

Florida Parishes Human Services Authority Administrative Office
Minutes of the Online Governing Board Meeting
April 24, 2020

** In Light of the spread of COVID-19, Governor John Bel Edwards issued Proclamation Number JBE 2020-30 on March 16, 2020 that provided for all state agencies, boards, and commissions, and local political subdivisions of the state to allow attendance at essential governmental meetings via teleconference or video conference during the pendency of this emergency. **

(Source: <https://www.ag.state.la.us/Files/Article/9743/Documents/AmendedOpenMeetingsGuidance.pdf>)

Dr. Genesa Garofalo Metcalf, Board Chair, called the meeting of the Florida Parishes Human Services Authority (FPHSA) Online Governing Board to order at 9:35 a.m.

Rebecca Soley conducted a roll call. A quorum was established.

Attendees

Governing Board: Liz Gary; Timothy Lentz; Genesa Garofalo Metcalf, M.D; Mona Pellichino; Gary Porter; and Carol Stafford

Absent: David Cressy; Danielle Keys; and Cheryl Smith

FPHSA Staff/ Guest: Richard Kramer, Executive Director; Rachelle Sibley, Chief Operating Officer; and Rebecca Soley, FPHSA/Executive Administration

Prayer was offered by Rev. Porter.

Agenda/Consent Agenda

Dr. Metcalf extended an offer for additional agenda items or revisions to the agenda.

Mr. Lentz made a motion requesting that "Compensation for Emergency Assistance" be added to the agenda under Board Business; seconded by Ms. Stafford.

The motion passed unanimously.

Ms. Pellichino made a motion to adopt the agenda as amended; seconded by Ms. Gary.

The motion passed unanimously.

Excused Absences

There was no request submitted for an excused absence.

Approval of Minutes

Mr. Lentz made a motion adopting the February 19, 2020 minutes as written; seconded by Ms. Pellichino.

The motion passed unanimously.

Public Input

Dr. Metcalf welcomed all in attendance and extended an opportunity for public input.

Executive Director Report

Mr. Kramer provided a copy of the Executive Director's Report for April to members of the governing board. He outlined the following:

1. **COVID-19 Update** – The biggest point for discussion this month is the agency's response to the Covid-19 pandemic. After several weeks of continuously coming up with new plans only to have to revise them a day or two later it seems that we have settled into a good rhythm with our current plans. The safety of our clients and staff are of utmost importance to us and I believe that the steps that we have taken have been successful in ensuring health and safety by both limiting the spread of covid-19 while also being able to continue providing essential services to protect against poor outcomes related to the conditions for which we are serving our clients. In mid-March we implemented a plan to have the majority of staff work from home each day, where possible, with only a skeleton crew in the office. This, naturally, is not the case with our residential program which can only be provided in person. Most staff rotate through the office at least one day a week so that paperwork, filing, or other tasks that can't be accomplished virtually may be completed. Their days in the office are staggered so that we will always have some presence in the office but that those who are in the office can isolate from others. All meetings, even those that include two or more staff members who might be in the building on the same day are now being conducted virtually. Additionally, we have implemented a screening process for anyone entering our buildings that includes questions about symptoms or contacts with people who may have had the virus as well as temperature checks. We have distributed hand sanitizer and PPEs as appropriate and have increased the scope and frequency of our cleaning contracts. We have had, to date, two employees test positive and a handful who suspected they were infected receive negative results. We did not have a spread to any clients or staff in any of these cases so this is a good indication that our telecommunications and distancing measures have been effective. I and the rest executive team meet via videoconference every morning for an update of the situation and to problem solve any issues.
2. **Medicare and Medicaid Temporary Service Measures**: Due to the impact of this pandemic across the nation the Centers for Medicare and Medicaid Services have approved several temporary measures to facilitate ongoing provision of services while continuing to practice social distancing. All outpatient behavioral health services including individual therapy, group therapy, screenings, assessments, and med checks are being handled virtually either via Zoom or telephone. We have purchased Zoom accounts for all of our outpatient staff and are managing all appointments through that product. It has been made clear to all staff that the use of videoconferencing is preferable to the use of voice only services and video is being used except

in cases where the client is unable to do so. Unfortunately, our clients are generally low income and low resourced and may not always have access to the technology needed to participate via video. We have instituted a workflow to process what would have been “walk-in” clients in the past so we are still accepting new clients throughout this crisis. Several of our clients receive some of their behavioral health medications through monthly injections. In order to maintain these individuals on their current medications we have designated one day per week for injections at each location and scheduled all injections for the respective locations accordingly. A process was established to minimize contact with any staff besides the nurse giving the injection while both the nurse and the client wear personal protective equipment to minimize the chance of any spread of infection.

3. **Residential Treatment Service Measures:** In order to implement appropriate social distancing measures and due to extreme staffing shortages we have had to limit our census at the residential program. It is important that it continues to operate because the people that it serves are at great risk for overdose and other poor outcomes if they qualify for that level of care. That being said, it is also important that we limit the possibility that covid-19 is introduced into the residential setting as the communal living situation and common chronic conditions that are present have potentially catastrophic results. In addition to limiting the census we have implemented and enhanced medical screening process and are working with a local provider to have new admits tested with rapid tests prior to admission. Additionally, all new admits are required to wear masks for their first 14 days on the unit except when alone in their bedrooms. All staff and other clients are also encouraged to do wear masks when on the unit as well. Any client who exhibits symptoms of covid-19 will be immediately tested and quarantined away from others until a result can be obtained. Any group therapies or other activities are done with proper PPEs worn by participants and using appropriate social distancing. Meals are currently not being eaten communally and are instead being eaten in the client bedrooms.
4. **Premium Pay Proposal:** Because the residential staff are required to work in a setting where there is greater risk of contact with infected individuals than many of our other positions as a part of their job duties I have drafted a proposal to Civil Service to allow for a temporary approval for a premium pay to be added to their regular hourly rate throughout the height of this crisis. At the moment this is not something that I expect we will get reimbursed for but we have funding available through escrow and it is the right thing to do to compensate the staff who are reliable and make themselves available to work while others are able to shelter at home or work in isolation. In addition to the staff at the residential unit, nurses who will be giving injections will receive the pay on the days that they are engaging in direct patient contact. We expect approval from Civil Service by some time next week.
5. **DDS Updates:** The Developmental Disabilities section is able to continue performing most functions from home as if they were in the office. Home and PASSR visits have been suspended and approvals are being based on the information available at the time. It has been directed by Ms. Monetta, and supported by me, that no one should receive any denials or terminations for any reason during this period as we cannot know how much the pandemic might have impacted their ability to comply with regulations and will give them the benefit of the doubt until things normalize. I would prefer that we give someone an extra month of a benefit they don't qualify for rather than improperly remove benefits from someone already suffering through this crisis. We will take the appropriate measures to rectify any situations when the conditions for doing so are more favorable.

6. IFS Funding Update: Because some IFS funding was awarded to clients for requests that cannot be carried out during the current period we have more funding available for IFS requests than we would have planned for. The DD staff are working diligently to identify other appropriate uses for that funding as we know that there is likely even greater need for the population we serve than there was before and it is our intention to ensure that all of the available funding is spent to satisfy as many of those needs as possible.
7. Budget Update: At the moment we do not know what the total impact on the budget of this whole episode will be. As it stands, most outpatient services should not see too much of a decrease as we are temporarily able to bill for the virtual services that we would have provided in person earlier. The residential program will see a decrease in revenue for the month of April due to the reduced census and this will, of course, also be reflected in any future months in which the census remains capped. We have had some additional expenses for PPEs, sanitizer, zoom licenses and other minor purchases to respond to this virus. These have generally been minimal and should not be a major budget impact but there will likely be reimbursement from FEMA for these types of expenses forthcoming. We have instituted a hiring freeze other than for direct care positions at the residential program and will not be purchasing any supplies or other items that can be delayed. The bigger worry, at this point, is what next year's budget will look like and what the fallout from it will be. I have seen it mentioned frequently by state and federal officials that they expect that there will be significant behavioral health impacts from the pandemic and its looming impacts on the economy so hopefully agencies like ours will get some consideration when difficult budget decisions are being made in the coming months. The need which has always been more than resources could handle will never be greater than it is likely to be in the coming year.
8. Positive Changes across the Agency: All of this response to this emergency situation will not come without positives, however. When we are forced to do things differently because circumstances dictate, we learn that things can indeed be done differently. I have asked all staff to think about and keep track of how some of the things we might have needed to implement involuntarily might translate to a better way to serve the people we are here for. As an example, when clients didn't show up for in person appointments for behavioral health treatment in the past we would call them in the next day or two to reschedule them. Because calendars are typically full that new appointment might have been further into the future than is ideal and their ability to continue to do well in the community between appointments might be impacted negatively. Now when someone doesn't show up for their virtual appointment we call them immediately. The clinician already has time reserved for them on their calendar and if we can track them down then we can conduct that appointment right there and then. We will be planning to incorporate telemedicine options into our normal procedures to see how we can improve upon our services for missed appointments or people with transportation difficulties as we come out of the other side of this situation. We will hope to be able to use a lot of what we learn to be better in the future. If we could still provide people the services they needed under these conditions then the excuses for why we couldn't do so before seem a lot less valid now.
9. Developmental Disabilities Services Data Information – Mr. Kramer provided some developmental disabilities services data for January, February, and March 2020 on the following information: Systems Entry; Referrals for Crisis Placement; PASRR; Residential Placement Searches; IFS Information including referrals, new referrals, individuals/families receiving IFS, the number on the waiting List, and denials; FFF information including those receiving FFF; the number on the waiting list; denials; and Waiver Information including

those receiving Waiver Services, pending waiver services, waiver recipients admitted to institutions; and the number of SUN referrals submitted to State Office.

10. **Behavioral Health Services Information** – Mr. Kramer provided the number of persons served and services provided for the following: Bogalusa Behavioral Health Clinic; Denham Springs Behavioral Health Clinic; Mandeville Behavioral Health Clinic; Rosenblum Behavioral Health Clinic; Slidell Behavioral Health Clinic; Outreach Services in Franklinton, Greensburg, and Kentwood; and Home and Community Based Services, as well as the number serviced through Residential Treatment Services for January, February, and March 2020.

Ms. Gary made a motion to accept the Executive Director's report as presented; seconded by Ms. Pellichino.

The motion passed unanimously.

Financial Report- April 2020:

Ms. Sibley presented the Financial Report for April 2020 as follows:

Fiscal Year 2020 (July 1, 2019 – June 30, 2020)

FPHSA's current FY 2020 budget analysis, as of March 31st reflects a projected deficit; however, we are projecting collecting over the self-generated budget to be transferred to escrow at the close of the fiscal year. An analysis of FPHSA's operating and escrow budget was provided to the board. The Fiscal Department will continue to monitor revenues and expenditures closely.

Mr. Lentz made a motion to accept the financial report as presented; seconded by Ms. Gary.

The motion passed unanimously.

Board Business

Use of Escrow Funds

Mr. Kramer requested the board's consideration for approval of the use of escrow funds as a contingency plan to prevent an overall deficit situation of appropriated funding needed to continue operations and service provisions through the end of the Fiscal Year 2019-2020.

Ms. Pellichino made a motion approving the use of escrow funds as requested; seconded by Ms. Stafford.

The motion passed unanimously.

Board Appointments

Ms. Pellichino's term expired on March 31, 2020. FPHSA will submit a recommendation on behalf of the board for her to serve a consecutive term once the Tangipahoa Parish Council meetings resume.

Policy Review

Mr. Kramer presented Policy No. 003- Executive Limits: Treatment of Agency Staff as an annual review for the board's consideration.

Ms. Pellichino made a motion accepting the policy as written; seconded by Mr. Lentz.

The motion passed unanimously.

Mr. Kramer also presented Agency Policy No. 548 "Compensation for Emergency Assistance" for the board's review and consideration.

Mr. Lentz made a motion approving the policy as written with the caveat that the Executive Director and his staff be included in the compensation; seconded by Ms. Stafford.

The motion passed unanimously.

Financial Disclosure Statements

Dr. Metcalf reminded the board that the annual financial disclosure statements are due by May 15, 2020. Ms. Soley will send the forms and board member appointment information via email.

Confirmation of the next meeting

It was confirmed that the next meeting of the FPHSA Governing Board is scheduled on Friday, May 22, 2020, at 9:30 a.m. FPHSA will closely monitor the COVID-19 situation and determine whether the meeting can safely be held in person or via teleconference. Details will be emailed and posted in a timely manner as more information is made available.

Adjournment

Mr. Lentz made a motion to adjourn the meeting at 10:52 a.m.; seconded by Ms. Stafford.

The motion passed unanimously.

The meeting was adjourned.

Respectfully Submitted,



Rebecca Soley, Secretary

6/1/20

Date



Richard J. Kramer, Executive Director

6-5-20

Date



Genesa Garofalo Metcalf, M.D., Board Chair

6/1/20

Date