Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, May 22, 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: 2634 188 7934; 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 2024-04-24 HOMES	2	1	Chair
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	9	3	Kyla Rankin
B.	Management and Finance Update	10	3	
C.	Governance Update	11	3	
D.	Quality Improvement Update	12	3	
E.	HRSA Compliance Manual Requirements: The Big 20	17	3	
F.	HRSA Compliance Manual Requirements: Chapter 18: Program Monitoring & Data Reporting Systems	21	3	
G.	HRSA Update	23	3	
H.	Point in Time Count Data	24	3	
I.	Celebrations/Recognitions	26	3	
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 2024-04-24 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
April 24, 2024

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, April 24, 2024, 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 12:35 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Eric G. Bing, MD, PhD; Todd Furniss, JD; Reina Gonzalez, JD; Vincent Hall; Ramon Miguez, PE; Farida Minner, RN; Elizabeth Palacios, MD; Byron Cryer, MD, and Lisa Sutter.

Board member John Proctor was not present.

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

Amelia Stewart, ED
Angela Peterson, Dir. Nursing ED
April Foran, Dir./Corp Communications & PIO
Ashlyn Kotch, Operational Excellence
Beall Carothers, Director-Real Estate Development/PDC
David Garcia, Operational Excellence Dir.
Dawn Marchetto, SVP Nursing
Donna Richardson, EVP & Chief Nursing Executive
Doreen Freeman, Director ED
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer
Fred Cerise, President & Chief Executive Officer
Jessica Hernandez, SVP Chief DEI Officer
John Raish, SVP Support Services
Joseph Chang, SVP & CMO
Kathrine Yoder, VP/Government Relations
Kyla Rankin, HOMES Project Director
Laura Hochwalt, Sr. Dir. ED
Michael Lane, SVP Chief Quality & Safety Officer
Michael Malaise, SVP/Communications and Ext. Affairs
Mindy Michel, ED
Morgan Simmons, Governance Program Coordinator
Nneka Egbuniwe, Deputy General Counseling
Rick Humphrey, EVP & Chief Financial Officer
Roberto de la Cruz, EVP & CCO
Saul Cordero, SVP & Chief Governance & Strategy Officer
Steven Roth, EVP & Chief Legal Officer

Additional Attendees:
Kristen Harrison, Associate Director at the Smith Group Dallas (via Webex)

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 2024-03-27 HOMES
B. Approve Minutes 2024-04-08 HOMES Advisory Board

Ramon Miguez motioned for the approval of the Consent Agenda. Eric G. Bing 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 improvements. The Advance Practice Provider (APP) accepted the position this week. Kyla is actively working with the office of talent management to fill one Dental Assistant (DA) position and one Medical Practice Assistant, Supervisor position. Kyla mentioned last month that the Supervisor position was filled but the candidate left the position within 60 days. Kyla reported on the FY22 turnover rate which was 68.6% whereas FY23 was 40% largely due to many DA vacancies with high turnover rates. As of March, the turnover rate is 19.4% which is below benchmark for this year. Kyla reported on a HRSA demographic characteristics project. HRSA informed all grantees via Program Assistance Letters (PALS) of the requirement to expand the collection of race and ethnicity data. The project is in a testing phase right now and is successful. HOMES and IT are moving close to implementation and current go-live is scheduled for June 2024. In the meantime, HOMES collects the requested data manually. Kyla also provided an update on previous IT connectivity issues on the mobile units, this has been improved with a replaced antenna.

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

B. Management and Finance Update

HOMES saw 3,259 unduplicated patients thus far in 2024, 33% of the annual goal. The annual goal is 9,675. Additionally, Kyla mentioned HOMES is down two providers, they are keeping an eye on this and requesting float pool providers to assist as needed, although the provider positions are filled, they have not started. Actual business to budget and overtime are within acceptable range.

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

C. Governance Update

The next HOMES Advisory Board Meeting is June 10th, 2024, in the Moody outpatient Center. A hybrid attendance option will continue.

D. HRSA Compliance Manual Requirements: The Big 20

Kyla Rankin reviewed The Big 20 manual.

E. HRSA Compliance Manual Requirements: Chapter 14: Collaborative Relationships Kyla Rankin reviewed Chapter 14: Collaborative Relationships. She reported on the HRSA requirements and how HOMES demonstrates compliance with the HRSA requirements in the community. Kyla referenced several Parkland polices to support the requirements.

The Board asked questions and received additional information related to the HRSA Compliance Manual Requirements.

F. 2024 State of Homelessness Address

Kyla reminded the Board of the Point in Time (PIT) count results which will occur April 30, 2024 in-person only. Kyla will plan to attend the PIT count results and invitations were extended to Marge Petty, Board Chair and Farida Miner.

The Board asked questions and received additional information related to the State of Homelessness Address.

VII. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 12:48 p.m.

SO RECORDED:

_____	_____
Marjorie D. Petty, JD	Steven Roth, JD, MPH
Chair	Assistant Secretar

Parkland

Homeless Outreach Medical Services Program Monthly Update Report –May 2024

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Staffing/Services
  - Management and Finance
- Governance
- Quality Improvement/Assurance
- The Big 20
- HRSA compliance manual requirement: Chapter 18
- HRSA update-Notice of Funding Opportunities
- Point in Time Count Data
- Celebrations/Recognitions

Operations

- Staffing

Posted

- 1.0 FTE Dental Assistant
- 1.0 FTE MPA Supervisor

- Shed location move
- Dental
- The Joint Commission (survey) Readiness

Management & Finances – April

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	4034	9,675	42%	33%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3515	3192	323	10.2%	23,712	23,044	668	2.9%
Expenses	$683,904	$668,662	($15,242)	-2.3%	$4,841,942	$4,774,963	($66,979)	-1.4%
Charges	$2,117,346	$2,285,803	($168,457)	-7.4%	$15,699,698	$16,503,584	($803,887)	-4.9%
Revenue	$69,433				$371,359			
Commercial	$814				$7425			
Medicaid	$44,389				$233,429			
Medicare	$24,230				$130,505			
FTE	61.71				60.94			
FTE - OT	.95	1.02	0.07	7.2%	1.11	1.03	(0.09)	-8.5%

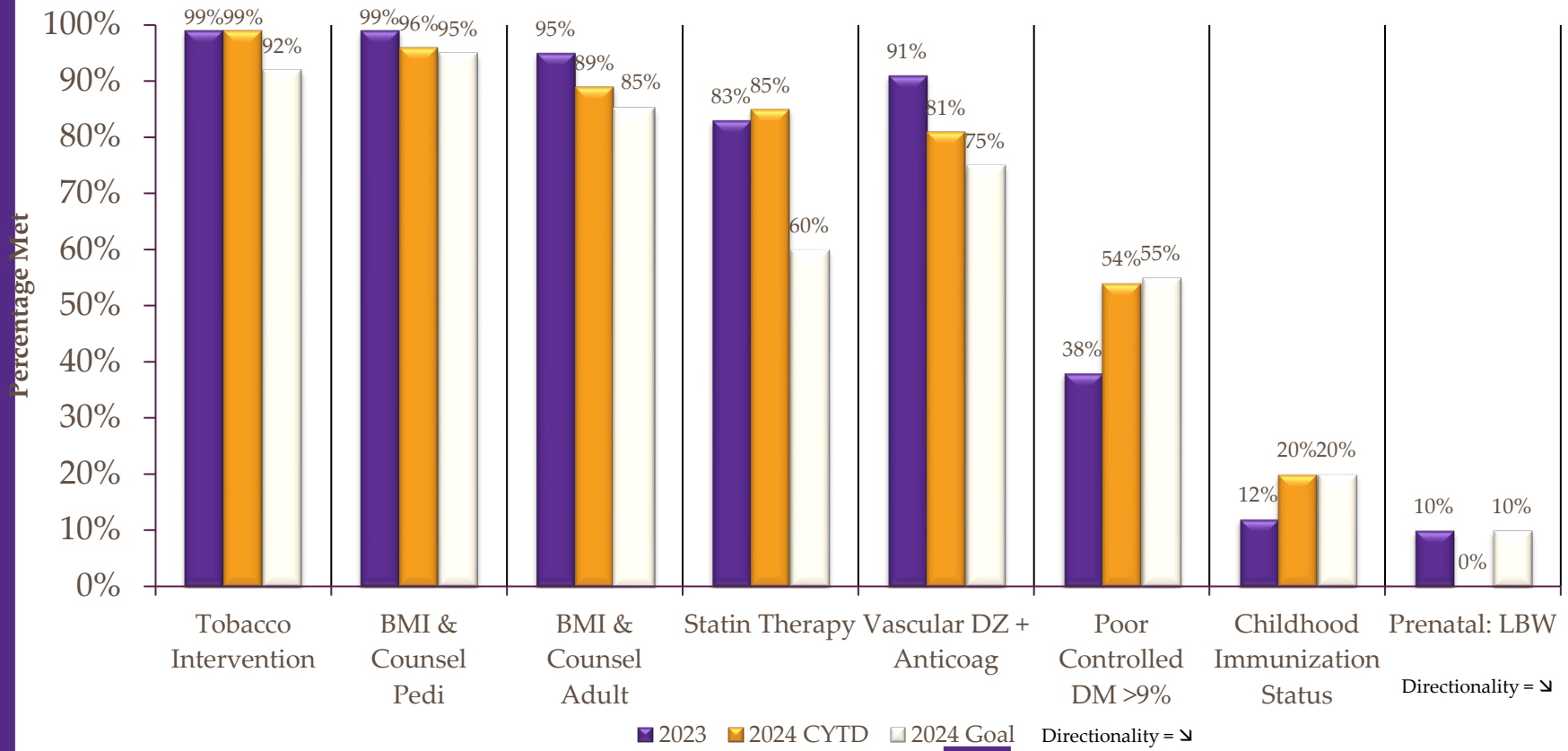
- HRSA recommendation is claims billed in less than 30 days.
- HRSA grant year: January 1, 2023 to December 31, 2023

Governance

- Next meeting: Monday, June 10, 2024
  - Noon
  - Hybrid option

HOMES
Quality Assurance/Performance Improvement
Quarterly review

HRSA Quality Measures at or above Goal
YTD – March 31, 2024



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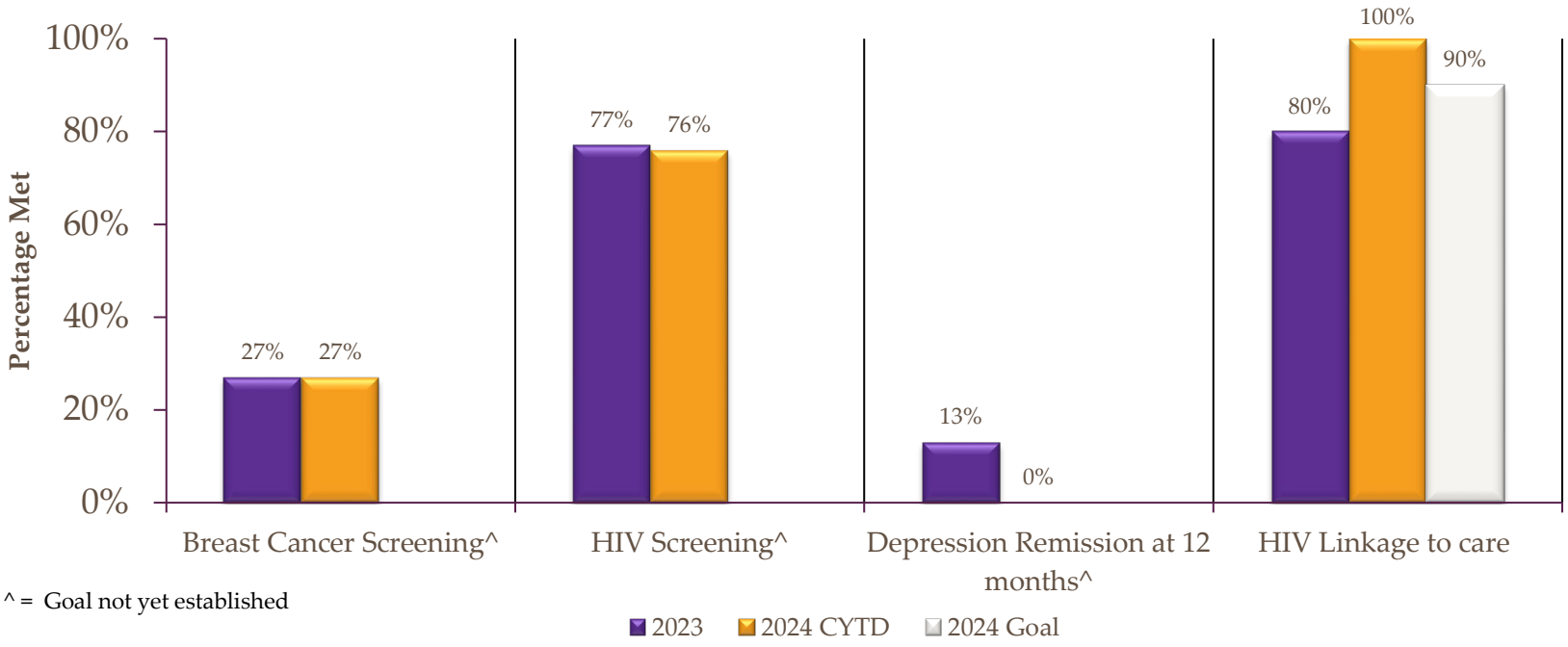
HRSA Quality Measures/ YOY Improvement
YTD – March 31, 2024



HIV Screening: Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV

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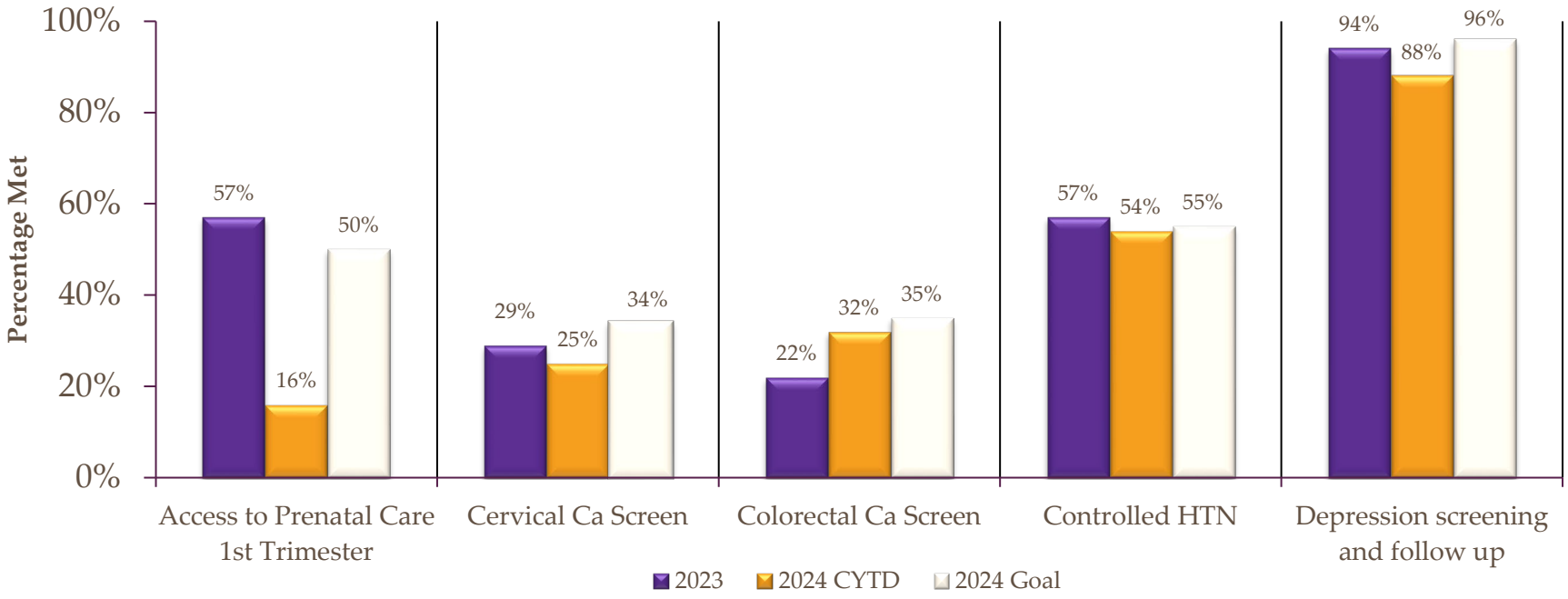
HRSA Quality Measures Needing Improvement
YTD – March 31, 2024



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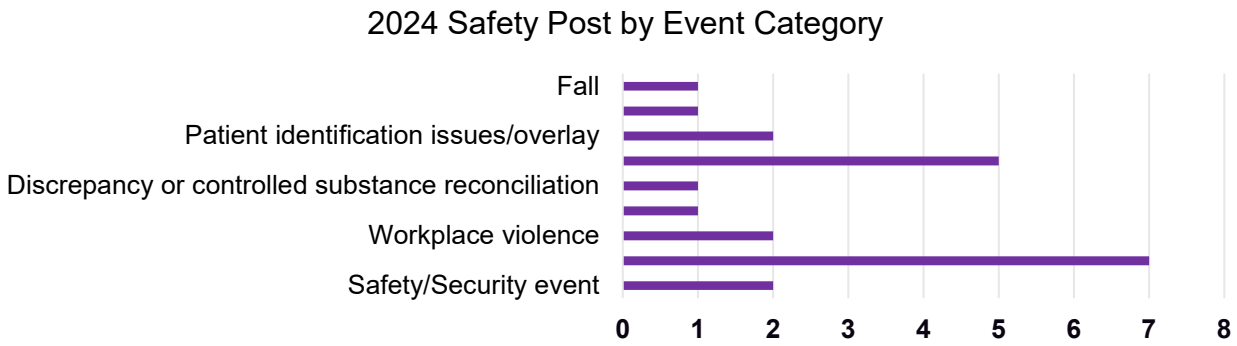
COPC Metric Balance Score Cards
Patient Care & Safety Audits 2024

Measures	January 2024	February 2024	March 2024	Goal
Staff Safety Post	3	14	5	Information Only
Complaints	1	0	1	Information Only
Grievances	0	0	0	Information Only
2 Pt ID Error	100%	100%	100%	100.0%
Specimen Labeling	100%	100%	100%	100.0%
Hand Hygiene	100%	100%	100%	95%
Medication Reconciliation (Reviewed percent)	96%	96%	99%	90.0%
Environment of Care	86%	95%	99%	90%
Patient Messages (1-5-7)	97%	97%	★ 98%	90.0%



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 18: Program Monitoring & Data Reporting Systems

Requirements

- Establish systems for monitoring performance
  - Oversight of the operations
  - Performance expectations
  - Areas of improvement in outcomes & productivity
- Compile and report data as required by HRSA
  - Costs
  - Patterns of utilization
  - Availability, accessibility, & acceptability of services
- Must submit required data

HRSA Health Center Program Compliance Requirements – Chapter 18: Program Monitoring & Data Reporting Systems

Demonstrating Compliance

- Collecting & Organizing Data
  - Epic EMR
  - Kaufman Hall
  - UKG
- Data-Based Reports
  - Quarterly reports to the Board and staff
  - HOMES Quality Leadership Committee
  - Dashboards
  - Annual Report

HRSA Updates-Notice of Funding Opportunities (NOFO)

- **FY24 Behavioral Health Service Expansion (FY24 BHSE)**
  - Goal: Increase access to behavioral health by starting or expanding mental health AND substance abuse disorder services to include medications for opioid use disorder (MOUD)
  - Competitive grant: up to 400 awards will be given
  - Award amount: Year (1) $600,000, Year (2) $500,000
  - Performance period: September 2024 to August 31, 2026
  - Application due: June 21, 2024

- **Year 2025 Quality Improvement Fund-Transitions in Care for Justice-Involved Populations (QIF-TJI)**
  - Goal: Build upon existing evidence-based models to pilot and evaluate innovative approaches that connect or reconnect justice involved individuals reentering the community to community-based, high quality in scope health center services that address their unique critical health and health related social needs.
  - Competitive grant: up to 51 awards
  - Award amount: up to $1 Million
  - Performance period: December 1, 2024 to November 30, 2026
  - Application due: July 2, 2024

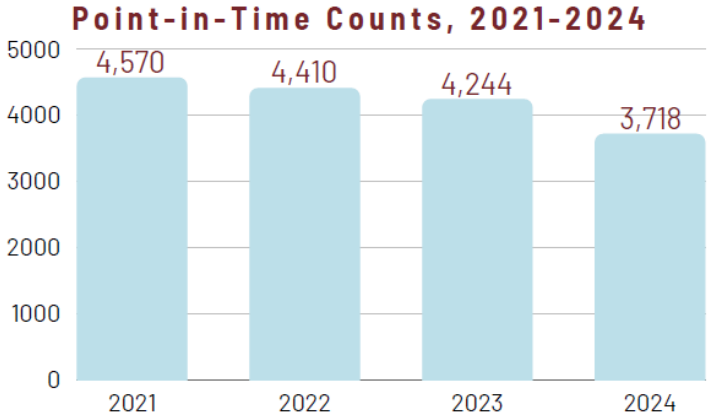
2024 Point in Time (PIT) Count Data

HOUSING FORWARD

ALL NEIGHBORS COALITION

2024 STATE OF HOMELESSNESS
in Dallas and Collin counties

Since 2021, more than 10,100 people experiencing homelessness in Dallas and Collin counties have been housed. The Point-in-Time (PIT) count is an annual census of our unhoused neighbors. The federally-mandated count helps understand changing trends and is one measure of our success over time.



3,718

Individuals Experiencing Homelessness on a Single Night in 2024

29% Unsheltered | **71%** Sheltered

19% Decrease in Overall Homelessness*

24% Decrease in Unsheltered Homelessness*

***Since 2021**

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PIT Count Data

DEMOGRAPHICS

Race/Ethnicity

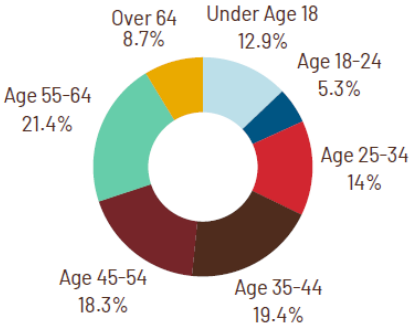
- 56.94% Black or African American
- 28.03% White
- 9.44% Hispanic/Latino
- 1.37% Asian
- 1.08% American Indian
- 0.27% Pacific Islander
- 0.22% Middle Eastern/North African
- 2.66% Multiple Races

Black households make up just 19% of the general population in Dallas and Collin Counties but 57% of the homeless population.

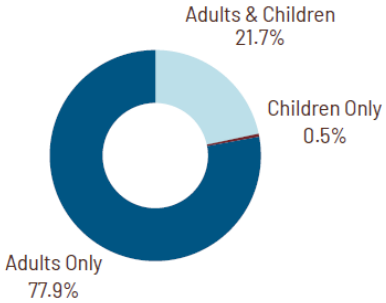
Gender

- 63.58% Male
- 35.58% Female
- 0.54% More than 1 Gender
- 0.19% Non-binary
- 0.08% Transgender
- 0.03% Questioning

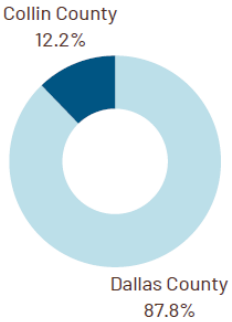
Age Distribution



Households



County



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Celebrations/Recognitions

2024 National Healthcare for the Homeless Conference

Theme-Toward Access and Equality: Embracing an Equitable Approach to Health Care

Virtual Care Presentation

May 22, 2024

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Questions?