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
Marjorie D. Petty (Mar 6, 2025 12:31 CST)
Marjorie D. Petty, JD
Chair

Steven Roth (Mar 4, 2025 13:51 CST)
Steven Roth, JD, MPH
Assistant Secretary