Parkland

HOMES
Homeless Outreach Medical Services
Agenda

The agenda for the Board of Managers HOMES meeting of the Dallas County Hospital District is scheduled for **Wednesday, January 28, 2026, at 12:30 PM** at 5200 Harry Hines Blvd, Dallas, Texas, 75235 WISH Building 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: 2316 581 6841; 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 of 2025-12-17 HOMES Meeting	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)	9	3	Kyla Rankin
B.	Management and Finance Update (volume, revenue, expenses, overtime)	10	3	Kyla Rankin
C.	Governance Update: Organization of HOMES meetings, Upcoming Meetings (HOMES advisory board which meets the 2nd Monday of every other month)	11	3	Kyla Rankin
D.	Review and Discuss Provisions of the Health Resources and Services Administration (HRSA)	12	3	Kyla Rankin

		PAGE	TIME (MIN)	PRESENTER(S)
E.	Appropriate Action Regarding Policy Approval-Privileges Requirements for HRSA Providers	13		
F.	2026 Point in Time Count			
G.	Unit Based Council (UBC) Update		3	Kyla Rankin
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 2025-12-17 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
December 17th, 2025

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, December 17th, 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: Vincent Hall, Lisa Sutter, Farida Minner, RN, Ramon Miguez, PE, Elizabeth Palacios, MD, Byron Cryer, MD, Reina Gonzalez, JD and Yasmin Simon, JD.

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

Brad Nitschke, Interim EVP Legal Affairs
Brett Moran, Chief Health Officer
Donna Richardson, EVP & Chief Nursing Officer
Edmundo Castañeda, EVP & Chief Operating Officer
Francesco Mainetti, SVP Ambulatory Clinical Operations
Fred Cerise, President & Chief Executive Officer
James Perez, VP Clinical Operations
Joseph Chang, Chief Medical Officer
JD Buchert, Workforce Safety Manager
Kareem AbdelFattah, VP & ACMO
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
Saul Cordero, SVP & Chief Governance & Strategy 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 2025-11-19 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)

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

Kyla noted that staffing vacancies have increased by one since the last meeting, with the addition of the Lead Dental Assistant position. Recruitment efforts are currently impacted by the Workday transition; however, full hiring activities are expected to resume in January once the system is fully operational.

Community engagement continues to be a major focus of our work. In November, the team participated in the Feast of Sharing event, and plans are in place to participate in Operation Care this coming Saturday. Additionally, the ongoing sock drive still requires support. The goal for the drive is 10,000 socks, and the current count stands at 3,480. Additional contributions are needed to help meet the target.

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

Kyla mentioned that the number of unduplicated patients is 8,081, which is 87% of the annual goal of 9,192 unduplicated patients. Kyla also mentioned that HRSA may get rid of the yearly count goals in the near future.

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 next HOMES Advisory Board meeting will be held on Monday, February 9th, 2026, at 11:30 AM with a hybrid option available.

D. Update Regarding the HOMES Point in Time (PIT) Count

Kyla mentioned the 2026 point in time count is required under Federal Law to determine the extent of homelessness and changing trends. The point in time count is a measure of success in making homelessness rare, brief and nonrecurring. The point in time count will occur on Thursday, January 22nd, 2026.

E. Review and Discuss Provisions of the Health Resources and Services Administration (HRSA) Annual Review

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 organization receives $3.6 million annually from HRSA, with the next reporting deadline on February 15 for annual data submission. This year marks a competitive cycle, requiring reapplication for funding in summer 2026. Following an award, an operational site visit occurs 14–18 months into the new project period. The project scope is defined through Forms 5A, 5B, and 5C, covering services, service locations, and outreach activities such as health fairs. Required services include residential substance abuse treatment, currently in RFP status, while additional and specialty services include dietary programs. HRSA mandates annual board approval of specific policies, emphasizing board authority and composition under Chapters 17 and 18. The Parkland Board of Managers holds policy approval authority through a waiver, unlike typical FQHC boards. Collaboration with other FQHCs and national organizations is encouraged. While competition for funding has historically been minimal, federal resources are becoming increasingly scarce.

II. Action Items

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

VII. Adjourn

With no further business to discuss, Elizabeth Palacios adjourned the meeting at 12:41 pm.

SO RECORDED:

Marjorie D. Petty, JD	Brad Nitschke, JD
Chair	Interim Secretary

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – January 2026

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Operations
  - Management and Finance
- Governance
- HRSA update
- Policy Approval
  - Privileges Requirements for HRSA Providers
- 2026 Point in Time Count
- Unit Based Council (UBC) update

Operational Updates

Staffing

Vacant

- 1.0 FTE Dental Assistant Supervisor(DA)
- 1.0 FTE Medical Practice Assistant (MPA)
- 1.0 FTE Social Worker
- 1.0 FTE Mental Health Counselor

Recently filled

- 1.0 FTE Operations Manager

Operations

- Inclement Weather
- Site updates

Management & Finances – December

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	8602	9192	93%	100%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	2861	2832	29	1.0%	9238	9079	159	1.8%
Expenses	$641,802	$771,117	$129,314	16.8%	$2,062,144	$2,287,372	$225,228	9.8%
Charges	$2,777,074	$1,970,559	$806,515	40.9%	$8,272,023	$6,316,606	$1,955,417	31.0%
Revenue	$94,773				$253,150			
Commercial	$1560				$4326			
Medicaid	$64,012				$172,302			
Medicare	$29,201				$76,522			
FTE	59.63				66.40			
FTE - OT	1.55	1.12	(0.43)	-38.4%	1.36	1.12	(0.24)	-21.0%

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

Governance

- Next HOMES Advisory Board Meeting:
  - February 9, 2025-11:30am-1:00pm
  - Moody Outpatient Center
  - Hybrid option available

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 2026
  - Final data-April 2026

HOMES HRSA Policy Approval

Privileges-Requirements for HRSA Providers

- Reviewed by Parkland subject matter experts
- 3-year review cycle
- Minor formatting changes
- Ensures alignment between HOMES and HRSA Health Center Program Manual

Appropriate Action Regarding Policy Approval-Privileges Requirements for HRSA Providers

Parkland

Privileges – Requirements for HRSA Providers		Published: 12/21/23
Medical ~~Affairs – Medical Staff Services~~Staff Professional Services		Page 1 of 4

PURPOSE:

For the Homeless Outreach Medical Services (HOMES) Program to demonstrate compliance of privileging procedures in conformity with the standards of the Bureau of Primary Health Care, as defined in Health Resources & Services Administration's (HRSA) Health Center Program Compliance Manual.

SCOPE:

The scope of this procedure covers the operating procedures of the HOMES Program for the initial and recurring review (every three years) of credentials for all Parkland Health (Parkland) clinical staff members including Licensed Independent Practitioners (LIPs) providing services on behalf of the HOMES Program who are HOMES Program employees~~, individual contractors, or volunteers~~.

PROCEDURE:

1. Medical Staff Professional Services (MSPS) will ensure verification of the following:
   A. Current licensure, registration, or certification using a primary source;
   B. Education and training for initial credentialing, using primary sources for LIPs;
   C. Completion of a query through the National Practitioner Data Bank (NPDB);
   D. Clinical staff member's identity for initial credentialing using a government-issued picture identification;
   E. Drug Enforcement Administration (DEA) registration; and
   F. Current documentation of basic life support training.
2. The HOMES Program follows Parkland's Medical Staff Bylaws for the initial granting and renewal (every three years) of privileges for clinical staff members (LIPs providing services on

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behalf of the HOMES Program) who are HOMES Program employees, individual contractors, or volunteers. These privileging procedures would address the following:

A. Verification of immunization and Tuberculosis (TB) surveillance

B. For initial privileging, verification of current clinical competence via training, education, and, as available, reference reviews; verification of fitness of duty to ensure all clinical staff have the physical and cognitive ability to safely perform their duties.

C. For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews); verification of fitness of duty to ensure all clinical staff have the physical and cognitive ability to safely perform their duties.

D. For denial of initial Privileges or Medical Staff appointment or reappointment, revoke, terminate, or restrict the Medical Staff appointment and/or Privileges, the current process in Medical Staff ~~Professional Services~~Bylaws will be followed.

3. If the HOMES Program has contracts with provider organizations (for example, group practices, locum tenens staffing agencies, training programs) or formal, written referral agreements with other provider organizations that provide services within its scope of project, the HOMES Program ensures that such providers are:

   A. Licensed and certified, as verified through a credentialing process, in accordance with applicable federal, state, and local laws; and

   B. Competent and fit to perform the contracted or referred services, as assessed through a privileging process.

4. Approval Process:

   A. Parkland's Board of Managers serves as the HOMES Program Board of Directors and has sole authority to grant or deny clinical appointment and privileges to licensed independent practitioners.

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B. The LIP will be notified in writing of the Board's decision.

5. Maintenance of Credentials and the Credentialing File:

A. Credential files for LIPs are maintained and securely stored by credentialing staff in accordance with the HOMES Program and the Bureau of Primary Health Care guidelines.

B. The file for each provider will contain: a current application, a current privilege list, letters of notification concerning privilege/appointment decisions, current state license, verification of applicable education and training, specialty board certification (as applicable), results of NPDB and other queries, claims history information, basic life support training, current resume/Curriculum Vitae (CV), and evidence of current competence. Documentation in file should be by a primary and secondary source, as required. For non-employee LIPs, the file should also have proof of current TB surveillance and vaccination.

C. Each LIP is responsible for maintaining his/her licensure, board certifications (as applicable), life support training, TB surveillance and vaccination, and up-to-date training.

1) The LIP assumes responsibility for providing credentialing staff with renewed credentials prior to the expiration of the credential on file.

2) As a courtesy, credentialing staff attempts to remind LIPs before credentials expire.

3) LIPs with expired mandatory credentials in their file may not provide patient care.

4) Verification of renewed items as described above (a primary or secondary source) is required.

6. MSPS will follow the existing process for exhausted credentialing effort, including notification of Clinical/Medical Chief of the HOMES program, if a primary source verification or other pertinent information is not obtainable.

DEFINITIONS:

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Licensed Independent Practitioner (LIP): Any individual permitted by law and the organization to practice independently and provide care and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges (e.g., physician, dentist, nurse practitioner).

REFERENCES:

Bureau of Primary Health Care, as defined in HRSA's Health Center Program Compliance Manual.

Reviewed: 10/20/2025

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REFERENCES:

Bureau of Primary Health Care, as defined in HRSA's Health Center Program Compliance Manual.

Reviewed: 10/20/2025

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2026 Point in Time Count

Thursday, January 22, 2026

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

- Data typically available Spring 2026

6th Annual Sock Drive

- Goal: collect 10,000 socks
- HOMES UBC in collaboration with PEN Council
- Final sock count 12,500

Questions?