

**Governing Board Meeting
Health Services of North Texas
April 19, 2017
DATCU HQ - Corinth**

Agenda		P. 1
I. Call to Order	Glen McKenzie	
Introduction of Visitors		
II. Board Training	Doreen Rue	
Presentation of 2016 Annual Report		
III. Consent Agenda	Glen McKenzie	
*March 2017 Board Minutes		P. 2
*March 2017 Financial Committee Minutes		P. 5
*March 2017 Financials		P. 6
*March 2017 QM Committee Minutes		P. 10
*April 2017 Development Report (including approval of grants)		P. 15
IV. CEO Report	Doreen Rue	P. 19
V. Committee with Reports		
QM/QI Committee Review		
RW Quality Audit Report	Debra Layman	P. 24
Personnel Committee	Gloria Herron	
*Application - Dale Tampke		P. 30
*Presentation of 2017 Slate of Officers		P. 32
2016 Board Evaluation Results		P. 33
Recognition of Outgoing Board Members	Glen McKenzie	
VI. Old Business/New Business	Glen McKenzie	
VII. Important Dates and adjourn meeting	Glen McKenzie	
HSNT Governing Board Meeting - 6pm Wed., May 17, 2017 -HSNT HQ		
Hearts & Heroes - October 5, 2017 - Denton Country Club		
* Items Requiring a Vote		

Governing Board Meeting Minutes
Health Services of North Texas – 4310 Mesa Dr. Waiting Room
March 15th, 2017

Called to order at 6:07pm by Randy Robinson

Attendees: Randy Robinson, Jerry Garrett, Derrell Bulls, Judge David Garcia, Louise Baldwin, Trang Dang-Le, Justin Coury, Dean Perkins

Regrets: Glen McKenzie, Gloria Herron, Herman Oosterwijk, Michael Foster, Joe McCarley

LOA: Cornelia Ikegwuoha

Staff/Guests: Doreen Rue, Larry Bisno, Pam Barnes, Debra Layman, Jen Eaton

Agenda Item II: Board Training – Debra Layman reported on 2017 Operations Initiatives

- Our main focus is on access & quality
 - Access
 - We have two new physicians & two mid-level providers in Collin County (since Jan)
 - All but one are at full scheduling capacity and the other is about half way
 - Attention Deficit - now treated in Collin County and we plan to partner with school districts
 - Quality
 - Actively recruiting for Dr. Moore's replacement, he will retire in December and we want to have a smooth transition to a new provider
 - Patient satisfaction surveys are reflecting our new staffing changes in a positive way
 - Working on hiring people proficient in our environment
- Randy – Is there anything the board members can do to help with recruitment?
 - We are attracting a lot of military service members & veterans
 - Dr. Moore's replacement – We're looking for a provider with a good experience level, knows the Denton community, family practice background, balance of experience to move into his position, good time management skills, electronic medical records proficient and comfortable working as a team and utilizing the staff to spread responsibilities

Agenda Item III: Consent Agenda – Approval of February 2017 Board Minutes, February 2017 Financials, February 2017 QM Minutes and March 2017 Development Report

Motion to approve all documents: *Derrell Bulls*

Seconded: *Justin Coury*

Motion Passed: 8-0

Governing Board Meeting Minutes
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Agenda Item IV: CEO Report – Doreen Rue

- Great job to Larry & Trang for the presentation with NBC5 promoting PCMC and the Cuisine for a Cure event
 - As board members, you are ambassadors for HSNT, our new building, the Capital Campaign and spreading awareness of our services
- Randy has been a huge asset to our Capital Campaign
- We are utilizing social media in full force
 - Teri is working on the 90 Day Countdown to share on social media
 - She's looking for influential community members to take pictures in from of the new construction site to share why they care about HSNT
- Foundation visits – We are working on showing local support in order to get support from Foundations
- Replacement of Obamacare – regardless of what stance you take, please get your voice and opinions out and participate in advocacy requests
 - More than 50% of our patients are on Medicaid so it is very important to HSNT
- eClinicalWorks – We have received data from our old system & are ready to move forward
 - We are currently in the middle of training some of our staff to become certified and to assist during the transition

Approval of HSNT Sliding Fee Scale - HRSA audit report required a few changes regarding labs & X-rays

Motion to Approve: *Derrell Bulls*

Seconded: *Dean Perkins*

Motion Passed: 8-0

HSNT Change in Scope - related to the 330 grant, contracts need to be changed which then creates a technical change in the grant

Motion to Approve: *Dean Perkins*

Seconded: *Louise Baldwin*

Motion Passed: 8-0

Agenda Item V: Committee Reports

- Development Committee:
 - Cuisine for a Cure – this year we have a production company working on the entertainment
 - Jason Ibarra has been selling tickets for the entertainment portion only and are also pushing for donations
 - As of now, we have sold 103 tickets excluding staff members
 - Hearts and Heroes – October 5th at the Denton Country Club

Governing Board Meeting Minutes
Health Services of North Texas – 4310 Mesa Dr. Waiting Room
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- Still in need of nominations
- Finance Committee:

Approval of HSNT Billing & Collections Policy & Procedure

Motion to Approve: Judge David Garcia

Seconded: Derrell Bulls

Motion Passed: 8-0

- QM/QI Committee - Review of Quality Audit – Debra Layman
 - Ryan White audit was last week and it went very well
 - All opportunities that were pointed out to us are able to be addressed effectively with eCW
- Personnel Committee - Preparation for the annual meeting in April
 - The slate of officers recommendations needs to be reviewed by Gloria prior to the meeting
 - We plan to move people off committees or to other committees as deemed necessary
 - A board self-evaluation was emailed as well as brought to the meeting to be completed and returned to Jen
 - We're looking for ways to help improve the support and training for the board
 - We need to know where interests are
 - Would like to distribute a new committee layout two weeks prior to our annual meeting in case changes need to be made with a large focus on the executive committee
 - Possibly a shift in bylaws with some changes/updates
 - Would like to have a succession plan in place for the board for the next few years

Agenda Item VI: New/Old Business – nothing to report

Agenda Item VII: Discussed upcoming important date reminders

Motion to adjourn meeting: Derrell Bulls

Seconded: Judge David Garcia

Board Secretary Approval _____ Date _____

Board President Approval _____ Date _____



Finance Committee Minutes

Meeting Facilitator: Judge David Garcia
Meeting Date: March 14, 2017
Time: 7:30 a.m.
Location: HSNT HQ Conference Room

Attendees: Judge Garcia, Dr. Bulls, and Michael Foster
Staff Present: Doreen Rue and Pam Barnes
Regrets: Glen McKenzie

Agenda Item I: Review February 2017 minutes for approval
Minutes approved.
Motion to accept: Dr. Bulls
Seconded: Michael Foster
Motion Passed: 3-0

Agenda Item II: Review February 2017 financial statements:
Notes to financials are included as part of the minutes. No further questions and comments added.
Motion to accept: Dr. Bulls
Seconded: Michael Foster
Motion Passed: 3-0

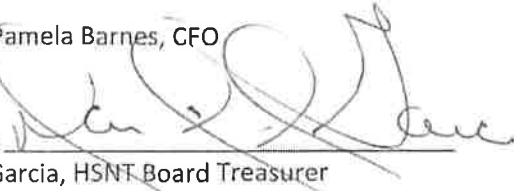
Agenda Item III: Review and recommend board approval on updated HSNT Billing and Collections Policy:
The committee reviewed the policy and with no additional comments. Clarification this is a separate policy from HSNT Accounting Policy and Procedure Manual
Motion to accept: Dr. Bulls
Seconded: Michael Foster
Motion Passed: 3-0

Agenda Item IV: Review and recommend board approval on updated HSNT Sliding Fee Scale Policy:
The committee reviewed the policy and discussed the notes with no additional comments.
Motion to accept: Dr. Bulls
Seconded: Michael Foster
Motion Passed: 3-0

Agenda Item V: Meeting adjourned at 7:45 a.m.

Notes to the financials are attached and incorporated as part of the March minutes.

Prepared By Pamela Barnes, CFO

Approved By: 
Judge David Garcia, HSNT Board Treasurer

Health Services of North Texas, Inc.
Statement of Financial Position
As of 3/31/2017

	Current Period	Last Month	Prior Year End	\$ Chge	% Chge
ASSETS					
Current Assets					
Restricted - Retirement	60,098.67	100,640.43	86,013.97	(25,915.30)	-30.13%
Overnight Investment	0.00	0.00	402,595.81	(402,595.81)	100.00%
Operating Cash	<u>633,216.09</u>	<u>798,350.76</u>	<u>548,916.35</u>	84,299.74	15.36%
Total Current Assets	693,314.76	898,991.19	1,037,526.13	(344,211.37)	-33.18%
Other Current Assets					
Grant Receivables	956,341.83	889,092.65	845,820.46	110,521.37	13.07%
Medical Receivables	213,365.10	208,001.98	164,249.45	49,115.65	29.90%
Misc. Receivables	44,419.02	38,428.63	39,956.67	4,462.35	0.00%
Deposits	14,599.50	14,599.50	14,599.50	0.00	0.00%
Inventory	<u>18,195.92</u>	<u>18,195.92</u>	<u>18,195.92</u>	0.00	0.00%
Total Other Current Assets	1,246,921.37	1,168,318.68	1,082,822.00	164,099.37	15.15%
Short Term Investments					
Investment CDs	<u>549,227.41</u>	<u>549,227.41</u>	<u>549,227.41</u>	0.00	0.00%
Total Short Term Investments	549,227.41	549,227.41	549,227.41	0.00	0.00%
Long Term Assets					
457b Retirement	7,695.66	7,695.66	7,704.51	(8.85)	-0.11%
Fixed Assets					
Medical Equipment	48,065.05	48,065.05	48,065.05	0.00	0.00%
Building Improvements	127,156.61	121,993.56	121,993.56	5,163.05	4.23%
PCMC Building	689,712.19	689,712.19	689,712.19	0.00	0.00%
4308 Mesa Denton Office	9,639.00	9,639.00	9,639.00	0.00	100.00%
4304 Mesa Medical Center	917,156.60	650,778.22	314,069.03	603,087.57	100.00%
Software Applications	112,081.41	112,081.41	112,081.41	0.00	0.00%
Telephone Systems	95,499.55	95,499.55	95,499.55	0.00	0.00%
IT Equipment	137,337.42	137,337.42	137,337.42	0.00	0.00%
Vehicles	108,748.92	108,748.92	121,748.92	(13,000.00)	-10.68%
Accumulated Depreciation	<u>(340,679.92)</u>	<u>(334,987.06)</u>	<u>(336,687.40)</u>	(3,992.52)	1.19%
Total Fixed Assets	<u>1,904,716.83</u>	<u>1,638,868.26</u>	<u>1,313,458.73</u>	591,258.10	45.02%
Total Long Term Assets	<u>1,912,412.49</u>	<u>1,646,563.92</u>	<u>1,321,163.24</u>	591,249.25	44.75%
Total ASSETS	<u>4,401,876.03</u>	<u>4,263,101.20</u>	<u>3,990,738.78</u>	411,137.25	10.30%
LIABILITIES					
Current Liabilities					
Accounts Payable	103,593.16	182,220.62	126,192.37	(22,599.21)	-17.91%
Accrued Payroll	220,923.72	206,240.39	176,873.73	44,049.99	24.90%
Accrued Retirement	60,098.67	100,640.43	86,013.97	(25,915.30)	-30.13%
Payroll Liabilities	<u>9,122.78</u>	<u>9,918.51</u>	216.34	8,906.44	4116.87%
Total Current Liabilities	393,738.33	499,019.95	389,296.41	4,441.92	1.14%
Long Term Liabilities					
457b Retirement	<u>7,695.66</u>	<u>7,695.66</u>	<u>7,704.51</u>	(8.85)	-0.11%
Total Long Term Liabilities	<u>7,695.66</u>	<u>7,695.66</u>	<u>7,704.51</u>	(8.85)	-0.11%
Total LIABILITIES	<u>401,433.99</u>	<u>506,715.61</u>	<u>397,000.92</u>	4,433.07	1.12%
NET ASSETS					
Fund Balances					
Net Assets at Beginning of Year	3,597,180.36	3,597,180.36	3,770,658.13	(173,477.77)	-4.60%
Current Net Assets(Liabilities)	<u>403,261.68</u>	<u>159,205.23</u>	<u>(176,920.27)</u>	580,181.95	-327.93%
Total NET ASSETS	<u>4,000,442.04</u>	<u>3,756,385.59</u>	<u>3,593,737.86</u>	406,704.18	11.32%
TOTAL LIABILITIES & NET ASSETS	<u>4,401,876.03</u>	<u>4,263,101.20</u>	<u>3,990,738.78</u>	411,137.25	10.30%

Health Services of North Texas, Inc.
Statement of Operations
From 3/1/2017 Through 3/31/2017

	Current Month	Last Month (02/01/2017 - 02/28/2017)	Current YTD	Prior YTD	FY2017 Budget	YTD Difference	Total Budg Percent
Patient Revenue							
Net Patient Rev	470,041.81	411,660.06	1,242,520.06	1,273,063.25	6,856,836.00	(30,543.19)	(18.12)%
Uncollectible	(10,054.41)	0.00	(10,054.41)	(131,787.92)	(161,085.00)	121,733.51	(6.24)%
Total Patient Revenue	459,987.40	411,660.06	1,232,465.65	1,141,275.33	6,695,751.00	91,190.32	(18.41)%
Other Revenue							
Grants	398,361.00	377,286.73	1,149,159.40	970,780.62	4,909,143.00	178,378.78	(23.40)%
Other	35,358.25	37,735.99	100,580.02	36,884.50	233,975.00	63,695.52	(42.98)%
Total Other Revenue	433,719.25	415,022.72	1,249,739.42	1,007,665.12	5,143,118.00	242,074.30	(24.30)%
TOTAL Revenue	893,706.65	826,682.78	2,482,205.07	2,148,940.45	11,838,869.00	333,264.62	(20.96)%
Expenses							
Personnel	499,125.84	487,148.84	1,502,209.58	1,333,452.57	7,407,392.00	168,757.01	20.27%
Medical Services	74,792.90	111,739.75	250,688.66	277,889.90	1,183,200.00	(27,201.24)	21.18%
Patient Care	52,738.23	46,587.58	157,008.37	168,063.11	641,436.00	(11,054.74)	24.47%
IT	81,883.16	38,019.48	163,993.94	115,901.32	637,341.00	48,092.62	25.73%
Occupancy	36,847.06	40,515.01	113,290.60	122,803.11	574,000.00	(9,512.51)	19.73%
Operating Costs	99,812.42	77,694.47	291,790.38	270,671.43	1,395,500.00	21,118.95	20.90%
Total Expenses	845,199.61	801,705.13	2,478,981.53	2,288,781.44	11,838,869.00	190,200.09	20.94%
Operating Income(Loss)	48,507.04	24,977.65	3,223.54	(139,840.99)	0.00	143,064.53	0.00%
Capital Activity							
Capital Income	195,973.52	162,546.64	415,282.21	68,025.65	0.00	347,256.56	0.00%
Capital Expense	(424.11)	(14,784.73)	(15,244.07)	(12,054.55)	0.00	(3,189.52)	0.00%
Total Capital Activity	195,549.41	147,761.91	400,038.14	55,971.10	0.00	344,067.04	0.00%
Capital Assets	195,549.41	147,761.91	400,038.14	55,971.10	0.00	344,067.04	0.00%
Net Assets	244,056.45	172,739.56	403,261.68	(83,869.89)	0.00	487,131.57	0.00%

Health Services of North Texas, Inc.
Statement of Cash Flows
As of 3/31/2017

	<u>Current Period</u>	<u>Current Year</u>	<u>Prior Year YTD</u>
Cash Flows from Operating Activities			
Medicaid	362,657.49	935,063.50	875,587.13
Medicare	4,878.72	43,941.56	61,541.36
Private/Commercial	26,112.18	41,577.56	25,323.08
Self Pay	52,772.10	150,998.00	99,724.03
Program Income	8,203.79	11,769.38	71,907.37
Grants	314,683.60	1,002,826.81	976,252.18
Receipts from Contributors	45,358.26	130,557.03	49,175.30
Change in Inventory	0.00	0.00	11,017.62
Interest Received	0.00	23.00	209.21
Payments to Employees & Suppliers	<u>(944,374.09)</u>	<u>(2,470,630.62)</u>	<u>(2,280,168.68)</u>
Total Cash Flows from Operating Activities	<u>(129,707.95)</u>	<u>(153,873.78)</u>	<u>(109,431.40)</u>
Cash Flows from Capital Activities			
Capital Activity/Disposal of Assets	<u>(75,968.48)</u>	<u>(190,337.59)</u>	<u>(22,766.67)</u>
Total Cash Flows from Capital Activities	<u>(75,968.48)</u>	<u>(190,337.59)</u>	<u>(22,766.67)</u>
Beginning Cash & Cash Equivalents	1,448,218.60	1,586,753.54	2,275,252.91
Ending Cash & Cash Equivalents	<u>1,242,542.17</u>	<u>1,242,542.17</u>	<u>2,143,054.84</u>

Health Services of North Texas, Inc.

Financial Ratios

March 2017

	FY2017 Goals	Fiscal Year 2017	Fiscal Year 2016
Quick Ratio Current Assets/Current Liabilities	9:1	6.24 :1	6.77 :1
Debt/Equity Total Liabilities/Total Net Assets	13.0%	8.9%	10.8%
Working Capital to Expense Ratio CA/CL divided by Expense/# month in Period	3 : 1	2.52 : 1	2.79 : 1
Long Term Debt to Equity Ratio	25%	5.7%	6.9%
Percentage of Admin & Fundraising	12.0%	7.7%	9.2%
Number of Days - Cash	30	45	59
Accounts Receivable Days (Medical AR Collection Period)	50	15	14
Change In Net Assets to Expense (Net Assets/Total Expense)	3.0%	16.2%	-1.5%
Cash Flow	1.5%	-21.7%	-30.3%
	FY2017 YTD	FY2016 YTD	
Cost per Employee this month	\$6,031.60	\$6,077.60	
Cost per Employee YTD	\$18,461.53	\$68,334.96	
Average Hourly Rate YTD	\$34.98	\$33.54	
Cost Per Medical Encounter *9981	\$237.58	\$231.66*	
Cost Per Medical Patient *6184	\$400.87	\$778.62*	

* Cost per Medical Encounter and Cost per Patient is calculated based on the entire agency operations which includes services in Collin County that are not included in the FQHC scope of services. HSNT provides a number of enabling services such as housing, insurance premium payments and transportation that are not traditional FQHC services that drives our cost per patient and encounter higher than the average. Additionally, FY2017 cost per patient and cost per encounter are now based on a rolling twelve (12) months.



HSNT Quality Management Committee Minutes 3.15.17

Attendees: Pam Barnes, Debra Layman, Jamie Taylor, Suzan Stambaugh, Louise Weston-Ferrill, Christopher Redden, Teri Johnson, Erika Washington, Susan Saunders, Deb Ivy-Sanderson, Kayla Whitworth

Members Absent: Mari Bailey, Dr. Moore, Kayla Bertsch, Anna Contreras

Visiting: None

Topic	Discussion/Recommendations	Action	Responsible Party	Follow-up
Welcome & Roll Call	Suzan performed roll call & started the meeting.	N/A	N/A	N/A
Approval of February Meeting Minutes	Minutes from previous QM Committee meeting were approved.	Approved	N/A	N/A
STANDARD COMMITTEE REPORTS				
Risk Management Committee				

HSNT Quality Management Committee Minutes 3.15.17

<p>Deb Ivy</p>	<ul style="list-style-type: none"> • RM Committee: Deb Ivy reported that RM committee meeting was held 2/22. • 1 previous report was closed after update. • DMC – sign is going to be put in to reserve this spot. It will not be a handicap sign due to permits & issues securing this. Another spot picked for Distinguished Award winner & a sign is coming soon. • eFax: 99% complete, all clinics can send faxes, only DSC cannot receive faxes. Requests to finish process has been turned in for DSC. • Institution of medical triage: employees will become a patient & seek services by a provider, a policy will need to be added to the employee handbook as well regarding process. • Debra: has reminded staff to keep waiting room door closed • Flood at DSC: Christopher determined it was our suite toilet however someone was out to check on leak the day of & that evening it sprung. Insurance companies for both parties are working on settling. <ul style="list-style-type: none"> ○ Mari has a list of misc. items that are missing from DSC that will need to be replaced ○ Pam – will need to know any issues w/ Success during & after our transition to eCW, will need to be kept in the loop about what is going on 		
	<ul style="list-style-type: none"> • eFax update • Update on Mari's list of items • Issues with Success 	<p style="text-align: center;">RM Committee</p>	<p style="text-align: center;">4/12/17</p>

HSNT Quality Management Committee Minutes 3.15.17

Peer Review Committee			
Louise	<ul style="list-style-type: none"> Gathering revised forms to bring to committee for a final review in April Will roll out the education training & 1st set of quarterly reviews for providers 10 quarterly peer reviews – focusing on most recent encounters to compare to previous encounters 	<ul style="list-style-type: none"> Final review 	Louise 4/12/17
REVIEW OF PERFORMANCE/CLINICAL MEASURES			
Suzan	<ul style="list-style-type: none"> Still having issues w/ Success Lipid Therapy PDSA: Not at this time 	<ul style="list-style-type: none"> Lipid Therapy PDSA 	Suzan 4/12/17
REVIEW OF AREAS OF CONCERN/TRENDS IDENTIFIED PROBLEMS			
All Members	<ul style="list-style-type: none"> Policy/Procedure and Forms subcommittee with Christopher and Erika: Branding of forms, a box of forms from DSC was dropped off at HQ but hasn't been located. Christopher suggested a sub-committee to work on this project (Teri, Christopher & Erika). Possibly have a volunteer work on updating the branding of forms. Need to have forms updated & located on server for staff to have access Want to eliminate emailing forms, instead hyperlink so all staff is using same version. 	<ul style="list-style-type: none"> No ETA given but will discuss progress next meeting 	Christopher/ Erika/Teri 4/12/17
REVIEW OF SAFETY			
All Members	<ul style="list-style-type: none"> The back door at DMC has been temporarily fixed. The trim has not been replaced but all exposed nails have been removed & is no longer a safety issue, the gap still does exist. 	<ul style="list-style-type: none"> Follow up next month to see if the trim has been replaced 	N/A 4/12/17
REVIEW OF FINANCIAL MEASURES			

HSNT Quality Management Committee Minutes 3.15.17

Pam	<ul style="list-style-type: none"> Pam reported on 5 specific financial issues that are related to this committee: Working Capital to Expense Ratio, Long Term Debt to Equity Ratio, # of Days in Cash, Cost per Medical Encounter & Cost per Medical Patient Dashboard update: still working on what details we want to see Deb Ivy: will have a dashboard presentation at the next meeting that is currently in use for Title 10 services Laptop/Computers: Would prefer to have a computer in each room for all staff to use rather than tablet or laptop. This will be a long process with discussions to reduce laptop #'s. 	<ul style="list-style-type: none"> Dashboard demo 	Deb Ivy	4/12/17
REVIEW OF OUTREACH				
Teri	<ul style="list-style-type: none"> Teri sent out an email of our most recent patient satisfaction surveys with a lot of participation Teri will be assisting with Capital Campaign going forward 90 Day Countdown: Trying to find people in our community to come to our construction site, take pictures for the countdown & hold up sign, have a “why” they are interested in HSNT Teri will bring the quarterly survey results to meeting going forward 	<ul style="list-style-type: none"> Quarterly Surveys 	Teri	Next Quarter
TRAINING FOR QM MEMBERS				
Louise & Deb	<ul style="list-style-type: none"> Deb sent out the new QM Management Plan – please review & send any feedback and/or questions before next meeting 	<ul style="list-style-type: none"> N/A 	N/A	4/12/17
ALL OTHER ITEMS				
	<ul style="list-style-type: none"> Call Center statistics: high abandon rate, we have more outbound calls being made than calls being answered, est. 600 calls a day. Possible use of automated system in place next year that might offer some improvement Debra: Scheduling analysis isn't updated yet so will report at next meeting Deb Ivy: Doreen & Deb had a good visit at THR. Was given a re-admission list or rates & patients. Deb is going to do a PDSA on the report & will present more info as more research is done. Will discuss HRSA audit at next meeting 	<ul style="list-style-type: none"> Update on scheduling analysis HRSA Audit Update on re-admission report 	Debra Suzan Deb	4/12/17

HSNT Quality Management Committee Minutes 3.15.17

Date Minutes Accepted: 3/15/17

Committee Chairman: Debra Ivy-Sanderson

NEXT MEETING: The next meeting is scheduled for 4/12/17



Strategic Initiatives & Development Report

April 19, 2017 Board Meeting

1. **Current Strategic Focus Areas:**
 - **4304:** Completion expected around July 18, 2017.
 - **Capital Campaign:** External communication gaining traction with major article in DRC on April 8, 2017.
 - **Engagement of new partnerships:** Cuisine For A Cure has created a positive leverage point for further engagement of business and individuals.

2. **Business Relationships/External Activity:** Based on Cuisine For A Cure, 8 tours have taken place at PCMC and an additional 5 are scheduled/being scheduled. Businesses represented include Onyx Energy, NY Life (including multiple individuals), Shamshiri CPAs, Northbrook Realty, and Director of Marketing Transamerica Insurance. From this activity: **1)** Donation made by NY Life to PCMC More Than Medicine Room April 13, **2)** Two have committed as new first time sponsors for the event for 2018 **3)** an local architect may on pro bono basis draw A/E plans for better use of space and **3)** speaking engagements established.

3. **Project 4304:** Construction moving along well, completion target is July 18, 2017

4. **Capital Campaign and Annual Fund Program:** **1.** Integrated external communications (joint effort of Outreach/Marketing & Development) has gained traction with a significant article in Denton Record Chronicle on April 8, 2017. Communication program included PR releases, social media combined with electronic mailings. **2.** Community (external) phase of the capital campaign underway in earnest, from individual asks, hosted events and targeted capital grant requests.

5. **Annual Fund/Individual Giving:** Spring appeal underway with March postcard mailing and email blast completed with phase two April phase underway with mailing week of April 10 as follow up to Phase 1 in March.

6. **Events:** Cuisine For A Cure **netted** close to \$10,000 more (\$25,000) than 2016.

7. **Dates**
 - October 5, 2017: Hearts & Heroes
 - November 3, 2017: Clay Shoot Fundraiser

- 6 **Grants: Submitted/new:** 10 grants submitted/3 to new funders in (YTD 21 total Submitted/9 to new funders).
 - a. Value of Grants submitted and currently awaiting decision in 2017: \$553,389.
 - b. Foundations/Organizations received To-Date (FY2017) \$10,549

7 Grants to Be Voted on:

*Junior League of Collin Co.	PCMC program support	\$7,500
*Jack H. and William M. Light	Denton pediatric program	\$10,000
*R.C. Baker Foundation	PCMC program support	\$5,000
*Lennar Foundation	Denton pediatric program	\$10,000
*B.B. Owen Trust	P/WCMC vitals carts (3)	\$11,000
*George and Fay Young (LOI)	Capital campaign	\$60,000
*Moody Foundation (LOI)	Capital campaign	\$400,000
*Horace C. Cabe	Capital campaign	\$10,000

HSNT Grants Update – April 19, 2017

Submitted/Pending

United Way of Denton County	Medical visits/beh health	\$87,000	April
Max and Victoria Dreyfus	DSC lift exam table	\$5,717	April
Dubose Family Foundation	Denton flu shots	\$3,000	April
Kimberly-Clark	Diapers	\$2,600 in-kind	May
Cathay Bank (resubmission)	PCMC general operating	\$5,000	March
Fidelity (full proposal)	Health IT (upgrade EHR)	\$50,000	April
Mitchell Foundation	PCMC general operating	\$35,000	May
SCP Foundation	PCMC general operating	\$25,000	June
City of Lewisville	Medical visits	\$30,000	August
Roy and Christine Sturgis	Capital campaign	\$50,000	July
UW of Metro Dallas	SECC		May
UW of Denton County	SECC		May
Reliant Energy Foundation	PCMC program support	\$10,000	July
Harley Davidson Foundation	PCMC program support	\$10,000	July
Strake Foundation	Women’s clinical services	\$10,000	July
Communities Fndn. Of TX	Medical/Capital campaign	\$50,000 (to be Listed in Giving Guide) And \$25,000 in discretionary funding	September December
Denton Co. Commissioners	Primary medical	\$125,000	July
Walmart Community (Plano)	Back to School event	\$2,500	July
Walmart Community (Denton)	Back to School event	\$2,500	July
Walmart Distribution Center	Back to School event	\$2,500	July

Decisions

FQHC Change in Scope	Transportation – update service type	Approved
FQHC Change in Scope	Translation – update service type	Approved
FQHC Change in Scope	Nutrition – remove from scope	Approved
FQHC Change in Scope	Diagnostic Labs – update service type	Approved

FQHC Change in Scope	Pharmaceutical Services – update service type		Approved
FQHC – Change in Scope	Psychiatry – update service type		Approved
FQHC Change in Scope	Optometry – remove from scope		Approved
FQHC Change in Scope	Recuperative Care – remove from scope		Approved
FQHC Change in Scope	Occupational Therapy – remove from scope		Approved
THR Clinic Connect	Primary medical care	\$120,000	Approved
Leland Fikes	DSC wall mount vitals systems	\$10,000	Denied
NAP	CCC	\$650,000	Denied
Overlake Foundation	Medical Center (PAP)	\$5,000	Denied
Collins Foundation	DMC (flu shots)	\$5,000	Denied
Communities Foundation of TX	Medical (Gen Operating)	\$50,000 (to be listed in Giving Guide)	Approved
Nordstrom Cares	HIV Behavioral Health	\$5,000	Denied
Geico Foundation	General Operating	\$4,000	Denied
Rayzor Ranch Foundation	Outreach	\$2,000	Denied
Alan Neustadt Charitable Trust	DMC (flu shots)	\$1,000	Denied
Union Pacific Foundation	DSC OB and newborn kits	\$5,000	Denied
Lupe Murchison	PCMC general operating	\$15,000	Denied
Ed Rachal Foundation	DMC More Than Med Room	\$5,000	Denied
Ben E. Keith	Denton sites – dental kits	\$5,000	Denied
Rough Riders Foundation	Outreach	\$1,000	Denied
Bill and Helen Crowder	DSC autoclave	\$7,000	Denied
EFSP	Utility assistance – Denton	\$5,000	Approved
William Randolph Hearst	Medical visits	\$75,000	Denied
FQHC Change in Scope	Gynecology – update service type		Approved
City of Denton	Denton medical visits	\$45,000	Recommended
Independent Bank (LOI)	More Than Medicine Room	\$10,000	Denied
Ryan White State Services	Med case mgmt., case mgmt., Transportation, pharm. assistance	\$82,577	Approved
FQHC Change in Scope	Additional Dental Services – update service type		Approved
FQHC Change in Scope	Substance Abuse Services – update service type		Approved
FQHC Change in Scope	Physical Therapy – update service type		Approved
FQHC Change in Scope	Additional Enabling/Support services – update type		Approved
FQHC Change in Scope	Podiatry – update service type		Approved
Stemmons Foundation (LOI)	Capital campaign	\$20,000	Denied
Michael and Susan Dell	PCMC general operating	\$70,000	Denied
Northwood Woman’s Club	P/WCMC More Than Med Rm	\$10,000	Denied
Hollyfield (LOI)	CCMC medical equipment	\$5,000	Invited to
submit full proposal			
Speedway Charities (LOI)	More Than Medicine Room	\$14,995.44	Invited to
submit full proposal			
CVS Health (LOI)	Medical visits	\$10,000	Denied

Pipeline/To Be Submitted (* to be voted on)

*Junior League of Collin Co.	PCMC program support	\$7,500	April
*Jack H. and William M. Light	Denton pediatric program	\$10,000	April
*R.C. Baker Foundation	PCMC program support	\$5,000	April
*Lennar Foundation	Denton pediatric program	\$10,000	April
*B.B. Owen Trust	P/WCMC vitals carts (3)	\$11,000	April
*George and Fay Young (LOI)	Capital campaign	\$60,000	April
*Moody Foundation (LOI)	Capital campaign	\$400,000	April
*Horace C. Cabe	Capital campaign	\$10,000	May
Hollyfield (full proposal)	CCMC medical equipment	\$5,000	April
Speedway Charities (full prop.)	More Than Medicine Room	\$14,995.44	May
Dallas Women's Foundation	Women's clinical services	\$30,000	October
Hoblitzelle	Capital campaign	\$40,000	August
Hillcrest Foundation	Capital campaign	\$35,000	July
Meadows Foundation	LCSW for P/WCMC	\$80,000	May
Luse Foundation	Medical Center	\$5,000	June
Rees Jones	Tbd	Tbd	

Health Services of North Texas Governing Board Meeting

Chief Executive Officer Report

April 2017

Total HSNT Data	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	17-Jul	17-Aug	17-Sep	17-Oct	17-Nov	17-Dec	YTD	Goal	Goal YTD
Total Medical Patient	2559	2581	2741										6184	14500	43%
Total Medical/MH Visits	3211	3212	3558										9981	45,000	22%
Total New Patients	376	397	467										1240	5125	24%
Medical Center-4310 & 4308 Mesa- Denton	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	17-Jul	17-Aug	17-Sep	17-Oct	17-Nov	17-Dec	YTD	Goal	Goal YTD
Total Medical Patient	1192	1206	1199										2833	6000	47%
Total Medical/MH Visits	1488	1488	1515										4491	18,000	25%
Total New Patients	214	232	246										692	1500	46%
Denton South Center	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	17-Jul	17-Aug	17-Sep	17-Oct	17-Nov	17-Dec	YTD	Goal	Goal YTD
Total Medical Patient	745	639	768										1678	3,500	48%
Total Medical Visits	1020	858	1086										2964	11,500	26%
Total New Patients	104	92	118										314	1050	30%
PCMC	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	17-Jul	17-Aug	17-Sep	17-Oct	17-Nov	17-Dec	YTD	Goal	Goal YTD
Total Medical Patient	466	353	416										963	2,500	39%
Total Medical Visits	525	395	489										1409	7,500	19%
Total New Patients	40	23	52										115	750	15%
WCMC	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	17-Jul	17-Aug	17-Sep	17-Oct	17-Nov	17-Dec	YTD	Goal	Goal YTD
Total Medical Patient	134	311	306										614	2,500	25%
Total Medical Visits	142	373	388										903	7,175	13%
Total New Patients	15	47	51										113	750	15%
Medical Center - 2540 - Collin Cty	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	17-Jul	17-Aug	17-Sep	17-Oct	17-Nov	17-Dec	YTD	Goal	Goal YTD
Total Medical Patient	22	72	52										96	250	38%
Total Medical Visits	23	82	61										166	825	20%
Total New Patients	3	3	0										6	75	8%
Mental Health Visits	13	16	19										48		

Health Services of North Texas Governing Board Meeting

Chief Executive Officer Report

April 2017

Payer Mix - Visits	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	17-Jul	17-Aug	17-Sep	17-Oct	17-Nov	17-Dec	YTD	Goal
Commercial	5%	6%	6%										6%	6%
Medicaid	45%	45%	46%										46%	47%
Medicare	5%	5%	5%										5%	7%
Self/Slide/Grants	42%	40%	44%										44%	40%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

EMR Training: eClinicalWorks (eCW)

We now have 7 employees certified as eClinical Works trainers. Our investment in 6 weeks of intense training has positioned us well to transition to our new electronic medical record system in June with full support. As I mentioned last month, the staff are looking forward to the added features and more intuitive function of this new system. Many of the features will add efficiencies for staff and patients.

HRSA FQHC

Every 3 years we submit the service area continuation grant for our FQHC status. Each of those three years we submit a progress report to receive funding for the following year. We received notice of continuation of our FQHC status. We are in the last year of our current grant and will submit our 3 year competitive grant in November. Hard to believe we have had our FQHC status for 7 years!

To follow up on the HRSA Audit we had in November of 2016, 4 of the 6 findings have been corrected and removed from our award conditions. We are working with our Project Officer to satisfy the language in the Hospitalist agreements to their satisfaction and to ensure credentialing documentation conforms to their recommended format. Our physicians do not have admitting privileges and do not make rounds at the hospitals. Instead we use the physician groups that serve the hospitals to cover our patients when they need to be hospitalized. They prefer physicians with direct admitting privileges but accept hospitalist arrangements.

Operational efficiencies improving:

1Q2017 patient satisfaction is 97%!!!!!!!!!!!!!! More than 2,000 patients completing the survey this quarter.

Debra and her team have added structure and site management to each of our locations. The teams have stabilized and are working well together. The open access schedule has been successful in managing same day appointment and sick visits. Seasonal templates for scheduling are being developed for each practice area to ensure we work to capacity.

We have been fortunate in recruiting nurse practitioners for our open positions. In addition to their interest in our mission, we have just hired 1 with FQHC experience and another currently in the interview process who has exceptional experience. Our greatest need continues to be recruiting for Family Practice Physician. We are using multiple recruiting firms, TACHC, and standard professional sources. The lead time for hiring a physician can be long due to existing contracts. It is essential to bring in this position before Dr. Moore retires at the end of this year.

Health Services of North Texas Governing Board Meeting

Chief Executive Officer Report

April 2017

We have more data available and have started our dashboard reports. They are not real time but we are getting closer to that goal. When eClinical Works is implemented in June, we will have the ability to track, map, and analyze our data in a more meaningful way. For now we been able to extract 3 years of patient demographic data totaling 24,478 unduplicated patients served in the most recent 3 year period. Using Excel and pivot tables, I produced a dashboard from the available data set. The dashboard is attached to this report and I will speak to it at the board meeting. Clinical, population health, and more will be available in June.

Audits

Our Independent Audit commences on 4/17/2017. The firm will want to visit with board members- I will send an email request as soon as I know their schedule.

Dallas County Health and Human Service – Ryan White Audit has been postponed until August 21, 2017.

Texas Department of State Health Services Ryan White Quality Audit report is attached to this report. There are recommendations for quality initiatives to address any clinical measure that has not improved from the base line report document last year. The clinical quality team is working on developing the needed Plan-Study-Act-Do (PDSA) initiatives.

Capital Campaign:

I'm sure you saw our FRONT PAGE STORY in the Denton Record Chronicle! This has helped to draw attention to our project. Several tours have been scheduled and more people are participating in our 90 Day Countdown Initiative. Thank you to Commissioner Eads for his comments in supporting HSNT and our service to the community.

I have met with a few key community leaders and asked for their support. The campaign cabinet has their contact assignments and I am doing all I can to support them.

The construction loan to cover construction cost while we raise the necessary funding from the community is going to underwriting today, 4/14/2017. Our land and building at 4304 Mesa has been valued at 3.6 million.

Information:

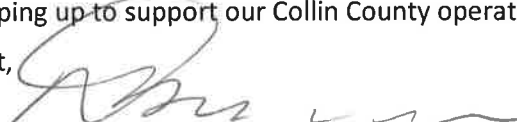
Discussions Continue with Serve Denton. There is a viable opportunity for HSNT to co-locate with other nonprofits providing needed services to our patients at the future site of Serve Denton on Loop 288. The cost is comparable to what we are paying in rent for 4310 Mesa site but is far more usable and efficient. In fact it is the same floor plan we have for our new building. I will provide more information and service area map at the board meeting. We will need to make a decision soon regarding using this location.

I sent a message earlier this week regarding Dr. Masciarelli and Alice resigning from Denton Community Health Clinic. The loss of this resource for our community makes it even more imperative that we secure community support to expand and serve this community. Over and over again, there is confirmation that our model of care is sustainable and impactful in providing access and quality health care. The community is reaching out to HSNT for support and we will continue to do what we can, however, we need local support, including financial support for operations.

Cuisine for a Cure was a huge success! First event ever that was sold out. The community is more engaged than ever before resulting in several tours and requests for more information. Several new relationships have been established and the community is stepping up to support our Collin County operations.

Thank you for your support,

Doreen Rue, CEO



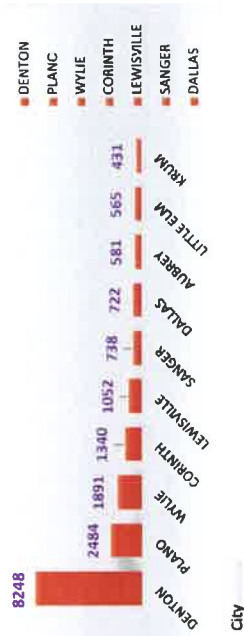
Count of City

Patients- 3 Year Panel



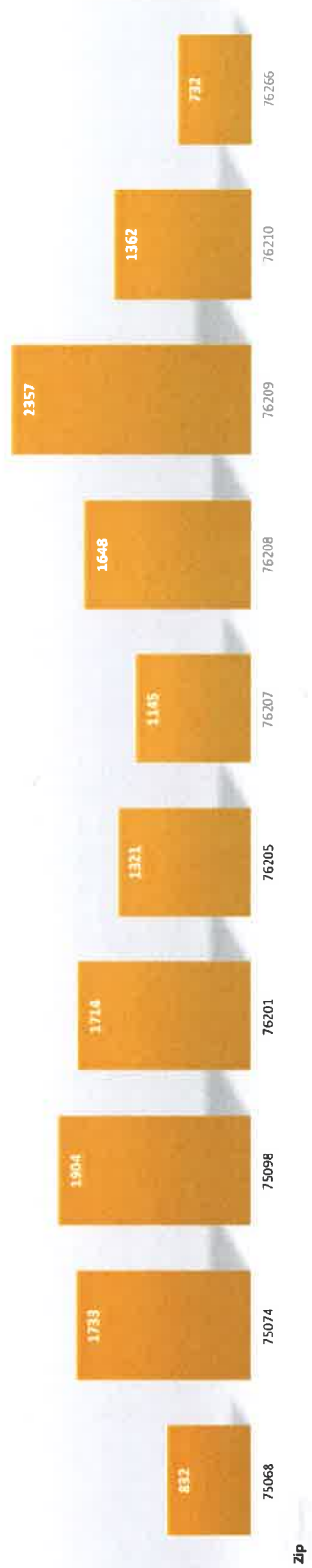
Count of DOB

Patients By Top 10 Cities



Count of DOB

Patients by Top 10 Zips



**Monitoring Results Report for DSHS HIV Monitoring Project
Ryan White Part B and State Services
Health Services of North Texas**

*Ryan White Quality Monitoring Summary Report for
Health Services of North Texas (HSNT)*

Introduction:

The Texas Department of State Health Services (DSHS) HIV Care Services Group has contracted with Germane Solutions to continue the HIV Quality Monitoring for Ryan White HIV/AIDS Program (RWHAP) Part B/State Services for the pre-determined service categories and Universal Standards, which includes Eligibility, for all Administrative Agencies (AAs) and their respective direct care service providers (providers) throughout the State. The purpose of this project is to provide DSHS with a detailed baseline level for all HIV/AIDS Bureau (HAB) measures, as well as to determine compliance with the Health Resources and Services Administration (HRSA) monitoring standards and the DSHS Service Standards. Germane Solutions will use the DSHS Service Standards and corresponding monitoring tools at all provider locations to determine baseline outcomes for each indicator (item) listed in the tool for the following services:

- Oral Health (OH)
- Medical Transportation (MT)
- Early Intervention Services (EIS)
- Referral for Healthcare Services
- Universal Standards (pilot)

And

- For Outpatient/Ambulatory Health Services (OAHS) (formerly Outpatient/Ambulatory Medical Care [OAMC]) – monitoring only for indicators that were at or below 50% in the 2016 baseline year.

The Universal Standards are being piloted in 2017 for all providers and includes all program specific policies and/or procedures that are required of any provider, regardless of the service categories provided at their respective locations. The Universal Standards monitoring tool includes all service category-specific indicators that are program requirements such as training, licensure, etc. The Universal Standards outcomes from the reviews are in a program monitoring report separate from this quality monitoring report.

The review period for this project is the most recently completed RWHAP Part A grant year (3/1/2016 – 2/28/2017) completed for all clients who received a RWHAP Part B Base, Part B Supplemental, or State Services-funded service. To obtain the sample size and charts to be reviewed, DSHS provided Germane Solutions with a list of unduplicated clients for each provider. To determine the sample, Germane Solutions used the HRSA-recommended, DSHS-required methodology of an 80% confidence level with a +/- 8% confidence interval for client populations over 50 and 100% of charts for client populations of 50 or less.

The Germane Solutions review team for this site visit was Stacy Cuzick, RN Senior Manager; Jordan McCown, Consultant; and Sara Cuzick, Analyst.

**Monitoring Results Report for DSHS HIV Monitoring Project
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Germane Solutions conducted an entrance interview to discuss the monitoring process and an exit interview with an informal review of recommendations and required corrective action items within the specific indicators for OAHS and discussion to aid in improvement. These discussions are recommendations only and will not require any formal written quality improvement processes for OH, MT, Referral for Healthcare Services, and EIS. OAHS indicators that were reviewed and (1) remained at or below 50% in the 2017 outcomes OR (2) OAHS indicators reviewed scoring above 50% but with less than a 20% improvement will require the provider to develop and submit Plan-Do-Study-Act (PDSA) quality initiatives. The DSHS HIV Care Services Group will review all recommendations to determine technical assistance (TA) and training needs post monitoring. Germane Solutions will assist the DSHS HIV Care Services Group in providing TA where indicated.

**Monitoring Results Report for DSHS HIV Monitoring Project
Ryan White Part B and State Services
Health Services of North Texas**

Health Services of North Texas (HSNT)
4401 S. I-35, Suite 312 (Administrative Office)
Denton, Texas

March 9-10, 2017
9:00 am

HSNT Program Contact: Doreen Rue, Chief Executive Officer
Germane Solutions Reviewers: Stacy Cuzick, Jordan McCown, Sara Cuzick

Additional Members Present: Suzan Stambaugh, RDN, LD Clinical Quality Manager; Debra Layman, Chief Operating Officer; Pamela Barnes, Chief Financial Officer; Louise Weston-Ferrill, LCSW, LMFT Director of Programs; Carolyn 'Cicie' Price, BSW Site Supervisor/PAP Care Manager; Erika Washington, Comprehensive Care Manager; and Laurie Mottl, MD.

Overview of Services: HSNT became a designated Federally Qualified Healthcare Center in 2012, providing integrated primary and specialty medical care to the communities it serves. HSNT receives Ryan White Part B and State Service funding to provide outpatient/ambulatory health services (OAHS), medical and non-medical case management (MCM and NMCM), and medical transportation (MT) services to Persons Living with HIV/AIDS (PLWHA) at their locations in Denton and Plano. HSNT received a \$1 million grant from HRSA to add a new facility to their Mesa Campus in Denton. Construction has begun and a Capital Campaign is currently in progress to raise the balance for the new building that will house nine new exam rooms, case management, and the interdisciplinary team. HSNT has added Open Access appointments ½ day daily; a Psychiatric Nurse Practitioner now provides medication management via tele-medicine; and they have added one additional clinical day at the Collin County location.

Quality Monitoring Review

Client Numbers: The sample size determined for each service category to be reviewed for the measurement period is listed below:

- **OAHS:** sample size = 52
- **OH:** sample size = NA
- **MT:** sample size = 39
- **EIS:** sample size = NA
- **Referral for Health Care:** sample size = NA

Germane Solutions reviewed client charts using the DSHS HIV Care Services Group-approved monitoring tool for OAHS and MT. The following indicators and provider outcomes are indicated below. Provider outcomes are calculated based on the total number of charts reviewed excluding the 'na' counts divided into the total number of 'yes' counts.

Chart Monitoring Summary

Outpatient Ambulatory Health Services: The following indicators were reviewed based on the 2016 baseline and the results of the current monitoring compared to the 2016 baseline are reported below in Table 1.

**Monitoring Results Report for DSHS HIV Monitoring Project
Ryan White Part B and State Services
Health Services of North Texas**

Table 1: Comparison of Baseline to Current Review Period

Performance Measure	2016 Baseline Outcome	2017 Outcome	% Variance
Initial Oral Cavity Exam	0%	100%	+100%
Initial Anal Pap (<i>pilot indicator</i>)	0%	0%	0%
CXR if pulmonary sx present or +LBTI	0%	NA	NA
Initial Psychosocial Assessment (Domestic Violence and Housing)	25%	33%	+8%
Oral Cavity Exam	0%	100%	+100%
Anal Pap (<i>pilot indicator</i>)	27%	38%	+11%
Psychosocial Assessment (Domestic Violence and Housing)	13%	37%	+24%
Preconception Counseling	0%	100%	+100%
Counseling regarding disclosure to partners	10%	7%	-3%
Referral for Health Maintenance	39%	53%	+14%
Referral for Oral Health	10%	42%	+32%

PDSAs will be required for those indicators that remained at or below 50% OR indicators that showed less than a 20% improvement. Recommendations by indicator for quality initiative activities should be considered for improvement for the following indicators: 1) CXR if pulmonary symptoms present or +LBTI; 2) Initial Psychosocial Assessment (Domestic Violence and Housing); 3) Psychosocial Assessment (Domestic Violence and Housing); 4) Counseling regarding disclosure to partners; 5) Referral for Health Maintenance; and 6) Referral for Oral Health.

The Anal PAP indicators are pilot indicators, and as such will not require a PDSA.

The following recommendations were reviewed with the provider during the exit interview for MT. These recommendations **are NOT meant for corrective action**; however, it is important to continue to focus on those indicators that scored at or below 50% for improvement initiatives. TA will be provided by DSHS Care Services staff, the respective AA and/or the Germane Solutions team in partnership with the provider upon discussion and determination of the priority items selected for improvement.

TA Recommendations to Enhance Improvement:

MT: None noted.

**Monitoring Results Report for DSHS HIV Monitoring Project
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Medical Transportation

Indicator	Yes	No	NA	Total	Percent
1 - Documentation that each driver has the appropriate level of liability insurance.	0	0	39	0	NA
2 - Documentation that each driver has a current Texas driver's license for the type of vehicle driven.	0	0	39	0	NA
3 - Documentation of verified driving records, drug screen and background check on all drivers.	0	0	39	0	NA
4 - Documentation that each driver has signed a statement agreeing to maintain safe driving practices.	0	0	39	0	NA
5 - Documentation that each staff, volunteer, and driver has received training in universal precautions and infection control.	0	0	39	0	NA
6 - Confidentiality statements have been signed by each staff, volunteer and driver.	0	0	39	0	NA
7 - Documentation of maintenance records to include state registration records and routine inspections according to agency policy are on file.	0	0	39	0	NA
8 - Documentation of agency-owned vehicle current insurance coverage is on file.	0	0	39	0	NA
9 - Documentation that seat belt/restraint systems are operational and installed properly.	0	0	39	0	NA
10 - Documentation that at least one agency-owned vehicle is handicapped accessible or agency has access to a handicapped accessible vehicle.	0	0	39	0	NA
11 - Documentation is present that agency-owned vehicle has been inspected per agency policy by the agency to assess operational status of lights, turn signals, brakes, tires, and air conditioning/heating system.	0	0	39	0	NA
12 - Documentation is present that agency-owned vehicles are equipped with emergency equipment to include a fire extinguisher, first aid kit, CPR kit, radio or cell phone capability.	0	0	39	0	NA
13 - Documentation is present that mileage is logged and is reviewed at least quarterly by supervisor.	0	0	39	0	NA
14 - Agency has a plan for supervision of all staff.	0	0	39	0	NA
15 - Documentation present that supervisors have reviewed transportation logs for agency policy for completeness, quality and timeliness of service delivery.	0	0	39	0	NA
16 - Documentation present that staff have been evaluated at least annually by their supervisor.	0	0	39	0	NA
17 - Agency has a system in place to account for the purchase and distribution of vouchers, tokens, and bus passes.	0	0	39	0	NA
18 - Agency has a procedure in place to distribute vouchers, tokens, and/or bus passes.	0	0	39	0	NA
19 - Agency has a security system in place to store vouchers, token, bus passes, and client fees.	0	0	39	0	NA
20 - Agency has policies and procedures for each of the following (Client rights and responsibilities, including confidentiality guidelines, Client grievance policies and procedures, Client eligibility requirements, Data collection procedures and forms, including data reporting, Guidelines for language accessibility, Policy on staff performance appraisals, Conducting staff background checks, Agency response to drivers who receive moving violations while transporting clients -Emergency procedures, Required use of seat belts by drivers and passengers, Proper boarding/unloading assistance of passengers and manipulation of wheelchairs and other durable medical equipment/health devices, No smoking policy while transporting clients, No drug tolerance policy for any drugs that may impair the ability to drive, Distribution of vouchers/tokens/bus passes, Wait times, System abuse by clients, Notification system/procedure to clients and providers in case of delay or cancellation of transportation)	0	0	39	0	NA
21 - Agency has records delineating all of the following year to date (Level of service/number of trips provided, Reason for the transportation and its relation to accessing HIV-related health and/or	0	0	39	0	NA

**Monitoring Results Report for DSHS HIV Monitoring Project
Ryan White Part B and State Services
Health Services of North Texas**

support services, Trip origin and destination, Client eligibility, Cost per trip, Method used to meet the transportation need)						
22 - Documentation is present that fees collected from clients were reported as program income.	0	0	39	0	NA	
23 - Agency documented the mileage between Trip Origin and Trip Destination (e.g. where client is transported to access eligible service) per a standard Internet-based mapping program (e.g. Yahoo Maps, Map Quest, Google Maps) or odometer reading for all clients receiving van-based transportation services.	0	0	39	0	NA	
24 - Proof of prior approval from HRSA/HAB for lease or purchase is documented for all agency-owned vehicles that were purchased whole or in part using Ryan White funding.	0	0	39	0	NA	
25 - Eligibility documentation is located at the referral/funding source or in the client record and includes any additional regional financial criteria.	0	0	39	0	NA	
26 - Documentation in the client record that Ryan White/State Services funding for transportation is being used as the payor of last resort.	0	0	39	0	NA	
27 - Documentation in client record that use of agency vehicle to transport non-eligible HIV+ client removed barriers for the client to access medical/support services.	0	0	39	0	NA	
28 - Evidence that fees were collected from the client for trips not covered by Ryan White/State Services funds.	0	0	39	0	NA	
29 - Documentation is present that client was provided with information on how to access transportation services	39	0	0	39	100%	
30 - Documentation is present that client was provided information on transportation limitations and client and agency responsibilities.	39	0	0	39	100%	
31 - Documentation is present that client signed statement consenting to transportation services and agreeing to safe and proper conduct while in vehicle.	39	0	0	39	100%	
32 - Documentation is present of reason for denial of transportation in client file.	0	0	39	0	NA	
33 - Documentation is present that medical transportation services were used for client to access HIV-related health and support services.	38	1	0	39	97%	
34 - The purpose (transport to medical appointment; transport to food bank, etc) is documented in the client record for all contracted services.	36	3	0	39	92%	
35 - Amount of the voucher or number of tokens/passes given to client for each trip is documented in the client record.	38	1	0	39	97%	

Health Services of North Texas
GOVERNING BOARD OF DIRECTORS
PERSONAL DATA FORM

Please complete this form and return it Doreen Rue, Health Services of North Texas, 4401 N. I35, Suite 312, Denton, Texas 76207. Please note- personal information is required, data is kept confidential. If applicable, HSNT needs the board members NPI and Medicare identification numbers. This is required for Federally Qualified Health Centers to submit these numbers to CMS for informational purposes only. Please attach current résumé.

NAME: Tampke, Dale R. SS #: [REDACTED]

DATE OF BIRTH: [REDACTED]

If applicable: NPI #: Click here to enter text. Medicare #s: Click here to enter text.

HOME ADDRESS: 2054 Scripture St. CITY, STATE, ZIP: Denton, TX 76201

PLACE OF BIRTH: [REDACTED] HOME PHONE: 740-591-9021 (cell)

BUSINESS ADDRESS: Texas Woman's University, PO Box 425618

CITY, STATE, ZIP: Denton, TX 76204-5618 BUSINESS PHONE: 940-898-3864

E-MAIL ADDRESS: daletampke@gmail.com

POSITION OR PROFESSION: Associate Vice President, University Advancement

PROFESSIONAL DESIGNATION: Click here to enter text.

RETIRED: Yes No CELL PHONE: 740-591-9021

The Board will be representative of each of the following groups. Please check the one that is appropriate to you.

- Consumer--user of medical services at HSNT at the present time**
- Non-Consumer—does more than 10% of your income come from the medical field?
 Yes No
- Consumer—plan to become a consumer of medical services

RECENT COMMUNITY ACTIVITIES: Interfaith Ministries Board, Our Daily Bread Board, First United Methodist Church, Denton Evening Rotary

Briefly describe the personal interest, educational background or perspective you will contribute to the HSNT. Former HSNT Board member. Former Board Chair, Family Healthcare, Inc. Ohio-based FQHC. Personal interest in advancing affordable primary health care options for all Americans.

The Board of Directors of Health Services of North Texas meets on the third Wednesday of each month at 6:00 p.m. in the conference room at HSNT Headquarters, 4401 N. I35, Suite 312, Denton, Texas 76207. Please bear this in mind if you offer to serve. Attendance at the meetings is critical to the smooth operation of the Center.

If elected, I do agree to serve.

Dale R. Tampke
Signature of Nominee

4/12/2017

Today's Date

Referred by Doreen Rue



**2017 – Governing Board
Proposed Slate of Officers**

Below are the nominations of officers for Health Services of North Texas – April 2017 Annual Meeting, Article VI, Section 6.

Second 3 year Membership Term:

***Derrell Bulls**

***Gloria Herron**

***Clara Sanchez**

Proposed Slate of Officers:

President: Glen McKenzie, President, DATCU

***Vice President: Randy Robinson, 2nd Officer Term -Vice President (eligible for 1 year)**

Past President – Dr. Derrell Bulls

Secretary: Gloria Herron

Treasurer: Judge David Garcia

Executive Committee At Large Members: 1 year Term

***Derrell Bulls**

***Herman Oosterwijk**

***Jerry Garrett**

***Michael Foster**

***Clara Sanchez**

Board Members Terminations:

***Joe McCarley- term limits**

*** Cordelia Ikegwuoha- unable to attend- will reapply**



2016 Board Evaluation Summary

4 out of 14 Evaluation Results

	Yes	No
Board responsibilities, goals & objectives reviewed at least annually	4	0
Goals & objectives reflect HSNT's mission	4	0
Goals & objectives are realistic	4	0
Decisions of board have positive impact on community	4	0
Board maintains relationships with community organizations	4	0
Board's interactions with CEO are positive	4	0
Members understand & follow basic parliamentary procedures	4	0
Board President effectively keeps discussion on track	4	0
Rate of HSNT's performance & mission under CEO leadership	Average of 5 (excellent)	
Rate of board's effectiveness the past 12 months	Average of 4.5 (almost excellent)	

Comments/Suggestions:

Board is fulfilling responsibilities, always room for changes/improvement

Outstanding group of members, staff dedicated to need of HSNT

Room for more interaction between members & senior staff to provide feedback/input

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