Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, June 28, 2023, at 12:30 PM (or immediately following Board of Managers meeting)*** at 5200 Harry Hines Blvd (WISH Building) Dallas, TX 75235, Conference Room 02-175. (If assistance is needed in locating the room, please see the Administration receptionist on the 4th floor, 04-131.) A quorum will be physically present at the location of the meeting. 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: 2624 141 0504; 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.	**Declare a Quorum Present/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*			Chair
II.	**Consent Agenda**			
A.	Approve Minutes 2023-05-24 HOMES	2	1	Chair
B.	Approve Minutes 2023-06-12 HOMES Advisory Board	6		
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	13	2	Kyla Rankin
B.	Management and Finance Update	14	2	
C.	Governance Update	15	2	
D.	HRSA Compliance Manual Requirements: The Big 20	16	2	
E.	HRSA Compliance Manual Requirements: Chapter 8: Continuity of Care & Hospital	20	2	
F.	HRSA Update	22	2	
G.	Approve HOMES Bylaws	23	2	
H.	Celebrations/Recognitions	40	2	
IV.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
V.	**Adjourn**			
A.	Closing Remarks		1	
B.	Call to Adjourn			

Approve Minutes 2023-05-24 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
May 24, 2023

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, May 24, 2023, scheduled for 12:30 p.m. 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 1:00 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Todd Furniss, JD; Reina Gonzalez, JD; Vincent Hall; Ramon Miguez, PE; Elizabeth Palacios, MD. Board member Farida Minner, RN, attended via Webex.

Board members Eric G. Bing, MD, PhD; Byron Cryer, MD; John Proctor; and Lisa Sutter were not present.

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

Donna Persaud, HOMES Medical Director (in-person)
Donna Richardson, EVP & Chief Nursing Executive (in-person)
Edmundo Castañeda, EVP & Chief Operating Officer (in-person)
Felicia Miller, EVP & Chief Talent Officer (in-person)
Forrest Stovall, Governance Program Manager (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Jeffrey Giles, Sr. Associate Attorney
Joseph Chang, SVP Chief Medical Officer
Kellee Boardingham, Executive Assistant (in-person)
Kyla Rankin, HOMES Project Director (in-person)
Melanie Roberts, SVP Chief Compliance & Ethics Officer
Michael Lane, SVP Chief Quality & Safety Officer
Rick Humphrey, EVP & Chief Financial Officer (in-person)
Robert Case, Associate General Counsel
Roberto de la Cruz, EVP & Chief Clinical Officer (in-person)
Saul Cordero, SVP & Chief Governance & Strategy Officer (in-person)
Steven Roth, EVP & Chief Legal Officer (in-person)
Vic Summers, SVP & Chief Audit Officer

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. Approve Minutes 2023-04-26 HOMES

Elizabeth Palacios, MD, motioned for the approval of the Consent Agenda. Ramon Miguez, PE, 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.

A. Operations Update

Kyla Rankin reported on HOMES' staffing. Four new employees begin in June and there is one position currently posted. Next, Kyla reported on the collaboration with the Salvation Army for a new clinic site. A fixed clinic is requested where primary care and dental services will be provided daily. The anticipated opening date is November 2026.

The Board asked questions and received additional information related to the improved staffing metrics.

B. Management and Finance Update

HOMES has seen 3,394 unduplicated patients to date. The annual goal is 9,675. Kyla is working with her leadership team to reduce the annual goal by 5% for the next application cycle. Kyla continues to manage the overtime variance as well.

C. Governance Update

The next HOMES Advisory Board meeting is June 12, 2023, at Noon. A hybrid attendance option (in-person and virtual) will remain in place.

D. Quality Improvement Update

Dr. Donna Persaud provided the Quality Improvement Update. She noted the increase in Safety Posts is reflective of the High Reliability Organization (HRO) efforts across the enterprise. In response to several safety events, HOMES worked with the police department and the Deflection Center to increase police presence and the overall support of staff. Next, Dr. Persaud reviewed the HRSA Quality Measures and noted the variances to the annual goals.

E. HRSA Compliance Manual Requirements: The Big 20

Kyla Rankin reviewed The Big 20 manual.

F. HRSA Compliance Manual Requirements: Chapter 18: Program Monitoring & Data Reporting Systems
Kyla Rankin reviewed Chapter 18: Program Monitoring & Data Reporting Systems. She reported on the HRSA requirements and how HOMES demonstrates compliance with the HRSA requirements. She also reviewed a list of the programs and software systems used to monitor HOMES' data.

G. HRSA Update
Next, Kyla provided key dates for the 2023 HRSA Service Area Competition. HOMES' award amount is expected to remain the same (approximately $3.6 million).

H. Celebrations/Recognitions
Kyla recognized several HOMES employees for their recent successes.

VII. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 1:15 p.m.

SO RECORDED:

Marjorie D. Petty, JD Chair	Steve Roth, JD, MPH Assistant Secretary

Approve Minutes 2023-06-12 HOMES Advisory Board

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 6/12/2023 **Time:** 1200 **Location:** Moody Outpatient Center

Facilitators: Kyla Rankin

Attendees							
x	Kyla Rankin	x	Benita Grant		Farida Minner	x	Wanda Wonzer
x	Sara Galvez	x	Margie Roberts	x	Michael Gilot	x	Sarah Kahn
	Dolores Diaz	x	W.R. Cunningham	x	Vicki Gies	X	Guadalupe Ramirez
x	Donna Persaud		Marjorie Petty	x	Elfreida Cole	x	Forrest Stovall
Guests							
x	Todd Furniss						

	Agenda Item/ Presenter	Discussion	Action items
	Approval of April Minutes	-Motion to approve minutes. Approved by Sara Galvez, seconded by Vickie Gies.	
	Staffing	- We have two RN positions posted that are to support the deflection center. Dolores has hired an RN that will start in July. - We have one MPA position and are in the process of interviewing. - A dental assistant has been hired and will start at the end of June. Mr. Furniss asked if we could hire full-time hygienists. HOMES is not currently budgeted for a hygienist, so we are unable to hire for that position - Our newest employees Saul O., Driver and Toni R., Peer Recovery Navigator started last week.	
	Operations	- Salvation Army is a new collaboration for an additional fixed site location. It is planned to be operational at the end of 2026. Dr. Furniss has awareness of the project and provided the location details. - Shuttle services – we will discontinue the last run on Friday afternoons from the Bridge due to low usage. Operations will monitor to see if we need to make additional changes. - Dental challenges with instruments were discussed. There have been broken/missing tools when sent to Sterilization. HOMES leadership has met with Sterilization leadership to work together on a plan to minimize broken/missing items. - Shed move –HOMES will be move to a permanent site to house the mobile units by the end of the year. Challenges at the current temporary site have been resolved. - New MMU is to arrive at the end of summer. - Dallas Deflection – The site currently operates seven days a week for ten hours. In September, the site plans to go 24/7 with nurse coverage. Productivity has slowly increased. Ms. Gies asked what Dallas Deflection Center was, Sara provided an overview of the location. She also asked if Homeward Bound had moved, she was informed, yes, they had moved a few years ago. Mrs. Roberts discussed challenges she faces when she calls DPD, and they respond to her transitional homes, and they	

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HOMES ADVISORY BOARD
MEETING MINUTES

Date: 6/12/2023 **Time:** 1200 **Location:** Moody Outpatient Center

Facilitators: Kyla Rankin

		do not take the patients. Kyla and Sara told her they are unaware of the rationale behind that and it's always a DPD decision. Sara encouraged Mrs. Roberts to give DPD as much information as possible. Mrs. Roberts states she has tried many avenues to find them help and Mr. Cunningham told her that he would call her to talk to her about more resources. - Safety – HOMES will request a Parkland police officer to attend the July staff meeting. We will review active shooter training. Leadership will continue to monitor safety and trauma informed care with patients, so patients have a good experience during their visit. - Telehealth – equipment has been utilized about 4-5 times. There are a few IT challenges, and we are working through those. The plan is to use the sprinter at the encampments and incorporate some Austin Street visits on Fridays so staff can become more familiar with the telehealth equipment. Mr. Furniss asked if we had seen some of the CHNA responses. He said 97% of the responses came from five zip codes. AA women asked for specific time to set up appointments. He asked how we decide where to take the mobile medical clinic. Kyla informed him, HOMES has had the current schedule for a few years, and we try not to change it. However, when we do, we consider community requests, need and potential for volume. Mr. Furniss shared that he may have access to provide a more detailed report on where HOMES may be needed. Sara said we would love to see it and it would help with telehealth visits. Kyla also shared that we use the UDS Mapper and sometimes staff recommend new community partners. Mr. Furniss stated that everyone wants to communicate with texts and phone. Sara said that COPC has been working on this for a while now by trying to get the correct information from patients and making sure patients have MyChart. Ms. Wonzer asked what the telehealth backpacks consist of and if patients took the equipment home. Dr. Persaud explained the equipment is for HOMES provider use only and allows them to see throat/skin.	
	Finance & Budget	- HOMES annual patient target goal is 9,675. We are currently 400 visits over this same time last year.	
	Quality	- HOMES had no formal complaints or grievance. Leadership rounds once a month looking to monitor environment and increase communication with staff. - We are now doing quarterly collection of surveys. During the first quarterly survey push in March, we collected 547 surveys and the goal for June is 515.	
	Advisory Board Governance	- Kyla noted that we have had low attendance in the last few meetings, however, she is happy to note that today's attendance is higher than it has been since COVID. We currently have 10 members and are seeking new members. Members who have missed two meeting have been notified via email.	

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HOMES ADVISORY BOARD
MEETING MINUTES

Date: 6/12/2023 **Time:** 1200 **Location:** Moody Outpatient Center

Facilitators: Kyla Rankin

	HRSA Update	- SAC award consists of a two-part application. Part I is due June 26th and Part II is due July 26th. We reduced our target to 9672 to 9172, which is the lowest reduction we can make and still be eligible for $3.6 million award. Mr. Cunningham shared that they just released $60 million for youth mental care. Kyla stated we are in a competitive cycle and that our focus will remain on that. We have added MAT services and have a large behavioral team and when we receive federal money there are a lot of requirements to get and maintain those dollars. - Expanding COVID Vaccination (ECV) has been extended through 12/3/23. - American Rescue Plan Act (ARPA) funds ended in March 2023. - PCHP funds carried over through 12/31/23. - Healthcare for the Homeless Conference 2023 – 4 staff members attended the conference in Baltimore, MD in May. It is always a good conference to see new innovations and hear what peer organizations are doing and see that they are facing similar challenges. - Mr. Furniss asked if we had heard of S.M. Wright Foundation, he said it's a church and foundation that has an event every year at Fair Park and last year they served about 50,000 people and maybe this could be good place to send the mobile unit too. Ms. Wonzer said she attended this one year and found out that many people camp out and wait in their cars for this Christmas event. Sara will gather additional information to determine if this is a good fit for HOMES.	
	State of Homelessness Address	- The Point-in-Time count (PIT) indicated there were 4, 244 homeless people on that night in January. On the Housing Forward website there is a breakdown of the information. Kyla will send the link out for full details on the PIT count data.	
	Recognitions & Community Events	- March was National Nutrition month. HOMES nutritionist started a challenge for our department, and we had several winners. - May was wear green for mental health awareness and every Wednesday we wore green. - J. Michelle Ukairo, LVN was one of our PENCAP winners. She was the 2nd highest recipient across Parkland. - In May we also had CelebrateUS at Parkland to show employee appreciation. Staff received bento boxes and lunch at the May staff meeting. - Jayson V., RN was recognized as a Daisy Award winner. - HOMES has had 33 ECV outreach events with a total of 240 vaccines. There was also a mammography event in which 3 of the scheduled patients showed up. - HOMES staff attended the Pinkston Health & Sciences graduation presentation. Students were given a tour of the mobile medical clinic, and some will soon be interns	Kyla will offer to change timeframe from 60 minutes to 90 minutes for August meeting. With more members attending, it does take more time to get through the agenda.

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 6/12/2023 **Time:** 1200 **Location:** Moody Outpatient Center

Facilitators: Kyla Rankin

		at Parkland. Mr. Furniss asked how much the cost of the mobile medical clinics and Kyla indicated the current cost is close to $600,000 and the sprinter was $197,000 - Mr. Cunningham asked the board if we should do monthly meetings. He feels we are leaving a lot of topics on the table and says we have homeless people dying in the streets every day. Kyla informed him that we cannot commit to monthly meetings right not, but she would gladly add any items he wanted to the agenda.	
	Looking Ahead	- HOMES new mobile medical unit should be due in June 2023.	
	Next Meeting	- Next meeting-August 14, 2023	

The minutes, records and improvement activities operate under HB 4495b and the Texas Health & Safety Code, Sec. 161.031 & 161.032 affording protection from disclosure or discovery. Records of these committees are not public and are not subject to court subpoena. Records may be made available to persons who have a right to review the records and who are required to keep the information confidential.

Parkland

Homeless Outreach Medical Services Program Monthly Update Report –June 2023

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Staffing/Services
  - Management and Finance
- Governance
- The Big 20
- HRSA compliance manual requirement: Chapter 8
- HRSA update
- Bylaws update
- 2023 HCH Conference

Operations

- Staffing

Accepted

  - 1.0 FTE MPA
  - 1.0 FTE Dental Assistant
  - 1.0 FTE RN

Posted

  - 2.0 FTE RNs

- Dental
  - Staffing challenges
- Shuttle
  - Schedule revision
- Deflection Center

Management & Finances – May

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	4345	9,675	45%	41%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3628	2116	1512	71.4%	27,122	18,681	8441	45.2%
Expenses	$624,304	$593,023	($31,281)	-5.3%	$4,833,802	$4,783,337	($50,465)	-1.1%
Charges	$2,686,910	$1,819,933	$866,977	47.6%	$18,075,046	$16,063,411	$2,011635	12.%
Revenue	$71,360				$479,905			
Commercial	$490				$4341			
Medicaid	$43,843				$327,524			
Medicare	$27,027				$148,040			
FTE	58.88				58.77			
FTE - OT	1.08	1.01	(0.07)	-6.8%	0.96	1.24	0.28	0.28%

- HRSA recommendation is claims billed in less than 30 days.
- HRSA grant year: January 1, 2023 to December 31, 2023

Governance

- Next meeting: Monday, August 14, 2023
  - Hybrid meeting
  - 8 members present
  - Potential time frame change

The Big 20

The HRSA Compliance Manual has 21 chapters which cover 19 requirements in the four (4) areas:

1. Need
2. Services
3. Management & Finance
4. Governance
5. Annual training was added as a 20th requirement

Developed a calendar to review each chapter with the Board of Managers.

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

HRSA Requirement	Description	Board Month
1. **Needs Assessment (Ch. 3)**	Demonstrates and documents the needs of its target population, updating its service area, when appropriate. Community Needs Assessment	September Every 3 years (2019)
2. **Required & Additional Services (Ch. 4)**	Provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.	May
3. **Staffing (Ch. 5)**	Maintains a core staff as necessary to carry out all required health services either directly or through arrangements and referrals. Staff must be appropriately licensed, credentialed, and privileged.	June
4. **Accessible Hours of Operation / Locations (Ch. 6)**	Provides services at times and locations that assure accessibility and meet the needs of the population.	May
5. **Coverage for Medical Emergencies During & After Hours (Ch. 7)**	Provides professional coverage for medical emergencies during regularly scheduled hours and when the center is closed.	April
6. **Hospital Admitting Privileges & Continuum of Care (Ch. 8)**	Physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.	June and update as needed

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

7. Sliding Fee Discounts (Ch. 9)	A system is in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. • This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income. • No discounts may be provided to patients with incomes over 200 % of the Federal poverty guidelines. • No patient will be denied health care services due to an individual's inability to pay for such services by the health center, assuring that any fees or payments required by the center for such services will be reduced or waived.	September
8. Quality Improvement/ Assurance Plan (Ch. 10)	A Quality Improvement/Quality Assurance (QI/QA) program is in place which includes clinical services and management, and confidentiality of patient records. The QI/QA program must include: • A clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care; • periodic assessment of the appropriateness of the utilization of services, quality of services provided or proposed to be provided to individuals served by the health center; assessments shall: – be conducted by physicians or by other licensed health professionals under the supervision of physicians; – be based on the systematic collection and evaluation of patient records; and – identify and document the necessity for change in the provision of services by the health center where indicated.	February May August November
9. Key Management Staff (Ch. 11)	Maintains a fully staffed team as appropriate for the size and needs of the center. Prior approval by HRSA of a change in the Project Director/Executive Director/CEO position is required.	April and update as needed
10. Contractual/Affiliation Agreements (Ch. 12)	Exercises appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center program requirements.	Ongoing
11. Collaborative Relationships (Ch. 14)	Makes effort to establish and maintain collaborative relationships with other health care providers, and health centers, in the service area of the center. The health center secures letter(s) of support from existing health centers in the service area or provides an explanation for why such letter(s) of support cannot be obtained.	February and ongoing
12. Financial Management and Control Policies (Ch. 15)	Maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. An annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report.	February

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

13. Billing and Collections (Ch. 16)	Systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures.	September
14. Budget (Ch. 17)	Develops a budget that reflects the costs of operations, expenses, and revenues necessary to accomplish the service delivery plan, including the number of patients to be served.	August
15. Program Monitoring & Data Reporting Systems (Ch. 18)	Have systems in place to accurately collect and organize data for program reporting and support management decision making.	April
16. Scope of Project	Maintains its funded scope of project (sites, services, service area, target population, and providers); including any increases based on recent grant awards.	September
17. Board Authority (Ch. 19)	Governing board maintains appropriate authority to oversee the operations of the center, including: • holding monthly meetings; • approval of the health center grant application and budget; • selection/dismissal and performance evaluation of the health center CEO; • selection of services to be provided and the health center hours of operations; • measure and evaluate the organization's progress in meeting its annual and long-term programmatic and financial goals and develop future plans for the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance; and • establish policies for the health center.	October
18. Board Composition (Ch. 20)	Governing board is composed of individuals, a majority of whom are being served by the center and, this majority as a group represents the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. Specifically: • Governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization. • The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community. • No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.	October
19. Conflict of Interest Policy (Ch. 13)	Bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods or services to the health center. No board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the board.	October
20. Annual Board Training	Annual training of governing board. New governing board members will be trained during board orientation.	December

For additional information on these requirements, please review:

- Health Center Program Statute: Section 330 of the Public Health Service Act (42 U.S.C. §254b)
- Program Regulations: 42 CFR Part 51c and 42 CFR Parts 56.201-56.604
- Grants Regulations: 45 CFR Part 74

HRSA Health Center Program Compliance Requirements – Chapter 8: Continuity of Care & Hospital Admitting

Requirements

- Provider required primary health services
- Ongoing referral relationship with one or more hospitals

HRSA Health Center Program Compliance Requirements – Chapter 8: Continuity of Care & Hospital Admitting

Demonstrating Compliance

- HRSA Approved Form 5A: Services Provided
- Documentation of admitting privileges
  - All MDs have the approved privilege: Admission to the Internal Medicine or Family Medicine Services of PHHS for patients requiring inpatient services.
- Documentation of addressing hospitalization/ER department referrals, discharge follow-up, and patient tracking to assure continuity of care for hospitalized health center patients
  - System-wide EMR
  - Discharge summaries forwarded to PCP in-basket

HRSA Updates

- 2023 Service Area Competition
  - June 26 deadline-grants.gov
    - Project abstract
    - Project/performance site locations
    - Key contacts
  - July 26 deadline-EHB
    - 160-page limit
    - Project narrative
    - Budget narrative
    - Attachments: Bylaws, Organizational Chart, Position Descriptions, Summary of contracts, Collaborative documentation & Sliding Fee
    - Forms (12): Staffing, Income Analysis, Community Characteristics, Services, Sites, Board Members, Waiver for Board Members

Bylaws update

- Changes consistent to align with DCHD bylaws
- Current signature required for service area competition

BYLAWS

OF THE

BOARD

OF

HOMELESS OUTREACH MEDICAL SERVICES (HOMES) A PROGRAM OF THE DALLAS COUNTY HOSPITAL DISTRICT

Initial Board Approval:	**June, 2015**
Revised:	**July, 2019**
Revised:	**January, 2021**
Revised:	**June, 2023**

ARTICLE I

MISSION OF HOMELESS OUTREACH MEDICAL SERVICES

We are dedicated to the health and well-being of individuals experiencing homelessness and families entrusted to our care.

ARTICLE II

GENERAL POWERS

The business and affairs of Homeless Outreach Medical Services ("HOMES") shall be managed under the direction and control of the Dallas County Hospital District's Board of Managers ("Board"). The Board shall have full power and authority to oversee and provide direction regarding the affairs of HOMES. In exercising this power, the Board may take any action that is consistent with the Dallas County Hospital District's enabling statute; these Bylaws; and federal, state and local law, including but not limited to, Public Health Service Act/Health Resources and Services Administration requirements for health centers for the homeless ("HRSA Requirements") and Medicare, Medicaid, and state licensure requirements for Federally Qualified Health Centers ("FQHC Requirements"). The Board shall be specifically responsible for:

A. Holding monthly meetings and recording in meeting minutes the Board's attendance, key actions, and decisions

B. Attending to any matter that it determines is in the best interest of HOMES and is within the purposes and objectives of HOMES and taking all necessary steps to ensure the achievement of the purposes and objectives of HOMES;

C. Employing, annually evaluating, and dismissing the Project Director, who reports to the Board and is responsible for overseeing other HOMES' key management staff in carrying out the day-to-day activities necessary to fulfill the HRSA-approved scope of project;

D. Determining when it is appropriate and necessary to employ or contract with other HOMES' key management staff;

E. Evaluating the performance of HOMES through review of operational reports; quality data, patient satisfaction surveys and minutes from Advisory Board meetings; and other activities, including but not limited to, service utilization patterns, productivity, achievement of project objectives and developing a process for hearing and resolving patient grievances;

F. Ensuring that HOMES' activities are conducted in compliance with applicable federal, state and local laws and regulations, including but not limited to, the HRSA Requirements and FQHC Requirements;

G. Reviewing and approving HOMES' proposed services, sites, and hours of operation.

H. Evaluating HOMES achievements in meeting its annual and long-term goals, and using the knowledge gained to revise its mission, goals, objectives, plans and budgets as may be appropriate and necessary; evaluating itself periodically for efficiency, effectiveness and compliance with all the HRSA Requirements and FQHC Requirements.

I. Satisfying the educational and training needs of existing Board members and training new Board members regarding the duties and responsibilities of being a Board member of an organization subject to the HRSA Requirements and FQHC Requirements.

J. Approving the following types of agreements and contracts that will have a major clinical, financial or strategic impact on HOMES:

1. Affiliation or joint venture agreements; and

2. Management contracts, consulting contracts, or other types of services contracts that could result in HOMES assuming a payment obligation that would exceed $200,000 annually;

K. Working with the Program Director and other key management staff to assess every three years the unmet need for health services in the catchment or proposed catchment area of HOMES utilizing certain factors included in the HRSA Health Center Compliance Manual;

L. Reviewing, adopting and updating when needed HOMES' policies related to the operations of the health center, including but not limited to, financial management practices and a system to ensure accountability for health center resources including periodically

reviewing the financial status of the health center and the results of the annual audit to ensure appropriate follow-up actions are taken, employee salary and benefit scales, employee grievance procedures, equal opportunity practices, code of conduct, quality improvement system, eligibility for services and fee schedules, the sliding fee discount program, billing and collections, financial policies that assure accountability for health center resources, avoidance of conflict of interest, quality-of-care audit procedures, and ensuring the appropriate use of federal funds in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award;

M. Approving the annual HOMES project budget and applications, including grants/designation application and other HRSA requests regarding scope of project.

N. Directing the development of the overall plan for the HOMES' program project;

O. Providing direction for HOMES long-range planning, including but not limited to identifying health center priorities and adopting a three-year plan for financial management and capital expenditures;

P. Approving the selection of the independent auditor and officially accepting the annual audit report and management letter; and

Q. Approving the HOMES bylaws every 3 years.

R. No committee, nor any other individual or entity, may have approval authority or veto power over the Board with regard to the required authorities and functions related to HOMES.

ARTICLE III

MEMBERSHIP OF THE BOARD

The Board shall consist of eleven (11) members, who serve without compensation and through appointment by the Commissioners Court. Members serve a term of three years and can serve up to two concessive terms. ~~Board members must resign after serving two consecutive terms.~~ The Commissioners Court fills the remainder of any un-expired term. Board members may serve until a successor is appointed and qualified.

Removal for Cause. A Board member may only be removed for cause by action of the Dallas County Commissioners Court in accordance with applicable law, including but not limited to, Dallas County Code Section 239, removal for cause, or as hereinafter may be amended.

ARTICLE IV

POWERS AND DUTIES OF INDIVIDUAL BOARD MEMBERS

Power of Individual Board Members. No Board member shall act for the Board unless he or she has been specifically authorized by the Board to do so.

Duties of Individual Board Members. In addition to other common law and statutory duties and any other obligations arising from their position, the Board members shall be responsible for:

Compliance with HRSA Requirements, FQHC Requirements and HOMES Policies. Each Board member shall comply with the HRSA Requirements, FQHC Requirements and all polices adopted by the Board.

Avoiding Conflicts of Interest. Each Board member shall comply with the Hospital District's Conflict of Interest Policy applicable to Board members. No Board member shall:

A. Be an employee of HOMES or an immediate family member of an employee (*i.e.*, spouses, children, parents, or siblings through blood, adoption, or marriage).

B. Have a substantial interest or substantial ownership in a firm that supplies, or knowingly seeks to supply goods or services to HOMES.

C. Engage in outside business ventures which would conflict with their duties as Board members.

D. Solicit or accept gratuities, favors, or anything of monetary value from contractors or parties to agreements.

E. Board members will be required to complete a disclosure statement, including such information, in such form, and at such times as may be required by the Board from time to time.

F. Board members must execute a disclosure statement at the time of their appointment and reappointment, and annually thereafter. The General Counsel and Chief Compliance and Ethics Officer will maintain current disclosure statements for each Board member.

G. No more than one-half of Board members derive more than 10% of their annual income from the health care industry.

ARTICLE V

OFFICERS

Section 1 - Election of Officers

At its annual meeting every two years, the Board shall elect a Chair, Vice Chair, and Secretary. The Board Officers shall serve a two-year term and may serve up to two consecutive terms in any office. The Board Officers shall be eligible for reelection after expiration of a two-year term following their service as an officer. Board Officer nominees are preferred to have one year of service on the Board and must be on an unexpired term or eligible for reappointment. The Board may from time to time establish procedures for the nomination and election of Board officers.

Section 2- Duties of Chair

A. The Chair shall preside at all meetings of the Board.

B. The Chair or the Chair's designee shall execute all Board correspondence on behalf of the Board.

C. The Chair or the Chair's designee shall cause a certified agenda, minutes, or other appropriate record to be prepared for any open or closed meeting at which the Secretary or Assistant Secretary is not present.

Section 3 - Duties of the Vice Chair

The Vice Chair shall perform the duties of the Chair in the Chair's absence or in the event of the Chair's resignation, death, disability or inability to serve pending selection of the Chair's successor at either a regular or special meeting of the Board to be held as soon as reasonably practical.

Section 4 - Duties of the Secretary

A. The Secretary shall be a member of the Board or the Hospital District's administrator/CEO. The Secretary shall keep suitable records of all proceedings of each meeting of the Board and its committees. Such records shall be read and signed after each meeting by the Chair or the member presiding and attested to by the Secretary. The duties of the Secretary, when not filled by the Assistant Secretary, may be filled by a designated administrative staff member of the District.

B. In addition to the duties herein before described, the Secretary shall notify the members of the Board of all regular and special meetings of the Board and its committees in the following fashion:

1. For all regular meetings, the Secretary shall notify all members in writing or electronically at least 72 hours in advance of such meetings.

2. In the event of special meetings of the Board, the Secretary shall notify each Board member via telephone or by other appropriate immediate means. If the Secretary cannot reach a Board member via telephone, the Secretary shall notify such Board member of the date, time and specific purpose of such special meeting via wire, facsimile, or electronic mail sent to the Board member's home or office setting.

3. The Secretary shall comply with the requirements of the Texas Open Meetings Act and applicable laws concerning Medical Peer Review with respect to all notices of Board and committee meetings.

4. The Secretary shall record all votes by Board members by name, except when all members are present and the vote is unanimous, or by other means that clearly record how each Board member voted.

Section 5 - Duties of the Assistant Secretary

A. The Hospital District General Counsel shall serve as the Assistant Secretary and, in the absence or at the request of the Secretary, may perform any act required of the Secretary by the Bylaws. The Assistant Secretary may be assisted in the performance of their duties by administrative staff members of the District.

B. In the event there is a requirement or request that the Project Director's signature or office be verified or certified, such verification or certification shall be performed by the Assistant Secretary. If the Assistant Secretary is unable to verify or certify the signature of the Project Director, then the Chair of the Board or the Vice Chair of the Board is authorized to perform either of such functions.

Section 6 – Vacancies

A vacancy in any office shall be filled by the Board by election at any regular or special meeting. The vacancy shall be filled for the remainder of the term.

ARTICLE V1

MEETINGS

Section 1 - Regular Board Meetings

A. There shall be regular meetings of the Board as determined by the Chair of the Board, provided that meetings are held not less than monthly.

B. The agenda for these Board meetings shall include any items appropriate for governing and overseeing the affairs of HOMES. Such items include but are not necessarily limited to: (i) approving the selection, evaluation, and if necessary, the dismissal or termination of the Project Director; (ii) approving applications relating to the HOMES program, including approving the annual budget;(iii)

approving HOMES' sites, hours of operation, and services; (iv) monitoring the financial status of HOMES, including reviewing the results of the annual audit, and ensuring appropriate follow-up actions are taken; (vi) conducting long-range strategic planning at least once every three years, which at a minimum addresses financial management and capital expenditure needs; (vii) evaluating the performance of HOMES based on quality assurance/quality improvement assessments and other information receiving from HOMES Project Director or other key management personnel, and ensuring appropriate follow-up actions are taken regarding achievement of project objectives, service utilization patterns, quality of care, efficiency and effectiveness of the health center, and patient satisfaction, including addressing any patient grievances; (viii) reviewing the minutes of Advisory Board meeting and Advisory Board members' input in regard to the operation, direction and governance of HOMES, including selecting health center services, setting health center hours of operation, defining budget priorities, evaluating HOMES' progress in meeting goals including patient satisfaction, and assessing the effectiveness of the sliding fee discount program; and (ix) reviewing and ensuring the appropriate use of federal funds in compliance with federal statutes, regulations, and the terms and conditions of the federal award.

C. The Board may have one-on-one sessions in Executive Session with the Project Director at least annually and as needed, and as allowed by law.

Section 2 - Quorum

The presence of the majority of the Board shall constitute a quorum for the transaction of business, and a lesser number may recess a meeting until a later specified date when a quorum shall be present.

Section 3 - Records of the Meeting

Minutes of all meetings of the Board and the Advisory Board shall be sent to all the Board members in advance of the next scheduled Board meeting at which the minutes will be reviewed.

ARTICLE VIII

BOARD DISSOLUTION

The Board may be dissolved in accordance with applicable law, including but not limited to, the Dallas County Code, Section II.

~~Paula Dobbs-Wiggins, MD~~, Marjorie Petty, JD, Chair~~woman~~
Parkland Health ~~& Hospital System~~ Board of Managers

BYLAWS

OF THE

BOARD

OF

HOMELESS OUTREACH MEDICAL SERVICES (HOMES) A PROGRAM OF THE DALLAS COUNTY HOSPITAL DISTRICT

Initial Board Approval:	**June, 2015**
Revised:	**July, 2019**
Revised:	**January, 2021**
Revised:	**June, 2023**

ARTICLE I

MISSION OF HOMELESS OUTREACH MEDICAL SERVICES

We are dedicated to the health and well-being of individuals experiencing homelessness and families entrusted to our care.

ARTICLE II

GENERAL POWERS

The business and affairs of Homeless Outreach Medical Services ("HOMES") shall be managed under the direction and control of the Dallas County Hospital District's Board of Managers ("Board"). The Board shall have full power and authority to oversee and provide direction regarding the affairs of HOMES. In exercising this power, the Board may take any action that is consistent with the Dallas County Hospital District's enabling statute; these Bylaws; and federal, state and local law, including but not limited to, Public Health Service Act/Health Resources and Services Administration requirements for health centers for the homeless ("HRSA Requirements") and Medicare, Medicaid, and state licensure requirements for Federally Qualified Health Centers ("FQHC Requirements"). The Board shall be specifically responsible for:

A. Holding monthly meetings and recording in meeting minutes the Board's attendance, key actions, and decisions

B. Attending to any matter that it determines is in the best interest of HOMES and is within the purposes and objectives of HOMES and taking all necessary steps to ensure the achievement of the purposes and objectives of HOMES;

C. Employing, annually evaluating, and dismissing the Project Director, who reports to the Board and is responsible for overseeing other HOMES' key management staff in carrying out the day-to-day activities necessary to fulfill the HRSA-approved scope of project;

D. Determining when it is appropriate and necessary to employ or contract with other HOMES' key management staff;

E. Evaluating the performance of HOMES through review of operational reports; quality data, patient satisfaction surveys and minutes from Advisory Board meetings; and other activities, including but not limited to, service utilization patterns, productivity, achievement of project objectives and developing a process for hearing and resolving patient grievances;

F. Ensuring that HOMES' activities are conducted in compliance with applicable federal, state and local laws and regulations, including but not limited to, the HRSA Requirements and FQHC Requirements;

G. Reviewing and approving HOMES' proposed services, sites, and hours of operation.

H. Evaluating HOMES achievements in meeting its annual and long-term goals, and using the knowledge gained to revise its mission, goals, objectives, plans and budgets as may be appropriate and necessary; evaluating itself periodically for efficiency, effectiveness and compliance with all the HRSA Requirements and FQHC Requirements.

I. Satisfying the educational and training needs of existing Board members and training new Board members regarding the duties and responsibilities of being a Board member of an organization subject to the HRSA Requirements and FQHC Requirements.

J. Approving the following types of agreements and contracts that will have a major clinical, financial or strategic impact on HOMES:

1. Affiliation or joint venture agreements; and

2. Management contracts, consulting contracts, or other types of services contracts that could result in HOMES assuming a payment obligation that would exceed $200,000 annually;

K. Working with the Program Director and other key management staff to assess every three years the unmet need for health services in the catchment or proposed catchment area of HOMES utilizing certain factors included in the HRSA Health Center Compliance Manual;

L. Reviewing, adopting and updating when needed HOMES' policies related to the operations of the health center, including but not limited to, financial management practices and a system to ensure accountability for health center resources including periodically

reviewing the financial status of the health center and the results of the annual audit to ensure appropriate follow-up actions are taken, employee salary and benefit scales, employee grievance procedures, equal opportunity practices, code of conduct, quality improvement system, eligibility for services and fee schedules, the sliding fee discount program, billing and collections, financial policies that assure accountability for health center resources, avoidance of conflict of interest, quality-of-care audit procedures, and ensuring the appropriate use of federal funds in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award;

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Marjorie Petty, JD, Chair
Parkland Health Board of Managers

Healthcare for the Homeless Conference 2023

May 2023-Baltimore, Maryland

Questions?