Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, July 29, 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 12:42 pm.

Board Member attendees included: Byron Cryer, MD, Eric G. Bing, PhD, MD, Farida Minner, RN, Jeff Tillotson, JD, Miriam Sharma, RN, Marjorie Petty, JD, Ramon Miguez, PE, Reina Gonzalez, JD, Todd Furniss, JD, Yasmin Simon, JD.
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Staff Present (via Webex and in-person) included:
Brett Moran, Chief Health Officer
Donna Persaud, HOMES Medical Director
Donna Richardson, EVP & CNE
Felicia Miller, EVP & Chief Talent Officer
Fred Cerise, President & Chief Executive Officer
James Perez, VP Clinic Operations
Jessica Hernandez, Chief Health Equity Officer
Joseph Chang, Chief Medical Officer
Kareem AbdelFattah, VP & ACMO
Keri Disney-Story, VP/Clinical Finance
Kyla Rankin, HOMES Project Director
Melanie Roberts, SVP/Chief Compliance & Ethics Officer
Michael Lane, SVP Chief Quality and Safety Officer
Michael Malaise, SVP Communications Ext. Affairs
Morgan Simmons, Governance Program Manager
Natalie Garza Vasquez, Administrative Resident
Nneka Egbuniwe, VP Deputy General Counsel
Saul Cordero, SVP & Chief Governance & Strategy Officer

Additional Attendees: None

II. Mission Statement

The 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 2026-06-24 HOMES

Marjorie Petty motioned for the approval of the Consent Agenda. Reina Gonzalez 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. Kyla reported that there is one current vacancy for a Mobile Medical Unit Driver and noted ongoing recruitment efforts. The Board was briefed on the implementation of wearable panic-button safety devices provided through foundation support, which have been positively received by staff. Kyla provided an update on the Stewpot lease and Salvation Army services agreement, both of which remain in progress. Kyla reported that all mobile medical units are fully operational following recent maintenance and fleet improvements, while IT connectivity challenges continue to be addressed. Kyla also welcomed Dr. Jamie Williamson as the new physician lead supporting the medical service line.

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

Kyla reviewed the June financial and operational performance of the Homeless Outreach Medical Services program. Despite challenges related to temporary mobile unit downtime, management reported strong performance, exceeding budgeted visit volumes using alternative care delivery methods, including virtual visits. June visits exceeded budget by 18.5%, while expenses remained below budget, resulting in favorable financial performance. Charges significantly exceeded both monthly and year-to-date budget targets, reflecting strong service utilization. Kyla also highlighted effective control of overtime expenses and commended staff for maintaining access to care and achieving operational goals during a period of service disruption.

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. Quarterly Quality Data Review for HOMES (HRSA metrics, scorecard-safety posts, patient surveys)
The Committee received the quarterly quality and patient safety update, which included a review of safety events, quality performance measures, patient satisfaction trends, and workforce safety initiatives. Dr. Persaud reported that safety events remained low and were appropriately addressed, with most workplace violence incidents involving verbal threats rather than physical harm. The Committee discussed ongoing efforts to transition quality reporting to Epic's Data Universe platform, which is expected to improve data accuracy and reporting capabilities. Dr. Persaud reviewed clinical quality measures related to HIV linkage to care, prenatal care access, cancer screening, immunizations, and depression screening, noting that some metrics remain under validation as data conversion efforts continue. The Committee also discussed strategies to improve cervical cancer screening through an HPV self-swab pilot program and reviewed patient satisfaction survey collection processes. Additionally, Dr. Persaud highlighted ongoing efforts to improve diabetic foot exam compliance through enhanced workflows, patient outreach, and care team engagement.

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.

Compliance Manual Requirements: Chapter 10-Quality Improvement Assurance Plan
Kyla reviewed HRSA Health Center Program compliance requirements related to the Quality Improvement and Quality Assurance (QI/QA) Plan. Kyla highlighted the organization's board-approved QI/QA framework, which focuses on monitoring quality and utilization of health center services, patient satisfaction and grievance processes, and patient safety and adverse events. The Committee noted that designated leadership is responsible for overseeing the program and ensuring compliance with HRSA requirements. Discussion also emphasized the operational processes in place to support clinical quality standards, patient safety monitoring, patient satisfaction assessment, grievance resolution,

and the quarterly reporting of quality outcomes to support Board oversight, accountability, and continuous performance improvement.

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 1:02 pm.

SO RECORDED:

Vincent Hall
Vincent Hall (Sep 8, 2026 15:15:13 CDT)

Vincent Hall
Chair

Brad Nitschke
Brad Nitschke (Sep 8, 2026 13:20:18 CDT)

Brad Nitschke, JD
Assistant Secretary