

**Governing Board Meeting Agenda
September 18, 2019 - Serve Denton Center
Conference Call-In Number 940-293-6051, Pin 1234**

Agenda P. 1

- | | | |
|--------------|---|--|
| I. | Call to Order | Judge David Garcia |
| II. | Board Training - Compliance Program | Larry Bisno |
| III. | Consent Agenda | Judge David Garcia |
| | *August 2019 Board Minutes | P. 2 |
| | *August 2019 Financial Committee Minutes | P. 6 |
| | *August 2019 Financials | P. 7 |
| | *August 2019 Strategic Planning Committee Minutes | P. 11 |
| | *September 2019 Development Report (including approval of grants) | P. 14 |
| IV. | CEO Report
Dashboard | Doreen Rue P. 15 |
| V. | Committee Reports | |
| | Finance Committee | Michael Foster |
| | Report from September Committee Meeting | |
| | Quality Committee | Dr. Howard Shaw |
| | Report from September Committee Meeting | |
| | *Title X Clinical Policies | |
| VI. | Old Business/New Business | Judge David Garcia |
| VII. | Executive Session | Judge David Garcia |
| | Anjanette Lloyd EEOC #'s 1256464, 450-2019-02768 | |
| | John Moyle Cause # 18-4895-393 | |
| | Sarah Gibbons Claim # 1261836 | |
| VIII. | Important Dates and Adjourn Meeting | Judge David Garcia |
| | HSNT Staff Appreciation Picnic - September 26 @ 4pm - LSA Burgers | |
| | October Board Meeting - September 16th @ 6pm - Serve Denton Center | |
| | Serve Denton Grand Opening - October 17 @ 9am - Serve Denton Center | |

*** Items Requiring a Vote**

Called to order at 5:59pm by Judge David Garcia

Attendees: Judge David Garcia, Trang Dang-Le, Michael Foster, Dr. Derrell Bulls, Dr. Dean Perkins, Dale Tampke (via conference call), James Henderson, April Powell

Absent: Gloria Herron, Dr. Howard Shaw, Clara Sanchez, Melissa Winans

Quorum was met.

Staff: Doreen Rue, Pam Barnes, Larry Bisno, Debra Layman, Christopher Redden

Agenda Item II: Welcome New Board Member - April Powell

- Welcome April Powell: She has lived in Denton for two years and has two children in care at HSNT. We are excited to incorporate her unique perspective to the patient experience into the Governing Board.

Agenda Item III: Consent Agenda - Approval of July 2019 Board Minutes, August 2019 Special Board Meeting Minutes, July 2019 Financial Committee Minutes, July 2019 Financials, July 2019 Quality Committee Minutes, July 2019 Strategic Planning Committee Minutes, August 2019 Development Report (including approval of grants), CEO Report

Motion to approve all consent items: *Dr. Derrell Bulls*

Seconded: *Dr. Dean Perkins*

Motion Passed Unanimously

Agenda Item IV: CEO Report

- HSNT received the Quality Award from HRSA yesterday.
 - \$28,000
 - Less than expected – Texas received \$1million less in funding than last year.
 - Looking to 2020 – receiving the Patient Centered Medical Home designation would increase this award.

Agenda Item V: Committee Reports

- **Quality Committee – Debra Layman Reporting**
 - The Quality Committee did not meet this month.
 - Title X Clinical Policies – deferred to September meeting.
 - Diabetes Action Plan
 - As part of the HRSA audit, the site visitors conducted a specifically focused diabetes review with HSNT staff.
 - Developed and action plan with HRSA for existing HSNT patients with A1Cs over 14.
 - Focused chart review and provider training.
 - Care Managers – develop patient education, determine what individual patient barriers are (transportation, social barriers, finances, education, food availability, etc.)

- THR Provider training.
 - Develop screening tool – monitor for medication adherence
 - 2020 – form a work group to create a group education class.
- HSNT will report progress to HRSA project office every 3 months.
- Trang Dang-Le – Are we already tracking these numbers? Have we seen an increase?
 - Yes, HSNT does track this quality metric. Many of our referred patients (ER, etc.) enter care in serious condition with extremely high A1Cs. The study will track patients already in our care to determine how HSNT’s patients fair under our care.
- **Strategic Planning Committee – Dr. Dean Perkins Reporting**
 - Committee Membership
 - The committee is officially adding Dale Tampke as a member of the Strategic Planning Committee.
 - The committee will also be adding Herman Oosterwijk as a community member.
 - He will receive some benefits as a HSNT committee member when attending industry conferences, but the committee does not view this as a conflict of interest and welcomes any feedback the Board may have on this matter.
 - Strategic Planning Process – Doreen Rue reporting
 - Summary of the work done by the Strategic Planning Committee over the past several months.
 - The committee believes HSNT is in line with the strategic goals set by HRSA this year.
 - HSNT’s 3 strategic levers:
 - Enhance Organization Infrastructure and Financial Stability
 - Exceptional Stakeholder Engagement at All Levels
 - Excellence in Patient Care
 - Review of trends in health care and health center specific trends
 - Challenges for health centers:
 - Recruiting clinical staff
 - Family practice has the greatest shortage
 - The residency program at Medical City Denton will hopefully create a pipeline of providers into the community.
 - Funding – Doreen will go to Washington to get support for health center funding.
 - Operating margins are lower for HC’s than commercial providers.
 - Health Center Strengths
 - Quality outpaces other providers
 - Enabling services

- Funding available for types of care patients may not otherwise have access too.
 - Mental Health, Substance Abuse (opioids)
- Changes in Healthcare:
 - Payment models
 - Population health
 - Models of care
 - Collaboration
- HSNT Strengths – Opportunities to grow
 - Earned Revenue Model
 - Improvements in quality program
 - Facility improvements
 - Patient Satisfaction
 - Partnerships
- Mission, Vision and Values – the committee recommends we keep the current mission vision and values as all three elements are still relevant.
- Services and Locations Review – Matrix Mapping
 - Comprehensive, larger range of services more valuable to HSNT.
 - Change management a challenge at the staff level with this process.
 - Current allocation system not set up to provide detailed information. Currently work to change that as HSNT moves to the earned income model rather than grant based.

***Dale Tampke left the meeting.**

- Priority Ranking – results will be used to set and finalize the 2020 budget.
 - Judge David Garcia – How far are we from comprehensive care in Collin County?
 - Moving in the right direction, working with United Way Metropolitan Dallas to secure at least partial funding for women’s health.
 - Technology should encompass both expanded use of eCW and automating and updating systems
 - Top 3 priorities after board input:
 - Earned Revenue Model
 - Emerging Technology – including eCW and Automated Systems
 - Comprehensive Services, Patient Centered Medical Home

- During this process next year, HSNT will include an estimation of costs associated with potential agency and budget priorities.

The Strategic Planning Committee approved and moves for the approval of the Mission, Vision and Values by the Governing Board.

Seconded: Dr. Derrell Bulls

Motion Passed Unanimously

The Strategic Planning Committee approved and moves for the approval of the top 3 Strategic Opportunities as determined after input from the Board.

Seconded: Dr. Dean Perkins

Motion Passed Unanimously

Agenda Item VI: Old/New Business

- Old Business – none to report.
- New Business
 - Corporate Board of Resolutions
 - Will authorize Doreen to negotiate on behalf of HSNT.
 - Will be used to credential the Loop 288 location.

Motion to approve Corporate Board of Resolutions: Dr. Dean Perkins

Seconded: Dr. Derrell Bulls

Motion Passed Unanimously

Agenda Item VIII: Executive Session

- Personnel Matters
- John Moyle Cause # 18-4895-393 – update, no action
- The Board requests an update from HSNT’s employment attorney on all three claims for the next meeting.

Agenda Item IX: Important Dates

- September Board Meeting – September 18th at the Serve Denton Center
- Dedication of Loop 288 Location - October 17th at the Serve Denton Center

Adjourned by Judge David Garcia at 7:15pm.

Board Secretary Approval _____ **Date** _____

Board President Approval _____ **Date** _____



Finance Committee Meeting

Meeting Facilitator: Michael Foster
Meeting Date: August 20, 2019
Time: 7:30 a.m.
Location: HSNT HQ Conference Room

Attendees: Michael Foster, Dr. Bulls and Dale Tampke
Staff Present: Pam Barnes, Doreen Rue and Debra Layman
Regrets: none

Agenda Item I: Audit Presentation, Kneeley Lawdermilk, CPA Durbin & Company, LLP
Was presented last month and left on the agenda by mistake. No additional discussion.

Agenda Item II: Review and Approve July 2019 minutes
Motion to accept: Dr. Bulls
Seconded: Michael foster
Motion Passed 3-0

Agenda Item III: Review and Approve July 2019 Financials
Michael Foster acknowledged notes to the financials included as part of the minutes. The committee discussed the soft opening of Loop 288. HSNT was open Monday, August 19th from 8am to noon with Dr. Seigel and team.
Motion to accept: Dr. Bulls
Seconded: Dale Tampke
Motion Passed 3-0

Agenda Item III: Discuss moving Cost per Employee on the Ration Sheet to a rolling 12 months
The committee reviewed the current data on Cost per Employee. The group discussed rolling this data up to present a full 12-month cost per employee monthly to gauge spending and staffing trends. Committee agrees this is a valuable move and Pam will start presenting rolling 12-month cost per employee data

Agenda Item VI: Meeting adjourned at 7:28am

August minutes include notes to the financials.

Board Treasurer Approval: 
Michael Foster, HSNT Board Treasurer

Health Services of North Texas, Inc.
Statement of Financial Position
As of 8/31/2019

	Current Period	Last Month	Prior Year End	\$ Chge	% Chge
ASSETS					
Current Assets					
Restricted - Retirement	0.00	73,585.69	131,042.29	(131,042.29)	-100.00%
Operating Cash	<u>1,753,566.93</u>	<u>1,603,365.60</u>	<u>1,320,919.59</u>	432,647.34	32.75%
Total Current Assets	1,753,566.93	1,676,951.29	1,451,961.88	301,605.05	20.77%
Other Current Assets					
Grant Receivables	580,085.28	524,890.77	803,116.09	(223,030.81)	-27.77%
Medical Receivables	374,469.93	440,821.42	353,192.56	21,277.37	6.02%
Prepaid Expenses	22,250.00	0.00	0.00	22,250.00	100.00%
Deposits	11,429.25	11,429.25	19,599.50	(8,170.25)	-41.69%
Inventory	<u>17,545.78</u>	<u>17,545.78</u>	<u>17,545.78</u>	0.00	0.00%
Total Other Current Assets	1,005,780.24	994,687.22	1,193,453.93	(187,673.69)	-15.73%
Short Term Investments					
Investment CDs	<u>557,144.31</u>	<u>557,144.31</u>	<u>555,596.48</u>	1,547.83	0.28%
Total Short Term Investments	557,144.31	557,144.31	555,596.48	1,547.83	0.28%
Long Term Assets					
457b Retirement	0.00	0.00	0.00	0.00	#DIV/0!
Fixed Assets					
Medical Equipment	90,765.25	90,765.25	90,765.25	0.00	0.00%
Building Improvements	75,714.56	72,671.56	69,713.56	6,001.00	8.61%
PCMC Building	0.00	0.00	0.00	0.00	#DIV/0!
4308 Mesa Denton Office	308,335.28	308,335.28	308,335.28	0.00	0.00%
4304 Mesa Medical Center	2,324,761.13	2,324,761.13	2,324,761.13	0.00	0.00%
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	136,371.15	112,580.15	84,974.50	51,396.65	60.48%
Vehicles	98,349.38	98,349.38	98,349.38	0.00	0.00%
4304 Land	257,000.00	257,000.00	257,000.00	0.00	100.00%
Accumulated Depreciation	<u>(488,578.71)</u>	<u>(476,227.58)</u>	<u>(396,685.37)</u>	(91,893.34)	23.17%
Total Fixed Assets	<u>3,010,299.00</u>	<u>2,995,816.13</u>	<u>3,044,794.69</u>	(34,495.69)	-1.13%
Total Long Term Assets	<u>3,010,299.00</u>	<u>2,995,816.13</u>	<u>3,044,794.69</u>	(34,495.69)	-1.13%
Total ASSETS	<u>6,326,790.48</u>	<u>6,224,598.95</u>	<u>6,245,806.98</u>	80,983.50	1.30%
LIABILITIES					
Current Liabilities					
Accounts Payable	170,820.46	135,404.10	342,968.81	(172,148.35)	-50.19%
Accrued Payroll	326,996.42	311,221.00	200,793.06	126,203.36	62.85%
Accrued Retirement	84,335.82	73,585.69	108,769.41	(24,433.59)	-22.46%
Payroll Liabilities	5,630.80	5,230.15	(6,293.85)	11,924.65	-189.47%
Other Current Liability	<u>446,011.36</u>	<u>446,011.36</u>	<u>353,494.15</u>	92,517.21	0.26
Total Current Liabilities	1,033,794.86	971,452.30	999,731.58	34,063.28	3.41%
Long Term Liabilities					
Capital Loan	1,375,907.20	1,379,498.81	1,418,355.01	(42,447.81)	100.00
457b Retirement	0.00	0.00	0.00	0.00	#DIV/0!
Total Long Term Liabilities	<u>1,375,907.20</u>	<u>1,379,498.81</u>	<u>1,418,355.01</u>	(42,447.81)	#DIV/0!
Total LIABILITIES	<u>2,409,702.06</u>	<u>2,350,951.11</u>	<u>2,418,086.59</u>	(8,384.53)	-0.35%
NET ASSETS					
Net Assets at Beginning of Year	4,025,443.39	4,025,443.39	4,232,694.13	(207,250.74)	-4.90%
Current Net Assets(Liabilities)	<u>(108,354.97)</u>	<u>(135,556.80)</u>	<u>(404,973.74)</u>	296,618.77	-73.24%
Total NET ASSETS	<u>3,917,088.42</u>	<u>3,889,886.59</u>	<u>3,827,720.39</u>	89,368.03	2.33%
TOTAL LIABILITIES & NET ASSETS	<u>6,326,790.48</u>	<u>6,240,837.70</u>	<u>6,245,806.98</u>	80,983.50	1.30%

Health Services of North Texas, Inc.
Statement of Operations
From 8/1/2019 Through 8/31/2019

	Current Month	Last Month (07/01/2019 - 07/31/2019)	Current YTD	Prior YTD	FY2019 Budget	YTD Difference	Total Budg Percent
Patient Revenue							
Net Patient Rev	1,244,276.24	947,796.50	8,514,789.15	5,670,956.26	9,574,723.00	2,843,832.89	88.92)%
Uncollectible	(721,482.48)	(477,461.10)	(4,330,574.32)	(2,075,308.55)	(2,745,169.00)	(2,255,265.77)	57.75)%
Total Patient Revenue	522,793.76	470,335.40	4,184,214.83	3,595,647.71	6,829,554.00	588,567.12	61.27)%
Other Revenue							
Grants	437,414.35	320,400.17	2,829,146.54	2,930,835.08	4,518,689.00	(101,688.54)	62.60)%
Other	35,815.53	143,370.22	539,950.90	738,653.79	1,154,000.00	(198,702.89)	46.78)%
Total Other Revenue	473,229.88	463,770.39	3,369,097.44	3,669,488.87	5,672,689.00	(300,391.43)	59.39)%
TOTAL Revenue	996,023.64	934,105.79	7,553,312.27	7,265,136.58	12,502,243.00	288,175.69	60.41)%
Expenses							
Personnel	560,912.53	547,608.67	4,483,567.80	4,465,292.10	7,194,462.00	18,275.70	62.31)%
Medical Services	159,074.22	120,290.76	1,198,289.62	719,513.35	886,200.00	478,776.27	135.21)%
Patient Care	61,653.03	37,657.30	373,367.77	434,336.33	734,106.00	(60,968.56)	50.86)%
IT	49,013.76	46,861.40	429,702.42	459,339.70	820,000.00	(29,637.28)	52.40)%
Occupancy	31,326.73	35,141.27	295,422.99	338,561.30	561,300.00	(43,138.31)	52.63)%
Operating Costs	106,841.54	114,580.52	881,316.64	1,102,957.30	2,306,175.00	(221,640.66)	38.21)%
Total Expenses	968,821.81	902,139.92	7,661,667.24	7,520,000.08	12,502,243.00	141,667.16	61.28)%
Operating Income(Loss)	27,201.83	31,965.87	(108,354.97)	(254,863.50)	0.00	146,508.53	0.00)%
Net Assets	27,201.83	31,965.87	(108,354.97)	(254,863.50)	0.00	146,508.53	0.00)%

Health Services of North Texas, Inc.

Statement of Cash Flows

As of 8/31/2019

	<u>Current Period</u>	<u>Current Year</u>	<u>Prior Year YTD</u>
Cash Flows from Operating Activities			
Medicaid	412,694.52	2,755,149.43	2,302,712.81
Medicare	19,839.65	298,086.71	480,197.99
Private/Commercial	26,661.88	282,311.30	340,995.01
Self Pay	53,547.99	520,682.98	793,633.38
Program Income	76,401.21	563,476.24	17,877.08
Grants	382,219.84	3,251,617.35	3,093,847.92
Receipts from Contributors	35,815.53	537,594.05	749,651.62
Interest Received	0.00	2,356.85	2,152.17
Payments to Employees & Suppliers	<u>(877,499.47)</u>	<u>(7,783,635.83)</u>	<u>(7,306,174.96)</u>
Total Cash Flows from Operating Activities	<u>129,681.15</u>	<u>427,639.08</u>	<u>474,893.02</u>
Cash Flows from Capital Activities			
Capital Activity/Disposal of Assets	(26,834.00)	(49,227.40)	(54,745.46)
Capital Loan	<u>(9,407.35)</u>	<u>(75,258.80)</u>	<u>(9,407.35)</u>
Total Cash Flows from Capital Activities	<u>(36,241.35)</u>	<u>(124,486.20)</u>	<u>(64,152.81)</u>
Change in Medical Liability			
Change in Patient Refunds	<u>0.00</u>	<u>0.00</u>	<u>660.54</u>
Total Change in Medical Liability	<u>0.00</u>	<u>0.00</u>	<u>660.54</u>
Beginning Cash & Cash Equivalents	<u>2,217,271.44</u>	<u>2,007,558.36</u>	<u>1,586,753.54</u>
Ending Cash & Cash Equivalents	<u>2,310,711.24</u>	<u>2,310,711.24</u>	<u>1,998,154.29</u>

Health Services of North Texas, Inc.

Financial Ratios

August 2019

	FY2019 Goals	Fiscal Year To Date 2019	Fiscal Year End 2018
Quick Ratio Current Assets/Current Liabilities	9:1	3.16 : 1	3.14 : 1
Debt/Equity Total Liabilities/Total Net Assets	13.0%	61.5%	63.5%
Working Capital to Expense Ratio CA/CL divided by Expense/# month in Period	3 : 1	2.38 : 1	2.16 : 1
Long Term Debt to Equity Ratio	25%	35.1%	37.1%
Percentage of Admin & Fundraising <i>included estimate of new accounting standard</i>	25.0%	16.0%	18.2%
Number of Days - Cash	56	61	51
Number of Days - Liquidity	180	92	86
Accounts Receivable Days (Medical AR Collection Period)	50	45	42
Change In Net Assets to Expense (Net Assets/Total Expense)	3.0%	-1.4%	-3.4%
Operating Margin (Change in Net Assets/Total Revenue)	0.5%	-1.43%	-3.5%
Cash Flow	1.5%	14.1%	16.7%

	FY2019 YTD	FY2018 YTD
Cost per Employee this month	\$5,943.71	\$7,082.47

Rolling 12 Month Data

Cost per Employee	\$5,752.75	\$69,626.56
Average Hourly Rate	\$34.43	\$34.00
Cost Per Medical Encounter *35,449	\$329.17	\$267.97
Cost Per Medical Patient *12,335	\$989.39	\$984.25
Federal Cost Per Medical Patient	\$146.57	\$143.23

* Cost per Medical Encounter and Cost per Patient calculations updated for 2018 year end financials moving forward.

*Cost per Employee and Hourly Rate updated to a rolling 12 months in August 2019



Governing Board Strategic Planning Committee Minutes

August 19, 2019

Attendees: Dr. Dean Perkins, James Henderson

Guest: Dale Tampke

Staff: Doreen Rue

Quorum Met

Meeting Called to Order at: 1:00pm

I. Mission, Vision and Values

- The Strategic Planning Committee has previously reviewed HSNT's Mission, Vision and Values. HSNT staff has also reviewed and does not recommend a change at this time.
 - i. The committee will recommend approval of the current Mission, Vision and Values to the Board.

II. Outline of Strategic Planning Process

- Today – evaluating current services, ranking and prioritizing strategic opportunities
 - i. In the future – determine HSNT goals and budget for 2020.
- 3 Strategic Levers
 - i. Enhance Organization Infrastructure and Financial Stability
 - ii. Exceptional Stakeholder Engagement and All Levels
 - iii. Excellence in Patient Care
- Health Center Challenges
 - i. Recruiting
 - Family Practice
 - Medical Assistants
 - ii. Advocacy for Funding
 - iii. Low operating Margins
- Health Center Strengths
 - i. Lower cost per patient
 - ii. Better performance on quality measures
 - iii. Comprehensive care
 - iv. Responsive to community needs
- Indicators of HSNT Strategic Growth
 - i. Earned Income Model



- ii. Quality
- iii. Facilities and Technology
- iv. Patient Satisfaction
- v. Community Partnerships
- Matrix Mapping – sites and services
 - i. Measured ROI, excellence in execution, community need, dependence on HSNT for service, and sustainability
 - ii. HSNT is currently reviewing and updating the allocation process so that we can see the whole picture.
 - Needs to be converted from grant based to the earned income model.
 - iii. This process will help us be more responsive to challenges and opportunities.
 - iv. Managing change is also part of this process.
 - Help understand where our opportunities and challenges are.
 - The HSNT team will need support through these changes
 - a. What do we need to let go of and what can we grow?
 - v. Service Lines
 - Insurance Assistance Program
 - a. Completely grant funded, we are currently in the middle of a grant cycle and have time to review.
 - Transportation and Housing Assistance - for people living with HIV
 - a. No need to make a quick decision.
 - b. Spend the next year diving deeper.
 - i. Possible to refer administrative work to Dallas? HSNT would still have care managers, but the administrative and accounting burden would be eased.

III. Priority Ranking

- We will do this exercise at the board meeting,
- Results from internal HSNT ranking:
 - i. Earned Income Model
 - ii. Automate and Update Systems
 - iii. Expand Use of ECW
- Will update the ranking with results from the Board.
 - i. Use this information to set 2020 goals, create the budget and make action plans.
- We will weigh the priorities by rank.

IV. Committee Membership



- Bylaw change – the committee membership requirements were changed from 3 to at least 3.
- Addition of Dale Tampke as an official member.
- Addition of Herman Oosterwijk as a community member.
 - i. HSNT does not see his membership as a conflict, he will benefit from connection to HSNT (conference fee discounts) but will bring trainings and information back to HSNT as well.
 - ii. The committee will inform the Board and invite feedback.

V. Reports to the Board

- Doreen will present the work the committee has been doing.
- Mission, Vision and Values – vote on committee recommendation
- Priority Rankings – vote on top 3 after board input
- Inform the board of the addition of Dale Tampke and Herman Oosterwijk to the committee and invite feedback if needed.

Adjourned: 2:06pm



**Strategic Initiatives & Grant Report
September 18, 2019 Board Meeting**

1. **Current Focus Areas:** 1) Working with two Plano Medical Centers and Rotary to garner significant support for operationalizing Primary Care at Collin County Medical Center. 2) Continuation of compliance check ups.

2. **Grants: Submitted/new since last Board meeting:** *2 grant requests were submitted with 0 to new funders (FY 2019 total TD 40 grants submitted/5 new funders).*
 - FY 2019: 10 grants submitted and still awaiting decisions with a total value of: \$145,390
 - Grants awarded in FY2019: \$ 1,387,371
 - 9 grants pending submission with a value of: \$2,308,000

3. Grants to Be Voted on for approval:

*Ryan White	HIV/AIDS services	\$2,000,000
*Independent Bank LOI	Back to School Event	\$10,000
*United Way of Denton County	Medical and BH programs	\$80,000
*City of Denton HS	Medical visits	\$60,000

Federal Legislation

Health Center leaders from across the nation converged in Washington D.C. to advocate for the renewal of the community health center trust fund on September 9-10. I was among them and had the chance to thank Congress for their support in the current long-term funding proposals and to push for approval before the September 30th expiration of the current funding. Building on the experience in August when Congressman Michael Burgess' local and Washington staff toured HSNT's Serve Denton Center location and our 4304 Mesa Drive Center where I was able to make the connection of patient/community impact demonstrated by health centers, I was able to tie the impact to the urgency of renewing funding prior to its expiration.



While in D.C., I was able to meet again with Congressman Burgess' Senior Health Advisor, Elizabeth Allen. Along with congressmen from all over Texas and their legislative staff, their message to health center leaders was similar- we will continue to push for a funding, but it will likely take more time. There is talk of a continuing resolution (short term extension of funding) in order to continue work toward a long-term solution. This also happened 2 years ago, and it took 6 months to pass a 2-year funding bill. Here we are again, but we are hopeful that a 4 to 5-year funding bill is in our future. One of the key messages health centers present regarding short term funding is the instability it creates in staffing, contracting, leasing and general sustainability of health center operations.

Attached to this report are the key talking points regarding health center funding, 2018 data from Texas health centers, and 2017 national data. Of the 29 million people served by community health centers, 1.5 million Texans receive care at their local community health center.

Collin County Medical Center (CCMC)

In June we received a grant award from United Way of Metropolitan Dallas for 50% of our request to fund a half time physician to start our primary care at CCMC. United Way also came back to HSNT inquiring about our ability to provide women's health care services. Our original grant proposal included women's health care services as part of family practice, and we asked that they consider funding the full request.

The health care landscape for Collin County recently changed when the Look-A-Like FQHC in Plano closed. The Collin County Adult Clinic was serving uninsured adults. Texas Health Resources in Plano has reached out to HSNT and we are working together to determine if a collaborative agreement similar to what we have in Denton could add resources for the uninsured population. Another potential partnership in serving this community comes from Rotary. The local clubs have reached out to HSNT as they are interested in increasing access to healthcare. Plano Rotary Club is celebrating 75 years in 2020 and they want to invest in the community.

Increasing Demand for Services

We finally secured an additional family practice physician! We have screened many candidates, temporarily contracted with one, and added midlevel providers to help bridge the gap in access to care while we sought a candidate with the right experience and fit for our model of care. Please join me in welcoming Shannon (Paul) Starr, MD who joined Team HSNT on September 9, 2019. He has assumed a fulltime role as a Family Practice Physician. He has deep clinical experience, has worked in an FQHC and in other clinical settings serving vulnerable populations. In addition, he has served as a Medical Director and faculty of a Graduate Medical Education program. He recently returned to his hometown of Lewisville. We are delighted to have him join our team. The support in family practice will enable open more access to meet the growing demand. Dr. Starr will be practicing at 4304 in preparation for Dr. Siegel's transition to the Serve Denton medical center later this fall.

Arlene Hudson, MD has also joined Team HSNT. Dr. Hudson has primarily been working in HIV care for the past 20 years and she will support this care in our Denton office 2 days a week. This much needed support will augment the limited capacity we have right now and help us serve this population as well as support HRSA's 2030 goal to reduce new HIV infections by 95%.

Many of our pediatric patients from Plano now use our Wylie location for care. We are at capacity with the providers we have at this location and know that we will need additional access. We were able to hire the part-time physician budgeted in our United Way of Metropolitan Dallas initiative to add primary care at our Collin County Medical Center one step toward create comprehensive care at this location which is currently serving people living with HIV. Dr Kahn completed her on-boarding and HSNT training in Wylie and has supported this office since her hiring in July. We recruited several strong candidates and have extended an offer. This addition will help us with the increase in demand during cold and flu season as well as give us bandwidth to market and grow our patient panel in Wylie.

Serve Denton Location

RECORD TIMING- Our Medicare credentialing application for this site was approved! We are still working on the Medicaid approval. Once that is approved we will enroll the site with all of the appropriate Medicaid plans. We are ready for Dr. Siegel to increase time at this location from ½ day a week to full days on Mondays and Thursdays. When Medicaid is approved he will transition to full time in our Serve Denton Center location.

There is a Grand Opening/Chamber Ribbon Cutting Scheduled on October 17, 2019 at 9:00AM. Serve Denton will celebrate the opening of phases 2,3, and 4. HSNT, Children's Advocacy Center, and Community Food Center will also celebrate the opening of our sites in the Serve Denton Center. We are expecting a huge community turnout as this project has been a collaboration over many years and with many partners. Please save the date of October 17th at 9:00AM- invitation to follow soon.

Communications and Marketing Initiatives

For the past 5 years or so we have been presenting patient satisfaction by month, quarter, and year to the staff and board. We have seen the satisfaction increase to the current phenomenal level of 98%. However, our public reviews are not congruent with the data we collect directly from patients. Teri Johnson

Chief Executive Officer Report

engaged a public patient feedback platform called Social Climb to help us collect and use HSNT patient feedback. A text message is sent to patients thanking them for using HSNT. The message includes a picture of the provider that cared for them and a link to multiple public review sites (i.e. Google) to share their experience. We kicked this off on September 4th and already had phenomenal, positive feedback. We also have feedback on how to improve- namely our call volume is high, and patients have difficulty making appointments. We have added nurse support to call center in order to move calls to medical personnel making call center representatives available for scheduling. Other solutions we have considered include on-line scheduling. Please check out our [Google reviews](#).

Recently I have included a patient story each month. Parker Sams is the AmeriCorps supported staff person who has been working at HSNT for 8 months. He has focused on story banking and collecting the incredible impact experiences from our patients. Please see the attached Patient Story.

Strategic Plan and Budget

The management team is working on revenue projections and focused action plans to drive the strategic priorities for 2020 budget. The draft budget will be presented to the Finance Committee next month for consideration.

Information

- HSNT was approved for FTCA coverage for 2020. We received the Deeming Letter which is used to show malpractice coverage for all in scope services. Currently all medical services that we provide are in the scope of our FQHC designation.
- HOPWA Audit Report- Clean, no findings.
- Health Services of North Texas has been selected as one of the beneficiaries of the Trammell Group- Footlight Fundraising Series, a night of comedy, laughter and intimate theater setting at the Denton Women’s Club on Friday, November 8th. This year’s theme is, “BEEN THERE, DONE THAT.” Tickets are only \$50 each and HSNT’s staff investment is minimal making this is event a win for bringing in dollars for patient care. Please save the date and keep an eye out for an invitation coming via email soon.

Thank you for your support,

Doreen Rue, CEO

What is our “Ask”? Key Messages for Congress

In a matter of days, every health center in America stands to lose more than 70% of their federal grant funding without Congress’s help. On behalf of the 29 million patients we serve, we are urging Congress to act before the September 30 deadline to extend funding for the Community Health Center Fund, the National Health Service Corps, and the Teaching Health Centers program.

- **THANK YOU:** America’s health centers are very thankful for all of your previous work and the strong bipartisan support that has led us to this point.
- **WHERE WE ARE:** A 5-year extension of level funding for all three programs has passed the Senate HELP Committee, and a 4-year extension of level funding for all three programs has passed the House Energy & Commerce Committee. **Now is the time for Congress to work together to finalize funding.**
- **WHAT WE NEED: Five years of extended funding, with increases over time to allow for growth for health centers and essential workforce programs.** This funding would ensure health centers’ ability to plan for the future, secure bank loans, recruit staff, and expand services for patients. A five-year plan eliminates the uncertainty caused by year-to-year renewals of this critical investment in access to care.
 - **URGENCY:** Health centers are small businesses and must be able to budget and plan for ongoing and future needs. We cannot wait until the last minute to know whether funding will be there.
 - **LONGEVITY:** Without sustainable and predictable funding, health centers will continue to experience uncertainty that impacts their ability to respond to the changing health care needs of their communities, placing our patients’ care in jeopardy.
 - **GROWTH:** Health centers are working to meet unprecedented demand for services, including opioid addiction treatment, access to care for veterans, and responses to public health crises. **Funding increases over time will help us keep up with growing demand for new sites, expanded services, and additional providers to serve more of your constituents.**

Additionally, the NHSC and THC programs cannot support current and future health workforce needs without additional resources:

- More than half of all NHSC placements are at health centers. Under current funding, 60% of loan repayment applications are denied each year. **Increased funding would boost the number of approved placements in additional underserved communities.**
- The unique THC model trains providers directly in underserved communities, increasing the chances that they will chose to practice there after they finish training. **Currently, 56 teaching health centers operate in 24 states – the only way to grow this innovative and successful model is to put additional funding into the program.**
- **Ways YOU Can Help Us Get There:** Every Member of Congress has a role to play in helping us get across the finish line. We are asking you to join us in taking public action (via press release, op-ed, social media, floor speeches, etc.) and working with your colleagues to ensure we meet our mutual goals.

Community Health Centers in Your District

The Honorable Michael Burgess 26th Congressional District of Texas

Health Centers Serving Your District

- Health Services of North Texas, Inc.

Community health centers (also known as federally qualified health centers or FQHCs) offer **comprehensive primary and preventive health care services** to all members of their communities. Across Texas, the majority of health center patients are **uninsured and live below the poverty line**. Health centers are **economic engines** in their communities, creating jobs and generating dollars in the local economy.

Many health centers have multiple clinics that cross legislative district boundaries. The data in this fact sheet represents all the clinics operated by health centers that have at least one clinic in your district. In other words, data is health center specific, not district specific.

Total Patients Served in 2018:
12,274

Total Patient Visits in 2018:
45,175



Medical Visits = 34,063



Behavioral Health = 1,818

Spending and Staffing by Health Centers in Your District, 2018

FTEs Employed: **100**

Total Payroll: **\$6,174,641**

Total Operating Expenditures: **\$10,184,468**

County-level Economics Activity Driven by Health Centers in Your District, 2018

Total Jobs Generated: **110**

Personal Income Generated: **\$6,421,852**

Total Economic Output: **\$18,097,451**

Patient Insurance Status

Uninsured: **41%**

Medicaid: **43%**

Medicare: **3%**

Other Public/CHIP: **5%**

Private: **8%**

Patient Income Level

100% FPL & Below: **62%**

101-150% FPL: **25%**

151-200% FPL: **9%**

Over 200% FPL: **5%**

Data sources: 2018 UDS data and most recent audit as provided by health centers/ Economic multipliers provided by IMPLAN.

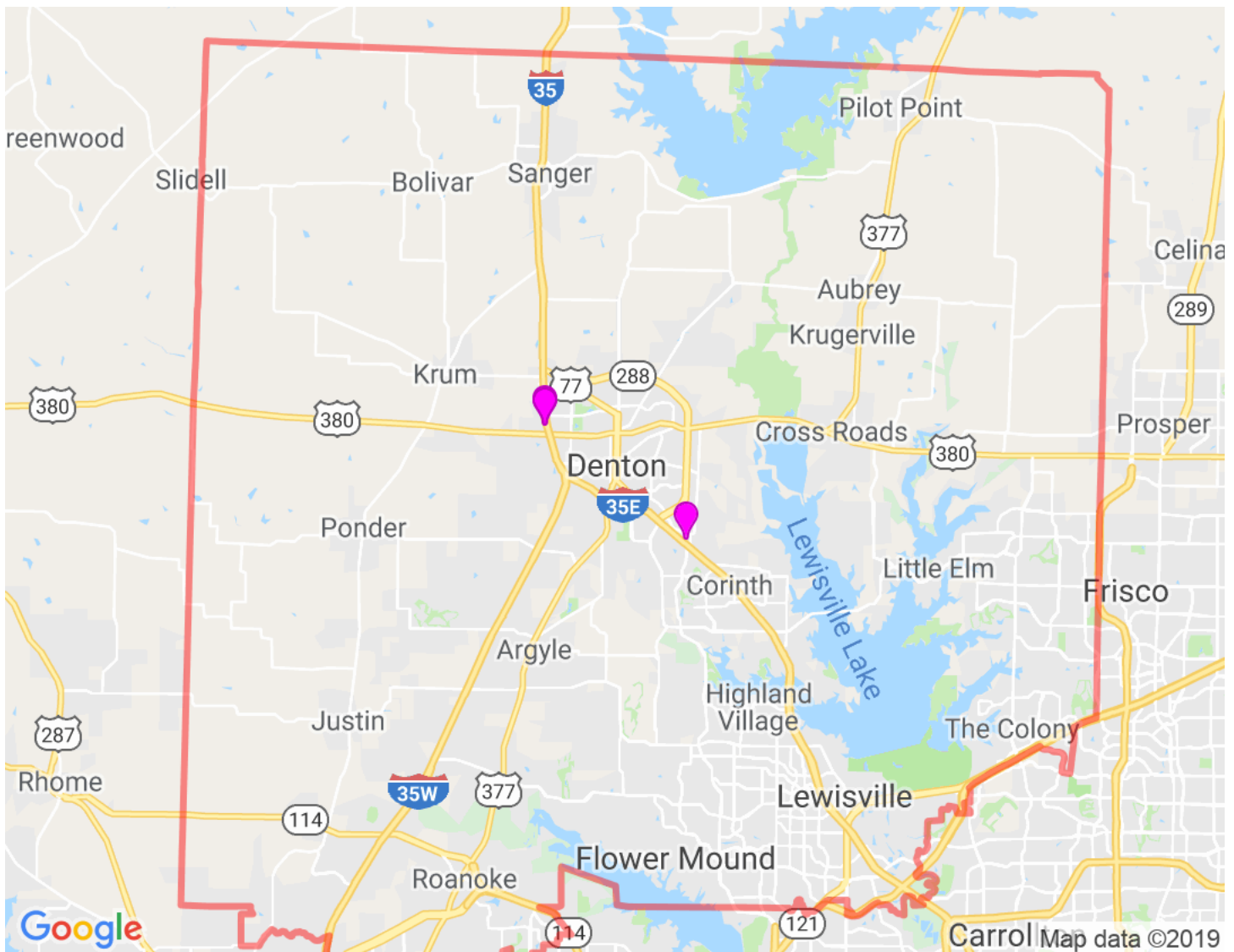


Community Health Centers in Your District

The Honorable Michael Burgess
26th Congressional District of Texas

Health Centers Serving Your District

● - Health Services of North Texas, Inc.



Data sources: 2018 UDS data and most recent audit as provided by health centers/ Economic multipliers provided by IMPLAN.



HEALTH CENTERS

are consumer-driven and patient-centered organizations that serve as a comprehensive and cost effective primary health care option for America's most underserved communities. Health centers increase access to health care and provide integrated services based on the unique needs of the communities they serve.

There are **four key components** that define health centers & help them reach America's most underserved communities

1

Located in Areas of High Need

Designated as medically underserved areas or populations by the federal government

2

Comprehensive Set of Services

Based on community needs, health centers offer medical, dental, vision, behavioral health, and enabling services

3

Open to Everyone

Regardless of insurance status or ability to pay, and offer sliding fee scale options to low-income patients

4

Patient-Majority Governing Boards

At least 51% of every health center's governing board must be made up of patients

Who do Health Centers Serve?

In 2019, health centers will serve

over 29 million patients

including:

over **13 million** people in poverty

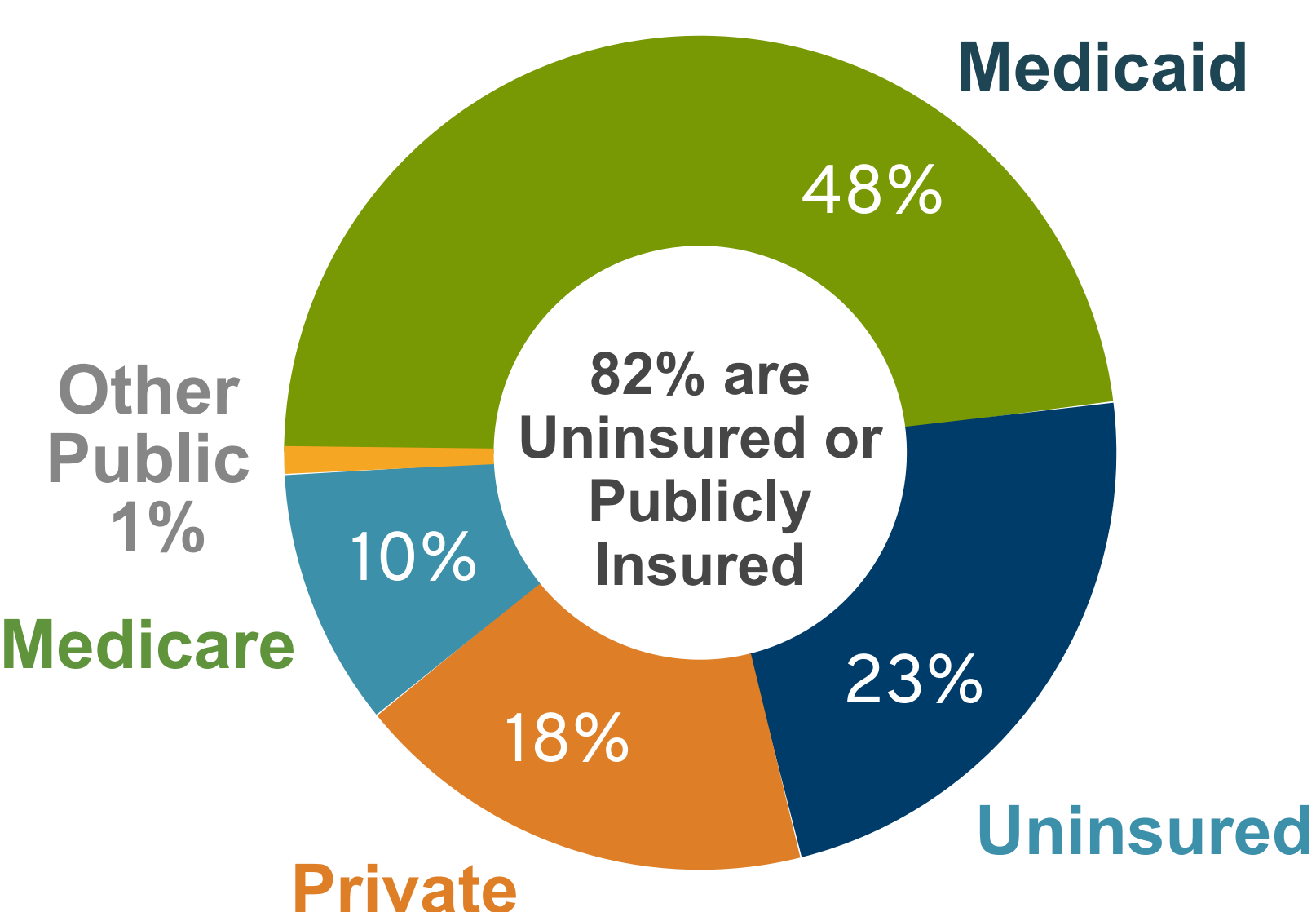
8.7 million children

1.4 million homeless patients

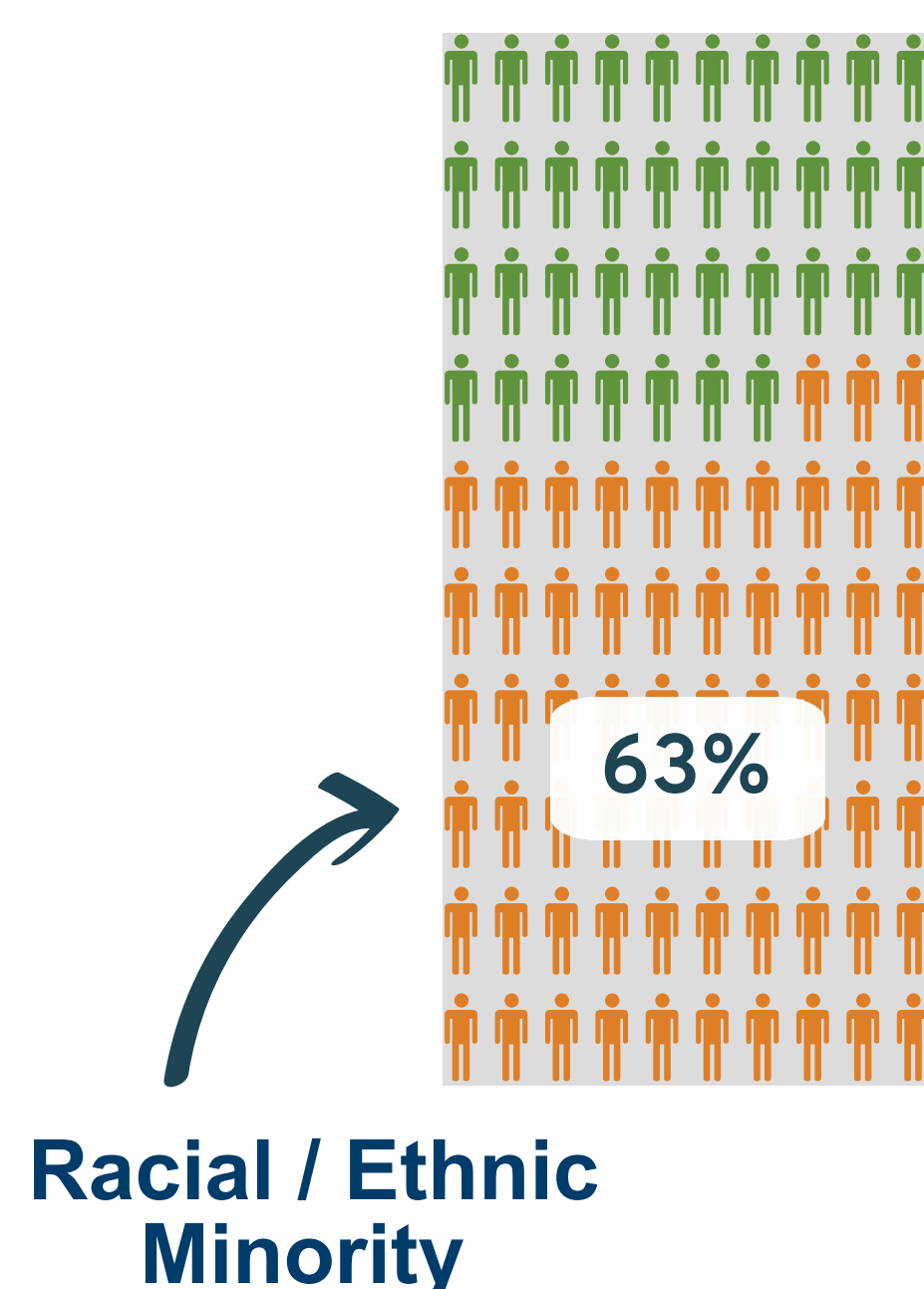
over **385,000** veterans

95,000 patients receiving MAT for opioid use disorder

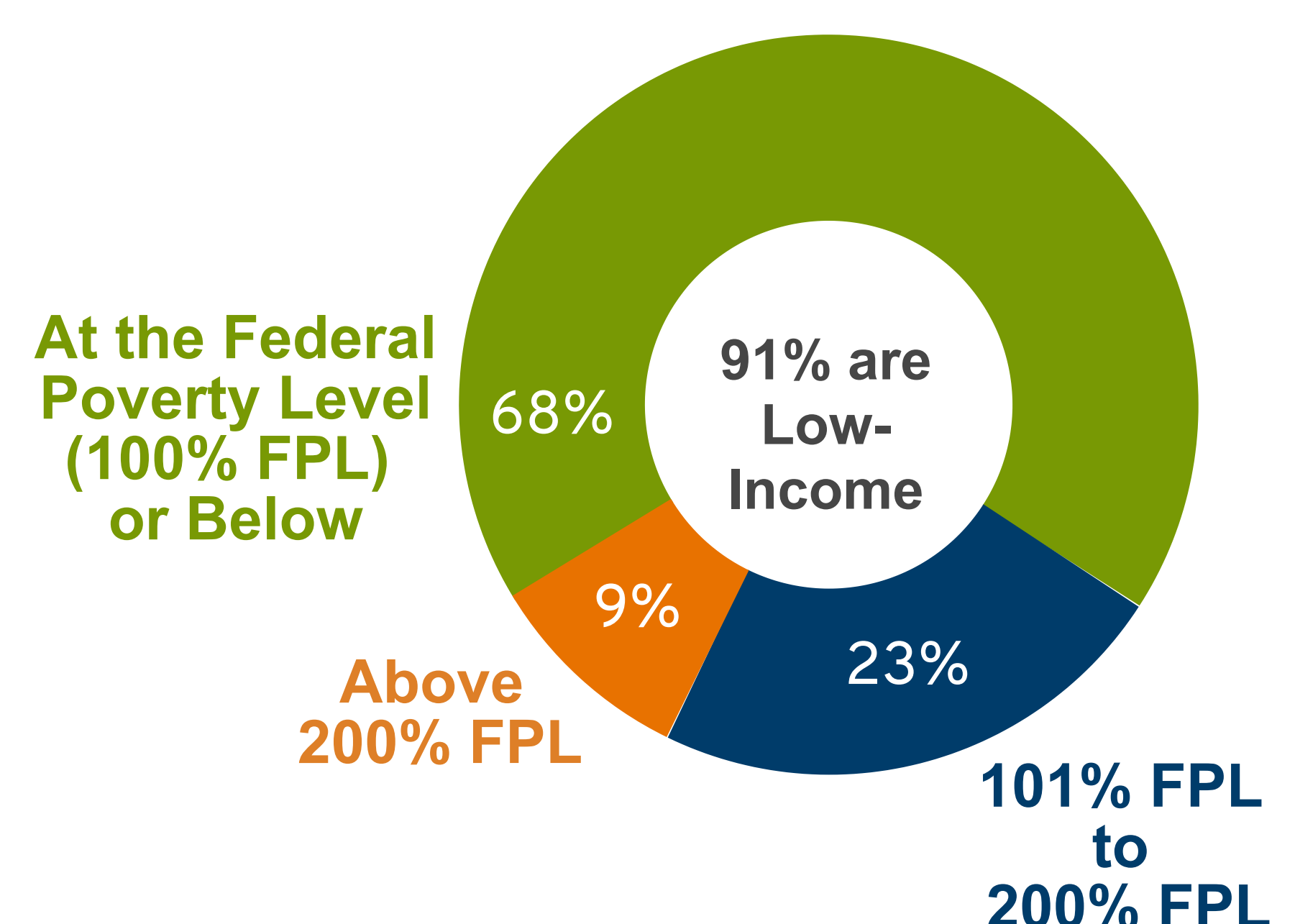
Most Health Center Patients Are Uninsured or Publicly Insured (2018)



Most Health Center Patients Are Members of Racial & Ethnic Minority Groups (2017)



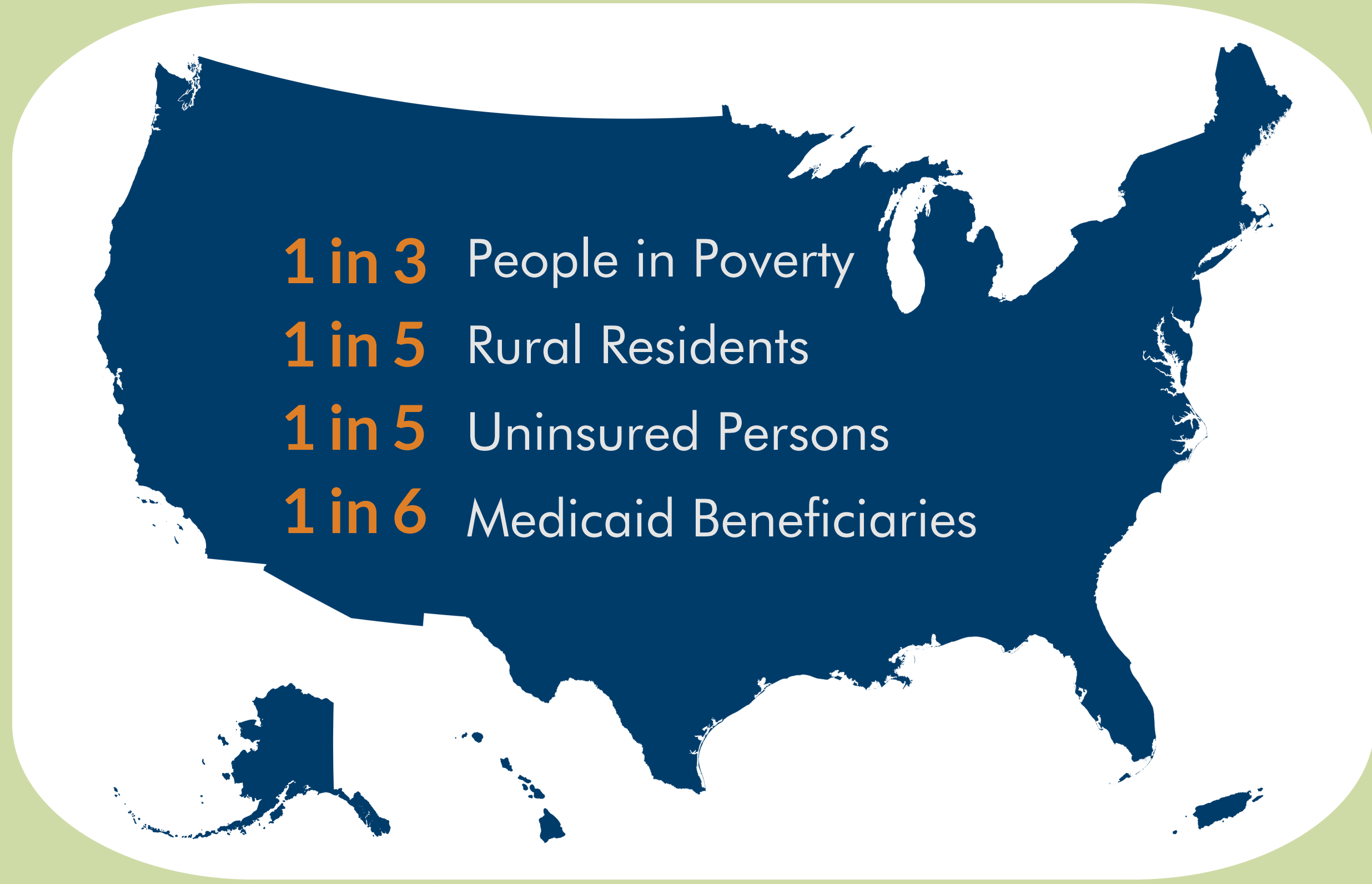
Most Health Center Patients Have Low-Incomes (2017)



Health Centers Reach Into America's Most Underserved Communities

There are over 1,400 health center organizations operating more than 12,000 service delivery locations in every state and territory

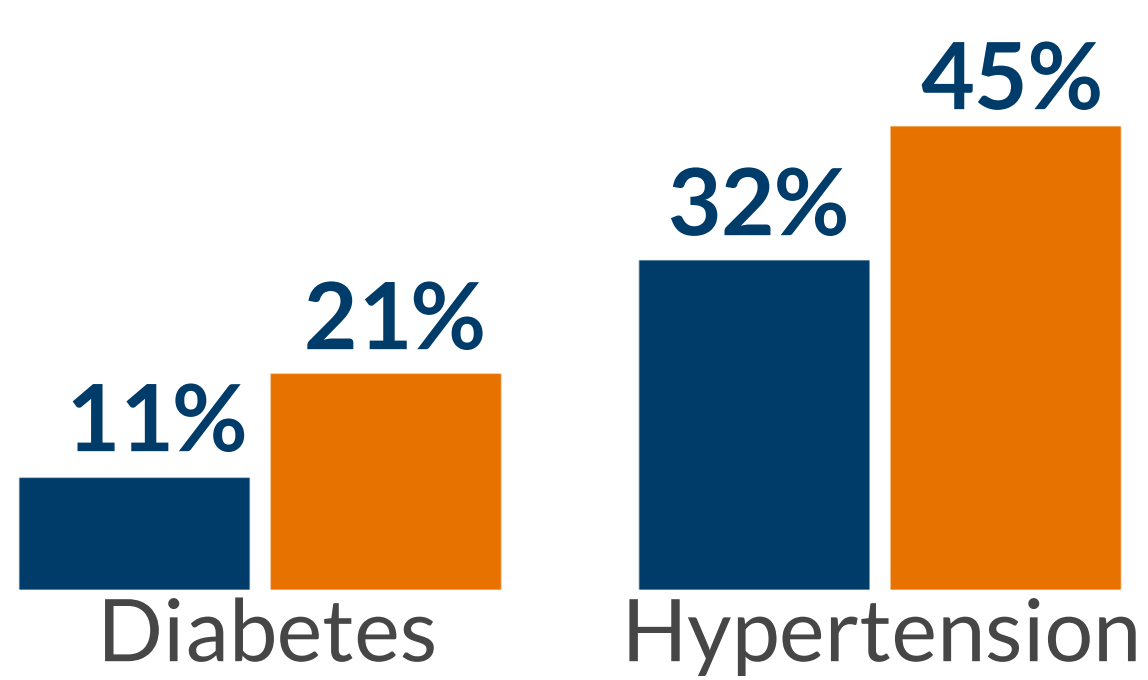
Of these,
45% Are Rural Health Centers



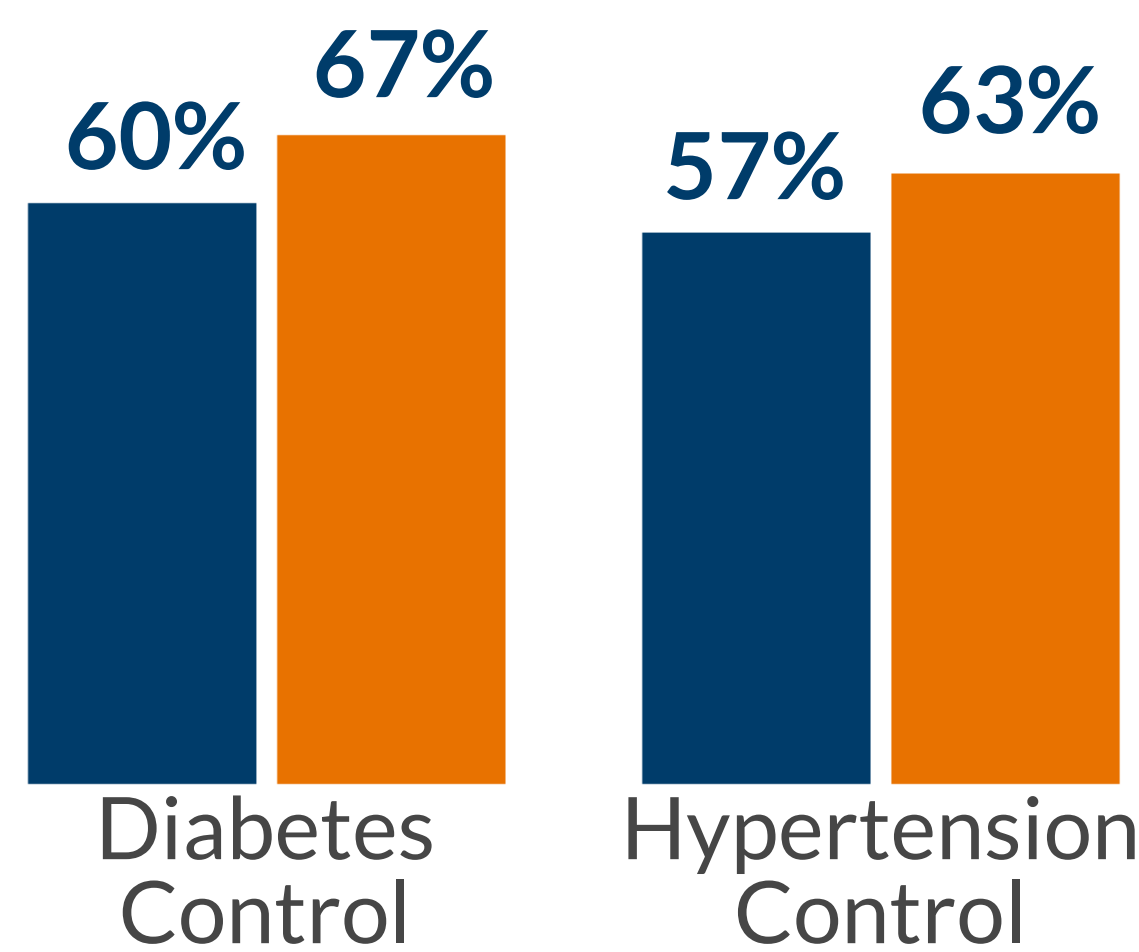
Health Centers' Impact On Patients

Many Patients Present to Health Centers With Chronic Conditions

% of Adults Reporting Ever Being Told They Have:



And Health Center Patients Have Higher Rates of Diabetes & Hypertension Control



■ National ■ Health Center

Health centers perform **better on ambulatory care quality measures** compared to private physicians & are **narrowing health disparities**

Health Centers Create Savings & Promote Economic Growth

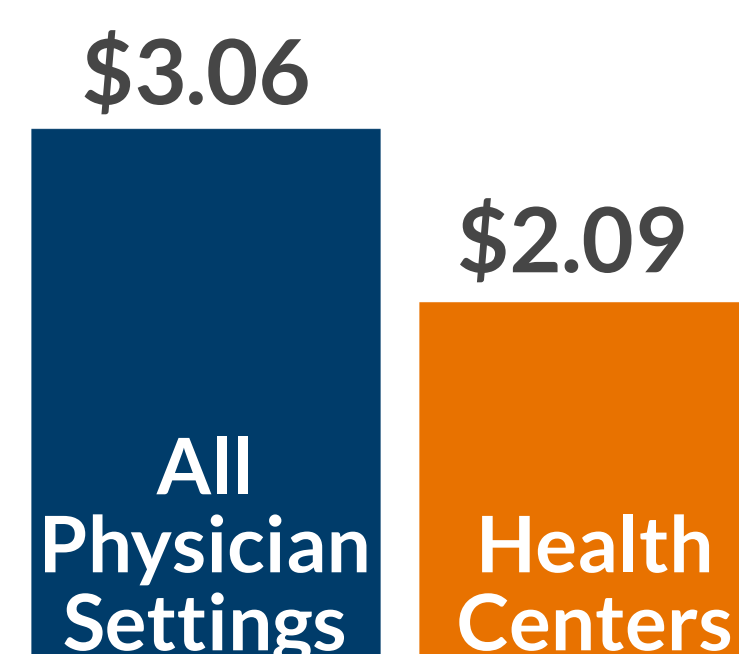
Health centers **employ over 236,000 people** of all skill & education levels, including health professionals, administration & facility & support staff

In total, these staff provide over **115 million patient visits** annually

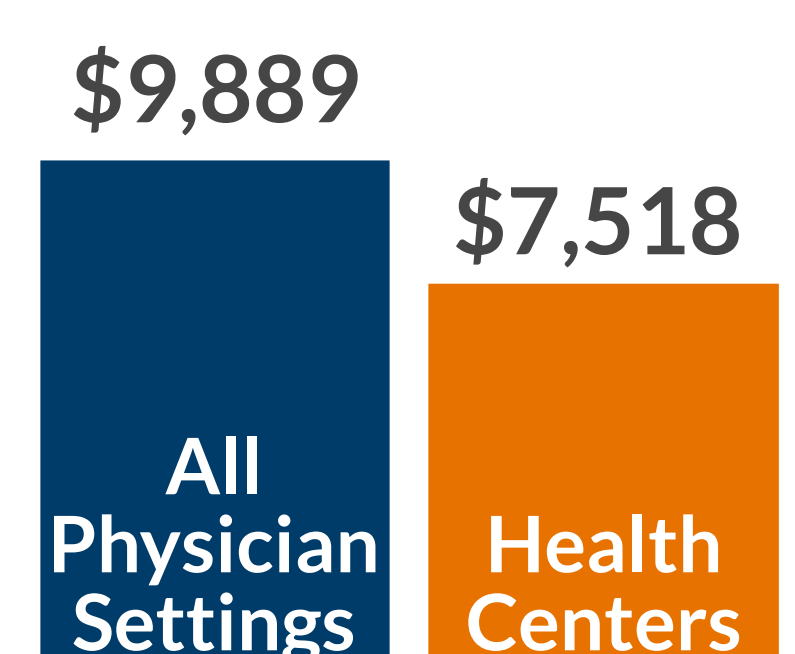
Health centers create **\$54.6 billion in total economic activity** each year within America's most underserved communities

Health Centers Save The Health Care System
\$24 Billion Annually

Health Centers' Average Daily Cost Per Patient is Lower



Health Centers, on Average, Save Over \$2,300 (24%) Per Medicaid Patient





CITY OF DALLAS

September 6, 2019

Doreen Rue
Chief Executive Officer
Health Services of North Texas, Inc.
4404 N. I-35, Suite 312
Denton, TX 76207

Dear Ms. Rue,

We have completed a site visit for the Scattered Site Housing projects, including Tenant-Based Rental Assistance (TBRA) and Short-Term Rent, Mortgage, and Utility Assistance (STRMU) funded under the Housing Opportunities for Persons with AIDS (HOPWA) Program. The site visit was conducted on August 8, 2019, by Lori Davidson, Acting as Contract Solution Specialist for the Office of Homeless Solutions, and reviewed information for the contract period of October 1, 2018 through September 30, 2019. This letter serves as a formal notification of the results of the site visit.

In summary, the project has been successful in the following areas:

- Health Services of North Texas is the primary provider of HOPWA-funded rental assistance for HIV+ persons in suburban/rural counties.
- Project is on target to expend all funds.
- Project has met TBRA goal (slightly under-target on STRMU goal due to lower demand).
- Client files are in good order and easy to follow.
- HOPWA Case Manager Procedures document is well-laid out and very helpful for staff.
- The agency has comprehensive client confidentiality procedures in place with ongoing monitoring for compliance.

There are no areas observed as being out of compliance with the terms of the contract and/or regulations (or needing attention to avoid non-compliance).

We extend our appreciation to the management and staff at Health Services of North Texas for their assistance and cooperation during the site visit. If you require additional information, please contact me by phone at (214) 670-4502 or by email at twana.banks@dallascityhall.com.


[Twana Banks \(Sep 9, 2019\)](#)

Twana Banks, Interim Operations and Performance Manager
Office of Homeless Solutions

c: Pam Barnes, Chief Financial Officer, Health Services of North Texas, Inc.
Louise Weston Ferrill, Director of Programs, Health Services of North Texas, Inc.

We Listen To You



Tina Adams has a host of health problems: high blood pressure, high cholesterol, osteoarthritis, and endometriosis. Juggling all of that and raising six kids on her own would be tough on any woman, but for Tina it put her in a depression that was hard to get out of.

“I was going to the Christian Community Action in Lewisville...I was going every three months,” Tina says. “The doctor they had in there, I loved her to death. She listened to me and was understanding...but they closed [the medical side] down and I was like ‘where am I going to go?’”

Tina was worried that she wouldn’t be able to find another doctor that could listen to her. Her osteoarthritis, for example, wasn’t officially diagnosed until she was 30 years old, yet she had been in pain for years up until that point. Her endometriosis, a condition that is still not fully understood or curable, was written off as just worse-than-usual cramps.

“If you’ve got a woman doctor who doesn’t have any issues, she doesn’t understand what you’re telling her...[she’d say] ‘everybody has a period, big deal!’ And a lot of the doctors were men when I was growing up...try telling a man how bad these cramps are!”

*When Tina started coming to HSNT,
however, she found that she had
nothing to worry about.*

“My depression, we just started treating a couple years ago, and Dr. Siegel has changed my medication just once since he’s been here. We just changed it at the first of the year and that’s made such a big difference for me. Dr. Siegel is one of the best doctors you have ever had.”

For years, her endometriosis was written off as nothing unusual

Tina didn’t even realize that she had been receiving care under HSNT when she first started. She had been taking her daughter to HSNT’s women’s health clinic at Medical City Denton and just didn’t make the connection until she saw one of the same providers at HSNT’s main clinic in Denton. Since then, she’s been amazed at the wide breadth of services HSNT offers.

“[I use] the Prescription Assistance [Program]...I was getting child support, but then my son’s dad got sick last August, so I applied for TANF. When I did that, that put me in a new bracket, and it also got me Medicaid...and that helped out because I was still paying for some of it before.”

Tina also sees Kayla Whitworth, one of HSNT’s licensed social workers, and says that Kayla has helped tremendously with her depression.

“[There are] a lot of doctors that don’t listen. You tell them that you’re in pain, and they think you just want pain meds...Dr. Siegel though, when you talk to him, he will track it down, try to find out what is wrong. He’s really determined to try and make it better....

***...this is one of the
best clinics I’ve
ever been to.”***
