Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, January 25, 2023, at 12:30 PM*** at 5200 Harry Hines Blvd (WISH Building) Dallas, TX 75235, Conference Room 02-175. (If assistance is needed in locating the room, please see the Administration receptionist on the 4th floor, 04-131.) 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: 2622 978 7300; meeting password: 1234) to join the meeting. The ***Board of Managers HOMES*** reserves the right to exercise discretion and may convene in Executive Session as permitted by Texas Government Code §§551.071 (consultation with attorney), 551.072 (deliberations regarding real estate), 551.074 (personnel matters), 551.076 (deliberations regarding security devices or security audits), 551.078 and/or 551.0785 (deliberations by medical committee or by governmental body that administers a public insurance, health or retirement plan regarding individuals' medical or psychiatric records), 551.085 (deliberation by governing board of certain providers of health care services), 551.087 (deliberation regarding economic development negotiations), 551.088 (deliberation regarding test item); Texas Government Code §418.183 (deliberation of information under §§418.175 – 418.182 for purposes of disaster management or disaster planning); Texas Health & Safety Code §161.032 (medical committee or medical peer review committee records, information or reports; and/or medical committee or medical peer review committee proceedings under Tex. Health & Safety Code Chapter 161 and/or Tex. Occ. Code Chapters 151 and 160); and/or as otherwise authorized by law on any item listed below. The ***Board of Managers HOMES*** may consider any of the agenda items in open or executive session and may continue the meeting as necessary to accomplish the business at the time and place designated by the Chair to reconvene.

		PAGE	TIME (MIN)	PRESENTER(S)
I.	**Declare a Quorum Present/Call to Order/Mission Statement** ***Advance Wellness | Relieve Suffering | Develop and Educate*** **I CARE** **I**ntegrity **C**ompassion and Collaboration **A**ccountability **R**espect **E**quity **Public Comments Regarding Agenda Items** *See public comment registration information and rules at* *https://www.parklandhospital.com/board-of-managers*			Chair
II.	**Consent Agenda**			
A.	Approve Minutes 2022-12-14 HOMES	2	1	Chair
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	8	3	Kyla Rankin
B.	Management and Finance Update	9	3	
C.	Governance Update	10	3	
D.	HRSA Compliance Manual Requirements: The Big 20	11	3	
E.	HRSA Compliance Manual Requirements: 15 Financial Management and Control Policies	15	3	
F.	Approve HOMES Deflection Center Policy & Procedure Update	18	3	
G.	HRSA Update: UDS Reporting	36	3	
H.	HRSA Update: Expanding COVID19 Funding	37	3	
I.	Housing Forward Point in Time Count	41	2	
J.	Holiday Sock Drive: Sock it to 2022	42	2	
IV.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
V.	**Adjourn**			
A.	Closing Remarks			
B.	Call to Adjourn			

Parkland

Approve Minutes 2022-12-14 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
December 14, 2022

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, December 14, 2022, scheduled for 12:30 p.m. in the WISH Building Conference Room (02-175) at Parkland Health and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

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

Board Member attendees included: Chair Marjorie Petty, JD; Eric G. Bing, MD, PhD; Todd Furniss, JD; Reina Gonzalez, JD; Ramon Miguez, PE; Farida Minner, RN; Don O'Bannon, Esq; Elizabeth Palacios, MD; and Lisa Sutter.

Board members John Proctor, and Jeff Tillotson, JD, were not present.

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

Christina Mintner, SVP Population Health (in-person)
Donna Richardson, EVP & Chief Nursing Executive
Edmundo Castañeda, EVP & Chief Operating Officer (in-person)
Felicia Miller, EVP & Chief Talent Officer (in-person)
Forrest Stovall, Governance Program Manager (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Melanie Roberts, SVP Chief Compliance & Ethics Officer
Pam Bryant, SVP Chief Supply Chain Officer
Rick Humphrey, EVP & Chief Financial Officer (in-person)
Saul Cordero, VP & Chief Governance Officer (in-person)
Steven Roth, EVP & Chief Legal Officer (in-person)
Vic Summers, SVP & Chief Audit Officer

II. Mission Statement

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

III. Public Comments Regarding Agenda Items

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

IV. Conflicts of Interest

After review of the agenda, the Chair noted zero conflicts of interest for Board Members present.

V. Consent Agenda

A. Approve Minutes 2022-11-17 HOMES

Ramon Miguez, PE, motioned for the approval of the Consent Agenda. Todd Furniss, JD, seconded the motion. The motion passed unanimously.

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

The Board received information for the following updates presented by SVP Population Health & HOMES, Christina Mintner. She presented on behalf of Kyla Rankin, HOMES Project Director, who could not attend for personal reasons.

A. Operations Update

Christina Mintner reported on HOMES' open positions. There are 3.5 FTEs posted: nurse, peer navigator, business intelligence specialist, and social worker. EPIC Wisdom, the dental module, went live on December 5th. Christina reported on HOMES' outreach efforts in the community for World AIDS Day and Feast of Sharing. Point of Care HIV testing was provided at World AIDS Day and flu vaccines at Feast of Sharing. The collaboration with the Salvation Army for the Pathways Forward Program is going well. The program places homeless patients who are high ED utilizers in a comprehensive program at the Salvation Army.

B. Management and Finance Update

HOMES has seen 7,696 patients this year, 79% to the annual goal. Christina shared approximately $300,000 of the variance to budget in expenses is not due to HOMES. Several cost centers were retired which caused a discrepancy. HOMES is working with Accounting to resolve the issue. HOMES is approximately $14,000 over budget for the month of December but is not over budget for the year.

The Board asked questions and received additional information related to the unduplicated count goal and funding status.

C. Governance Update

The next HOMES Advisory Board meeting is February 13th, 2023, at Noon. HOMES Advisory Board members attended the Joint Community Advisory Board luncheon.

D. HRSA Compliance Manual Requirements: The Big 20

Christina Mintner reviewed The Big 20 manual.

E. HRSA Compliance Manual Requirements - Chapter 17: Budget

Christina Mintner reviewed Chapter 17: Budget. She reported on the HRSA requirements and how HOMES demonstrates compliance with the HRSA requirements. She referenced the Parkland fiscal year and the HRSA calendar year budget differences but noted HOMES complies with both. The annual budget is submitted to HRSA on September 15th. HRSA provides approximately $3.618 million and Parkland provides approximately $4.8 million each year. Christina reviewed the budget narrative as well.

Next, Christina noted the Annual Training for the Board required by HRSA. She reviewed the requirements and how HOMES demonstrates compliance with the requirements.

The Board asked questions and received additional information related to American Rescue Plan Act Funding.

F. 2023 Point in Time Count
Christina Mintner announced the Point in Time Count scheduled for Thursday, January 26th, 2023. The count is an annual requirement for cities that receive HUD funding to measure the extent of homelessness and to identify trends.

VII. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 12:46 p.m.

SO RECORDED:

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

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – January 2023

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Operations
  - Management and Finance
- Governance
- The Big 20
- Deflection Center Policy update
- HRSA update
- Collaboration updates

Operational Updates

Staffing

- Accepted:
  - 1.0 FTE RN
- Posted
  - 1.0 FTE Peer Navigator

Operations

- Deflection Center
  - Operating hours
- Outreach efforts

Management & Finances – December

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	8177	9665	84%	100%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	2881	2472	409	16.5%	10,158	7379	2779	37.7%
Expenses	$423,376	$637,291	$213,915	33.6%	$1,790,792	$1,827,277	$36,485	2.0%
Charges	$1,784,216	$2,126,071	($341,854)	-16.1%	$6,553,671	$6,345,135	$208,536	3.3%
Revenue	$7943				$19,359			
Commercial	$583				$583			
Medicaid	$5930				$13,418			
Medicare	$1430				$5358			
FTE	59.97				58.34			
FTE - OT	0.84	1.23	0.40	32.2%	.98	1.62	0.64	39.6%

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

Governance

- Next HOMES Advisory Board Meeting:
  - February 13, 2023-12:00pm
  - Hybrid option available

The Big 20

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

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

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

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

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

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

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

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

For additional information on these requirements, please review:

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

HRSA Health Center Program Compliance Requirements – Chapter 15 Financial Management & Accounting Systems

Requirements

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

HRSA Health Center Program Compliance Requirements – Chapter 15

Financial Management & Accounting Systems

PROCEDURE:

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

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

HRSA Health Center Program Compliance Requirements – Chapter 15 Financial Management & Accounting Systems

Policy 8311404: Grant Financial Management

PURPOSE:

To identify and document the process and responsibilities of post-award grants management.

SCOPE:

All Parkland Health & Hospital System ("Parkland") facilities, including but not limited to the Federally Qualified Health Center (FQHC)-Homeless Outreach Medical Services (HOMES) Health Center Program, hospitals, inpatient and outpatient care areas, clinics, and all corporate departments/divisions.

Deflection Center Policy

Dallas Deflection Center Intake POP.HMS.006

- Guidelines for RN intake screening and assessment of individuals at the deflection center

- Updates to the policy
  - Added guidelines for abnormal vitals
  - When to contact provider
  - Required action by RN

Board Approval for Deflection Center Policy

Parkland | Care. Compassion. Community.

Parkland

HOMES Dallas Deflection Center Intake	POP.HMS.006	Published: 01/xx/23
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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. Patients with abnormal vitals as defined below:

a) Systolic blood pressure

- Greater than 150 mmHg
- Less than 95 mmHg

b) Diastolic blood pressure

- Greater than 95 mmHg
- Less than 60 mmHg

c) Pulse

- Greater than 110 bpm
- Less than 55 bpm

d) Temperature

- Greater than 100.5 F
- Less than 95.0 F

e) Pulse Oximeter

- Less than or equal to 92%

Nurse to notify provider on primary clinical days or nurse to call on-call provider when appropriate after hours for further assessment and/or clearing.

f) Hypertension Crisis

- Acute medical symptom(s) or sign(s)/Exacerbation of chronic condition(s)/ Poorly controlled health condition(s)
- Blood Pressure readings of SBP > 180 mmHg and DBP > 110 mmHg

Required Action:

- Nurse will notify/refer to the nearest ED for further evaluation and call 911 if patient is symptomatic
- Nurse will notify provider for ED transfer

8. 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.

9. 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).

10. 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.

11. 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/Standing Order in the EMR

DEFINITIONS:

Workforce member: An officer, board member, employee, volunteer, contractor, vendor, trainee, or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland or a Parkland Affiliate, whether or not he or she is paid by Parkland or a Parkland Affiliate. “Workforce member” also includes all physicians, other members of the medical staff, and non-physician clinical providers, whether or not employed by Parkland.

REFERENCES:

N/A

HOMES Dallas Deflection Center Intake	POP.HMS.006	Published: 01/xx/23
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Appendix A: HOMES Deflection Center Intake/Assessment Workflow

Parkland

HOMES Dallas Deflection Center Intake	POP.HMS.006	Published: 01/xx/23
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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. Patients with abnormal vitals as defined below:

a) Systolic blood pressure

- Greater than 150 mmHg
- Less than 95 mmHg

b) Diastolic blood pressure

- Greater than 95 mmHg
- Less than 60 mmHg

c) Pulse

- Greater than 110 bpm
- Less than 55 bpm

d) Temperature

- Greater than 100.5 F
- Less than 95.0 F

e) Pulse Oximeter

- Less than or equal to 92%

Nurse to notify provider on primary clinical days or nurse to call on-call provider when appropriate after hours for further assessment and/or clearing.

f) Hypertension Crisis

- Acute medical symptom(s) or sign(s)/Exacerbation of chronic condition(s)/ Poorly controlled health condition(s)
- Blood Pressure readings of SBP > 180 mmHg and DBP > 110 mmHg

Required Action:

- Nurse will notify/refer to the nearest ED for further evaluation and call 911 if patient is symptomatic
- Nurse will notify provider for ED transfer

8. 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.

9. 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).

10. 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.

11. 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/Standing Order in the EMR

DEFINITIONS:

Workforce member: An officer, board member, employee, volunteer, contractor, vendor, trainee, or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland or a Parkland Affiliate, whether or not he or she is paid by Parkland or a Parkland Affiliate. “Workforce member” also includes all physicians, other members of the medical staff, and non-physician clinical providers, whether or not employed by Parkland.

REFERENCES:

N/A

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Appendix A: HOMES Deflection Center Intake/Assessment Workflow

HRSA Update

- UDS Reporting
  - Annual report due February 15
    - Patient demographics, services provided, staffing, clinical processes & results, patients' use of services, costs, and revenues
  - HRSA review and corrections-typically mid February to mid March 2023
  - Final data-April 2023

HRSA Update

FY 2023 Expanding COVID-19 Vaccination Funding (ECV)

- $112,000 award
- One time funding over a 6-month performance period
- Amount calculation
  - $47,650 base amount + $9 per patient (2021 UDS data)

Purpose

- Outreach and Education
- Community Engagement
- Coordinated partner events to increase updated COVID19 vaccinations

ECV Funding

- Personnel
  - RNs
  - MPA
  - Community Development Specialist
- Supplies
  - Medical to support outreach events
- Other
  - Fuel for the sprinter
  - Bus passes for fixed site outreach events

- Updates to form 5B and 5C required

ECV Budget

BUDGET NARRATIVE - Expanding Covid-19 Vaccinations			Grant #: H8GCS48378	
FY2023				
Grant Request		**Year 1: Federal Request**	**Year 1: Non-Federal Resources**	**Year 1 Total**
Grant Request		$112,621	$0	$112,621
Total Revenue		**$112,621**	**$0**	**$112,621**
Expenses		**Year 1: Federal Request**	**Year 1: Non-Federal Resources**	**Year 1 Total**
Total Personnel		**$51,986**	**$0**	**$51,986**
Total Fringe Benefits	**24.20%**	**$12,581**	**$0**	**$12,581**
Total Supplies		**$8,280**	**$0**	**$8,280**
Total Other		**$6,464**	**$0**	**$6,464**
Total Direct Charges		**$79,310**	**$0**	**$79,310**
Indirect Charges 42%		**$33,310**	**$0**	**$33,310**
TOTAL		**$112,621**	**$0**	**$112,621**

Board Approval for FY 2023 Expanding COVID19-Vaccination Budget(ECV-H8G)

2023 Point in Time Count

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

Thursday, January 26, 2023

Sock it to 2022

- Goal: collect 10,000 socks
- HOMES UBC in collaboration with PEN Council

Questions?