Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, October 29th, 2025, scheduled for 12:30 pm, in the WISH 02-175 Executive Conference Room at Parkland Health and via Webex. These minutes do not constitute a certified agenda for the meeting.

I. Attendance and Call to Order

Chair Marjorie Petty noted that a quorum was physically present and called the meeting to order at 12:30 pm.

Board Member attendees included: Lisa Sutter, Eric G Bing, PhD, MD, Todd, Furniss, JD, Reina Gonzalez, JD, Farida Minner, RN, Elizabeth Palacios, MD, and Yasmin Simon, JD.

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

Brad Nitschke, Interim EVP Legal Affairs
Brett Moran, Chief Health Officer
Donna Persaud, HOMES Medical Director
Edmundo Castañeda, EVP & Chief Operating Officer
Fred Cerise, President & Chief Executive Officer
James Perez, VP Clinical Operations
Jessica Buhite, Magnet Program Manager
Joseph Chang, Chief Medical Officer
Kelly Murphy, Magnet Program Manager
Keri Disney-Story, VP/Clinical Finance
Kyla Rankin, HOMES Project Director
Melanie Roberts, SVP & Chief Compliance and Ethics Officer
Michelle Ng, Administrative Resident
Michael Lane, SVP & Chief Quality and Safety Officer
Morgan Simmons, Governance Program Coordinator
Rick Humphrey, EVP & Chief Financial Officer
Saul Cordero, SVP & Chief Governance & Strategy Officer
Steven Roth, EVP & Chief Legal Officer

Additional Attendees: None

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

V. Consent Agenda

A. Appropriate Action Regarding Minutes 2025-09-24 HOMES
B. Appropriate Action Regarding Minutes 2025-10-13 HOMES Advisory Board

Elizabeth Palacios motioned for the approval of the Consent Agenda. Farida Minner seconded the motion. The motion passed unanimously.

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

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

Kyla Rankin reported that staffing remains a key focus, with two current vacancies: a Mental Health Counselor and an Operations Manager. The team has extended an offer to a Registered Nurse, who will be replacing a long-serving nurse after retiring after 21 years. Recruitment efforts are ongoing in collaboration with OTM to fill these roles. In terms of outreach, HOMES has conducted 17 events so far this year, during which 360 flu vaccines were administered to the community. Kyla also shared results from the recent Press Ganey employee engagement survey. Of the 65 employees, 51 received the survey and 49 responded, resulting in a 96% completion rate. The average engagement score among the five leaders was 4.12, which is consistent with the hospital average and exceeds the national safety-net hospital benchmark. Key strengths identified in the survey include open communication between staff and leadership, a non-punitive approach to mistakes, and a proactive stance on patient safety. Opportunities for improvement include enhancing the safety of the work environment, fostering better collaboration, and addressing job-related stress.

Kyla also provided an update on the residential substance abuse contract, noting that the process is currently in Phase 3. Subject matter experts are evaluating two vendors to determine the final selection.

B. Management and Finance Update – volume, revenue, expenses, and overtime

Kyla mentioned that the number of unduplicated patients is 6,951, which is 76% of the annual goal of 9,192 unduplicated patients. Financially, September was a strong month. The team exceeded visit targets, remained under budget on expenses, and although overtime was higher than expected, the overall variance was positive.

C. Governance Update: Organization of HOMES meetings, Upcoming Meetings (HOMES advisory board, which meets on the 2nd Monday of every other month)
Kyla mentioned the advisory board met on October 12 with good representation, including three members, a Parkland board member, and staff. Additionally, the Community Development team has confirmed that a joint holiday luncheon for advisory boards will take place in December. Regular advisory board meetings will resume in February.

D. Quarterly Quality Data Review for HOMES (HRSA metrics, scorecard-safety posts, patient surveys)
Dr. Donna Persaud reported that overall quality performance remains strong, with no major issues identified. Spot rounding continues to perform well, though Environment of Care scores are slightly lower due to challenges with maintenance at fixed sites operated by external agencies. Regulatory staff have been engaging directly with employees to assess understanding of policies and procedures, which informs the structure of team huddles.

Safety and security, particularly workplace violence, remain the most frequently reported concerns, typically involving patient behavior or language. Staff are encouraged to report these incidents, which are escalated to leadership and supported through SPARK resources. No incidents involving parking or vehicle safety have been reported this year.
Dr. Persaud also addressed the failed dental water test from four months ago, noting that multiple departments—including Environmental Safety, Industrial Hygiene, Infection Prevention, and Facilities—have worked together to investigate and resolve the issue. The goal is to resume use of tank water for dental chairs, which currently rely on manually supplied purified water.

On quality measures, HOMES is at or above target in 12 of 17 metrics. Notable improvements include childhood immunizations and timely OB access for women in their first trimester. Breast cancer screening orders are high, though patient follow-through remains a challenge. HIV screening rates are near 80%, with efforts underway to address missed opportunities. Depression rates have improved through increased follow-up, and a best practice alert is being considered once the quality nurse returns from leave. There have been no new HIV diagnoses this year, so linkage-to-care data is not applicable. Cervical cancer screening has improved, and the team is exploring self-swabbing as a potential option to increase access. Dr. Persaud concluded by reaffirming the team's commitment to continuous improvement and patient-centered care.

E. Review and discuss provisions of the Health Resources and Services Administration (HRSA) Compliance Manual Requirements – Chapter 11 – Key Management
Kyla reminded the Board of the HRSA Compliance manual, which has 21 chapters, 19 of which are requirements in four areas:
- Clinical
- Financial

- Governance
- Annual training has been added as the 20th requirement.

Kyla mentioned the requirements for this chapter include position descriptions or key personnel, maintain key personnel, requesting prior approval from HRSA for a change in key person identification and directly employing a project director.

The Board asked follow up questions and further discussed the HOMES presentation.

VII. Adjourn

With no further business to discuss, Elizabeth Palacios adjourned the meeting at 12:49 pm.

SO RECORDED:

Marjorie D. Petty
Marjorie D. Petty (Nov 24, 2025 19:29:01 CST)
Marjorie D. Petty, JD
Chair

Steven Roth (Nov 20, 2025 14:24:55 CST)
Steven Roth, JD, MPH
Assistant Secretary