# Minutes of the Monthly Meeting of the Health Care for the Homeless (HCH) Co-Applicant Board April 13, 2021 | 3:00 pm

# **Location of Meeting:**

The April meeting of the HCH Co-Applicant Board was held by Microsoft Teams/telephone due to the Coronavirus Pandemic affecting the State and Nation. As a result, all votes were conducted by roll call to ensure a clear understanding of the vote.

# **Present at Meeting:**

Name	Attendee Type	On Call
Dianne Clarke	Board Member	$\boxtimes$
Lauren Grimsland	Board Member	$\boxtimes$
Sandra Grosvenor	Board Member	$\boxtimes$
Lt. Zachary Haisch	Board Member	$\boxtimes$
Danielle Husband	Board Member	$\boxtimes$
Sheila Lopez	Board Member	
Jennifer Post	Board Member	$\boxtimes$
Helen Rhymes	Board Member	$\boxtimes$
Maxine Booker	Board Member	
Michael Roscoe	Board Member	$\boxtimes$
Susan Finlaw-Dusseault	Board Member	$\boxtimes$
Kathy Neumann	Board Member - Alternate	$\boxtimes$
Sandnes Boulanger	Board Member - Alternate	
Melissa VanBruggen	Staff/Community Member	$\boxtimes$
Rhonda O'Brien	Staff/Community Member	$\boxtimes$
Dr. Chitra Ravindra	Staff/Community Member	$\boxtimes$
Karen Yatchum	Staff/Community Member	$\boxtimes$
Elisa DeGregorio	Staff/Community Member	$\boxtimes$
Meghan Westbrook	Staff/Community Member	
Lisa Carrillo	Staff/Community Member	$\boxtimes$
Gerni Oster	Staff/Community Member	$\boxtimes$
Ruby Bernard	Staff/Community Member	$\boxtimes$
Jodi Groth	Staff/Community Member	$\boxtimes$
Clark Scott	Staff/Community Member	$\boxtimes$
Tim Burns	Staff/Community Member	$\boxtimes$
Jeannie Baum	Guest – Pending New Board Membership	$\boxtimes$

The regular meeting of the HCH Co-Applicant Board was called to order at **3:03 pm**.

## 1. Chairman's Report

# I. Declaration of Conflicts of Interest:

No conflict of interests to declare.

## II. Approval of Minutes:

**Motion/Vote** to accept the Co-Applicant Board Minutes from the meeting on March 3, 2021 Meeting:

Member/Alternate	Motion	Second	Yay Vote	Nay Vote	Abstain
Dianne Clarke		$\boxtimes$	$\boxtimes$		
Lauren Grimsland			$\boxtimes$		
Sandra Grosvenor			$\boxtimes$		
Lt. Zachary Haisch			$\boxtimes$		
Danielle Husband			$\boxtimes$		
Jennifer Post			$\boxtimes$		
Helen Rhymes			$\boxtimes$		
Michael Roscoe			$\boxtimes$		
Susan Finlaw-Dusseault	$\boxtimes$		$\boxtimes$		
Kathy Neumann			$\boxtimes$		

The motion was **unanimously** approved.

# III. Community Input (if applicable)

No community input to discuss.

# IV. <u>Co-Applicant Board – New Members/Recruitment/Resignations:</u>

**Motion/Vote** to accept the application for Board membership from Jeannie Baum of the Tarpon Springs Shepherd Center:

Member/Alternate	Motion	Second	Yay Vote	Nay Vote	Abstain
Dianne Clarke		$\boxtimes$	$\boxtimes$		
Lauren Grimsland			$\boxtimes$		
Sandra Grosvenor			$\boxtimes$		
Lt. Zachary Haisch	$\boxtimes$		$\boxtimes$		
Danielle Husband			$\boxtimes$		
Jennifer Post			$\boxtimes$		
Helen Rhymes			$\boxtimes$		
Michael Roscoe			$\boxtimes$		
Susan Finlaw-Dusseault			$\boxtimes$		
Kathy Neumann			$\boxtimes$		

The motion was **unanimously** approved.

# V. <u>Unfinished Business/Follow Up</u>

Elisa DeGregorio advised she mailed the letter to Valerie Leonard thanking her for her service to the Board.

## 2. Governance/Operations

## I. Operational Site Visit Update:

Elisa DeGregorio asked the Board to provide feedback on their experience and how they felt the meeting(s) went with the reviewers. Dianne Clarke stated she was impressed with how well it went and thanked the team for everyone's hard work. The preparation work was organized, professional and complete making it easier for HRSA to conduct the review. The reviewers were extremely detail oriented and thorough. Susan Finlaw-Dusseault echoed Dianne's sediment. Lauren Grimsland added that she felt well prepared for what the reviewers would be asking.

Elisa provided a summary of the Findings/Final Report/Conditional Response Opportunity (CRO) and explained that of the 95 total elements reviewed, we only had to five (5) to correct. Overall, it went well and we had very fair reviewers that provided us the opportunity to explain and provide additional supporting documentation where appropriate. Elisa presented and provided a copy of the site visit report in the Board packet noting that the highlighted areas were those out of compliance and needing correction. Under Board Authority, QI/QA updates and detailed financial/budget information will be provided to the Board monthly/quarterly to discuss at meetings as reflected in this month's agenda.

- a) The language in the DOH contract agreement was updated to include how referrals for Column III specialty services are made and paid for. An MOU was created with CHCP for referrals for well-child services. Updated copies of the executed agreements were included in the Board packet.
- b) Policy Manual revisions needed to address the following discrepancies were provided in the Board packet and explained in detail:
  - Additional language citing 45 CFR 75 Subpart E: Cost Principles for procurement requirements
  - Removal of language regarding waived/reduced fees based upon the 200% poverty level and/or homelessness

**Motion/Vote** to accept the changes to the policy manual as presented:

Member/Alternate	Motion	Second	Yay Vote	Nay Vote	Abstain
Dianne Clarke			$\boxtimes$		
Lauren Grimsland			$\boxtimes$		
Sandra Grosvenor			$\boxtimes$		
Lt. Zachary Haisch		$\boxtimes$	$\boxtimes$		
Danielle Husband			$\boxtimes$		
Jennifer Post			$\boxtimes$		
Helen Rhymes			$\boxtimes$		
Michael Roscoe			$\boxtimes$		
Susan Finlaw-Dusseault	$\boxtimes$		$\boxtimes$		
Kathy Neumann			$\boxtimes$		

The motion was **unanimously** approved.

## II. MMU Procurement Update

Elisa DeGregorio reported the procurement process is continuing to move along. Vendors were given then opportunity to present examples of vans they have created. We are in the process of creating the RFP and spelling out the bid requirements. Specific timeline is unknown, but the intention is to have this step completed by the end of the fiscal year.

## III. <u>Bayside Expansion/Generator Update</u>

Elisa DeGregorio provided updates on the two (2) capital projects in process:

- 1. Generator Replacement The project is complete and moving to a closeout phase. We are finalizing documentation and invoices.
- 2. Bayside Expansion The architect is in the process of drafting the 90% documents for review. They are expected to be received at the end of the month so we will complete our review in early May so the architect can proceed with the 100% drawings. The next step in the process will be the permit phase and preparing for the bid process, which is anticipated to take three (3) months. Groundbreaking should begin in the Fall.

Lt. Haisch asked for prior notification of when there may be a disruption to the parking lot. Elisa advised that he will be kept up to date on that as we move into the construction phase.

## IV. <u>Telehealth Updates:</u>

Ruby Bernard reported that the service has been tested through EHR and the wireless connectivity is complete. The next phase is to allow locations outside of the clinic to participate in telehealth. Ruby Bernard added that a mock check-in was conducted at Bayside. As a result, the iPads are being updated with corrected forms and BTS is working on a virtual/NextGen issue with Lynn's computer. The next step is to schedule a meeting with Tarpon Springs Shepherd Center to work out the process there with check-ins, communication and ensuring electronics are up to date.

#### V. Staffing/Vacancies Update:

Ruby Bernard shared there are five (5) vacancies. DOH is looking to fill two (2) right now and are conducting interviews for APRN and COVID nurse. They currently have 16 staff shared between MMU and Bayside at the moment, with Lynn as the virtual provider. Operations are working out well overall.

# VI. MMU/Bayside Clinic Calendar:

Ruby Bernard reported that the Mobile Medical Unit is currently operable and going to locations as planned.

## 3. Fiscal

#### I. Financial Reports

<u>Revenue:</u> Clark Scott presented the monthly financial report. He explained the income statement is published on a cash basis, so the expenditures are updated frequently as funding goes in/out. The report includes COVID/CARES funding and supplementals. The HCH program received over \$900 in Medicaid funds. LIP funding far exceeded the budget, which is a good thing, as it only reflects one (1) year worth of revenue instead of the four (4) we recently received.

<u>Expenses:</u> DOH has billed us through Dec 2020 but should be catching up soon. The intergovernmental charges are typically MMU repairs. Clark noted that an error on the expenditure report for CARES Act funding is in the "other" category - \$80,000 of the \$103,000 will be corrected for next month.

Annual Audit (2019 & 2020) – The vOSV reviewers asked that the Board receive a copy of the 2019 annual audit. It is approximately 200 pages, so Elisa provided a link in the meeting packet. The 2020 audit was just released last week. No findings related to HCH in 2019 or 2020. The audit was focused heavily on COVID funding, so none of the Human Services or Community Development grants were reviewed by the single audit reviewers.

## II. Hypertension Grant

Elisa DeGregorio provided an overview of the grant initiative and the challenges currently faced. The funding is approximately \$110,000 for staff, self-monitoring blood pressure (SMBP) devices and EHR support for the integration of the data collected from the devices into the patients' health records. A requirement of the grant is to provide 50%+1 of patients that have a hypertensive diagnosis with a personal tracking device. In 2019, we had 802 patients that would qualify, so the target number for our initiative is 402. This equates to 134 patients per year for a 3-year period.

A lengthy and thorough discussion was conducted to weigh the options of continuing to move forward with the initiative or to decline the grant award and de-obligate the funds back to HRSA. Elisa added that if we were to relinquish the funds, we could look at other funding streams to still address quality improvement strategies to serve our hypertension clients.

# **Challenges Presented:**

- Our EHR vendor NextGen initiated a pilot program to integrate devices like this into the
  patients' health records. We asked if we could participate in the pilot with the hypertension
  initiative. Since it is in the early stages, NextGen wants to test the devices and gather feedback
  from the patient participants. A concern with this pilot is that it has not been rolled out yet and
  there will likely be "bugs" to be worked out along the way. We would also need to develop a
  manual workflow for the data to be integrated into the patients' records should the automated
  system go down.
- Another concern is the number of qualifying clients willing to participate and provide feedback.
   In 2020, we had 771 patients that would qualify, which is 31 less than the previous year. If the number of patients continues to decline, there may be challenges with finding enough who have to access to an internet connection to utilize the devices and are willing to participate in the program to meet the goal HRSA has imposed.

## Board Questions/Comments/Discussion:

Dianne Clarke asked if there are any consequences for not reaching the goal, or any
repercussions for giving the funding back - like being overlooked for future funding? Elisa
DeGregorio stated that we have not spent any funds yet, so we would not have to repay
anything. The funds would just get de-obligated back to HRSA. We have remained in good

- standing with HRSA on reporting for other programs, so we would likely remain eligible for future funding.
- The question was asked if there is any flexibility in the goal number of patients? The NOA is pretty clear that the expectation is "a majority" defined as 50%+1, but staff will confirm with HRSA.
- Dianne Clarke asked if staff could provide their recommendation for keeping or returning this funding? Elisa DeGregorio stated that we really cannot say yes or no just present the challenges and options to the Board. We will do our best to make anything work but there is a risk of not meeting project goals. Rhonda O'Brien added that some of the diabetes program challenges we've overcome (to be shared later in the meeting) could be utilized for this hypertension initiative as well.
- Gerni Oster added that it sounds like our vendor, NextGen, may not be ready for this type of project. HRSA is aware of this concern and advised that the integration into the health record does not have to be automatic it could be done manually.
- Helen Rhymes asked if the Board could hear the diabetes information before voting.
  - Jodi Groth presented the clinical quality measures (pg 171 in the Board packet). The diabetes goal was to be under 40% and we just missed that target at 41%.
  - Rhonda O'Brien provided the explanation that the clients with A1C>9 are typically not doing well, so they were the target population. In 2019, 47.9% had A1C>9, so we improved by 7% which is good considering the decrease in appointments due to COVID. Gerni Oster is the lead of the diabetes action plan and worked to improve this percentage by following best practices related to the number of times that patients are being seen by the provider (2-4 visits per year) to keep their health under control. Patients were educated on how to do self-management and what information to record to stay on top of their condition and drive the treatment plan themselves. They asked clients to share realistic goals to make small steps in the right direction. Staff were diligent to help clients not miss appointments and utilized strategies of changing the culture of treating clients with chronic conditions to be a more proactive approach.
  - Dianne Clarke asked for the actual number of diabetic clients that have A1C>9 in 2020 = 93/223.
  - Helen added that she recognizes that hypertension and diabetes often go together.
     Patients do better with having some control and confidence in doing some things themselves. If we could do this with diabetes, we could possibly do it with hypertension as well.
- Dianne Clarke expressed concern about the target number of clients and asked if the ultimate goal was to reduce the number of clients with hypertension by a certain percentage? Since clients would have to sign/agree to participate, we would likely need to ask 200 or so people in order to get the 134 we are looking for. Elisa advised we are not tied to a clinical performance measure/goal to reduce by a particular number or percentage for this grant.
- Lauren Grimsland asked if we could get clarification from HRSA on what the consequences are for keeping the award and not reaching goals, or giving the funding back, before we vote? Elisa stated we can certainly ask HRSA any questions the Board has to help make the decision.

- Susan Finlaw-Dusseault asked if there was a deadline to make this decision? Elisa advised that HRSA has been persistent with following up on the status of our project. We have asked for several extensions to discuss this further internally and with the vendor and have only received approximately one week at a time. We currently have until 4/16/21 to notify HRSA of our intentions but don't want to force any decisions on the Board before they are ready to make them. Lauren Grimsland asked if the Board could vote by poll to not have to wait until the next meeting? Elisa will check bylaws to see if that is an acceptable way to vote.
- Helen Rhymes stated that her biggest concern was not meeting the goals and asked if the
  Board could vote contingent upon HRSA's response to their questions about penalties? Susan
  Finlaw-Dusseault agreed to base vote on HRSA's response to the Board's questions. Finding out
  what doesn't work can be just as valuable as finding out what does work, so moving forward
  and missing the goal may not be bad if there aren't any repercussions.
- Dianne Clarke added that when we serve a lot of people like we do, 50%+1 can be a difficult number to meet. She would rather give the money back as a good steward and find another way to address the hypertensive patients. Being up front and honest may be better than trying and failing if we already have concerns about the outcomes.
- Lt. Haisch asked that, if we reject the money, we explore alternative ways to address this population. Elisa reminded the Board that we do have other funding sources that we could use for hypertension initiatives.
- Susan Finlaw-Dusseault added that it sounds like regardless of this funding, we will continue on with some sort of hypertension initiative and that she would support staff making this decision on behalf of the Board based upon HRSA's response to the questions.

**Motion/Vote** for Human Services staff to ask HRSA the questions posed by the Board and request a one-month extension to provide time for review and discussion at the next Board meeting on May 11<sup>th</sup>. If the additional time is not granted by HRSA, the Board empowers Human Services staff/Project Director to make the best decision based upon HRSA's response to the questions:

Member/Alternate	Motion	Second	Yay Vote	Nay Vote	Abstain
Dianne Clarke			$\boxtimes$		
Lauren Grimsland			$\boxtimes$		
Sandra Grosvenor			$\boxtimes$		
Lt. Zachary Haisch			$\boxtimes$		
Danielle Husband			$\boxtimes$		
Jennifer Post			$\boxtimes$		
Helen Rhymes		$\boxtimes$	$\boxtimes$		
Michael Roscoe			$\boxtimes$		
Susan Finlaw-Dusseault	$\boxtimes$		$\boxtimes$		
Kathy Neumann			$\boxtimes$		

The motion was **unanimously** approved.

#### III. Dentures Program

Elisa DeGregorio presented an overview of the dentures program, which is funded by County dollars - not a grant. There are currently 27 more clients in process of completing the program – 15

are HCH, the rest are PCHP. The DOH requested to move approx. \$25,000 from lapse dental encounter funds to support the additional clients on the dentures wait list as well as future clients. The cost is about \$542 to do upper/lower, so with this additional funding an additional 24 clients could be seen.

The general consensus of the Board was YES. No official vote needed.

### IV. Notice of Awards:

Elisa DeGregorio presented two (2) NOAs (H8ECS38958; H8DCS36100) which are no-cost extensions through 10/31/21 for two (2) of the three (3) current CARES Act funding streams.

Motion/Vote to accept the CARES Act no-cost extension NOAs:

Member/Alternate	Motion	Second	Yay Vote	Nay Vote	Abstain
Dianne Clarke					$\boxtimes$
Lauren Grimsland			$\boxtimes$		
Sandra Grosvenor			$\boxtimes$		
Lt. Zachary Haisch		$\boxtimes$	$\boxtimes$		
Danielle Husband			$\boxtimes$		
Jennifer Post			$\boxtimes$		
Helen Rhymes	$\boxtimes$		$\boxtimes$		
Michael Roscoe			$\boxtimes$		
Susan Finlaw-Dusseault			$\boxtimes$		
Kathy Neumann			$\boxtimes$		

Dianne Clarke abstained from the vote due to Operation PAR receiving funds from this grant award. The motion was **unanimously** approved.

Also presented was the new grant award for American Rescue Plan funding (H8FCS41623-01-00), which provides \$1,567,000.00 to the HCH Program for a 2-year period of performance.

Motion/Vote to accept the American Rescue Plan NOA:

Member/Alternate	Motion	Second	Yay Vote	Nay Vote	Abstain
Dianne Clarke	$\boxtimes$		$\boxtimes$		
Lauren Grimsland			$\boxtimes$		
Sandra Grosvenor			$\boxtimes$		
Lt. Zachary Haisch			$\boxtimes$		
Danielle Husband			$\boxtimes$		
Jennifer Post			$\boxtimes$		
Helen Rhymes		$\boxtimes$	$\boxtimes$		
Michael Roscoe			$\boxtimes$		
Susan Finlaw-Dusseault			$\boxtimes$		
Kathy Neumann			$\boxtimes$		

The motion was **unanimously** approved.

Elisa provided an overview of the initial brainstorming session between PCHS and DOH for potential uses for this funding and asked for the Board's feedback. Preliminary ideas include implementing a street medicine program for approx. \$850,000; purchasing a second MMU van or even a third to

be used solely for dental services; renovation/alteration of the existing exam rooms in the clinic once the expansion is complete (furniture, telehealth equipment, etc.). This funding could also support a hypertension initiative if we decide to return the other funding dedicated to that purpose. The budget is due to HRSA at the end of May, so more details/numbers will be presented at the May Board meeting for discussion.

Helen Rhymes and Jennifer Post agreed with the initial ideas. Jeannie Baum asked about the conclusion of free bus rides. Most clients prefer to take a bus to Bayside but that may change when free rides end. Tim Burns added that June 6<sup>th</sup> is the planned date, so we will be revisiting bus passes with PSTA as well.

## V. New Funding Opportunities:

No new opportunities at this time.

#### 4. Clinical

## I. Quarterly Dashboard Review (CY2020)

Jodi Groth presented the CY 2020 dashboard. This information will be presented quarterly (cumulative to date) moving forward.

Active Clients/Medical Encounters: There were 5,739 clients active in HCH. 43% of those had a medical encounter, 14% had a dental encounter. There was a 33% decrease in new/reengaged clients from 2019 to 2020. 4,303 medical encounters – a 41% decrease from 2019. 1,924 clients – 35% decrease from 2019. She noted that March 9, 2020 was the date of the first Pinellas county COVID positive case so there will be changes in numbers following that date, and that "Active Clients" are those who are signed up for a blue card for HCH, not necessarily ones who had a medical visit. Calendar YTD average was 2.5 encounters in 2019, and 2.2 encounters in 2020. Rhonda O'Brien explained that patients basically stopped coming in March 2020. That paired with staff testing positive for COVID, statutes for restrictions on procedures, and the MMU being out of service quite a bit, decreased the number of services provided.

<u>Dental:</u> There were 2,756 encounters – a 27% decrease from 2019. 717 clients with encounters – a 24% decrease from 2019

<u>Specialty Care:</u> There were 5,229 referrals – a 2% decrease from 2019. 1,541 – 6% decrease from 2019; 1,220 with at least one follow-up.

<u>Substance Use Services:</u> 156 SUD, 102 Opioid; 1,633 total services

Mental Health Services: 463 unduplicated clients; 1,182 clinic, virtual, 3,282 total visits. 192 clients with case management, 1,085 services

<u>Quality Improvement/Assurance:</u> Information was presented earlier in the meeting by Rhonda O'Brien (see Hypertension discussion).

No show rate went down in 2020. Patient Satisfaction Surveys will be presented quarterly moving forward since the data doesn't change much month to month.

#### II. COVID-19 & Homeless:

Due to time constraints, no updates were provided.

## III. HCH Client Trend Reports

Due to time constraints, no updates were provided. The medical and dental reports were included in the meeting packet and can be reviewed at everyone's leisure.

**Tarpon Springs Shepherd Center/3-month Pilot Review (Feb-April)** – This topic will be revisited at the next meeting so Board can review and discuss. Karen Yatchum added that we are still trying to move forward with telehealth there to have a full complement at that location.

# 5. Other Updates

# I. HCH Monthly Email Newsletter:

Due to time constraints, no updates were provided. Newsletter can be reviewed in the meeting packet.

#### 6. New Business:

No new business to discuss.

The meeting was adjourned at **5:24 pm**.

The next meeting will be held at 3:00 pm on Tuesday, May 11th, 2021.