

**Minutes of the Monthly Meeting of the
Health Care for the Homeless (HCH) Co-Applicant Board
July 10, 2018 | 3:00 pm**

Location of Meeting:

Juvenile Welfare Board
14155 58th Street North
Clearwater, FL 33760

Present at Meeting: Richard Peete¹, Valerie Leonard¹, Sandra Grosvenor, Mark Dufva, Sgt. Debra Knighton, Jerry Wennlund, Dianne Clarke, Theresa White, Jennifer Post, Helen Rhymes, and Sheila Lopez (phone). Staff and community members present: Rhonda O'Brien (phone), Dr. Ravindra (phone), Deana Lindsay, Daisy Rodriguez, Melissa VanBruggen, Anita Russell, and Meghan Lomas. (¹Consumer, ²Alternate)

The regular meeting of the HCH Co-Applicant Board was called to order at 3:05 pm.

I. Chairman's Report

- i. **Conflicts of Interest:** Board members were requested to review the agenda for any items that may contain potential conflicts of interest. Ms. Rodriguez reminded members that if a potential conflict is identified during the meeting, it may be presented at that time. **Dianne Clark indicated she has a conflict of interest with regards to the funding opportunities to be presented. She will recuse herself from votes on these items.**
- ii. **Approval of Minutes:** Theresa noted a missing "h" in her name, Meghan acknowledged it will be updated. A motion to approve the June meeting minutes was made by Dianne Clark and seconded by Jerry Wennlund. The Board **unanimously approved** the minutes.
- iii. **Co-Applicant Board Member(s):** Daisy thanked everyone for their involvement in the Board. She reiterated the importance of seeking to reach out to and seek involvement from consumers.

Meghan informed the Board after the last meeting that Rhonda Abbott opted to step down from the Board. She was a community member without an alternate.

iv. **Unfinished Business/Follow-Up:**

- a. **E-App:** Anita spoke to the E-App training. Pinellas County initiated the electronic application on December 11, 2017. Two months ago Human Services (HS) staff began going out to train partners on the process. Staff have been out to Pinellas Hope and PEMHS, spoken with HEP and will follow up with SVdP (Sheila). There has been no follow up from ARC. Anita informed the Board there will be a transition away from the out-posted HS staff member at Pinellas Hope in light of the E-App and the facility's staff being trained on the process. Anita inquired if Safe Harbor would be interested in training. Sgt. Knighton indicated she would follow up with Lt. Haisch and contact Anita after communicating with the Lt.

Anita shared the process for a client to complete the E-App takes, on average, 17 minutes. The flow for the application process includes 1 business day for HS staff to assign the application to a Case Manager. The Case Manager has two business days to follow up with the client and request additional information. The whole timeline from application to

enrollment can be anywhere from 3 to 30 days. HCH enrollments can be done same day – depending upon individual circumstances.

Dianne inquired about the ability for detox clients to utilize the E-App. Meghan informed the Board this conversation has occurred with PAR staff and the issue with this is client access to email. Email access is necessary on the client's part to activate the account, a link is emailed to the address and needs to be clicked within 90 minutes. The email address is utilized in conjunction with a client defined password to access the system to updated an application that has been started, report any changes that may occur during enrollment and to recertify. Detox clients do not have email access, thus this limits the opportunity. Anita noted WestCare utilized a workaround in which their staff maintain an Excel file to provide the clients enrollment information upon their release.

Daisy wanted to reiterate that while an E-App is preferred, paper applications are still accepted.

- b. **MMU Staff Participation at HCH Co-Applicant Board Meeting:** Deana indicated that with new staff and Amy on vacation, a staff member was not available for participation today.
- c. **Request for Shelter Staff to Obtain Appointment Info:** Daisy summarized where this process stands: Pinellas County has business associate agreements (BAAs) with sites and Deana compiled a draft policy. The concern at this point is that HEP is the only site that indicated to Deana they had a secure fax that could be used to transmit the information. Security is the concern currently, some sites staff do not have agency emails or access to a secure fax machine. Sheila noted that John (Director of the Center) has a fax machine. She will confirm it is secured and will provide the number to Deana.

Jennifer noted that Adobe can encrypt a file to be emailed and DOH could provide the sites a set password. Per DOH – this is not currently an allowable option for their organization.

Upon conversation, Pinellas Hope has the ability via email; Salvation Army has yet to respond to Deana; Sheila (SVdP) will verify ability; SVdP Soup Kitchen does not have a fax or agency email; ARC has yet to respond to Deana; HEP is able to receive secure faxes at (727)441-2408.

Next Steps will be to implement with the van and seek desire at Safe Harbor. Conversations included the thought that at some point in time Safe Harbor was receiving/assisting with rounding up clients. Deana to follow up.

Theresa noted HEP utilizes Movelt for dental – Melissa explained this requires an agency issued email address and won't work for places that utilize personal accounts.

Partial implementation is anticipated for Monday, July 16th (will fax Friday to HEP for Monday's schedule)

II. Governance/Operations

- i. **Integration of Primary & Behavioral Health Care Conference Overview:** Deana discussed the conference and her takeaways. She enjoyed the breakout sessions, which provided essentially two separate conferences. Speakers were all working in the fields they talked about. Whole person care needs to step beyond the thought that mind and body should be separated and there should be one whole "care team." One of the topics touched on was emotional health and incorporation of

motivational interviewing. Most presenters came from sites where physical and behavioral health were all located on one site or within one facility. Treatment teams “staffings” of clients used the premise that clients don’t want to keep telling the same story to more than one provider. Consideration of it all as physical health, providers can never only focus on their “piece” of the body.

Valerie inquired why HCH can’t do this? Not all providers are in one building, teams that were discussed at the conference all met in person and the topic of telehealth was not touched on. Daisy brought up the morning huddles (PCMH) as an opportunity to discuss some of these items. Mark Dufva asked about huddles with van staff and site staff, is it possible? He has concerns now that BayCare staff are not “following” the van. Deana confirmed that the huddles occur in the morning and afternoons at Bayside and in the morning for the can. Theresa inquired if the HEP Wellness Navigator could join the van huddles on Mondays? Daisy will take back and follow up. Melissa discussed provider may help. Mark Dufva inquired about the Case Managers at Pinellas Hope being a part of the huddle discussion. The release of information utilized for CABHI was discussed with regards to the communications on clients. Helen Rhymes discussed staff taking into consideration individual barriers of clients. Further, if clients fully take into consideration the details with regards to the release of informed client consent. Sandra Grosvenor discussed in their role it is difficult with the “grey” area between balancing good health care with safety with minimal necessary information for care coordination. Dianne Clarke brought up each profession has a code of ethics to respect patients’ rights.

- ii. **National Health Center Week:** August 12th – 18th is Health Center Week. Wednesday, August 15th is HCH day. Sought ideas on how to share. Dianne inquired about a toolkit with items for partners to share via social media.
- iii. **MMU/Bayside Clinic Calendar:** Deana presented the calendar for July. The staff meeting on July 16th will cause a break in services. The van is back in service, not anticipated to be out until October. Daisy reminded the Board the van was out for two weeks to get wiring and connectivity upgrades.
- iv. **Patient Satisfaction Survey Results/Benchmarks:** Deana walked through the Client Satisfaction Survey results. Dianne Clarke inquired about #4 and how the numbers by site don’t add up with total MMU. Noted that clients don’t always indicate the site they were seen. Melissa discussed adding an “unknown” group to the survey results. Rhonda to include “unknown site” for the summary report. Is there an opportunity to use different color forms for different MMU sites? Deana indicated that there are different colored forms for new vs. established patients. Dianne inquired as to why Bayside has less favorable responses? Deana indicated that with MMU’s close quarters there could be an impact of staff presence. Daisy inquired if we could follow up with clients who put their name and indicate “never”? This would probably be better received if there is a checkbox/disclaimer on the survey indicating staff can follow up. “ OK for a staff member to follow up/contact you” Survey benchmarks are included on the QI Team’s August agenda

Discussion around questions 6 and 8 which relate to the earlier discussion on integration of care. Is/are client(s) coming back to receive the follow up information? Deana indicated clients want to follow up over the phone, which DOH does not do. Dr. Ravindra indicated it is DOH’s policy to not follow up with lab results over the phone. Dianne inquired as to how many clients do not come back for lab results? Dr. Ravindra shared this tends to show up in the no-show rates. Rhonda discussed HRSA requires health centers to discuss results with patients, good or bad. Helen inquired should HCH call when they get the results back and ask clients to schedule at that point? The struggle with this is reaching the client, the clinic tries to schedule when a client exits the facility.

Rick indicated there is a lot of mistrust between the homeless and the “system” which may lend to the program engaging peers to engage the clients in their healthcare and connection to care. Theresa discussed the Wellness Navigator does a lot of this at HEP and develops a rapport with the client.

III. Fiscal

- i. **Notice of Awards:** No new notices of award.
- ii. **New Funding Opportunities:**
 - a. **Ideas to Implementation:** For informational purposes, Meghan shared that as part of attending the National Health Care for the Homeless Conference there was an Ideas to Implementation opportunity. A submission for technical assistance was made to discuss the potential of incorporating tele-behavioral health into the clinic.
 - b. **Carryover:** Meghan shared the request for carryover. The submission is included in the packet. **Dianne Clarke recused herself from the vote.** A motion was made by Jerry Wennlund to approve submission of the carryover request, which was seconded by Helen Rhymes. The Board **unanimously** approved the motion.
 - c. **Substance Use Disorder-Mental Health (SUD-MH) Supplemental Funding Opportunity:** Meghan discussed the funding opportunity and the HCH’s proposal to utilize funding to provide a pilot program for two PAR staff to work with St. Anthony’s Hospital’s Care Coordination Team to connect clients/potential clients that show up in the hospital to MAT services. **Dianne Clarke recused herself from the vote.** A motion was made by Jerry Wennlund to approve submission of the SUD-MH funding request, which was seconded by Valerie Leonard. The Board **unanimously** approved the motion.
 - d. **Service Area Competition (SAC):** Meghan discussed the SAC – every three years the HCH needs to submit a competitive application for funding. It was inquired if there is any competition? There is none known, but there is always the opportunity for another entity to apply. **Dianne Clarke recused herself from the vote.** A motion was made by Jerry Wennlund to approve submission of the SAC, which was seconded by Helen Rhymes. The Board **unanimously** approved the motion.

IV. Clinical

- i. **Medical Executive Committee Meeting Minutes:** Rhonda discussed the Medical Executive Committee. Five (5) providers were approved for credentialing and privileging.
- ii. **HCH Client Trend Reports:** Deana presented the trend reports.

Medical: Total YTD unduplicated patient population is down 81 from the previous year. Although there were less unique patients, there were more qualified encounters (141). Discussion of the hours the van is at HEP? The van breaks down at 4:30.

No-Show Rates: YTD is 32%

Dental: 159 patients with 276 encounters – a majority at Bayside although some go to other sites. Bayside is the only site for dentures, which is why some PCHP clients are seen there.

V. Other Updates

- i. **HCH Monthly Email Update/Newsletter:** The newsletter continues to go out. A copy is included in the meeting packet. Please share any additional items that may be of use to our clients and partners with Elisa.
- ii. **New Business:**
Valerie inquired if HCH will share hurricane information again as they did last year? Will include with next newsletter.

Daisy asked Meghan to follow up minutes with an action items email after the meeting.

Meghan noted the dashboard was to be included, but the file was corrupt and staff were unable to complete before the meeting. This will be shared with the Board when available.

The meeting was adjourned at 4:58 pm.

The next meeting will be held at **3:00 pm on Tuesday, August 14, 2018, at JWB.**