Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, May 25, 2022 at 3:30 PM (or immediately following the Board of Managers Meeting)*** at 5200 Harry Hines Blvd (WISH Building) Dallas, TX 75235, Conference Room 02-175. (If assistance is needed in locating the room, please see the Administration receptionist on the 4th floor, 04-131.) A quorum will be physically present at the location of the meeting. Videoconferencing access is also possible via Webex. That application is available at https://www.webex.com/downloads.html. Teleconferencing access is possible by calling +1-415-655-0001. Both virtual access forms require inputting (meeting number: 2621 417 0363; meeting password: 1234) to join the meeting. The ***Board of Managers HOMES*** reserves the right to exercise discretion and may convene in Executive Session as permitted by Texas Government Code §§551.071 (consultation with attorney), 551.072 (deliberations regarding real estate), 551.074 (personnel matters), 551.076 (deliberations regarding security devices or security audits), 551.078 and/or 551.0785 (deliberations by medical committee or by governmental body that administers a public insurance, health or retirement plan regarding individuals' medical or psychiatric records), 551.085 (deliberation by governing board of certain providers of health care services), 551.087 (deliberation regarding economic development negotiations), 551.088 (deliberation regarding test item); Texas Government Code §418.183 (deliberation of information under §§418.175 – 418.182 for purposes of disaster management or disaster planning); Texas Health & Safety Code §161.032 (medical committee or medical peer review committee records, information or reports; and/or medical committee or medical peer review committee proceedings under Tex. Health & Safety Code Chapter 161 and/or Tex. Occ. Code Chapters 151 and 160); and/or as otherwise authorized by law on any item listed below. The ***Board of Managers HOMES*** may consider any of the agenda items in open or executive session and may continue the meeting as necessary to accomplish the business at the time and place designated by the Chair to reconvene.

		PAGE	TIME (MIN)	PRESENTER(S)
I.	**Declare a Quorum Present/Call to Order/Mission Statement** ***Advance Wellness | Relieve Suffering | Develop and Educate*** **I CARE** **I**ntegrity **C**ompassion and Collaboration **A**ccountability **R**espect **E**quity **Public Comments Regarding Agenda Items** *See public comment registration information and rules at* *https://www.parklandhospital.com/board-of-managers*			Chair
II.	**Consent Agenda**			
A.	Minutes 2022-04-27 HOMES	2		Chair
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	8		Kyla Rankin
B.	Management and Finance Update	10		
C.	Governance Update	11		
D.	HRSA Compliance Manual Requirements: The Big 20	12		
E.	HRSA Compliance Manual Requirements: Chapter 14: Collaborative Relationships	16		
F.	Approve HOMES Deflection Center Intake Policy and Procedure	19		
G.	Approve Legislative Mandates in Grants Management Policy	27		
H.	State of Homeless Address	46		
I.	Healthcare for the Homeless Conference 2022	47		
IV.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
V.	**Adjourn**			

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Approve Minutes 2022-04-27 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
April 27, 2022

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, April 27, 2022, scheduled for 12:30 p.m. in the WISH Building Conference Room (02-175) at Parkland Health & Hospital System and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Chair Marjorie Petty, JD, noted that a quorum was physically present and called the meeting to order at 12:30 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Eric Bing, MD, PhD; Todd Furnis, JD; Robert Martinez, JD; Ramon Miguez, PE; Farida Minner, RN; Don O'Bannon, Esq; Elizabeth Palacios, MD; John Proctor; and Lisa Sutter. Jeff Tillotson, JD, attended via Webex.

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

Christina Mintner, SVP Population Health (in-person)
Donna Persaud, HOMES Medical Director (in-person)
Edmundo Castañeda, EVP & Chief Operating Officer
Forrest Stovall, Governance Program Coordinator (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Kyla Rankin, HOMES Project Director (in-person)
Saul Cordero, VP & Chief Governance Officer (in-person)
Steve Roth, EVP & General Counsel (in-person)

II. Mission Statement

Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

IV. Consent Agenda

A. Approve Minutes 2022-03-30 HOMES

B. Approve Minutes 2022-04-11 HOMES Advisory Board

Elizabeth Palacios, MD, motioned for the approval of the Consent Agenda. Don O'Bannon, Esq, seconded the motion. The motion passed unanimously.

V. Reports Requiring Deliberation(s) or Approval(s)

The Board received information for the following updates presented by HOMES Project Director Kyla Rankin.

A. Operations Update
Kyla Rankin first reported on HOMES' staffing – an EPIC Analyst and RN begin work this month. There are 8.5 FTEs that remain vacant. Next, Kyla reported on COVID vaccine doses and shared the EPIC Wisdom project is on hold until later in summer. Kyla reported MDHA requested HOMES services for collaborative efforts to provide healthcare services during their encampment decommission efforts. Lastly, the Dallas Deflection Center should go-live the week of May 16th.

B. Management and Finance Update
Kyla Rankin shared that HOMES annual unduplicated patient goal is 9,675. HOMES has currently seen 2,701 patients this year, which is 28% of the goal. As for the budget, HOMES is under budget for over-time this month but is over budget for the year, mostly due to bus driver over-time hours. Kyla will continue to monitor the over time but anticipates this will continue due to vacancies in the driver position. HOMES will continue to work with OTM to fill the positions as quickly as possible.

C. Governance Update
The HOMES Advisory Board met on April 11, 2022. The minutes were approved on the Consent Agenda. Kyla stated that this was the first in-person meeting since the beginning of the pandemic. The meeting was offered in-person and virtual. The meeting was well attended.

The next HOMES Advisory Board meeting is June 13, 2022.

D. HRSA Compliance Manual Requirements: The Big 20
Kyla Rankin reviewed The Big 20 manual.

E. HRSA Compliance Manual Requirements: Chapter 18: Program Monitoring & Data Reporting Systems
Kyla Rankin reviewed Chapter 18: Program Monitoring & Data Reporting Systems. She reported the requirements from HRSA and reported how HOMES demonstrates compliance.

F. HRSA Quality Measures, Balance Scorecard, and Patient Experience
Dr. Donna Persaud reported on HOMES Quality Metrics. She first highlighted the metrics that are at or above the goal. Next, Dr. Persaud reviewed the quality metrics that need improvement along with action plans being implemented. Lastly, Dr. Persaud reviewed the balance score card metrics which are all performing acceptably. She also reported on two grievances that were received and addressed in the past quarter.

The Board asked questions and received further information related to the quality metrics presented. The Board also asked questions and received further information related to diabetes screening for HOMES patients.

G. HRSA Update: Uniform Data (UDS) Reporting
Kyla Rankin reported on the UDS data. She noted a 7% increase in male patients compared to the previous year. Kyla reported HOMES patients are similarly aligned to what is reported on the Annual Homeless Assessment Report to Congress.

H. ONE Survey Update
Kyla Rankin reviewed the One Survey data. HOMES developed an action plan to improve trust & respect, team involvement, and safety & culture.

VI. Adjourn

With no further business to discuss, the Chair adjourned the meeting at 12:51 p.m.

SO RECORDED:

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

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – May 2022

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Staffing/Services
  - Management and Finance
- Governance
- The Big 20
- Policy Approval
  - Legislative Mandate
  - Deflection Center
- Other
  - 2022 State of Homeless Address
  - 2022 National Health Care for the Homeless Conference

Staffing

- Accepted
  - 2.0 FTE RN
  - 2.0 FTE Drivers
  - 1.0 FTE Dental Assistant
  - 1.0 FTE EPIC Analyst
- Posted
  - 1.0 FTE MPA
  - 2.0 FTE Drivers
  - 2.0 FTE Peer Navigator
  - 1.0 FTE Dental Assistant
  - 0.5 FTE Business Intelligence Specialist (ARPA)
  - 1.0 FTE Social Work (ARPA)

Operational Updates

- COVID
  - 4820 COVID vaccine doses (3/3/21-5/17/22)
- Diabetes Groups/Outreach
- EPIC Wisdom
  - December 2022 go live
- Dallas Deflection Center
  - Ribbon cutting-Friday, May 20, 2022
  - Go Live-June 1, 2022

Management & Finances – April

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	3394	9,675	35%	33%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3268	2267	1001	44.2%	20.894	15,860	5034	31.7%
Expenses	$554,870	$635,455	$80,585	12.7%	$3,750,637	$4,275,225	$524,588	12.3%
Charges	$2,167,142	$1,117,206	$1,049,936	94.0%	$14,104,521	$7,816,004	$6,288,517	80.5%
Revenue	$6570				$93,832			
Commercial	$139				$1867			
Medicaid	$5816				$63,208			
Medicare	$615				$28,757			
FTE	55.97	66.56	10.59	15.9%	56.50	62.92	6.42	10.20%
FTE - OT	0.87	2.84	1.98	69.5%	1.36	1.51	.15	10.3%

- HRSA recommendation is claims billed in less than 30 days.
- HRSA grant year: January 1, 2022 to December 31, 2022

Governance

- Next meeting: Monday, June 14, 2021
  - Noon
  - Hybrid option

The Big 20

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

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

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

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

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

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

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

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

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

For additional information on these requirements, please review:

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

HRSA Health Center Program Compliance Requirements – Chapter 14 Collaborative Relationships

Requirements

- Establish and maintain collaborative relationships with other health care providers in the area, to provide access to services not available through the health center and to reduce the non-urgent use of hospital emergency departments.

- Coordinate and integrate project activities with the activities of other federally-funded, as well as State and local, health services delivery projects and programs serving the same population.

HRSA Health Center Program Compliance Requirements – Chapter 14 Collaborative Relationships

- **Service Sites**
  - **Fixed Sites:** The Bridge & Stewpot
  - **Mobile Sites:** Austin Street Shelter, City Square, Dallas 24 Hour Club, Dallas Life Foundation, Dallas Transitional Center, Golden Gate Ministry, Good Samaritans of Garland, Homeward Bound, Nexus Recovery Center, Our Calling, Gateway Foundation (Cruezot), Promise House/Wesley Inn, Salvation Army, Salvation Army-ARC, Soul's Harbor, Turtle Creek Manor, Union Gospel Mission, Vogel Alcove
  - **Domestic Violence Sites:** Family Place, Genesis Women's Shelter & Support, & Mosaic Family Services

Policy Approval

- Legislative Mandate
  - Annual
- Dallas Deflection Center (new)
  - Every 3 years

Parkland

Approve HOMES Deflection Center Intake Policy and Procedure

HOMES Dallas Deflection Center Intake	POP.HMS.006	Published: 04/06/22
POPULATION HEALTH - HOMES		Page 1 of 7

PURPOSE:

To provide guidelines for Parkland RN intake screening and assessment of individuals who are under the Dallas Police Department's (DPD) authority being considered for admission to the Dallas County Deflection Center (Deflection Center). By utilizing the Deflection Center as an alternative to arrest and incarceration, clients will be treated with an evidence-based, trauma-informed case management plan allowing the client to receive medical and behavioral health solutions, peer support, crisis respite, benefits, and housing assistance; thus, helping them take the first step towards re-entry into society.

The Deflection Center Intake Staffing:

- Dallas Police Officer (DPD).
- Security (Homeward Bound Inc).
- Peer Support Specialist (Homeward Bound Inc).
- Other Homeward Bound Staff as needed.
- North Texas Behavioral Health Authority (NTBHA) Staff.

- Parkland Health HOMES RNs

Scope of Supervision of HOMES RNs Required:

A Homeless Outreach Medical Services (HOMES) provider will be assigned to provide medical consultation and guidance to the intake RNs performing the assessment as needed. For emergent or crucial concerns, emergency practices will be followed, and the HOMES medical provider will be immediately notified. For provider needs after regular HOMES service hours, the division on call adult provider will be contacted and engaged.

Documentation Requirements:

Authorized staff will assess the patient and determine if the patient meets clinical criteria to be admitted to the Deflection Center. Staff will document relevant information and services provided in Parkland Electronic Medical Record (EMR).

SCOPE:

All Parkland Health (Parkland) workforce members in the Deflection Center. The Deflection Center is a program of Homeward Bound Inc, a partner agency of HOMES.

Individuals will be assessed by a HOMES Registered Nurse (RN) to ensure that medical health issues are identified, and care is initiated appropriately. This service will occur at the Parkland-fixed clinic located in the Homeward Bound client service facility.

PROCEDURE:

1. Deflection Center Intake Criteria:
   A. All individuals who present at the Deflection Center and meet eligibility for consideration of admission must be clinically assessed by a HOMES RN.
2. Upon arrival to the Deflection Center, the Deflection Center staff will assign a peer-support specialist who will remain engaged with the client during the intake process and throughout the stay.
3. Parkland staff will the following Parkland procedures:
   A. Complete patient registration using two patient identifiers (name, date of birth) and following registration and sign-in process.
   B. Process consent forms needed to share only the necessary health information for care and coordination in the Deflection Center.
   C. Schedule a nurse visit upon arrival at the Parkland HOMES Deflection Center using the appropriate template in the EMR.
4. A HOMES RN will then perform the following clinical intake assessments:
   A. Emerging pathogen screening
   B. Intake health needs assessment.
   C. Suicide screening Patient Health Questionnaires (PHQ); specifically the PHQ-2 and PHQ-9 - must be performed for all individuals.
   D. Vitals: pulse, Temperature, Blood Pressure, Respiratory, Height, Weight, Last Menstrual Period (LMP) and, if indicated, Oxygen Saturation (O2 Sat).
   E. Any rapid test indicated by emerging pathogen screening.

F. Past or current mental illness (include hospitalizations).

G. Prescription medications, legal, and/or illegal drug use (including type, amount, and time of last use).

H. Alcohol and tobacco use (including type, amount, and time of last use).

I. Allergies.

J. Pain score.

K. Current and past illnesses, health conditions, and/or special health requirements.

L. Current or prior withdrawal symptoms.

M. Possible, current, or recent pregnancy.

N. Dietary needs.

O. Use of durable medical equipment.

P. Recent communicable illness symptoms such as chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats, etc.

5. The HOMES RN will then conduct Point of Care (POC) Labs per Standing Orders (SO) as indicated:

A. Coronavirus or and \or any other indicated emerging pathogen according to Parkland infection prevention procedures:

B. Influenza.

C. Hemoglobin measured.

D. Hemoglobin A1c (HGBA1c).

E. Random glucose.

F. Phlebotomy.

G. International Normalized Ratio (INR).

H. Streptococcus A antigen (Strep).

I. Urine pregnancy test.

J. Urine dip only.

K. Urine drug screen.

L. O2 Sat.

6. The RN will utilize EMR nurse triage protocols to determine patient disposition as appropriate.

7. If the client is medically unstable and requires transfer to a higher level of care the HOMES RN will contact a HOMES provider for assessment, plan of action, and orders. The HOMES RN will then call 911 for transport to the nearest emergency care facility. The following list of example conditions will result in transportation and coordination care to a higher level of service:

   A. Combative, uncooperative - disposition will be determined by Deflection Center staff, law enforcement, and NTBHA.

   B. Actively detoxing person (coming off alcohol or drugs with symptoms like vomiting, diarrhea, shaking, weakness).

   C. Suspected drug or alcohol overdose (or ingesting or swallowing drugs).

   D. Head or facial trauma (injury).

   E. Altered mental status, confusion, or loss of consciousness (passing out).

   F. Respiratory distress (difficulty breathing).

   G. Chest pain (cardiac or heart attack history).

   H. Broken bone or obviously deformity of a limb.

   I. Large open wounds.

   J. Inability to care for self (paraplegic, quadriplegic, etc.).

   K. Pregnant female detoxing from or currently using heroin or methadone.

   L. High-speed or rollover motor vehicle collision.

M. Potential acute life threatening acute medical problem.

N. Conditions requiring continuous intravenous (IV), oxygen, catheters.

8. Suicide assessment and precautions:

   A. Standard suicide intake screening completed in EMR.

   B. If the HOMES RN has heard client verbalizing a desire or intent to commit suicide, or is observed engaging in any self-harm, or otherwise presents as a risk for self-harm or suicide.

   C. The HOMES RN places the client on "suicide watch" and does the following:

      1) Informs NTBHA staff of the suicidal risk status.

      2) Keeps client in constant eyesight and never leaves client alone.

      3) Removes any dangerous items from the client possession.

      4) Restricts access to any dangerous items.

   D. NTBHA staff will manage the patient safety and determine the next level of care:

      1) Homeward Bound Inc.

      2) Higher level of care (coordinated and managed by NTBHA).

9. If no acute or chronic conditions are identified that require immediate treatment or medication initiation by a provider, hand off to the Deflection Center staff for admission and further management. Provide the Deflection Center staff with the After-Visit Summary (AVS) per patient’s consent.

10. If acute or chronic conditions are identified needing provider assessment and treatment:

    A. A HOMES provider appointment (in clinic or virtual) will be scheduled.

    B. Following the HOMES provider visit. the patient’s AVS will be forwarded to the Deflection Center Admissions for further management per the patient’s previous consent.

12. Nurse will follow the recommended Triage/ SDOs in the EMR

DEFINITIONS:

Workforce member: An employee, volunteer, member of the medical staff, contractor, vendor, trainee or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland, whether or not he or she is paid by Parkland.

REFERENCES:

- Nurse Triage Guide- Call Center P&P Manual
- Screening Patients- SO POP.SO.001
- Immunization Administration & Standing Delegation Orders: Vaccines- CLINOPS.SO.001
- Standing Order for Novel Coronavirus (COVID-19) Vaccine CLINOPS.SO.002

Appendix A: HOMES Deflection Center Intake/Assessment Workflow

Parkland

Approve Legislative Mandates in Grants Management Policy

Legislative Mandates in Grants Management	8311403	Published: MM/DD/YY
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PURPOSE:

The purpose ~~of this policy bulletin~~ is to clarify the requirements mandated by the Consolidated Appropriations Act, ~~2021~~ 2022 (Public Law ~~116-260~~117-103) signed into law on ~~December 27, 2020~~March 15, 2022, which provides funding to the Health Resources and Services Administration (HRSA) for the fiscal year ending September 30, ~~2021~~2022. The intent is to provide information on the following statutory provisions that limit the use of funds on HRSA grants and cooperative agreements for FY ~~2021~~2022. Legislative mandates remain in effect until a new appropriation bill is passed setting a new list of requirements. The FY ~~2021~~ 2022 list of legislative mandates for HRSA award recipients is very similar to the ~~same as the~~ FY ~~2020~~ 2021 list.

SCOPE:

All Parkland Health ~~& Hospital System~~ ("Parkland") ~~departments, including but not limited to FQHC HOMES (Homeless Outreach Medical Services) Health Center Program and Parkland HIV Services Department that receive federal grant funding.~~ Wworkforce members that work with or under federal grant programs.

PROCEDURE:

1. Parkland shall adhere to the Health Resources and Services Administration (HRSA) Grants Policy Bulletin ~~2021~~20222-0~~3~~5E legislative mandates as a condition of receiving grant funding.

2. FY ~~2021~~ 2022 Legislative Mandates are as follows:

   A. Division E, Title VII

      1) Confidentiality Agreements (Section 742)

         a) Dallas County Hospital District shall not require employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such

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waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

b) The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

B. Parkland~~'s~~ does not restrict employees or contractors from lawfully reporting fraud, waste, or abuse to any designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

C. Division H, Title II

1) Salary Limitation (Section 202)

a) None of the funds appropriated in the title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

b) Evidence is made by review of budgets and financial documents that no HRSA grant funds are used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary is currently set at $~~199,300~~203,700 as of January 2022~~1, 2021~~.

c) Grants Management will review budgets and financial documents as they are submitted and revised with grant applications and amendments.

2) Gun Control (Section 210)

a) None of the funds made available in the title may be used, in whole or in part, to advocate or promote gun control.

b) Evidence is made by review of budgets and financial documents that no HRSA grant funds are used to advocate or promote gun control.

DRAFT

~~c) Grants Management will review budgets and financial documents as they are submitted and revised with grant applications and amendments.~~

D. Division H, Title V

1) Anti-Lobbying (Section 503)

a) No part of any appropriation contained in the Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

b) No part of any appropriation contained in the Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

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d) Evidence is made by review of budgets and financial documents that no HRSA grant funds are used for lobbying.

2) Acknowledgment of Federal Funding (Section 505)

a) When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, Dallas County Hospital District shall clearly state

- the percentage of the total costs of the program or project which will be financed with Federal money;
- the dollar amount of Federal funds for the project or program; and
- percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

b) Grants Management shall inform all HRSA funded programs, Corporate Communications, and Supply Chain of the mandate regarding the acknowledgement of federal funding on an annual basis.

c) Corporate Communications and Supply Chain will receive the amounts and percentages from the project managers to include in acknowledgement statement for documents.

3) Restriction on Abortions (Section 506)

a) None of the funds appropriated in the Act, and none of the funds in any trust fund to which funds are appropriated in the Act, shall be expended for any abortion.

b) None of the funds appropriated in the Act, and none of the funds in any trust fund to which funds are appropriated in the Act, shall be expended for health benefits coverage that includes coverage of abortion.

c) The term ‘‘health benefits coverage’’ means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.

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d) HOMES Health Center Program does not perform abortions and complies with the Hyde Amendment, a legislative provision barring the use of federal funds to pay for abortion except to save the life of the woman, or if the pregnancy arises from incest or rape.

e) HOMES Health Center Program providers are not privileged to provide abortions.

f) Parkland does not perform elective abortions and complies with all state and federal laws and requirements related to the reporting of abortions.

g) Grants Management will verify annually with the Regulatory Department that Parkland does not perform elective abortions.

4) Exceptions to Restriction on Abortions (Section 507)

a) The limitations established in the preceding section shall not apply to an abortion –

- if the pregnancy is the result of an act of rape or incest; or
- in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

b) Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State's or locality's contribution of Medicaid matching funds).

c) Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State's or locality's contribution of Medicaid matching funds).

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d) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.

e) In this subsection, the term ‘‘health care entity’’ includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.”

f) HOMES Health Center Program does not perform abortions and complies with the Hyde Amendment, a legislative provision barring the use of federal funds to pay for abortion except to save the life of the woman, or if the pregnancy arises from incest or rape.

g) HOMES Health Center Program providers are not privileged to provide abortions.

h) Parkland does not perform elective abortions and complies with all state and federal laws and requirements related to the reporting of abortions.

i) Grants Management will verify annually with the Regulatory Department that Parkland does not perform elective abortions.

5) Ban on Funding Human Embryo Research (Section 508)

a) None of the funds made available in the Act may be used for

- the creation of a human embryo or embryos for research purposes;
- research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

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b) For purposes of this section, the term ‘‘human embryo or embryos’’ includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of the Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

c) Parkland does not serve as a Performance Site for Human Embryo Research.

d) Grants management will verify annually with the Department of Research Administration that Parkland does not serve as a Performance Site for Human Embryo Research.

6) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)

a) None of the funds made available in the Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.

b) The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

c) Evidence is made by review of budgets and financial documents that no HRSA grant funds are used to promote the legalization of controlled substances.

d) Grants Management will review budgets and financial documents as they are submitted and revised with grant applications and amendments.

7) Restriction of Pornography on Computer Networks (Section 520)

DRAFT

a) None of the funds made available in the Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

c) All firewalls are configured prior to deployment to block any untrusted network for all incoming and outgoing traffic.

d) Next-Generation Firewalls will always include stateful packet inspection, but also includes additional capabilities such as URL filtering, virus filtering, application monitoring/blocking and geolocation filtering.

~~8) Restriction on Funding ACORN (Section 521)~~

~~a) None of the funds made available under this or any other Act, or any prior Appropriations Act, may be provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.~~

~~b) Evidence is made by annual budget review and financial documents that no HRSA grant funds are provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.~~

~~c) Grants Management will review budgets and financial documents as they are submitted and revised with grant applications and amendments.~~

~~9)~~8) Restriction on Distribution of Sterile Needles (Section ~~527~~526)

a) Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention,

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determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

b) Evidence is made by review of supply orders that no HRSA grant funds are used to carry out any program of purchasing sterile needles or syringes for the hypodermic injection of any illegal drug.

c) The grant program manager or clinic manager will review supply orders for federal grant programs as they are prepared.

3. The Legislative Mandates in Grants Management policy will be reviewed and updated annually, as necessary.

4. The Legislative Mandates in Grants Management policy will be approved by the Health Center Board annually.

EQUIPMENT:

N/A

DEFINITIONS:

Workforce member: An Officer, board member, employee, volunteer, member of the medical staff, contractor, vendor, trainee or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland, whether or not he or she is paid by Parkland.

REFERENCES:

"Grants Policy Bulletin: Legislative Mandates in Grants Management for FY2022." *Health Resources and Services Administration*, 14 Apr. 2022, www.hrsa.gov/grants/manage-your-grant/policies-regulations-guidance.

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~~Health Resources and Services Administration Grants Policy Bulletin 2020-03E Legislative Mandates in Grants Management FY2021 https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/grants-policy-bulletin-2021-03E.pdf~~

~~Consolidated Appropriations Act, 2021~~

~~https://www.congress.gov/116/bills/hr133/BILLS-116hr133enr.pdf~~

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Legislative Mandates in Grants Management	8311403	Published: MM/DD/YY
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PURPOSE:

The purpose is to clarify the requirements mandated by the Consolidated Appropriations Act, 2022 (Public Law 117-103) signed into law on March 15, 2022, which provides funding to the Health Resources and Services Administration (HRSA) for the fiscal year ending September 30, 2022. The intent is to provide information on the following statutory provisions that limit the use of funds on HRSA grants and cooperative agreements for FY 2022. Legislative mandates remain in effect until a new appropriation bill is passed setting a new list of requirements. The FY 2022 list of legislative mandates for HRSA award recipients is very similar to the FY 2021 list.

SCOPE:

All Parkland Health ("Parkland") workforce members that work with or under federal grant programs.

PROCEDURE:

1. Parkland shall adhere to the Health Resources and Services Administration (HRSA) Grants Policy Bulletin 20222-05E legislative mandates as a condition of receiving grant funding.
2. FY 2022 Legislative Mandates are as follows:

    A. Division E, Title VII

        1) Confidentiality Agreements (Section 742)

            a) Dallas County Hospital District shall not require employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

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b) The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

B. Parkland does not restrict employees or contractors from lawfully reporting fraud, waste, or abuse to any designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

C. Division H, Title II

1) Salary Limitation (Section 202)

a) None of the funds appropriated in the title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

b) Evidence is made by review of budgets and financial documents that no HRSA grant funds are used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary is currently set at $203,700 as of January 2022.

c) Grants Management will review budgets and financial documents as they are submitted and revised with grant applications and amendments.

2) Gun Control (Section 210)

a) None of the funds made available in the title may be used, in whole or in part, to advocate or promote gun control.

b) Evidence is made by review of budgets and financial documents that no HRSA grant funds are used to advocate or promote gun control.

D. Division H, Title V

1) Anti-Lobbying (Section 503)

a) No part of any appropriation contained in the Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for

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normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

b) No part of any appropriation contained in the Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

d) Evidence is made by review of budgets and financial documents that no HRSA grant funds are used for lobbying.

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c) The term ‘‘health benefits coverage’’ means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.

d) HOMES Health Center Program does not perform abortions and complies with the Hyde Amendment, a legislative provision barring the use of federal funds to pay for abortion except to save the life of the woman, or if the pregnancy arises from incest or rape.

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e) HOMES Health Center Program providers are not privileged to provide abortions.

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- in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

b) Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State's or locality's contribution of Medicaid matching funds).

c) Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State's or locality's contribution of Medicaid matching funds).

d) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.

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e) In this subsection, the term ‘‘health care entity’’ includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.”

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a) None of the funds made available in the Act may be used for

- the creation of a human embryo or embryos for research purposes;
- research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

b) For purposes of this section, the term ‘‘human embryo or embryos’’ includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of the Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

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c) Parkland does not serve as a Performance Site for Human Embryo Research.

d) Grants management will verify annually with the Department of Research Administration that Parkland does not serve as a Performance Site for Human Embryo Research.

6) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)

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b) The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

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c) All firewalls are configured prior to deployment to block any untrusted network for all incoming and outgoing traffic.

d) Next-Generation Firewalls will always include stateful packet inspection, but also includes additional capabilities such as URL filtering, virus filtering, application monitoring/blocking and geolocation filtering.

8) Restriction on Distribution of Sterile Needles (Section 526)

a) Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

b) Evidence is made by review of supply orders that no HRSA grant funds are used to carry out any program of purchasing sterile needles or syringes for the hypodermic injection of any illegal drug.

c) The grant program manager or clinic manager will review supply orders for federal grant programs as they are prepared.

3. The Legislative Mandates in Grants Management policy will be reviewed and updated annually, as necessary.

4. The Legislative Mandates in Grants Management policy will be approved by the Health Center Board annually.

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N/A

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DEFINITIONS:

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REFERENCES:

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State of Homeless Address 2022-at a glance

4410

individuals experiencing homelessness on a single night in 2022

31% Unsheltered | **69%** Sheltered

Decreases in homelessness overall

Veteran Homelessness: 314

26% decrease since 2019

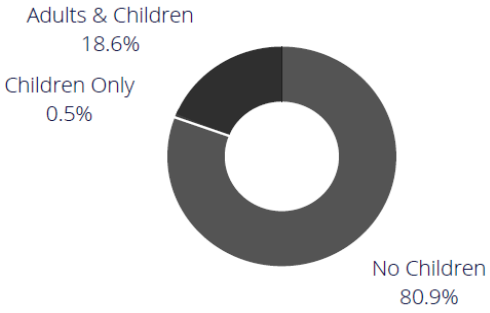
Chronic Homelessness: 1029

93% increase since 2019 while permanent supportive housing stock increased by only 5%.

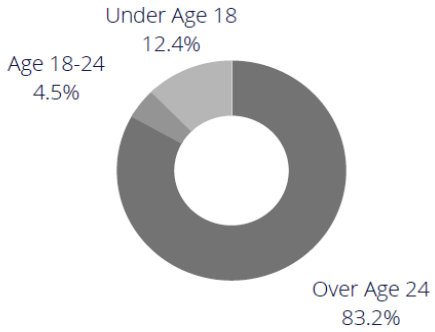
Family Homelessness: 814

20% decrease since 2019 through proven diversion efforts and federal prevention assistance

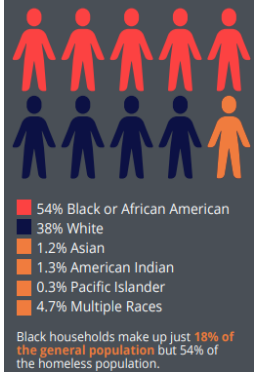
Households



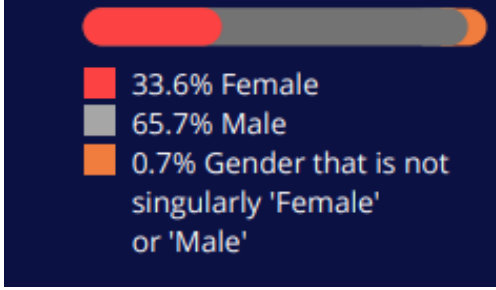
Age Distribution



Race Breakdown



Gender Breakdown



Parkland | *Care. Compassion. Community.*

Healthcare for the Homeless 2022

- Seattle, Washington-May 2022
- Attended sessions on Gender affirming care, Equity, COVID response, Peer Support, Workforce development, Collaborations with community partners, HIV, housing solutions, Trauma, Integrated care & Consumer participation
- Co presenter-Health care on Wheels session

Parkland | Care. Compassion. Community.

Questions?