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, July 29, 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: 2305 678 5383; 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**			Chair
A.	Appropriate Action Regarding Minutes 2026-06-24 HOMES	3	1	
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)	11	3	Kyla Rankin
B.	Management and Finance Update (volume, revenue, expenses, overtime)	13	3	Kyla Rankin
C.	Governance Update: Organization of HOMES meetings, Upcoming Meetings (HOMES advisory board which meets the 2nd Monday of every other month)	14	3	Kyla Rankin
D.	Quarterly Quality Data Review for HOMES (HRSA metrics, scorecard-safety posts, patient surveys)	15	3	Kyla Rankin

		PAGE	TIME (MIN)	PRESENTER(S)
E.	Review and Discuss Provisions of the Health Resources and Services Administration (HRSA)	23	3	Kyla Rankin
F.	Review and Discuss Compliance Quarterly Report Review and discuss provisions of the Health Resources and Services Administration (HRSA) Compliance Manual Requirements: Chapter 10-Qaulity Improvement Assurance Plan	24	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 2026-06-24 HOMES

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, June 24, 2026, 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 Vincent Hall noted that a quorum was physically present and called the meeting to order at 12:30 pm.

Board Member attendees included: Marjorie Petty, JD, Miriam Sharma, RN, Farida Minner, RN, Ramon Miguez, PE, Todd Furniss, JD, Byron Cryer, MD, Eric G. Bing, PhD, MD, Reina Gonzalez, JD, Yasmin Simon, JD and Jeff Tillotson, JD.

Staff Present (via Webex and in-person) included:
Brad Nitschke, Chief Legal Officer
Brett Moran, Chief Health Officer
Donna Richardson, EVP & CNE
Edmundo Castañeda, EVP & Chief Operating Officer
Fred Cerise, President & Chief Executive Officer (via Webex)
Felicia Miller, EVP & Chief Talent Officer
Jessica Hernandez, Chief Health Equity Officer
Joseph Chang, SVP & CMO
Kareem AbdelFattah, VP & ACMO
Keri Disney-Story, VP/Clinical Finance
Kyla Rankin, HOMES Project Director
Lance Mendiola, VP Construction Facilities Real Estate
Morgan Simmons, Governance Program Manager
Melanie Roberts, SVP/Chief Compliance & Ethics Officer
Michael Lane, SVP Chief Quality and Safety Officer
Natalie Garza Vasquez, Administrative Resident
Pam Bryant, SVP/Supply Chain Management
Roshan Thayil, Sr. Dir. Compliance
Saul Cordero, SVP & Chief Governance & Strategy Officer (via Webex)

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 2026-05-21 HOMES

B. Appropriate Action Regarding Minutes 2026-06-08 HOMES Advisory Board

Byron Cryer motioned for the approval of the Consent Agenda. Yasmin Simon 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 provided an update on HOMES operations, highlighting progress on the fixed site project and several operational challenges affecting the mobile unit fleet. The fixed site lease agreement has been completed and is scheduled for Board review through the July contracts process.

Kyla reported several significant challenges impacting mobile operations during May. Facilities identified and resolved an isolated electrical outlet failure affecting mobile unit shoreline connections, and inspections confirmed no broader infrastructure concerns at the service locations. Additionally, three of six mobile medical units, along with the mini-mobile unit, required repairs and were temporarily removed from service.

The HOMES department also experienced information technology connectivity issues affecting access to Parkland's clinical network at multiple mobile service locations.

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

Kyla mentioned that operational challenges affecting the mobile health program continued throughout May and are expected to impact performance through June. Multiple mobile units remained out of service due to repair needs, vendor turnaround times, and supply chain delays, which significantly reduced available capacity and contributed to lower-than-budgeted patient volumes. Fleet Services anticipates the units will return to service soon; however, the outages required the program to operate with limited resources for much of May and June. Despite these operational constraints, management successfully adjusted staffing levels to align with reduced service capacity, resulting in overtime and overall expenses remaining below budget. For May, visits totaled 2,592, which was 593 visits (18.6%) below budget. However, expenses were approximately $83,600 (10.6%) below budget, while charges exceeded budget by approximately $400,000 (18.1%). Year-

to-date expenses remained nearly $694,000 under budget, reflecting continued efforts to manage resources efficiently during service disruptions. Kyla noted that operational teams continue working to restore full fleet availability and return volumes to expected levels.

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, August 10th, 2026, at 11:30 AM with a hybrid option available.

D. 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 Rankin provided an update on recent Health Resources and Services Administration (HRSA) grant activity and program compliance requirements. Parkland received a supplemental Notice of Award from HRSA for approximately $67,000 through the HIV Epidemic Primary Care grant program. Management is currently determining how the funds will be allocated, with potential uses including staffing support and transportation services through Uber Health. Kyla explained that Uber Health is currently used by peer navigators to assist patients who may face transportation barriers in accessing specialty care and other services that address health-related social needs. Utilization of the service has been frequent, and transportation requests can be coordinated through Epic.
Kyla also reported that the FY2027 Expanding Nutrition Services grant remains in forecasting status after HRSA temporarily withdrew the funding opportunity and has not yet reopened the application process.
As part of ongoing HRSA program oversight, Kyla reviewed compliance requirements related to clinical staffing, credentialing, privileging, and ensuring timely access to required primary care services. Management confirmed continued compliance with applicable federal requirements.

E. HOMES Policy Approval

i. Credential and Privilege Requirements for HOMES Other Clinical Staff
ii. FQHC Sliding Fee Discount Program

Two policy updates were presented for Board approval. The first involved revisions to the FQHC Sliding Fee Discount Program policy, including adoption of the 2026 Federal Poverty Guidelines, extending the patient reapplication period from six months to one year to align with Parkland policy, and clarifying that Parkland patients are eligible to receive discounts toward applicable copayments and deductibles. The second policy updated credentialing and privileging requirements for HOMES and other clinical staff.

Byron Cryer motioned for approval of the policies. Todd Furniss seconded. The motion passed unanimously.

F. Review and Discuss Compliance Quarterly Report

Melanie Roberts provided the quarterly HOMES-specific Compliance and Ethics update, explaining that HRSA requires compliance activities related to the HOMES program to be reported separately to the HOMES Board in addition to the standard compliance reporting structure. To meet this expectation, compliance program updates specific to HOMES will now be presented quarterly and documented in Board agendas and minutes.

Melanie noted that there are currently no active compliance investigations involving the HOMES program; therefore, no compliance heat map was included in the current report. Roberts reported that Parkland's annual Compliance and Ethics training for workforce members will launch on July 8 and will include topics such as fraud, waste and abuse, ethics, compliance obligations, privacy requirements, and the appropriate use of artificial intelligence tools. Board member training will be conducted separately in a live format and tracked to satisfy both Board of Managers and HOMES governance requirements without requiring duplicate training.

Melanie also provided updates on several compliance initiatives, including the relaunch of the Compliance Business Partner Program and the new Compliance Liaison Network, which will strengthen compliance awareness and support at the operational level. Additional activities underway include the annual Conflict of Interest campaign, implementation of recommendations from the 2025 compliance effectiveness review, enterprise risk assessment activities, and CMS Open Payments reporting enhancements.

II. Action Items

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

VII. Adjourn

With no further business to discuss, Vincent Hall adjourned the meeting at 12:51 pm.

SO RECORDED:

Vincent Hall
Chair

Brad Nitschke, JD
Assistant Secretary

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – July 2026

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Operations
  - Management and Finance
- Governance
- HOMES Quality Data
- HRSA Update
- HRSA Chapter Review-Chapter 10 Quality Improvement/Assurance

Operational Updates

Staffing

- 1.0 FTE Dental Assistant
- 1.0 FTE Mobile Medical Unit Driver

Operations

- Fixed site updates
- Mobile Unit updates
- Solo Protect Devices

Dr Jamie Williamson, HOMES Lead Staff Physician

1. Career Highlights
2. BS Biology University of Dallas Irving
3. MD-UT Health Science Center at Houston
4. Faculty Development Fellowship Univ of Arizona
5. San Jacinto Methodist Hospital FPRP
6. Chief Resident
7. Adjunct Asst Prof Comm & FM Dartmouth
8. 15-year Parkland employee

Management & Finances – June (Preliminary Values)*

	Month				Year to Date			
Metric	**Actual**	**Budget**	**Variance**	**% Var**	**Actual**	**Budget**	**Variance**	**% Var**
Visits	2945	2484	461	18.5%	26,869	27,314	(445)	(1.6%)
Expenses	$607,312	$750,977	$143,664	19.1%	$6,208,340	$7,045,997	$837,657	11.9%
Charges	$2,741,430	$1,728,526	$1,012,903	58.6%	$24,020,202	$19,004,327	$5,015,875	26.4%
Revenue								
Commercial								
Medicaid								
Medicare								
FTE	63.60				61.92			
FTE - OT	0.91	1.12	0.21	19.0%	1.11	1.12	(0.01)	(0.9%)

- **Final values will be discussed during the HOMES meeting as this month's collection is still pending*
- HRSA grant year: January 1, 2026 to December 31, 2026
- HRSA recommendation is claims billed in less than 30 days.

Governance

- HOMES Advisory Board Meeting:
  - August 10, 2026-11:30 am

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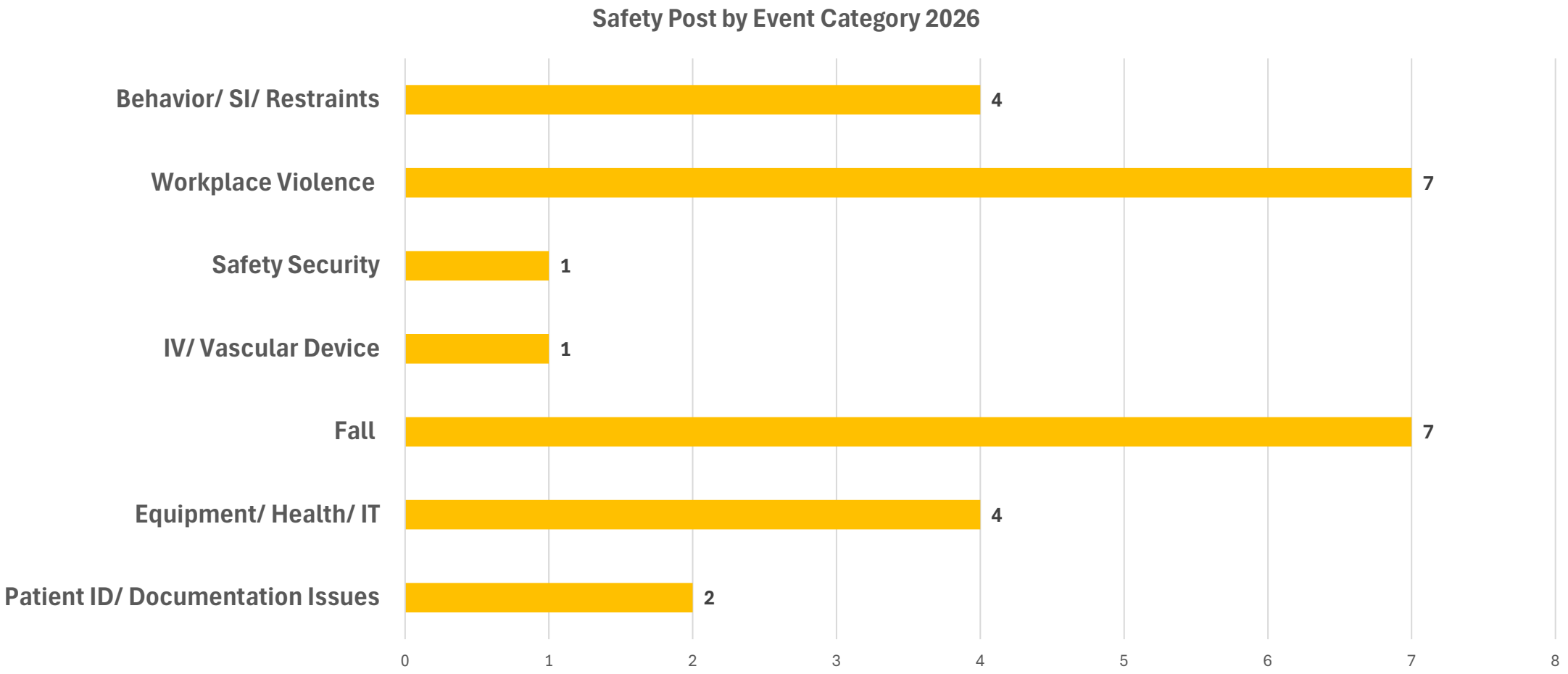
HOMES Quality – Quarterly Data



Solo Protect Device implemented-June 2026

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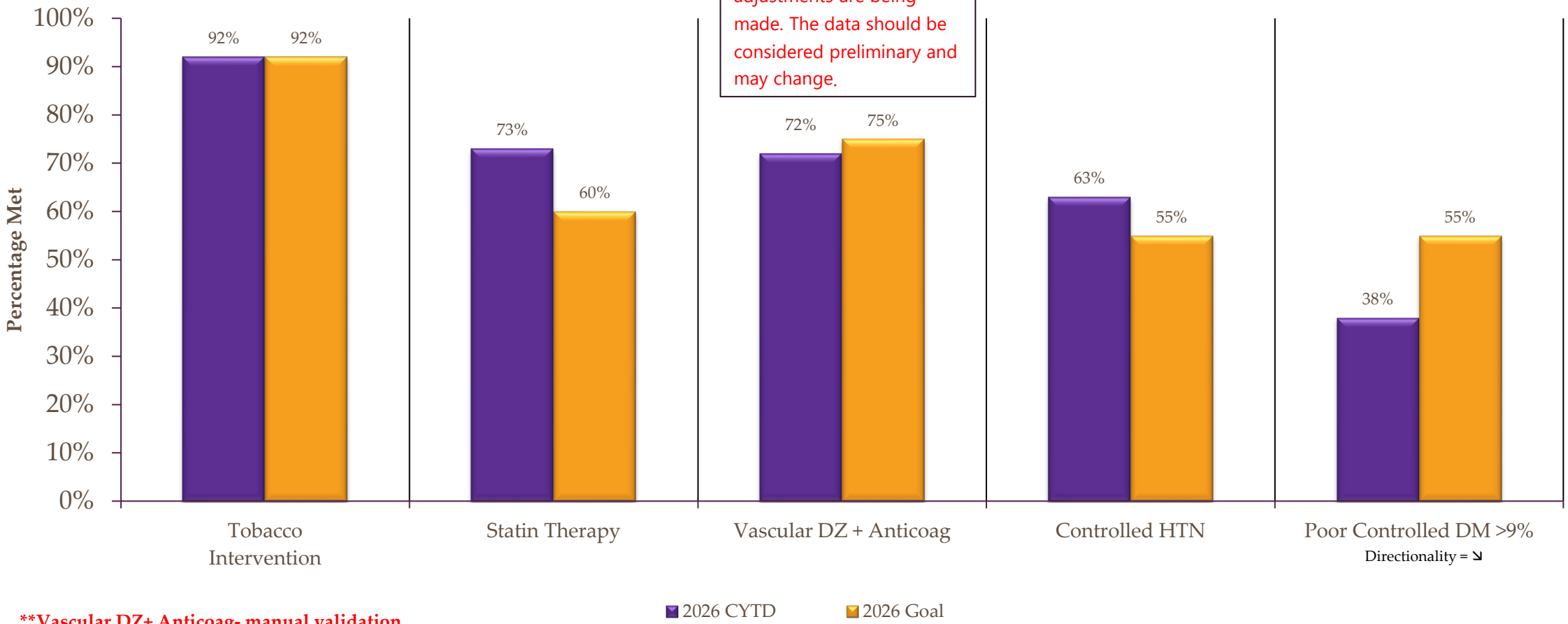
HRSA Quality Measures at or above Goal
YTD – June 30, 2026

**This report is currently under review and adjustments are being made. The data should be considered preliminary and may change.



**Vascular DZ+ Anticoag- manual validation

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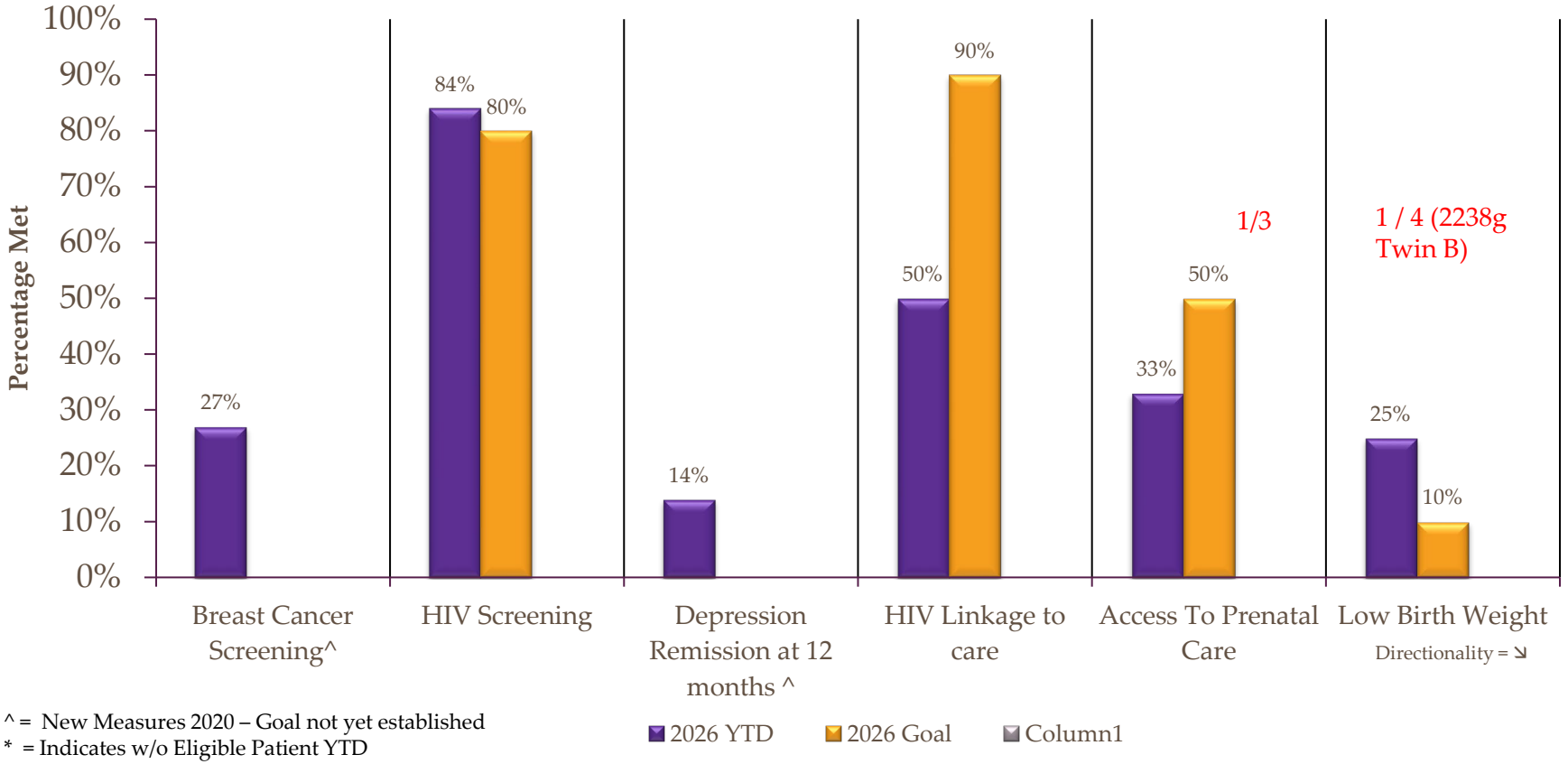
HRSA Quality Measures/ YOY Performance

YTD – June 30, 2026



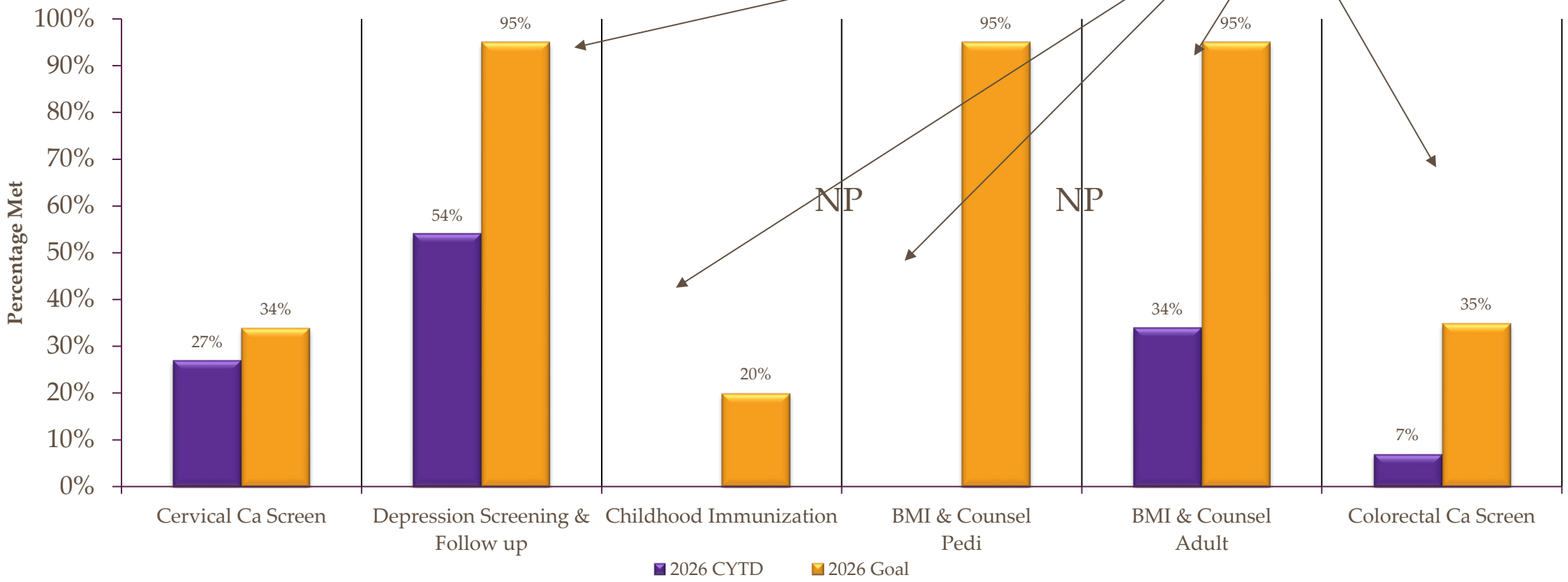
^ = New Measures 2020 – Goal not yet established
* = Indicates w/o Eligible Patient YTD

9

HIV Linkage to care- 1 out of 2 clients linked to care (manual validation)

HRSA Quality Measures Needing Improvement
YTD – June 30, 2026

**This report is currently under review and adjustments are being made. The data should be considered preliminary and may change.



NP= No patient

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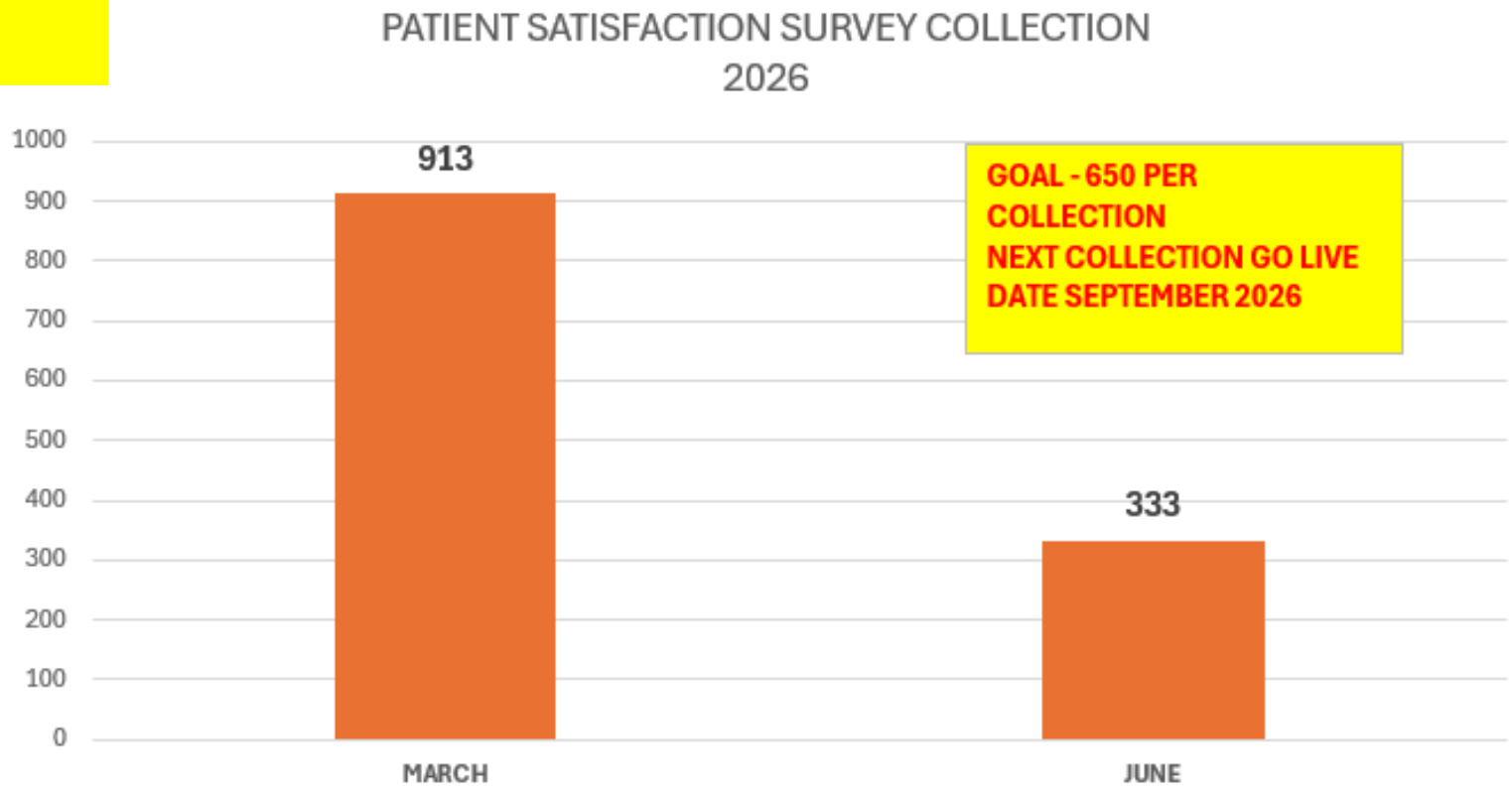
#Q11 Would you tell other people to come to this clinic?
Goal 92% Very Good + Good

- **March- 99%**
- **June- 99%**



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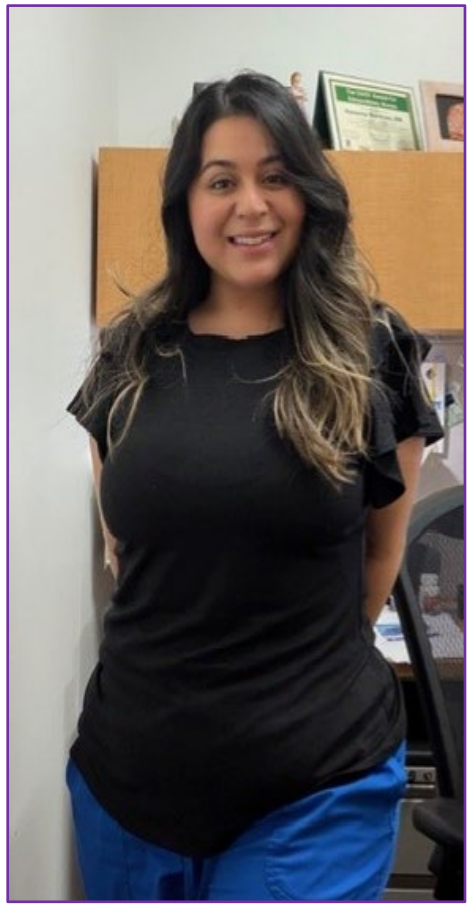
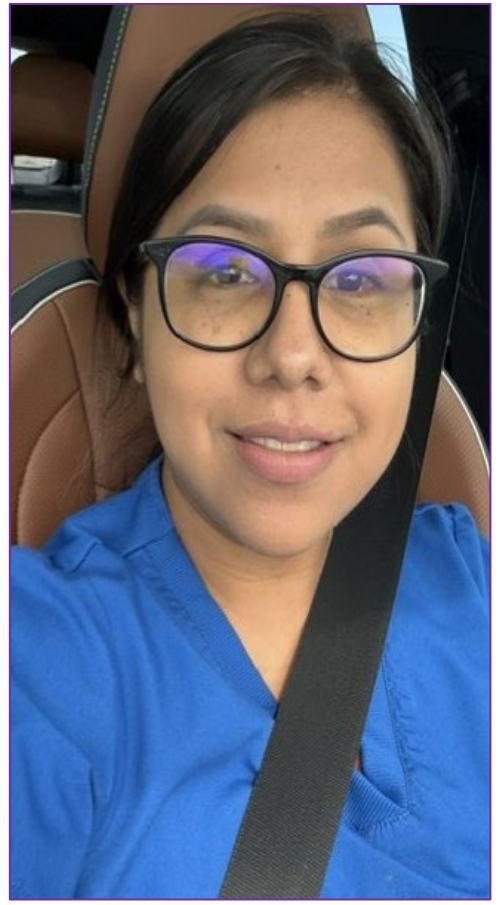
WORKFORCE SAFETY CHAMPIONS



Vanessa RN, QA

Geri, RN

Michael, RN



Carmin, RN

Parkland

Diabetic Foot Exam SWOT

STRENGTHS

- Captures diabetic care gaps **at the earliest point of the visit**
- Improves compliance with **ADA, HEDIS, CMS, VBC** requirements
- Low-cost, low-effort process using existing staff and EHR tools
- Enhances patient safety by supporting early detection of foot complications
- Engaging front staff gives them **shared ownership in quality metrics**, reinforcing that improving DM foot exam rates is a deparment-wide goal.

THREATS

- Alert fatigue among staff and providers
- Provider workflow constraints limiting follow-through
- Staff may overlook the column and forget that it's there

WEAKNESSES

- Requires basic training for non-clinical staff
- Dependent on accurate EHR documentation
- Competing Priorities during high volume check-in times

OPPORTUNITIES

- Front staff already add reasons for visit and health maintenance items in the "notes", so this would be a **small addition to an existing process**
- When front staff flag the need for a foot exam at check-in or on the schedule, it **prevents missed opportunities**, especially when the visit is for another concern.
- This supports a **team-based, multidisciplinary approach**, where everyone contributes to closing care gaps rather than placing the responsibility on nursing/provider alone

Goal

Reduce missed diabetic foot exams by using **front desk alerts** to flag patients due for annual screening at check-in by adding the "Foot Exam Due" on their personalized schedule in EPIC.

HRSA Update

- FY27 Expanding Nutrition Services Grant (ENS)
  - Notice of Funding released July 8th
  - Grant deadline September 9th
  - Up to $350,000 may be awarded to increase access to nutrition services, prevent chronic disease and promote health eating initiatives in primary care settings.

HRSA Health Center Program Compliance Requirements Chapter 10: Quality Improvement Assurance Plan

Requirements

- Ongoing quality improvement/assurance (QA/QI) system
- Focus of responsibility to support the QA/QI program
- Periodic assessment of appropriate utilization of services
- Maintain confidentiality of patient records

HRSA Health Center Program Compliance Requirements
Chapter 10: Quality Improvement Assurance Plan

Demonstrating Compliance

- Board-approved policy(ies) that establishes a QI/QA program that addresses
  - Quality and utilization of health center services
  - Patient satisfaction and patient grievance processes
  - Patient safety and adverse events

- Designated individual to oversee the QI/QA program established by board-approved policy(ies)

- Operating procedures or processes that addresses :
  - Clinical Practice Guidelines, standards of care, practice, provision of services
  - Identify, analyze address, patient safety, adverse events
  - Assessment of patient satisfaction
  - Hearing & resolving patient grievances
  - Quarterly QI\QA assessments, producing reports and sharing to support decision-making and oversight

- Maintenance of certified EHR and systems with protection and safeguarding of patient information consistent with Federal and state requirements

Questions?

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