Autonomy & Resources** (8) elements
- **Compensation Structures and Consequence Management** (5) elements

III. Work In Practice

- **Continuous Improvement, Periodic Testing & Review** (6) elements
- **Investigation of Misconduct** (6) elements
- **Analysis & Remediation of Any Underlying Misconduct** (7) elements

Risk Assessment & Regulatory Monitoring

Program Design

- Compliance ‘gap analysis’ completed in FY24 to help refine the HRSA Health Center-focused Compliance Program activities in FY25

Scope

- All Program Locations
  - ➢HOMES Mobile Units (The Bridge)
  - ➢FQHC Sites (Dallas Deflection Center, Stewpot)

Outcome

- Two (2) categories of action items:
  - ➢Compliance Program Refinements (including board reporting by CED and departmental monitoring self-assessments adjunct to CED audits)
  - ➢Policy enhancements with evidence of annual reviews

Auditing, Monitoring & Corrective Action

FY24 HRSA Health Center Work Plan Item

Audit Details: Deflection Center - Homeward Bound Audit	
Audit Phase	Corrective Action Planning
Date Started	April 2024
Projected Completion	Pending
Risk Level	High

Audit Summary

Background - Deflection Center/Homeward Bound was certified by Centers for Medicare & Medicaid Services (CMS) in January 2023 as a Federally Qualified Healthcare Center (FQHC) and a participating HRSA recognized Health Center.

Objective, Scope & Key Risks - New service line review to identify any potential vulnerabilities in operational processes to include presence of policy & procedures, training and conditions of coverage requirements, medical necessity, medical record documentation, claims submission, coding and charging practices. Included Medicare and Medicaid patient encounters from February 2023 thru February 2024.

Audit Findings Summary

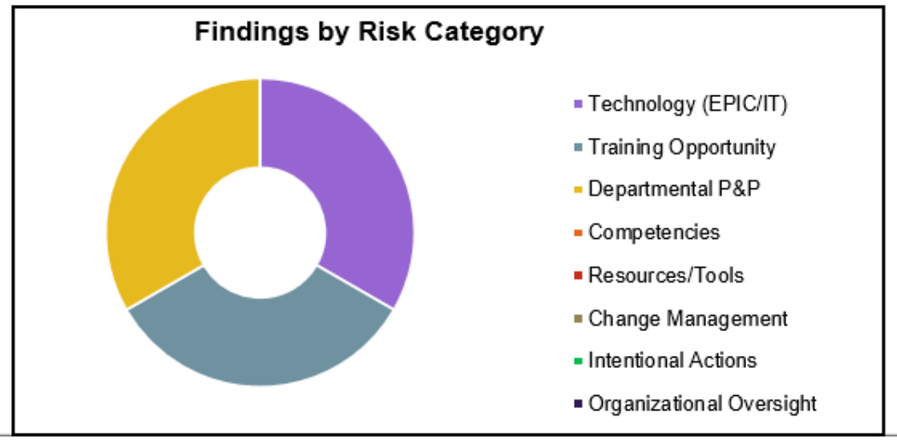
- Billing/Claim submission errors
- Medicare Electronic Data Interchange (EDI) Enrollment missing
- Charging errors

Error Rate(s) - Error rate: 37.5%

Overpayment Amount – Actual refund $1,621. Parkland could be liable for treble damages plus a fine between $13,946 - $28,619 per claim submitted in error. Avoided worst case scenarios $4,863 damages + $46,391,399 fines = $46,396,262.

Audit Findings & Corrective Actions

Finding	Rating	Required Action(s)
Missing Medicare EDI enrollment	Critical Risk	Submit proper enrollment forms
Submission of claims under incorrect Medicare assigned certification number	High Risk	Refund payments ($1,621)
No claims submitted under the Homeward Bound Medicare certification number	Medium Risk	Submit any billable claims post EDI enrollment



Code of Conduct & Culture of Compliance

FY25 COI Annual Campaign Target Schedule

***All workforce members in each required group will also be required to complete an initial disclosure within 30 calendar days of hire or appointment.**
Annual Campaign = February through September 2025

	Required Group*	Group Definition	FY25 Launch Date
February	Intermediate-Level Leaders (Triennial)	Managers, Directors, Vice Presidents, and Other Designated Leaders	February 12
March	Designated Departments (Triennial)	All positions in designated departments. Group 1 of 2. (e.g., Social Work, Care Management, Legal Affairs, Contracts, etc.)	March 12
	Intermediate-Level Leaders (Triennial)	Managers, Directors, Vice Presidents, and Other Designated Leaders	February 26
April	Designated Positions (Triennial)	Specific positions across certain cost centers (department ID)	April 9
	Designated Departments (Triennial)	All positions in designated departments (e.g., Social Work, Care Management, Legal Affairs, Contracts, etc.)	April 23
May		Mid-Cycle Break	--
June	New Resident Orientation (Annual)	New Residents & Fellow (employed)	June 1
	Physician Leaders (Annual)	UT/CH/Parkland-employed providers serving in identified leadership positions	June 4
	Designated Committee Members (Annual)	Pharmaceutical and Therapeutics (P&T) and Value Analysis Committee (VAC)**	June 18
July	Designated Positions (Triennial)	Specific positions across certain cost centers (department ID)	July 2
	Executives, Chief or Officer Leaders (Annual)	SVP, EVP and all other leaders serving in Chief or Officer titled positions (or similar)	July 2
	Board Members (Annual)	Board Members (Board of Manager & Boards of Directors) and the Investment Committee	July 16
	Grants (Annual)	Workforce members subject to a grant requirement under HRSA or other departments at least partially funded by a grant (all positions)	July 16

Questions?