HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, January 24, 2024, at 12:30 PM*** 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.) 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: 2631 800 1748; 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 2023-12-20 HOMES	2	1	Chair
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	8	2	Kyla Rankin
B.	Management and Finance Update	9	2	
C.	Governance Update	10	2	
D.	HRSA Compliance Manual Requirements: The Big 20	11	2	
E.	HRSA Compliance Manual Requirements: 15 Financial Management and Control Policies	15	2	
F.	HRSA Update: UDS Reporting	17	2	
G.	Approve Credentialing and Privileging Policy	18	1	
H.	Housing Forward Point in Time Count	28	1	
I.	4th Annual Sock Drive	29	1	
IV.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
V.	**Adjourn**			
A.	Closing Remarks			
B.	Call to Adjourn			

Approve Minutes 2023-12-20 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
December 20, 2023

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, December 20, 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 12:31 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Eric G. Bing, MD, PhD; Byron Cryer, MD; Todd Furniss, JD; Vincent Hall; Ramon Miguez, PE; Farida Minner, RN; Elizabeth Palacios, MD; and Lisa Sutter (arrived a 12:42 pm).

Board members Reina Gonzalez and John Proctor were not present.

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

Donna Richardson, EVP & Chief Nursing Executive
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer
Forrest Stovall, Governance Program Manager
Fred Cerise, President & Chief Executive Officer
Jessica Hernandez, SVP Chief DEI Officer
Kellee Boardingham, Executive Assistant
Kyla Rankin, HOMES Project Director
Rick Humphrey, EVP & Chief Financial Officer
Roberto de la Cruz, EVP Chief Clinical Officer
Saul Cordero, SVP & Chief Governance & Strategy Officer (via Webex)
Steven Roth, EVP & Chief Legal Officer
Vic Summers, Chief Audit Executive

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 2023-11-15 HOMES

Vincent Hall 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. There is currently one community development specialist, one dental assistant, one Medical Practice Assistant (MPA) supervisor, and one family nurse practitioner position posted. An offer has been made for the family nurse practitioner position. HOMES also recently participated in a Worlds AIDS Day outreach event and will be presenting on telehealth at the 2024 Healthcare for the Homeless Conference in Arizona.

The Board asked questions and received additional information related to the Operations Update.

B. Management and Finance Update

HOMES has seen 8,038 unduplicated patients to date. The annual goal is 9,675. Kyla does not anticipate HOMES will reach the goal. Additionally, HOMES was short about 30 visits from the budget goal for the month of December. This shortage was attributed to the nurse practitioner vacancy; Kyla anticipates shortages in the coming months until the position is filled.

The Board asked questions and received additional information related to the Management and Finance Update.

C. Governance Update

Several HOMES Advisory Board members attended the Joint Community Advisory Board Holiday Luncheon in December. The next HOMES Advisory Board Meeting is February 12, 2024.

D. HRSA Compliance Manual Requirements: The Big 20

Kyla Rankin reviewed The Big 20 manual.

E. HRSA Compliance Manual Requirements - Chapter 12: Contracts and Subawards

Kyla Rankin reviewed Chapter 12: Contractual Affiliation Agreements. She reported on the HRSA requirements and how HOMES demonstrates compliance with the HRSA requirements. HOMES has one contract with Cenikor Foundation (formerly known as Turtle Creek), to provide residential substance use treatment. Kyla reported on the terms and contract specifics.

F. HRSA Annual Review
Kyla Rankin presented the HRSA Annual Review. She provided an overview of the HRSA compliance requirements, annual budget, annual reporting cycle, as well as the anticipated Operational Site Visit in the spring of 2025.

G. Approve Credentialing and Privileging Policy
Kyla presented the Credentialing and Privileging Policy for approval. She noted the proposed minor updates/changes to the policy.

Ramon Miguez, PE, motioned to approve the Credentialing and Privileging Policy. Vincent Hall seconded the motion. The motion passed unanimously.

H. Approve Quality Assessment and Performance Improvement (QAPI) Policy
Kyla presented the Quality Assessment and Performance Improvement (QAPI) Policy for approval. She noted the proposed minor updates/changes to the policy.

Elizabeth Palacios, MD, motioned to approve the Quality Assessment and Performance Improvement (QAPI) Policy. Todd Furniss, JD, seconded the motion. The motion passed unanimously.

I. 2024 Point in Time Count
Kyla apprised the Board of the upcoming 2024 Point in Time Count on January 25, 2024. She explained that it is a federal requirement for the count to occur annually and explained how the count is conducted with volunteers.

The Board asked questions and received additional information related to the 2024 Point in Time Count.

VII. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 12:43 p.m.

SO RECORDED:

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

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – January 2024

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Operations
  - Management and Finance
- Governance
- The Big 20
- HRSA update
- Policy Approval
- UBC update

Parkland | Care. Compassion. Community.

Operational Updates

Staffing

- 2.0 FTE FNP
- 1.0 FTE Community Development Specialist
- 1.0 FTE MPA Supervisor

Operations

- Alternative Coverage
  - Parkland ED
  - Inclement Weather Shelter (IWS)
- DART Cares

Management & Finances – December

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	8522	9665	88%	100%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	2751	2826	(75)	-2.6%	10,095	9963	132	1.3%
Expenses	$827,491	$697,653	($129,838)	-18.6%	$2,235,290	$2,065,511	($169,779)	-8.2%
Charges	$2,016,610	$2,023,786	($7176)	-0.4%	$6,790,545	$7,135,584	($345,039)	-4.8%
Revenue	$57,365				$174,437			
Commercial	$3079				$5405			
Medicaid	$33,934				$105,062			
Medicare	$20,352				$63,970			
FTE	61.36				61.66			
FTE - OT	1.12	0.97	(0.15)	-15.2%	1.41	1.03	0.38	-37.4%

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

Governance

- Next HOMES Advisory Board Meeting:
  - February 12, 2024-12:00pm
  - Hybrid option available

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

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.	August
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.	August
4. Accessible Hours of Operation / Locations (Ch. 6)	Provides services at times and locations that assure accessibility and meet the needs of the population.	August
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.	March
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.	August 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.	Annually to align with Federal Poverty Guidelines
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.	Quarterly Metric Review: February or approval of annual UDS report August November December QAPI Policy: October
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.	September 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.	October and 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.	March 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.	July

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.	November
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.	HRSA approval
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.	March
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.	Award notification & update as needed
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.	December
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.	December
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.	December
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 15 Financial Management & Accounting Systems

Requirements

- Control and accountability of funds, property, and assets
- Written policies and procedures
- Utilize financial management and control systems in accordance with sound financial management procedures
- Financial management systems must specifically identify in its accounts all Federal awards, including the Health Center Program
- If $750,000 or more in Federal awards is expended during the fiscal year, a Single Audit or program specific audit must be conducted
- Non-grant funds may be used for purposes that are not prohibited under the grant program to further the objective of the health center project

HRSA Health Center Program Compliance Requirements – Chapter 15

Financial Management & Accounting Systems

PROCEDURE:

1. Grants Management utilizes a financial management and internal control system that reflects Generally Accepted Accounting Principles (GAAP) or Government Accounting Standards Board (GASB) principles and that ensures at a minimum:

   - Expenditures are consistent with the HRSA/grantor approved budget and with any additional applicable HRSA/grantor approvals that have been requested and received;
   - Effective control over, and accountability for, all funds, property, and other assets associated with the grant projects;
   - The safeguarding of all assets to assure they are used solely for authorized purposes in accordance with the terms and conditions of the grant program award/designation; and
   - The capacity to track the financial performance of the health center, including identification of trends or conditions that may warrant action by the organization to maintain financial stability.

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 2024
- Final data-April 2024

- American Rescue Plan Act (ARPA) data
  - Final quarterly report completed

Policy Approval

HOMES Credentialing and Privileging (OLCP)

Updates to include

- Minor formatting changes
- Language changes for clarity and to align with actual operational practice

Approve Credentialing and Privileging Policy

Parkland

Credential and Privilege Requirements for HOMES Other Clinical Staff	POP.HMS.001	Published: 9/15/20
HOMES		Page 1 of 4

PURPOSE:

For the FQHC HOMES (Homeless Outreach Medical Services) Health Center (HOMES) Program to demonstrate compliance of credentialing and privileging procedures in conformity with the standards of the Bureau of Primary Health Care, as defined in the Health Resource and Services Administration's (HRSA) Health Center Program Compliance Manual, which follows the standards established by the National Committee for Quality Assurance (NCQA) and the guidelines of the Joint Commission.

SCOPE:

The scope of this procedure covers the operating procedures for credentialing and privileging of all non-independent licensed or certified practitioners (referred to in the compliance manual as OLCPs) and other clinical staff providing services on behalf of the health center, who are health center employees, individual contractors, or volunteers.

PROCEDURE:

1. The Office of Talent Management (OTM) personnel, operating in various capacities, shall ensure verification of the following credentials, as applicable:
   A. Current licensure, registration, or certification using a primary source;
   B. Education and training for initial credentialing using primary or other sources;
   C. Clinical staff member's identity for initial credentialing using a government-issued picture identification; and
   D. Current documentation of basic life support training.
   E. Completion of a query through the National Practitioner Databank (NPDB)
2. The granting and renewal of privileges will address the following:
   A. Verification of immunization and TB surveillance (through Occupational Health);

DRAFT

B. For initial privileging, verification of current clinical competence via training, education, and, as available, reference reviews;

C. For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews); and

D. Process for denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty.

E. Renewal of privileges and clinical competence will occur annually and as needed.

~~E.~~F. Upon hire and on a recurring basis verification of fitness of duty to ensure all clinical staff have the physical and cognitive ability to safely perform their duties.

3. Maintenance of Files for Clinical Staff

A. Credential files for OLCPs and other clinical staff are maintained and securely stored by OTM in accordance with the HOMES Program and the Bureau of Primary Care guidelines, as well as Joint Commission standards.

1) Each OLCP and other clinical staff are responsible for maintaining his/her own licensure/certification, TB surveillance, vaccination, and up-to-date training.

2) The OLCP and other clinical staff assume responsibility for providing OTM staff with renewed credentials prior to the expiration of the credential on file.

3) The employee will be notified by the OTM and/or manager that his/her license will expire and the date of expiration.

4) Any employee who does not present proof of renewal of registration, certification, licensure or other required credentials prior to the expiration date will be suspended without pay until proof of renewal is furnished to License/CertificationAdministrator@phhs.org. If proof is not submitted within 14 calendar days following the date of suspension, the employee will be terminated.

DRAFT

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

6) Employees will notify the OTM and the manager once certification/license has been renewed.

B. The OTM staff will alert the Clinical / Medical Director of the HOMES Program if primary source verification is not obtainable after two attempts, if OLCPs or other clinic staff do not respond to license verification requests in a timely manner after reasonable follow up has been attempted, if an OLCP or other clinical staff has allowed a credential to expire, or which seem otherwise notable.

4. 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 health center ensures that such providers are:

   A. Licensed, certified, or registered 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.

DEFINITIONS:

Health Resources and Services Administration (HRSA) : An Agency of the Department of Health and Human Services

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 credentials (e.g. physician, dentist, nurse practitioner).

Other Licensed Clinical Practitioner (OLCP): Any individual that is licensed to provide clinical care that is NOT an LIP.

DRAFT

REFERENCES:

Bureau of Primary Health Care, as defined in HRSA's Health Center Program Compliance Manual ~~which follows the standards established by the National Committee for Quality Assurance (NCQA) and the guidelines of the Joint Commission~~.

"Registration, Certification & Licensure Maintenance", Policy 5000-1301, Parkland Health and Hospital System

DRAFT

Credential and Privilege Requirements for HOMES Other Clinical Staff	POP.HMS.001	Published: X/XX/XX
HOMES		Page 1 of 4

PURPOSE:

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

SCOPE:

The scope of this procedure covers the operating procedures for credentialing and privileging of all non-independent licensed or certified practitioners (referred to in the compliance manual as OLCPs) and other clinical staff providing services on behalf of the health center, who are health center employees, individual contractors, or volunteers.

PROCEDURE:

1. The Office of Talent Management (OTM) personnel, operating in various capacities, shall ensure verification of the following credentials, as applicable:
   A. Current licensure, registration, or certification using a primary source;
   B. Education and training for initial credentialing using primary or other sources;
   C. Clinical staff member's identity for initial credentialing using a government-issued picture identification; and
   D. Current documentation of basic life support training.
   E. Completion of a query through the National Practitioner Databank (NPDB)
2. The granting and renewal of privileges will address the following:
   A. Verification of immunization and TB surveillance (through Occupational Health);

DRAFT

B. For initial privileging, verification of current clinical competence via training, education, and, as available, reference reviews;

C. For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews); and

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4. 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 health center ensures that such providers are:

   A. Licensed, certified, or registered 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.

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Other Licensed Clinical Practitioner (OLCP): Any individual that is licensed to provide clinical care that is NOT an LIP.

DRAFT

REFERENCES:

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

"Registration, Certification & Licensure Maintenance", Policy 5000-1301, Parkland Health and Hospital System

DRAFT

2024 Point in Time Count

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

Thursday, January 25, 2024

Register to volunteer or provide gender neutral care packages

https://housingforwardntx.org/volunteer/

4th Annual Sock Drive

- Goal: collect 10,000 socks
- HOMES UBC in collaboration with PEN Council
- Final count 14,417 socks

Thank you to our Professional Excellence in Nursing Council, our Homeless Outreach Medical Team and to every Parkland staff member who made this year's drive such a success. #ParklandCares

Questions?